



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### **Usage guidelines**

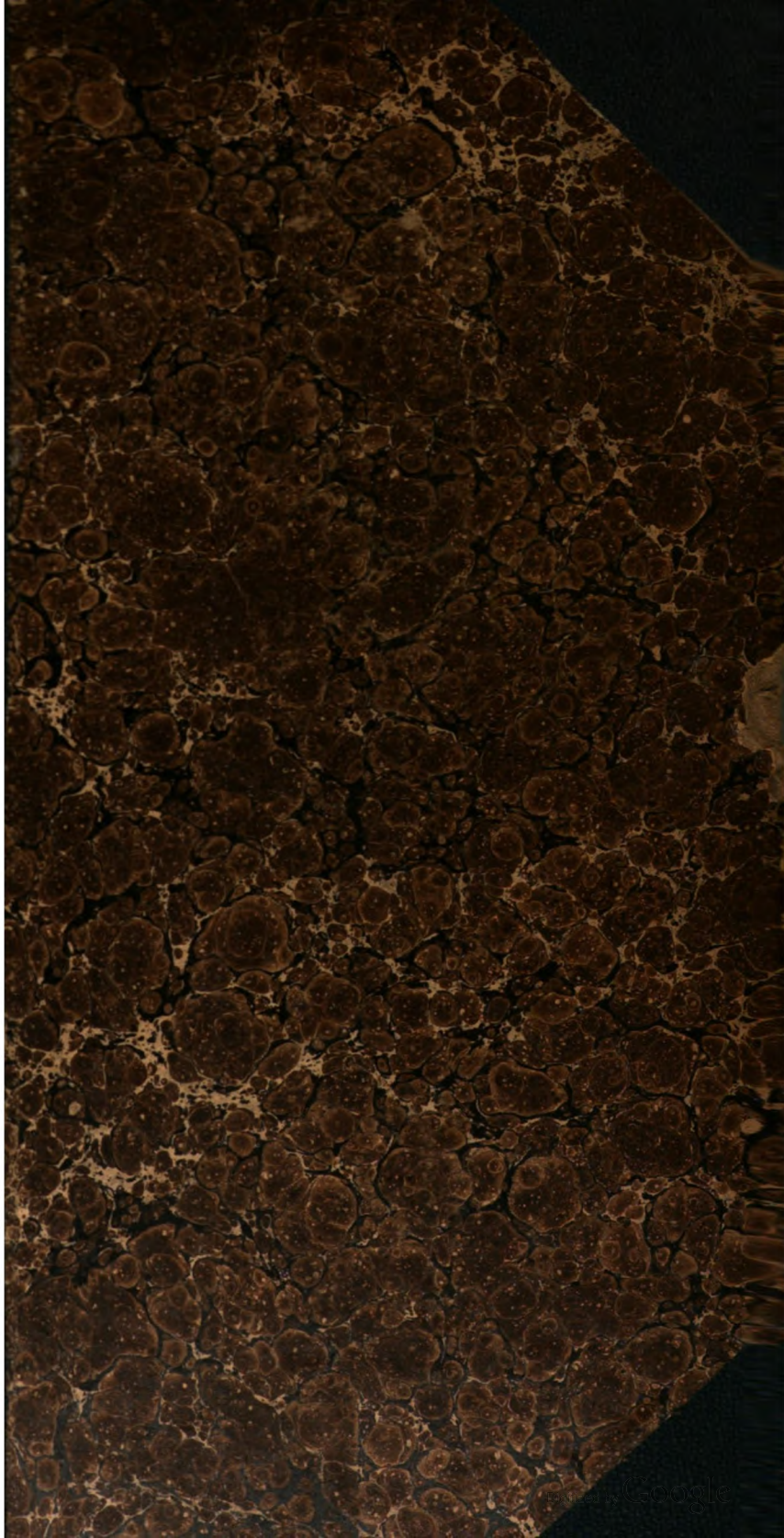
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### **About Google Book Search**

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



No. ....

**BOSTON**  
**MEDICAL LIBRARY,**  
**19 BOYLSTON PLACE.**









THE

# North American Journal

OF

# HOMŒOPATHY.

A Quarterly Magazine of Medicine and the Auxiliary Sciences.

---

CONDUCTED BY

JOHN C. PETERS, M. D., NEW-YORK,  
WM. H. HOLCOMBE, M. D., WATERPROOF, LA.,  
F. G. SNELLING, M. D., NEW-YORK,  
EDWARD BAYARD, M. D., NEW-YORK,  
H. L. H. HOFFENDAHL, M. D., BOSTON,  
E. M. HALE, M. D., JONESVILLE, MICH.,  
R. LUDLAM, M. D., CHICAGO, ILL.,  
T. G. COMSTOCK, M. D., ST. LOUIS, MO.,  
E. C. FRANKLIN, M. D., ST. LOUIS, MO.,  
F. S. BRADFORD, M. D., CHARLESTON, S. C.

## VOLUME VIII.

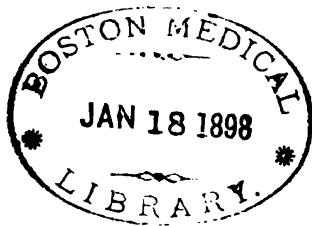
NEW-YORK:

WILLIAM RADDE, 800 BROADWAY.

*Philadelphia*: RADEMACHER & SHEEK.—*Boston*: OTIS CLAPP.—*St. Louis, Mo.*:  
D. R. LUYTIES, M. D.—*Chicago, Ill.*: HALSEY & KING.—*Cincinnati, Ohio*:  
J. M. PARKS, M. D.—*Cleveland, Ohio*: JOHN HALL.—*Dubuque, Iowa*: GUIL-  
BERT & HATCH, M. D.—*Manchester, Eng.*: TURNER, 41 Picadilly.

1860.





---

**HENRY LUDWIG,**  
Book and Job Printer and Stereotyper,  
Nos. 39 and 41 Centre-Street.

---

## CONTENTS OF VOLUME VIII.

Original and Translated Papers.	PAGE.
I.—Clinical Letter. From Wm. H. Holcombe, M. D., of Waterproof, La. ....	1
II.—Uræmic Convulsions. By R. Ludlam, M. D., of Chicago, Ill.	7
III.—Cases from Practice. By the late Joseph T. Curtis, M. D., of New-York. ....	15
IV.—Adjuvants to Medical Treatment. By James T. Alley, M. D., of New-York. ....	19
V.—Theory and Practice of the Movement Cure. By Charles F. Taylor, M. D., of New-York. ....	26
VI.—On Malignant Scarlet Fever. By Samuel Lilienthal, M. D., of New-York. ....	41
VII.—Homœopathic Medical Education—Present and Future . . .	52
VIII.—On Ergotin. By Dr. Kafka, of Prague. From the <i>Allgem. Hom. Zeitung</i> , November, 1857. Translated by H. L. H. Hoffendahl, M. D., of Boston . . . . .	61
IX.—A Few Practical Suggestions. By Hamilton Ring, M. D., of Ann Arbor, Mich. ....	65
X.—Anomalous Affection Following an Intermittent—Giving rise to the Suggestion of Quinine-Poisoning. By William S. Searle, M. D. ....	72
XI.—On Stannum in Certain Neuralgias. By Dr. Von Villers, of St. Petersburg. From the <i>Zeitschrift für Hom. Klinik</i> , July, 1858. Translated by H. L. H. Hoffendahl, M. D., of Boston. ....	79
XII.—On the Treatment of Asthma. Translated and compiled by John C. Peters, M. D., of New-York. ....	89
XIII.—On Diphtheria. By Frederick G. Snelling, M. D., of New-York. ....	188
XIV.—On Malignant Intermittent Fever. By Wm. H. Holcombe, M. D., of Waterproof, La. ....	153
XV.—Uræmic Convulsions. By R. Ludlam, M. D., of Chicago, Ill.	173
XVI.—Theory and Practice of the Movement Cure. By Charles F. Taylor, M. D., of New-York. ....	182
XVII.—Transactions of the Chicago Homœopathic Medical Society. Compiled by R. Ludlam, M. D., Secretary. ....	198
XVIII.—On Pericarditis. By E. C. Franklin, M. D., of St. Louis, Mo. (A chapter from a Complete Treatise on Diseases of the Heart.) . . . . .	209
XIX.—On Congestive Chills. By S. B. Williams, M. D., of Lexington, Mo. ....	283
XX.—Aconite and Arsenic in Intermittent Fevers. By Thos. Hewitt, M. D., of Akron, Ohio. ....	284
XXI.—Pleurisy with Effusion. Successful Operation of Paracentesis. By J. H. Sherman, M. D., of Nantucket, Mass. ....	287

ARTICLE.	PAGE.
XXII.—On the Essential Character of Typhoid Fevers. By Lewis Dodge, M. D., of Buffalo, N. Y. . . . .	239
XXIII.—A Review of Some of the Late Reforms in Pathology and Therapeutics. By John C. Peters, M. D., of New-York. . . . .	317
XXIV.—Theory and Practice of the Movement Cure. By Charles F. Taylor, M. D., of New-York. . . . .	369
XXV.—The Negro Constitution, Medically Considered. By Wm. H. Holcombe, M. D., of Waterproof, La. . . . .	376
XXVI.—On Animal Heat. By F. G. Snelling, M. D., of New-York. . . . .	387
XXVII.—Amenorrhœa: Its Treatment, and Some Therapeutical Indications for the Use of New Remedies. By E. M. Hale, M. D., of Jonesville, Mich. . . . .	398
XXVIII.—On Aurum-Foliatum in Certain Diseases of the Eye. By C. Genzke, M. D., of Bützow. (From the <i>Allg. Hom. Zeit.</i> , Vol. LV.) Translated by H. L. H. Hoffendahl, M. D., of Boston. . . . .	413
XXIX.—On Various Mercurial Preparations. By G. Gerson, M. D., of Dresden. (From the <i>Allg. Hom. Zeitung</i> , Vol. LIV.) Translated by H. L. H. Hoffendahl, M. D., of Boston. . . . .	418
XXX.—Cases from Practice. By R. B. Clark, M. D., of Racine, Wisc. . . . .	427
XXXI.—Transactions of the Chicago Homœopathic Medical Society. Compiled by R. Ludlam, M. D., Secretary, of Chicago, Ill. . . . .	481
XXXII.—On Constipation. By O. S. Sanders, M. D., of Boston. Read before the Boston Academy of Homœopathic Medicine, March, 1859. . . . .	435
XXXIII.—Scabies (Itch). A chapter from "Bednar's Diseases of Children." Translated from the German, and edited, with numerous important additions, by T. G. Comstock, M. D., of St. Louis, Mo. . . . .	445
XXXIV.—Pathology of Diabetes-Mellitus. By F. S. Bradford, M. D., of Charleston, S. C. . . . .	473
XXXV.—A View of "Raspail's Theory of Health and Disease." By George E. Shipman, M. D., of Chicago, Ill. . . . .	479
XXXVI.—On the Motions of the Heart. By E. C. Franklin, M. D., of St. Louis, Mo. . . . .	487
XXXVII.—Cases from Practice. By S. B. Barlow, M. D., of New-York. . . . .	495
XXXVIII.—Cases from Practice. Reported by Lewis Hallock, M. D., of New-York. . . . .	496
XXXIX.—Nitrate of Mercury in Conjunctivitis. By J. F. Gray, M. D., of New-York. . . . .	499
XL.—Miscellaneous Cases from Practice. Contributed to the Illinois State Hom. Society by J. C. Morgan, M. D., of Alton, Ill. . . . .	500
XLI.—Case from Practice. By F. S. Bradford, M. D., of Charleston, S. C. . . . .	502
OBITUARY.—The Illnesses of Washington Irving . . . . .	451
XLII.—Some Remarks on the Therapeutics of Chlorosis. By R. Ludlam, M. D., of Chicago, Ill. . . . .	509
XLIII.—On the Motions of the Heart. By E. C. Franklin, M. D., of St. Louis, Mo. . . . .	525
XLIV.—Pathology of Diabetes-Mellitus. By F. S. Bradford, M. D., of Charleston, S. C. . . . .	537
XLV.—The Need of Homœopathic Cliniques. By John Davies, M. D., of Chicago, Ill. . . . .	542
XLVI.—Localized Electricity. Translated from the German by S. Lienthal, M. D., of New-York. . . . .	550
XLVII.—The Colpeurynter and Colpeuryasis. By T. G. Comstock, M. D., of St. Louis, Mo. . . . .	566
XLVIII.—A View of "Raspail's Theory of Health and Disease." By George E. Shipman, M. D., of Chicago, Ill. . . . .	572

CONTENTS.

ARTICLES.	PAGE.
XLIX.—Cases from Practice. By George E. Shipman, M. D., of Chicago, Ill. ....	581
L.—Cases from Practice. By George W. Richards, M. D., of Orange, N. J. ....	586
LI.—Cases Selected from the Patients Treated at the "Good Samaritan Hospital," St. Louis, Mo. By T. G. Comstock, M. D., Attending Physician. ....	590
LII.—Transactions of the Chicago Homœopathic Medical Society. Compiled by R. Ludlam, M. D., Secretary, of Chicago, Ill. ....	608
LIII.—Epitome of the Foreign Homœopathic Journals. Prepared by H. L. H. Hoffendahl, M. D., of Boston, Mass. ....	614
LIV.—On the Modus-Operandi of Homœopathic Remedies. By George W. Richards, M. D., of Orange, N. J. ....	631
LV.—On Constipation. By O. S. Sanders, M. D., of Boston, Mass. ....	638
LVI.—Abortion: Its Prevention and Treatment. By E. M. Hale, M. D., of Jonesville, Mich. ....	641
LVII.—On the Unity of Disease. By John H. Henry, M. D., of Selma, Alabama. ....	657
LVIII.—On the Importance of Organizing a State Homœopathic Medical Society, and Establishing an Extensive and Uniform System of Drug-Proving. By H. M. Payne, M. D., of Albany, N. Y. ....	671
LIX.—On Veratrum-Viride and Gelsemium-Sempervirens. By E. M. Hale, of Jonesville, Mich. ....	677

Reviews and Bibliographical Notices.

PAGE.	PAGE.
1. The Science and Art, or the Principles and Practice of Medicine. By C. L. A. ....	97
2. Homœopathy Simplified; or, Domestic Practice Made Easy. By Dr. Peters. ....	99
3. Homœopathic Domestic Physician. By Dr. Peters. ....	99
4. Manual of Homœopathic Theory and Practice. By Dr. J. C. Peters. ....	99
5. Homœopathic Domestic Practice. By Dr. Peters. ....	99
6. An Epitome of the Homœopathic Healing Art, &c., &c. By Dr. Hale. ....	103
7. Transactions of the Chicago Homœopathic Medical Society. By Dr. Peters. ....	104
8. Digestion and its Derangements, by Dr. J. K. Chambers; Homœopathic Treatment of Diseases of the Sexual System, by Dr. Humphreys. Review, by Dr. S. M. Cate. ....	244
9. Our Literature. A review, by Dr. J. F. Geary, upon "The Science and Art, or the Principles and Practice of Medicine," by Dr. Peters. ....	255
10. Championnière's Journal of Practical Medicine and Surgery. A review, with extracts by the Editor. ....	259
11. Consumption: its Nature, Prevention, and Hom. Treatment, by Dr. W. Hitchman. A review, with extracts. ....	262
12. Nature in Disease, by Dr. J. Bigelow; Nature and Art in the Cure of Disease, by Sir John Forbes; Letters to a Young Physician just entering upon Practice, by Dr. J. Jackson; Art vs. Nature in Disease, by Dr. A. Henriques. A review, by Dr. Peters. ....	271
13. The American Journal of Medical Sciences, No. 76, Oct., 1859. Phila.: Blanchard and Lea..	
14. Proceedings of the Ninth Annual Meeting of the Illinois State Medical Society (Allopathic). Held in Decatur, June 7th and 8th, 1859. ....	505
15. A Monograph upon Aconite.	

	PAGE.		PAGE.
Translated from the German of Dr. Reil, by Henry B. Millard, A.M., M.D. New-York: Wm. Radde. 1860.....	508	By T. H. Tanner, M.D., F.L.S. Philad.: Lindsay & Blackiston. 1869.....	681
16. Hahnemann's Organon of Homœopathic Medicine. Fourth American edition. New-York: Wm. Radde. 1860.....	508	19. The Use and Abuse of Tobacco. By John Lizars. First American from the eighth London edition. Phila.: Lindsay & Blackiston. pp. 188. 1859.....	688
17. The Homœopathic Domestic Physician and Travellers' Medical Companion. Containing plain Instructions for Curing Diseases, including those of Females and Children, by Homœopathic Remedies. By Dr. Ferd. G. Oehme, of Concord, N. H. Second edition. pp. 165.....	508	20. Alcohol: Its Place and Power. By Jas. Miller, Prof. of Surgery in the University of Edinburgh, &c. Phila.: Lindsay & Blackiston. pp. 179. 1859.....	684
18. A Practical Treatise on the Diseases of Infancy and Childhood.		21. Lectures on Surgical Pathology. By James Paget, F.R.S., &c. Phila.: Lindsay & Blackiston. pp. 700. 1860.....	685
		22. One more Unfortunate Materia Medica. By A. L. C.....	685

#### General Chronicle of Medical Science.

MATERIA MEDICA.			
<i>Epitome of the Foreign Homœopathic Journals.</i>		12. On the Effects of Ignatia.....	277
1. Report of the Homœopathic Dispensary in Leipzig, for 1867. By Dr. V. Meyer.....	105	18. On Lycopodium.....	278
2. Osteomalacia Cured with Calc.-carb. and Iodine. By Dr. William Arnold.....	111	PATHOLOGY AND THERAPEUTICS.	
3. Treatment of the Spermatocœle of Onanists. By Dr. G. Oehme, of Concord, N. H.....	118	1. On Whooping Cough.....	278
4. Cure of an Aneurism of the Internal Carotid. By Dr. Hermel.....	118	2. On Diseases of the Mucous Membrane of the Mouth.....	279
5. On Catarrh of the Larynx and its Reflex Symptoms. By Dr. Kleinert.....	118	3. Fibrous Polypus Cured with Calc.-carb.....	282
6. Religious Melancholy and Platina. By Dr. Gross.....	118	4. Diseases of the Urinary Organs.....	283
7. Prager Med. Monatschrift für Homœopathie, &c. By Dr. Hofendahl.....	114	5. Paralysis Agitans.....	284
8. On the Action of Sugar of Milk, &c. On the Origin of Ergot.....	276	6. Red Oxyde of Mercury in Syphilis.....	285
10. Preparation of the Tincture of Apis-mel.....	276	7. Condylomata.....	285
11. A Proposal Concerning High Potencies.....	277	MINOR OR MEDICAL SURGERY.	
		1. Popliteal Aneurism Treated by Flexion of the Knee.....	286
		2. Wounds of the Palmar Arch Treated by Flexion of the Elbow.....	288
		3. New Operation for Fistula Lachrymalis.....	288
		4. The Ophthalmoscope.....	291
		5. Examination of a Diseased Eye.....	292
		6. Pneumo-Gastric Nerve.....	295
		7. Solar Plexus.....	296
		8. Mesenteric and Aortic Plexuses.....	296

CORRESPONDENCE.....	299
---------------------	-----

CONTENTS.

vii

College, Hospital, and Dispensary Reports.

PAGE.	PAGE.
1. Commencement Exercises at the Homœopathic College at Cleveland..... 115	4. Second Report of the Northern Homœopathic Dispensary, New York..... 297
2. Report of the Attending Physician of the Protestant Hospital at St. Louis, Mo. .... 116	5. Tenth Annual Announcement of the Western Homœopathic College, Cleveland, Ohio..... 298
3. Homœopathy and the Michigan State University..... 117	6. Illinois State Homœopathic Medical Society..... 299

Miscellaneous Items.

1. Proving of Cedron..... 120	8. Materia Medica and Therapeutics. By Charles J. Hempel, M. D. .... 128
2. Asclepias-Tuberosa..... 121	9. Obituary. — A. Gerald Hull, M. D. .... 129
3. Cannabis-Indica..... 122	10. Our Journal..... 132
4. Our Materia Medica..... 122	11. First Annual Announcement of the Western Homœopathic Medical College, at St. Louis, Mo., 132
5. Homœopathy in the Canadian Parliament..... 123	12. New Books..... 132
6. Meeting of the American Institute of Homœopathy at Boston. 125	13. To Southern Tourists and Invalids..... 311
7. Proceedings of the Illinois State Homœopathic Medical Association. Fourth annual meeting, at Chicago..... 127	

INDEX RAISONNE to the New [Materia Medica. By Drs. J. C. Peters and F. G. Snelling, continued (new folios)..... 49, 65

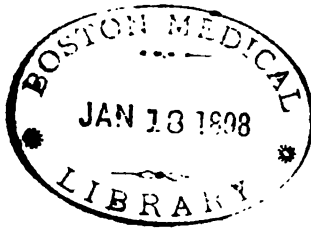
APPENDIX.

The Elements of a New Materia Medica and Therapeutics. Based upon an Entirely New Collection of Drug-Provings and Clinical Experience. By J. C. Peters, M. D., and F. G. Snelling, M. D.

Arsenicum-Album, continued..... 737	Asarum-Canadense..... 756
Artemisia-Vulgaris..... 741	Asarum-Europœum..... 757
Arsenicum-Iodatum..... 753	Asclepias-Curassavica..... 767
Liquor Arsenici et Hydrargyri-Iodidi..... 753	Asclepias-Incarnata..... 767
Arianthe-Elongata..... 754	Asclepias-Syriaca..... 768
Arum-Tryphillum..... 756	Asclepias-Tuberosa..... 768



4359



NORTH AMERICAN  
HOMŒOPATHIC  
JOURNAL.

AUGUST, 1859.

Original and Translated Papers.

ARTICLE I.—*Clinical Letter.* From WILLIAM H. HOLCOMBE,  
M. D., of Waterproof, La.

DR. JOHN C. PETERS, DEAR SIR:—I always read the Reports of the Homœopathic Societies with great pleasure, and sincerely regret that the remoteness of my location precludes me from participating in those pleasant interchanges of thought. A bare statement of experience, *ex usu in morbis*, a mere fragmentary contribution to knowledge, is sometimes more useful than the most learned and elaborate essays. With the hope of reciprocating, in my feeble measure, the favors which I have thus repeatedly received through the JOURNAL, I propose to write you what I call a Clinical Letter, being merely some not very closely connected paragraphs, conversationally indited, and conveying some few things which have struck me forcibly in my practice during the last six months.

I have had whooping-cough epidemic upon three plantations, including about fifty cases, and two deaths, one from intercurrent pneumonia, and one from convulsions. On one place, where the old-school treatment was adopted, there were twelve deaths,



in about the same number of cases. My general treatment is, *Ipecac.* and *Cuprum* for the first stage, *Corallia* and *Chelidonium* for the second, *Belladonna* for cerebral symptoms, *Phosphorus* for pneumonic complication, and *Coffea*, 200, for nightly restlessness. The phenomena of whooping-cough are so varied that no routine prescription (even homœopathic) will suffice. On one plantation, where the written directions of a most distinguished homœopathist were followed, and no physician called in, there were nine deaths in about forty cases. Two more occurred after I took them in charge, but the promptness of amelioration in all the others, on substituting the *Corallia* and *Chelidonium* for the remedies then being given, was really astonishing. I have seen very few cases of whooping-cough "cut short" by homœopathic treatment, and have met with many which seemed unrelieved by anything but old Dr. Cheyne's infallible remedy—"coughing." I am of opinion that there are cases where a prompt emetic, as a mechanical measure, to empty out the clogged and oppressed air-passages, would be decidedly beneficial, although I have never had occasion to make such a prescription.

Pneumonia, generally of the typhoid type, has been the prevailing disease this winter, and it has proved very fatal under allopathic treatment. I have been much better pleased than usual with the homœopathic treatment of this severe disease, and I believe my more satisfactory success has been due to the fact that I have used the higher dilutions—the sixth, twelfth, and thirtieth—instead of the first and third. I have rarely prescribed any remedy, this last winter, under the sixth attenuation, and have conducted many very alarming cases to a happy issue. My general treatment is *Aconite* and *Phosphorus* for the first few days; a few doses of *Sulphur*, and then *Phosphorus* and *Arsenic*, if the disorganizing process continues. Colliquative diarrhœa set in in many cases, sometimes promptly arrested by *Arsenic* or *Veratrum*, sometimes requiring a starch and Laudanum injection. I have found that our medicines, given every two or four hours, do better than when the repetition is more frequent. You know I have always advocated the homœopathicity of blistering, in all cases of acute inflammation. Still, although I do not surrender the theoretic principle, I have found

those patients who were not blistered, get along much better and more rapidly than those who were. Recollect that a planter or overseer rarely calls a physician in until the patient has been cupped, purged, and blistered, and is found to be none the better for it.

The old-school physicians, in this region, eschew the lancet, and all debilitating processes, in pneumonia. Calomel and Opium, with moderate, but constant "stimulation," seem to constitute their chief practice. Having found that the theory of *sthenia*, with its corresponding *asthenic* practice, will not answer; they adopt a theory of *adynamia*, and employ what they call supporting measures from the beginning. Still, their patients collapse, and die of *adynamia*. Why is it? Simply because the brandy, Opium, Carbonate of Ammonia, Turpentine, Quinine, &c., &c., have no strength or vitality in themselves which they can communicate to the debilitated frame, but they evoke the latent forces of the system itself, which are wasted in the very act of manifestation, leaving the patient weaker than before. The best cures of the worst cases that I have ever made, were effected without the use of any stimulants whatever, except the physiological ones—air, light, water, sleep, and a cheerful atmosphere of confidence and hope. There is something radically defective in allopathic philosophy. The facts are good enough, the inferences are sound enough; but the premises are atrociously false. (You know I am a spiritualist, and have no courteous phrases for a gross and absurd materialism.) The only part of allopathy which is valuable, is that for which they cannot possibly render any reason, and that, on analysis, will be found to be *specificism*.

Croup is a disease remarkably amenable to homœopathic treatment. Indeed, croup and erysipelas are the diseases which I would choose to make the finest exhibition of homœopathy to candid inquirers. I have never lost a case of croup since I adopted the new system; but that disease, with us, is neither as frequent nor as severe as it is in your latitude. I have met with an obstinate and almost desperate case within the last month. The treatment was commenced allopathically—Calomel, Squills, Ipecac., *et id omne genus*. When committed to my charge, extensive fibrinous exudation had taken place. It seemed, for a

while, to improve rapidly under *Spongia*, *Hepar-sulphur*, and the water-bandage to the neck. On its getting worse, a great variety of remedies were tried, but especially *Iodine*, *Bromine*, and *Kali-bichromicum*. I do not report the case as a cure—for to what are we to assign the curative effect when a dozen things, both external and internal, have been given? I only mention it for the sake of two facts which I observed. The child struggled through ten days of constantly impending suffocation, and recovered perfectly, although I at one time recommended tracheotomy, as the sole remaining hope of the little patient. Hence, never despair. Then again, I am now perfectly convinced that I aggravated the case, and prolonged its duration, by giving the first dilutions of those powerful remedies—*Iodine*, *Bromine*, and *Kali-bichromicum*. How slow are we homœopaths in learning that, although desperate cases may require desperate remedies, said remedies are more efficacious in imperceptible doses! I assure you, my dear Doctor, that the man who has never given remedies above the third dilution has still to appreciate the power and beauty and blessing of homœopathy.

I saw one of the victims of the dreadful explosion on the steamer "Princess." He was a delicate man, past fifty, and had his face burned almost to a crisp. If the eschar had been detached, it would have presented a perfect model of the features. It was forty-eight hours after the accident when he was landed at Waterproof. He felt very little pain, and complained of nothing but rigors—ominous symptom! The next day he experienced very severe pain in the neck, and became very lively and talkative. Reader, do you foresee what was coming? Inflammation of the brain; for, furious, incessantly muttering delirium followed, terminating gradually in coma and death. Now here there was no extension of the irritation by vascular contiguity; it was reflex action through the nervous system. Burns on the skin produce internal visceral inflammations; hence it is that blisters may be homœopathic to acute inflammation. I saw a large burn upon the back and thigh, this winter, which produced partial peritonitis. This class of facts has been sadly overlooked, but they are well worth remembering and thinking about, for they have direct bearing upon the philosophy of homœopathy.

I had an obscure case of chronic dyspepsia, which I had treated for some months ineffectually. Burning pain in the abdomen, occasional nausea, and diarrhoea, were the prominent symptoms. She was almost starved to death, because she could eat nothing which did not occasion intolerable suffering. She was greatly relieved for a while by *Kali-bichromicum*, second trituration, twice a day, but it lost its effect. The burning pain—evidently uninfluenced by the fullness or emptiness of the stomach—together with the increasing emaciation and waxy hue, made me suspect the existence of cancer. *Carbo-animalis*, fifth trituration, night and morning, removed it entirely within a week, and it has been four months since I was called to prescribe for her. I also ordered grated chicken-gizzards (well dried) with her food, the pepsin of which materially aided digestion.

I feel that I will not bore you too much by recording a case of puerperal convulsions, which I lately met with.

Negro woman, aged eighteen, stout and plethoric, primipara. Had considerable œdema of the lower extremities, and so much of the labia that I had to puncture freely. This was about a week before her delivery. She awoke on the first of March, with severe headache, and pain in the neck. At one o'clock, fell suddenly into convulsions. I saw her at three. The fits occurred every ten or fifteen minutes, lasting from thirty to sixty seconds, with terrible severity, and left the patient in the state resembling apoplectic coma. I gave a few doses of *Belladonna*, and then of *Opium*, with no mitigation of the symptoms. Made an examination, and found the os uteri closed. I then resorted to *Chloroform*, which I used cautiously, but steadily, for one hour, without producing the least beneficial result. I then determined to precipitate the labor. After using a stimulating injection, and emptying the bladder by the catheter, I applied the electromagnetic battery, one pole at the nape of the neck, and the other at the os pubis. In about an hour, labor began, and progressed slowly until midnight. All this time I used various homœopathic remedies—*Hyosciamus*, *Glonoine*, *Laurocerasus*, &c.—but all in vain. The pressure upon the uterine system was the eccentric cause of irritation, and the convulsions were reflex phenomena. At about one o'clock, the pains, or rather the contractions, became feeble, and, although the forehead was resting on

the perineum, there was no progression. I tried to give *Ergot*, but the patient could not swallow. I tried to introduce the forceps, but the parts were so small, and the head so large, that extensive laceration of the woman would have been inevitable, and so I desisted. The woman had said, two or three days before, that the motions of the child had ceased. When I first arrived, I had auscultated, and could detect no sound of the fetal heart. I therefore performed craniotomy—cutting into the posterior fontanelle, and evacuating the skull of its nervous mass by my finger. Having considerably reduced the calibre of the cranium, I drew it forth without difficulty. The cord was wound twice round the neck, and there was not the least pulsation in it, so that the child had evidently been dead for some time. She had two paroxysms after the delivery, after which she fell into a profound stupor, from which she did not emerge for twenty-four hours. The patient had, subsequently, a severe attack of puerperal fever, but happily recovered.

I see that Drs. Dodge and Dake have been writing on the propriety of venesection in puerperal convulsions. I give my voice decidedly against it, under any and all circumstances. I made up my mind long ago, from careful analysis of hundreds of cases, reported in allopathic books and journals, that the theories upon which venesection was instituted were fallacious, and the practice pernicious. I have now treated three cases homœopathically, (the first two are reported in No. 1, Vol. iv., of this JOURNAL,) and all successfully. Remove all causes of irritation, administer the best *similimum* you can find, and leave the rest to nature.

I have been making some few experiments lately with high and very high dilutions. My inference is, that it is irrational in the homœopathic physician to sneer at even Jennichen's highest potencies. I undertook a case of chronic dysenteric diarrhœa, which had persisted for six or eight weeks, averaging ten to twenty operations daily. A single dose of *Sulphur*, 2000, followed by one of *Calcarea-carb.*, 1500, the next day, was succeeded, for several days, by an actual state of constipation. The disease, indeed, returned, (since, however, successfully combatted by specifics at the two-hundredth,) but there was some evidence of prompt and powerful action. In a severe case of articular

rheumatism, suffering especially at night, and with great hyperæsthesia of the spinal nerves, *Rhus-tox.*, 1000, procured a relief which was actually magical. The disease, indeed, disappeared promptly and permanently after its administration. I am going to study the question of high potencies very carefully—and you know that I will report the failures as well as the cures. At present, I am “agreeably disappointed” in them.

I close my letter by quoting an eloquent sentence, used in conversation by a distinguished gentleman of Mississippi, whose daughter I lately treated for meningeal congestion. The case was mistaken by the old-school physicians for incipient insanity; but was promptly cured by *Belladonna* and *Stramonium* :

“When the Almighty wishes to create, to bless, or to cure, he makes use of agencies which are invisible and infinitesimal—of which men see not the operation, but only the final result; but, when he wishes to destroy and to curse, he employs the earthquake, the tornado, the flood, fire and sword, and allopathic doctors!”—I admire the brilliancy, but do not endorse the severity of the illustration.

ARTICLE II.—*Uræmic Convulsions*.\* By R. LUDLAM, M. D., of Chicago, Ill.

Among recent pathological discoveries destined to benefit the race, by means of a more thorough understanding of the detail of diseases, and a consequent and parallel improvement in therapeutics, there are none more interesting and important than are to be found in the published results and investigations set forth in this little work. The medical history of puerperal convulsions is a something which needs to be better understood; and the researches of medical men, in this direction, appear of late, more than ever before, to have been abundantly blessed. It is especially gratifying that this knowledge is not withheld from the profession, all of whose members should be delighted to re-

\* “The Uræmic Convulsions of Pregnancy, Parturition, and Child-bed.” By Dr. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with Notes, by J. MATTHEWS DUNCAN, &c. New-York: S. S. & W. Wood. 1858.

ceive it and to profit thereby. We say *all*, for the reason that we cannot imagine the careful and conscientious physician, whatever his therapeutic bias, who is not ready to hail the advent of a work designed to make plain the crooked by-ways of pathological detail, and to clear up the mist of ages from about any department of medical study and research.

Both the science and the art of obstetrics lack much of being perfect; nevertheless, under the direction of diversified talent, and agents likewise, its scattered and formless elements begin to assume a more determined shape. "The cycles of the world are slow," but, we apprehend, few more important germs of obstetric science have sprung into existence in a single age than are represented in Dr. Barnes' excellent method of treating placenta prævia, and Dr. Braun's practical *exposé* of the ætiology of puerperal eclampsia.

Without endorsing the exploded notion of "peccant humors," we may find much to interest us in the question of blood-poisoning, and especially in that form of it denominated uræmia. Chapter I. of this little work gives us the definition and symptoms of uræmic eclampsia. The author says:

"Eclampsia puerperalis is an acute affection of the motor function of the nervous system, (an acute neurosis of motility,) characterized by insensibility, tonic and clonic spasms, and occurs only as an accessory phenomenon of another disease—generally of Bright's disease in an acute form—which, under certain circumstances, spreading its toxæmic effects on the nutrition of the brain and whole nervous system, produces those fearful accidents. The toxæmia, (or blood-poisoning,) in eclampsia-gravidarum, -parturientium et -puerperarum, is commonly produced by uræmia, i. e., by a change of the urea which has been retained in the blood, or by retention of excremential extractive matter of the urine. Hence, according to the present state of our knowledge, true eclampsia, during pregnancy, is designated uræmic, without, however, implying that it is peculiar to pregnancy or child-bearing; because the same disease, with similar phenomena, may manifest itself also in women not pregnant, in children, and even in males, under certain circumstances favorable to it."

The differential diagnosis of this from other varieties of eclampsia—as, for example, from that which is due to defective purification of the blood; or, to the defective elimination of carbonic acid through the lungs; of bile from the blood (cholæmia), or of other matters which ought to have been secreted, as happens, for instance, in typhus; from cerebral, apoplectic, or epileptic eclampsia; from that resulting from the various chemical and histological changes in the condition of the blood-serum and the blood-corpuscles; or which is due to anæmia; or from such attacks as are traceable to the operation of mineral, animal, or vegetable poisons—is thus happily rendered, (p. 105):

“1. In uræmic eclampsia, the urine is rich in albumen and cylindrical clots, deficient in uric acid and urea, and sometimes appears of a red color, from blood-globules, or from hæmatin that has been set free; œdematous infiltrations of the face and of the extremities are seldom wanting, but often are only slight; considerable swelling of the spleen is never present, except when the disease has been preceded by intermittent fever. The fits come on suddenly, without any nervous symptoms having been present for any length of time; sometimes they are anticipated by headache, giddiness, amblyopia, amaurosis, nausea, and vomiting. The fits are very acute, and return in short intervals of minutes or hours, often in one day. They often occur only once in a lifetime, and it is only rarely that they return in several successive pregnancies. Labor is generally induced by them after they have continued for several hours; they exercise a very injurious influence on the life of the fœtus, and are not unfrequently followed by puerperal diseases. Insensibility generally supervenes after the first few fits, and often returns with the commencement of cure, after a comatose condition may have continued for a few days. The symptoms of Bright’s disease generally disappear after a few days, sometimes twelve days after delivery, or the cessation of the eclampsia. If the disease ends in death, then, generally, in the post-mortem examination, we find œdema and anæmia of the brain, œdema of the lungs, and Brightian degeneration of the kidneys; death, therefore, is generally the effect of the uræmic condition of the blood, and it is only very seldom the consequence of a secondary apoplexy of the brain.



"2. Cholæmic eclampsia [We abridge the text somewhat.—L.] is connected with acute atrophy of the liver, icterus typhoides, pyæmia, and puerperal diseases of pregnancy and child-bed. It generally terminates fatally after a few hours or days. Convulsions, icterus, and fever, with an accompanying atrophy of the liver, are sufficiently characteristic of the cholæmic eclampsia. If, however, there is any doubt upon the subject of its recognition, the microscope will dispel it, by the discovery of degenerate liver-cells, an abundance of larger or smaller fat-drops, molecular masses, and nuclei belonging to the destroyed liver-cells. Chemical tests may also aid in the diagnosis. This variety of eclampsia is very rare.

"3. Hysterical convulsions occur, during very painful deliveries, in women who in the course of pregnancy, chiefly at the times menstruation might have occurred, suffer from the well-known hysterical affections, as spasms of the glottis, of the pharynx (globulus-hystericus), dyspnœa, tendency to coughing, anæsthesia of the skin, &c. They are not accompanied by complete insensibility, and have no injurious influence on the life of the fœtus or of the mother. The urine is deficient in solid contents, but contains no albumen or cylindrical clots, and generally contains sugar. \* \* \* \* A hysterical patient falls into a convulsive, tetanic, or cataleptic attack, with a scream, and closes the eyes when a dazzling light is presented to them. \* \*

"4. Idiopathic epileptic convulsions are habitual, chronic, and often recur during pregnancy, with intervals of days or weeks, and rarely happen several times in one day; they do not interfere with the pregnancy, and have no injurious influence upon the life of the fœtus, or the health of the mother in other respects. \* \* \* \* When these have occurred during pregnancy, they appear only rarely during labor, and, when they do so, cause no interruption to the advance and delivery of the child and placenta. \* \* \* \* All Brightian and uræmic symptoms are altogether wanting, except in the case of an epileptic being afterwards seized with Bright's disease.

"Loss of consciousness, with persistence of reflex sensibility, continues from the beginning to the end of the paroxysm; for

touching the eyelids causes motions of them, and sprinkling the face with cold water causes, during the fit, a starting of the whole body—phenomena not observed in uræmic eclampsia. The latter is not, as the former, invariably accompanied by spasm of the pharynx, congestion of the head, cyanosis, trismus, trachelismus, or laryngismus, with foaming at the mouth. The chronic character of epilepsy is furthermore a very distinguishing feature. Death very rarely occurs during the paroxysm, but mostly at a later period, and unconnected with the fits. Post-mortem changes are not pathognomonic.

“5. In apoplectic or cerebral convulsions, the spasms continue and endure; with their sudden appearance and frequent occurrence, consciousness is destroyed, and the pulse becomes slow and hard. There may be facial paralysis, hemiplegia, and clonic spasms in the paralyzed parts; the comatose condition *precedes* the convulsions, instead of following them, as in uræmic eclampsia, and the breathing is much slower and quieter than in the intervals of the uræmic attacks. Symptoms of disease of the kidneys and of uræmia are absent, and the phosphates are sometimes found in the urine in great quantity. Apoplexy ends generally in idiocy or death. Apoplexy is as unfrequently met with during pregnancy as during labor, so that no intimate connection between them can be established.”

We omit what our author has said of the diagnosis of convulsions—originating in meningitis and encephalitis, in acute tuberculosis of the membranes of the brain, in typhus, and in anæmia—in order to direct attention to a few pathogenetic points, which are most innocently made and recorded for our use. We read, (p. 124):

“*a.* Eclampsia-saturina (plumbismus) is distinguished by the gum having slate-grey markings, slow pulse, hardness, dryness, and icteric coloration of the skin, and absence of diabetes-albuminosus.

“*b.* In eclampsia-argyriasis, (poisoning with Nitrate of Silver,) intense colicky pains are absent.

“*c.* In eclampsia-mercurialis, the mercurial tremor is almost never wanting.

“*d.* In stibismus, and (*e.*) cuprismus cerebro-spinalis, intesti-

nal symptoms are almost always wanting, and cerebral symptoms occur, not at the end, but the beginning of the poisoning.

"*f.* In arsenicismus cerebro-spinalis, when the poison is applied to the stomach, vomiting always comes on. When it is absorbed through wounds of the skin, all symptoms of intestinal disorder are wanting; and it is then to be distinguished from narcotic poisoning only by chemical examination of the evacuations of the poisoned.

"*g.* Oxalysmus cerebro-spinalis cannot be distinguished from strychnismus, except by the interrupted pulsation of the heart.

"*h.* Hydrocyanismus is known by the smell of bitter almonds diffused at every expiration.

"*i.* Acute alcoholismus, by the history of the case, by the alcoholic smell of the expired air, by acid eructations, and by the absence of all the phenomena of albuminuria and uræmia.

"*j.* Poisoning by Strychnine and Brucine, by great susceptibility to terror, through insignificant irritations, (noise, light, air, touch,) by the tetanic form of the spasms, by agitative movements of individual sets of muscles and of the eyes, by continued retention of consciousness, and by remarkable paralysis of nerves after the disappearance of the spasm.

"*k.* \* \* \* \* \*

"*l.* Poisoning by Hemlock (conicismus) has this peculiarity, that anæsthesia and adynamia begin at the feet, which makes the gait staggering, and afterwards walking altogether impossible (from paralysis). Then, inability to utter articulate sounds, loss of sight, with great heaviness of the eyes, come on, while consciousness remains entire.

"*m.* Nicotismus (poisoning by Tobacco) is distinguished by sensations of choking, vomiting, diarrhœa, convulsive trembling, unfrequent small pulse, pallor of the skin, which is covered with a cold sweat, salivation and asphyxia.

"*n.* Aconitismus manifests itself either by suddenly-occurring paralysis, asphyxia, or syncope. The extremities are pale and ice-cold. Consciousness is long of disappearing, shortly before death.

"*o.* Colchicismus resembles either a distinct gastro-enteritis or Asiatic cholera, and tetanic convulsions close the scene.'

"*p.* In atropismus (atropa Belladonna, datura Stramonium,

*Hyosciamus-niger*,) the prominent symptoms are, extraordinary dryness of the mouth and throat, which are of a lively red color, completely suppressed secretion of saliva, dysphagia, pulsation of the vessels of the neck, psuedopsia, diplopia, hallucinations, sardonic laughing, delirium, and madness, with tendency to get up and run away.

"*q.* Convulsions, from acute poisoning by Phosphorus, (*phosphorismus cerebro-spinalis*,) are distinguished from uræmic eclampsia by this circumstance, that matters vomited, the fæces, the urine, the pulmonary exhalations, and the sweat contain Phosphorus, and glow in the dark.

"*r.* Morphinismus is known only by analysis of the evacuations from the body.

"*s.* In *Ergotismus convulsivus*, the patient complains of suddenly-appearing giddiness, blindness, trembling of the limbs, convulsive motions, tonic spasmodic contractions of the flexor muscles, choking, vain attempts to vomit, cramp-like tension of the abdomen, retention of urine and fæces. The pulse is small and contracted; the expression of the face is disfigured and sallow. Death happens during insensibility and convulsions."

Thus we have given the sense of what our author has written upon the differential diagnosis of uræmic eclampsia, not the least interesting feature of which will be recognized in the parallel he has drawn between a natural and a few artificial disorders. Perhaps the same thought may have occurred to the reader, as to ourselves: Suppose that every delineator of disease, in Dr. Braun's school, when he sets himself to chronicle the more minute symptoms, and to draw the dividing lines between disorders of one variety or another, were always to paint as faithful a picture of the pathogenetic effects of remedies, and to place the same alongside his characteristics of disease resulting from other causes—What then would follow?

Dr. B. thinks acute Bright's disease of the kidney a pathognomonic sign of uræmia; *id est*, albuminuria always accompanies, though it may not always occasion uræmia. The distinction is an important one. Thus, Simon, Robin, M. F. Tegart, and others, not comprehending it, go into a laborious discussion, to prove what is not denied by any one, that Albumen has fre-

quently been detected in the urine of the healthy subject, and likewise in that of persons suffering from diseases the most various and different from that under consideration. Besides this, most writers have failed to draw a distinction between the product which they thus discover and the albuminose (peptone of Lehmann). "Albumen proper appears only in secretions and excretions in true inflammations, and generally where real destruction of tissue is taking place; and hence only in acute Bright's disease or degeneration of the kidneys. Modified albumen, which Mailhe has called caseiniform, is capable of endosmosis; it is formed when the blood is greatly attenuated, whether that has been brought about by great fluid discharges or by sudden suppression of the functions of the skin, as after scarlatina, erysipelas, &c., and in the chronic form of Bright's disease;—and hence the observation, frequently made, that the albumen of urine, in Bright's disease, when precipitated by Nitric-acid, is again dissolved by an excess of the same."<sup>\*</sup>

For brevity, we draw from our author's text the following proofs of the intimate relation between uræmic intoxication in acute Bright's disease and puerperal eclampsia :

1. The premonitory symptoms are identical.
2. The same causes which produce acute Bright's disease and uræmia are to be regarded as also the causes of eclampsia.
3. Post-mortem examination reveals the same renal lesions.
4. Albuminuria is pathognomonic of both diseases.
5. The convulsions do not differ, and, in Bright's disease, we find the male subject liable to them also.
6. Both may sometimes exist without the presence of œdema.

Granted, therefore, the identity of these affections, of which, indeed, according to M. Goubeyre and others, there is yet considerable doubt, we are left to canvass the following propositions of the eminent Hasse, of Heidelberg : "1. All cases of albuminuria, in pregnancy and child-bed, are not referable to Bright's disease; 2. Only a few cases of Bright's disease go so far as to produce uræmia; 3. It is not a necessary result of uræmia that every one suffering from it will have eclampsia; 4. The appearance of this affection is not necessarily connected with any par-

---

\* Braun—*op cit.*

ticular stage or extent of degeneration of the kidneys; 5. The function of labor is not the immediate cause of eclampsia; nor do the spasms during the paroxysms stand in any connection with the coming on of uterine pains.”\*

We reserve our remarks upon the treatment proposed for this disease to another issue. Meanwhile, it would be very gratifying, and instructive, doubtless, to hear from homœopathists generally concerning their success in relieving so formidable an affection, and one in which another branch of the profession are exhibiting a great and growing interest.

---

ARTICLE III.—*Cases from Practice.* By the late Dr. JOSEPH T. CURTIS, of New-York.

CASE 1.—Seven years prior to homœopathic treatment, patient had been in the habit of taking enormous doses of Magnesia, to correct acidity of the stomach, occurring during pregnancy. In the seventh month, was bled very largely for a severe fall, and her accouchement was followed by general anasarca, worse about the extremities. After this birth, began to suffer from torpor of the bowels, with occasional violent attacks of colic and bilious vomiting. Two years subsequently, was confined again, and had prolapsus uteri, with tedious leucorrhœa; recovery was slow and imperfect. Bilious colics continued three or four years, when one of the attacks passed off with dysentery, and they have not recurred since.

'From the time of the former birth has had:

1. Pyrosis, after eating or drinking, (especially cold water,) also at night. Fluid regurgitated, tastes saltish, and often like lime-water. Aching in the epigastrium.
2. Pain in the left hypochondrium, sharp aching or shooting, or with sense of dragging or weight, worse at night. Dragging or creeping in the right side, extending to the shoulder.
3. After eating, distention of the stomach and abdomen. Often throws off the stomach a thick acid mucus. Animal, and almost all vegetable food, except bread-stuffs, aggravate.

---

\* HASSE: "Im Handb. d. spec. Path. u. Ther. Red. v. Virchow." IV. Bd., 1 Abth., S 292.

4. Frequent stinging-burning aphthæ upon the tongue, cheeks, and inside of the lips.

5. Sluggish bowels. Hæmorrhoids, often bleeding, with burning and tenesmus, and sore swollen abdomen.

6. Head heavy and confused.

7. Subject to rheumatic gnawing pains about the shoulders and joints at night, worse in damp and windy weather. Nervobilious temperament.

Most of these symptoms were probably due to Magnesia-poisoning. Natr.-mur. and Calc.-carb. did no good. Kali-carb., second trituration, one grain twice, and subsequently once *per diem*, gave speedy relief, and, after a lapse of two months, the above symptoms had almost entirely vanished.

CASE 2.—*Cholera*.—1. Profuse rice-water dejections every fifteen or twenty minutes, with slight burning in the anus.

2. Frequent watery vomiting, especially after drinking.

3. Excessive thirst (for cold drink).

4. Nose and ears icy-cold, body and extremities tolerably warm. Chilliness on motion.

5. Tongue moist, slightly furred.

6. Soft, accelerated pulse. Dry skin.

7. Violent tonic cramps in the calves, thighs, and masseter muscles, occurring after vomiting or purging.

Sickness had lasted about twelve hours. Prescribed *Veratrum*, drop-doses of the tincture, every fifteen minutes, for two hours, without any appreciable effect. Ordered Tinct. Verat., ʒss., Aq. Fontanæ, ʒij., a tablespoonful every fifteen minutes. Patient was convalescent within an hour.

CASE 3.—*Bronchitis*.—Female subject, aged twenty, blonde complexion, nervo-lymphatic temperament.

*Symptoms*.—Cough almost incessant, with evening and morning aggravations, excited by tickling behind the manubrium-sterni, increased by motion, cold air, speaking, lying down, and deep inspiration; at first very *dry*, but, after a few days, saltish mucous expectoration, afterwards yellowish and greenish purulent material, in large quantities. Much rawness about the throat. Evening fever.

Gave Arsenic, ʒ, one grain to about ʒvj. of water, a teaspoonful every four or five hours. After twenty-four hours, no im-

1859.] By the late Dr. JOSEPH T. CURTIS, of New-York. 17

provement. This prescription was followed by Hepar-s. c., Caust., Rhus, Calc., Kali-carb., Iod., Drosera, &c., without any effect. For two weeks the patient had grown steadily worse, and the case seemed almost desperate. Returned to Arsenic; one grain, first trituration, every two hours. In twelve hours, the improvement was marked, and, in eight or ten days, (continuing the medicine at gradually increasing intervals,) nothing remained, except a slight chronic catarrh, which caused little or no irritation about the air-tubes. This yielded to pretty large doses of Bals.-copaibæ.

CASE 4.—*Chronic Tracheitis*.—Male subject, aged about thirty, fair complexion and blue eyes, had suffered about two years from tracheal disease. Twelve years before, had had condylomata, which were treated by escharotics. *Symptoms*: Cough, particularly in the morning, and increased from slight exposure, with expectoration of considerable quantities of yellow pus, mixed with mucus; occasional hoarseness, worse from a draught of air; tenderness in the jugulum, extending along the windpipe; at times, vague pains in the chest; itching about the anus; tendency to constipation. Acid. Nitri-forte, gtt. j., in three or four ounces of water, twice daily, effected a cure. Under the use of this remedy, an herpetic eruption appeared upon the chest, but disappeared in a few days.

CASE 5.—*Spasmus Ventriculi*.—Mrs. M., aged fifty, bilious temperament, and inclined to fat, has been liable for many years to attacks of spasm in the stomach. These make their appearance almost regularly every year, about midsummer, and, under allopathic treatment, confined her to her bed for several weeks, and sometimes terminated in hæmatemesis. Pains exceedingly sharp and “cramp-like,” gradually causing nausea and retching, and extending over the abdomen and round to the back, relieved by external warmth and by belching, but reproduced by the smallest amount of food or drink. Nux-v. palliated. After an unsuccessful trial of several other medicines, Natr.-sulph., two grains of the salt to a wineglassful of water, administered in teaspoonful doses, gave speedy and permanent relief. A slight return of the disease, on the following year, gave way directly to the same remedy.

CASE 6.—*Tertian Fever*.—Patient had suffered several



months. Quinine suppressed the attacks only temporarily. Type anticipating. Pyrexia ushered in with:

1. Dull drawing pains through all the limbs; gaping, stretching, and thirst, followed by chill. First perceived about the extremities, and attended with shivering and teeth-chattering.

2. Heat, first of the head, afterwards universal, with violent throbbing headache, drowsiness, thirst, and pain in the chest.

3. Profuse sweat, beginning about the hands.

4. During some of the attacks, bilious vomiting at the close of the chill. Had but three attacks after the persevering use of Bryonia.

CASE 7.—*Febris Intermittens Soporosa*.—F. V., a lad of ten years, had intermittent, marked by the following symptoms:

1. Shaking chill, with thirst, preceded by much yawning, and coupled with some drowsiness, interrupted by muttering delirium, pale countenance, pupils alternately dilated and contracted.

2. Heat, with moderate thirst. During the early part of this stage, increase of delirium, with whistling, screaming, whining, and spitting, redness and distortion of the face, and contracted pupils. Gradual transition to deep coma, with labored breathing, mahogany-colored countenance, and dilated pupils. After about one hour, gradual abatement, and, lastly,

3. Profuse general sweat. Unnatural hunger during the apyrexia. Patient had never suffered from worms.

Nux-vom. proved of no avail in checking the fever, and Belladonna seemed powerless against the cerebral symptoms. Veratrum was also employed, during two paroxysms, with partial, but unsatisfactory results. After the fifth paroxysm, which exceeded the others in severity, the patient took Arsenic, first trituration, one grain every three hours, during the apyrexia. Under its use, the fever was absent about twenty days, leaving behind a pallor and languor which boded no good. Another paroxysm then came, and was followed by a second and third, still more intense, against which the Arsenic exerted no effect. During the third apyrexia, Capsic., first dilution, one drop every two hours, was used. The ague never returned, and, in a few days, the patient regained his usual strength and vivacity.

Two years subsequently, this lad experienced another attack of ague, with similar concomitants, from fresh exposure to miasm; but, from prompt use of Capsicum, suffered but one paroxysm.

**ARTICLE IV.**—*Adjuvants to Medical Treatment.* By JAMES T. ALLEY, M. D., of New-York.

Since the development of the truths of homœopathy, its followers—conscious of a success far surpassing that of any other system of medicine, and that, too, by means less warlike in their nature, and having painfully seen the punishment as well as the detriment from the use of what may be classed as adjuvants—have, many of them, from a well-founded disgust of such measures, set their countenances against employing any agents which are not actually curative in their results. This, it is true, is a perfect and exclusively scientific conclusion, and scientifically just. But there are measures which we may use without the least adulteration of science, and which we may class as benevolent measures, both in regard to the relief they may afford to the sufferer, and as preparing the way by which the “similar” action shall be sooner and more surely established. The reason, then, why we discard, in a great degree, the use of such agents as bleeding, blistering, purgatives, narcotics, &c., is not because when judiciously employed they militate against our principle of cure—for, at best, they are but measures of relief, and require rather the skill of experience than that of science to administer—but because, with the specific fulfilment of our truly indicated remedies, we seldom have reason to employ them. Still, let it not be understood by the laity or other schools that the physician who, in the few necessary cases, resorts to their use, takes the first step beyond the rules of homœopathic propriety, or gives the least compromise to any other system of medicine; for it is merely like the brush of an artist, which sweeps the dust from the statue, that he may more clearly see the work for his chisel. My remarks will then be confined to the merits and demerits of some of the principal auxiliaries to medical treatment, and, first, of that which has been longest in use, most popular in its prevalence, and most destructive in its effects,

**BLOOD-LETTING.**

And, whilst venesection, or general blood-letting, needs justly to be condemned and banished as useless and injurious, at the present day, it is not to be denied that it may have formed an important part of treatment among earlier writers, who have

lauded its benefits and vouched their experience for its salutary results. They were, perhaps, justified in using it, as the most efficient method of giving the recuperative powers of nature a chance to remove disease; for it cannot be doubted that the *desideratum* they wished to attain—viz., the lessened quantity of blood, the moderated action of the heart, and the consequent disorgement of the organs affected—is accomplished by a timely and discreet abstraction of blood; yet it is a dangerous, uncertain, and most unnatural means, and its use could only be tolerated at a day when the therapeutic action of medicines was as yet undeveloped, and when it was chosen as the least of two evils. With the comparatively elaborate and well-defined *materia medica* of which the science of our day can boast, no apology can be made for the pound-bleedings and syncope-effects which have tortured the ages of the past. It is true that many have been bled to a large amount, and that, too, in severe diseases, and yet have perhaps regained their usual health, but it is only an evidence of the ability of nature not only to overcome disease, but also to master the unnatural impositions which have been heaped upon her. In the hospitals of Paris, it has been said that bleeding has been extensively practised in inflammatory diseases, and their success will compare with, and perhaps surpass that of any other allopathic institution; yet, even this, as many affirm, is mostly owing to the unobtrusive treatment followed through the entire disease. It has been largely practised in our own country, but it is evident with unsatisfactory results, for even the best allopathic authorities have now discarded its use, and that, too, in pneumonia and other acute diseases in which it has been considered the very sheet-anchor of treatment. In the yellow and other fevers of the South, had physicians given attention to the powers of even our well-known remedies, instead of pleasing themselves with experiments of how much blood a person may lose and yet survive, the cause of science would have been more advanced, and humanity's claims against it been better discharged.

Bleeding cannot hereafter be practised to a great extent; for, even though the stupidity and prejudice of the profession would persist in its use, the minds of the laity, by common observation, are sick of its results. The time is certainly past when the

wheel of the physician's fortune can be turned by human blood, and in this, as in many other departments, science is not only formed for the people, but the demands of the people often give a direction to science. Cases might be quoted, and comparisons made of the comparative effect of the two modes of treatment, but space will not permit, and the cause does not demand it. Next then of

#### LOCAL TREATMENT.

For some time after leaving the allopathic ranks, and beginning to practice on the principle of "*similia*," I was inclined to look with favor upon these measures, and regard their use as indispensable, at least to the immediate relief more especially of the results of mechanical injuries; never, of course, looking upon it as being itself the cure, but only to serve as a preparatory step to curative results which might not otherwise have followed. I have learned of late, however, to distrust its superior efficacy, and nearly discard the practice. I had formerly considered it principally called for in the congestions and inflammations arising from mechanical injuries, and as an evacuant to overloaded capillaries, and had further concluded that, in this condition, the vessels, from the injury they had received, were often found incapable of relieving themselves of that which had become an extraneous substance, and that it was as much our duty to evacuate this, as to remove any foreign body from parts with whose action they interfere. It is true that every unnatural determination of blood to a particular part, whether from traumatic or idiopathic causes, may be indicative of the inability of that part to perform its appropriate function of evacuating the circulating fluids which it is constantly receiving; and also true that, if this be not removed in some manner, the effect may be injurious, not only upon the surrounding parts, but upon the general system; and, still further, that this, in common with every morbid symptom, points to some, though not necessarily to an open mode of relief. There may, indeed, be cases where local bleeding might be justifiable, but let us see what is the condition of the parts, and what are the prospects of its removal. In the first place, if called to a fresh contusion, in the lapse of a few minutes, we shall generally find enlargement, congestion, and, very soon, more or less inflammation, proportionate to the location and

severity of the injury; the vessels will all become turgid with blood, sensations of heat and pain will soon be experienced, the color change from red to blue or purple, and the swelling may be so prevalent as to suspend temporarily the action of the vessels affected; but this enlargement rapidly culminates to its highest point, and, even where no measures of *relief* are applied, the recuperative powers of nature almost always, even unaided, quickly remove a certain amount of the abnormal congestion. Nevertheless, relieving and curative means are both most essential to use, and that as quickly as possible after the injury, yet the methods of relief will, in most cases, do all that we desire. I have lately seen a case of very severe contusion from a slung-shot, followed by excessive enlargement and an almost bursting appearance of the integuments of the forehead, completely reduced in twelve hours, by a continual application of warm water during that time; no internal medicines were used until after the reduction of the swelling. In fact, this is now the practice of the best surgeons of our city, almost excluding the former routine of leeching and cutting. There are some cases, however, where, besides these applications, we need the specific powers of an appropriate drug, and in these, with Arnica, or whatever else may be indicated, we may be very confident of a better success than by encouraging a Grecian game called "*Leech versus Man.*"

Again, suppose the swelling has not been seen by the physician until after the lapse of twenty-four hours, and that the enlargement and discoloration has become permanent, what can we gain by local depletion. A dozen leeches may be applied, and the color and size will remain very nearly the same, for the reason that the leech does not withdraw the separated particles and disorganized globules of the blood which is causing the uncomely appearance, but only the regularly constituted blood which circulates in those vessels, which still sufficiently retain their normal condition to permit a gentle circulation. If any animal or knife can be selected which will remove the elements of the blood, as they have separated by their lodgment, it should certainly be looked upon as a special gift of Providence, and never disregarded; but, as the coming of this is rather doubtful, it will be better to adjust our means to the laws of nature as they

are than look for an improbable anomaly. Since, then, these deposited elements cannot be removed by mechanical means, but must be absorbed by the ever-active economy, it is plain that the best manner in which we can promote this is by allowing and assisting the vessels which still have sufficient vitality to work, to go on in their action, rather than by our own officiousness to defeat the end at which nature aims. The absorbing power of the human system is one of the most remarkable evidences in animal life of the recuperative forces of nature; every morbid appearance she immediately makes an effort to remove, and sends them piecemeal through the various conduits of the system, as enemies to her action, which she either destroys or dies. The few vessels left in a contused wound, which have escaped being disabled by the injury, are the only channels in the inactive mass which can bring the new elements for building up the broken structure, and in proportion as we maltreat these, so will the process of healing be quick or slow, perfect or imperfect. Or, again, take an idiopathic case, or one the cause of which cannot be ascertained. We are called to attend a patient with circumscribed local inflammation, which has been some time gathering, has become largely swollen, is fully congested, the parts surrounding sympathize in the disturbance, and are also becoming inflamed, the arterial, the venous, and lymphatic systems are obstructed, and their action partly suspended. These symptoms are painful and urgent,—but what is to be done? The leech or incision gives no relief; for, as in the first instance, so in this, the particles which actually produce the morbid appearance are not evacuated by the incision, but the healthy blood from the operative parts is vainly discharged, giving, as before, a less chance for ready restoration by further destroying the means of restorative action. Our duty, then, is to bring the kindly forces of remedial assistance to bear upon the part diseased, to assist the struggling organs in repairing the breach and perfecting the cure. If suppuration supervene, of course it will require to be opened—to assist the remedial action, but to get rid of the poisonous matter. Every practitioner of experience is familiar with the fact that these tumors, if opened before the formation of pus, rather retard than assist in the treatment.

## COUNTER-IRRITATION.

Under this head are classed all the measures which are "used upon certain organs to derive from the morbid conditions of others." Allopathists have included under this, epispastics, vesicants, suppurants, escharotics, actual and potential cauteries, &c.—a list of names sufficient to break the spell of any feigned disease, and develop all the pedestrian powers of the patient to escape so fearful a cannonade. But we shall find that some of them are not entitled to the place here allowed them, that the popularity of others is established upon false principles, and any or all of them combined have but little claim to our consideration as therapeutical agents. First, of blisters, the benefit of which are said to be that, by exciting a disease artificially on the surface, we can often remove another which may be at the time existing internally. It is not true that there is remedial action on the part diseased, and, consequently, it cannot be said that the irritation removes the internal disease; neither is it true that the artificial action derives from the morbid condition—it derives only from the primal cause of that condition, and, although in some cases, where an undue excitement exists in a certain organ, external irritation may, by the law of sympathy, so withdraw the vital stimulus from the part affected that nature is soon able to restore the normal action, yet never is it a direct agency or anything more than a mere negative power holding the vital forces from that part until the morbid excitement is removed. This principle, then, as applied in the mustard plasters, &c., of the nursery, where but small irregularities exist, or where it is but auxiliary to remedial measures, is sometimes proper and beneficial; but, when it is brought forward and declared to be one of our "most important remedies," and inflicted upon those who can but illy bear the suffering and exhaustion it imposes, it is well fitted to represent the puny stock of remedial agents with which allopathy is supplied. Yet a long course of blistering and irritation by Croton oil, &c., is the most common treatment for those who are suffering with affections of the chest, and there is no class of diseases where it is more badly borne, or where there is less prospect of benefit, for the pains of the chest, of whatever character they may be, are but symptomatic in their appearance, and, even if applied over the seat of

the malady, and if temporary relief be afforded, there is no justification of measures so inhuman,—for why tax each power of the animal economy and exhaust its vital strength? why summon the unnatural excitement, and strain the nervous energy of a feeble frame to eradicate disease from a single point, when we have specific remedies to minister to the organ diseased without doing violence to every other part? Even the common feelings of humanity should lead the stubborn to investigate, and, dropping prejudice, receive the truths and own the benefits which abundant experience has accorded to a system founded upon an established law, rather than cling to a custom which has for its merit only the routine of centuries. Yet even this application of the blister is more humane and less injurious, if possible, than the practice which is extensively followed in the low stage of typhus and other fevers, where it is used as a stimulant to the flagging powers. At the very time when the vital forces are struggling with an overpowering enemy, and are taxed to the utmost to sustain their crushing load, when, with the best economy, they seem incompetent for their task, how cruel and vain the assumption of adding still another source of exhaustion and irritation, which, although it causes an increased effort to resist, proves the last and fatal interference with an enfeebled power!

In regard to suppurants, although the disease established by them is often as permanent, from constitutional impurity, which insists upon some channel of escape, as that for which they are substituted, yet it may sometimes be our duty to open new conduits for morbid effects, if by so doing we can prevent its disastrous results with other and more important parts. Here, however, instead of being a counter-irritant from one particular organ to another, it is a mechanical opening for the drain of morbid material, the evacuation of which protects the parts of the general system from unavoidable disease. But, when this is applied to the healthy system, in the form of Moxa's issue seton, &c., for the cure of sciatica and other neuralgic affections, I have never seen sufficient benefit from them to justify the torture which the patient is compelled to endure.



ARTICLE V.—*Theory and Practice of the Movement Cure.*

By CHARLES F. TAYLOR, M. D., of New-York.

§ 62. Twisting the upper part of the chest, in certain positions, is an excellent method of arresting the development of the respiratory apparatus.

Fig. XXVI. (A and B) represents a very excellent method of accomplishing this twisting. One foot (as the left) rests on a stool, and the arm of the same side is stretched over the head; the other hand rests on the hip, and assists in sustaining that (right) side. From the position—the muscles below the chest, on the side of the elevated arm, being relaxed by the position of the leg—the same side of the chest is lifted up and expanded.

FIG. XXVI.—A.



Twisting of the trunk—  
expanding one-half of  
the chest at a time.

Now, if the patient's left arm, at the wrist, be grasped by an assistant, and the opposite shoulder be pressed upon, the patient can be twisted back, as shown at B; and, if he then twists the left shoulder forwards, to the position represented at A, all the muscles concerned in twisting the trunk will be acting in concert to expand that side of the chest. The assistant may now pull the left side back to the position at B, and so repeat several times, the patient and the assistant alternately resisting.

FIG. XXVI.—B.



Twisting of the trunk—  
expanding one-half of  
the chest at a time.

To make the effect uniform in both sides of the chest, the same should be repeated on the other side: that is, with the right foot supported, and the right arm stretched up. But, if one side is more shrunken than the other, it may be given to expand that side only; and, likewise, it is very proper to give any of the previously described movements upon only one side, when there are any indications for so doing. There are many of these twisting movements that may be given, both more or less powerful than the foregoing, but the physician must prescribe them according to the requirements of each case, regarding *all* the pathological conditions presenting themselves.

§ 63. The above are a few examples of how the shrunken, hardened muscles of the chest can be developed, separately, or in groups, in accordance with their physiological condition; the chest expanded, gently or severely, as the case demands, respiration relieved, and the wholesome physiological reaction of a more healthy respiratory apparatus upon the organs of respiration themselves, the lungs, secured. But, in actual tubercular infiltration, this is not enough. There are masses of tubercle to be absorbed, if possible; and, also, there are quantities of pus, and mucus, and effusions of various kinds, filling the air-cells, and impeding respiration and causing capillary stagnation in the blood-vessels. To relieve the lungs of this mass of foreign matters that literally load them down, and make occasion for increased progress of the disease, nothing can compare to *vibrations* of the chest. The fluids must be shaken out of the lungs as water is shaken out of a sponge. Nature sets the example by establishing a cough; let art come to her aid.

§ 64. For very weak cases, these vibrations should be given with corresponding carefulness. Let the patient sit in a chair, like that represented in Fig. VII., and, while perfectly relaxed, let the assistant place his hands on each side of his chest, just below the axilla, and give ten or twelve gentle but quick shakes or vibrations; then, after a short pause, repeat them as before. This gives great relief to the sense of constriction across the chest, promotes expectoration, and relieves the cough. It should be frequently repeated, unlike most other movements, during the day.

Another and more powerful vibration is well shown by the cut, Fig. XXVII. The patient sits erect, or he may stand, with the arms extended each side horizontally. An assistant, on each

FIG. XXVII.

side, grasps each a hand at the wrist, and then, both at the same time, and with the same motion, bring the arms up and down, with a very rapid jerking vibrating motion, twenty or thirty times repeated. The vibrations from each side are propagated along the arm into the chest, where they meet, and are broken into very fine waves.

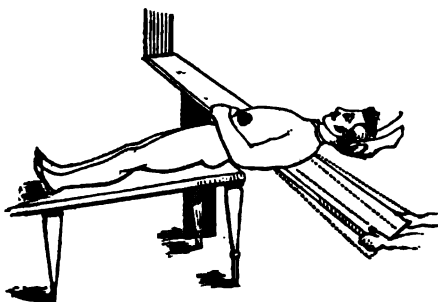


Vibrating the chest by the arms

At the same time, blood is thrown into the arm, as in swinging them. The effect is agreeable, and almost any patient can take it, for it can be made mild or severe at will. Slight traction should be made at each hand during the shaking.

Fig. XXVIII. represents another method of chest-vibration, and, perhaps, a more effective one than either of the preceding. A board, about ten feet long and one foot wide, has one end fast-

FIG. XXVIII.

*Chest-vibration with the springing board.*

ened to the wall, and two or three feet from there it rests across a support. The patient lies with the lower part of the body on a bench of the same height, and with the chest resting (on a cushion) on the long part of the board, towards the end; the head is supported by the hands

of an assistant. Another assistant then shakes or vibrates the free end of the board, which, being made of springy material—spruce is best—sends a succession of small vibrations into the patient's chest. The instrument is hung on hinges, so as to be turned up against the wall when not in use.

§ 65. In making up a prescription for a consumptive patient, not only the pulmonary disease, the contracted chest, imperfect circulation, &c., must be taken into consideration, but all other derangements and symptoms must be attended to. For instance, as stated previously, there are generally more or less dyspeptic symptoms; and often, especially in the last stages, troublesome chronic diarrhoea, &c. Now the treatment must have reference to these conditions, as well as to the principal disease, and thus the prescription will be modified accordingly, according to principles previously laid down. I have illustrated the general character of the treatment to be employed in these cases, but it should not be considered as a formula for them. It should be remembered that the treatment under consideration does not take the place of, or in any way interfere with the ordinary exercises of the patient; if anything, it enables him to take more than without it. It is not necessary here to urge the necessity

of plenty of out-door exercise—such as he can bear, riding, pleasant society, good food, and other hygienic measures—for the profession has come to regard these as of more importance than all other means hitherto resorted to. The movement cure is simply a powerful and often a saving aid to all other hygienic means.

‡ 66. A consumptive patient, under a carefully prescribed and administered treatment by movements, exhibits, to an observing physician, some interesting phenomena. The rapid, wiry pulse gradually falls and becomes more soft and natural. A patient with a pulse at one hundred before the treatment began, will be found to have it at ninety, or even less, at the end of the hour. The hands and feet grow warmer, and, as the strength increases, the night-sweats gradually disappear. There are no sudden changes, but, in a few weeks, they find themselves decidedly better; can take more exercise, and with less fatigue; sleep and eat better, are more hopeful, and, in all respects, are much improved—even those cases that ultimately succumb to the disease. But very many cases, taken in the early stages, may entirely recover.

‡ 67. There is one consideration that, it seems to me, should have some weight, in accounting for the benefit derived from this treatment in this disease, and especially in what is ordinarily denominated scrofula. The lymphatics have no central organ to propel their contents forward, like the heart, but depend entirely on capillary attraction, especially that force in the tissues behind them, the result of affinities exercised there, throwing a certain amount of waste into the lymphatic vessels and the pressure of muscular contraction upon these vessels propelling along their contents. Now, any cause that lessens the affinity between the blood and the tissues, and that lessens the tonic condition of the muscular fibre, must cause more or less stagnation in the lymphatic vessels, the condition in scrofula. And, of course, any treatment that tends to restore this affinity between the blood and the tissues, and restores a tonic condition to the contractile tissue, *must* have a good effect upon consumption and scrofula, besides the increased oxydation and hæmatisis.

‡ 68. I am aware that consumption is considered, by many, to be a condition of *increased* oxydation of the tissues, and treatment is resorted to to *prevent* this alleged increased oxydation.

For instance, the good effects of cod-liver oil is accounted for, they say, by supposing that it prevents the destruction of the tissues, by supplying other material for the support of animal heat, &c. But this view ignores the fact that *too little* oxygen enters the system through the diseased lungs; that the patient is always benefitted by open air and exercise, which bring more oxygen into the system, that the blood itself is pale for the want of oxygen, and the assertion of Lehmann, which has never been controverted, that "*there is no disease characterized by too great oxydation of the blood.*" I believe that consumption is principally characterized by deficient oxydation of the tissues, and that the benefit to be derived from exercise in general, and the treatment under consideration in particular, depends, in an important degree, upon the facilitation of transformation of tissue, and the introduction of oxygen, to be used in making tissue of a higher vitality.

#### PARALYSIS OF MOTION.

§ 69. Muscular motion takes place only in consequence of a stimulus imparted to the muscular fibre through the medium of the nerves, and paralysis of motion occurs generally, *not* from defect in the muscular tissue itself, but because of an interruption of this stimulus. Paralysis is, therefore, a disease of the nervous system, and paralysis of innervation, might, perhaps, be the more appropriate expression. The cause of this interruption of the passage of the impulse of the nervous centres to the peripheric nerve-loops, in contact with the muscular fibre—which is the normal stimulus to muscular contraction—may be either mechanical, as the pressure of a clot or effusion, with or without rupture of the vessels, effusion of serum into any of the cavities, concussion from blows, &c., or it may be physiological—as the cutting off of the supply of nutrition, from chronic inflammation of the membranes, thus interfering with the capillary circulation in the nervous substance; or, disease of the nervous tissue itself, as softening, tubercular deposits, &c.; or, both the mechanical and physiological causes combined. There are also, probably, some rare instances of this affection involving the "peripheric brain," or ultimate extremities of the conducting nervous fibres. While the prognosis, in cases of paralysis of motion, should always be guarded, it should be governed less by the degree of paralysis than by considerations of the character and seat of the

lesion in the nervous system. A slight degree of paralysis may be very intractable or wholly incurable, while some cases of complete loss of power may very nearly or perfectly recover by proper treatment, and sometimes, indeed, spontaneously. While a certain amount of obscurity must necessarily attend these cases, yet it is of the utmost importance that great pains be taken to secure a correct diagnosis. The difference in the curability of different cases, depends very much on the early history of each case. A disease in the cerebral hemispheres, for instance, may slowly progress for years, till a comparatively large portion of the substance of the brain has become implicated, and yet no violent symptoms occur, but a gradual debility comes creeping stealthily over certain portions of the body. So insidiously, indeed, does this often happen, that the patient himself is almost unconscious of his malady till it has already existed for some time. Evidently such a case, with the disease inducing the paralysis still progressing in the nervous centre, is much more formidable, though attended with but a slight loss of power, than in a case of an opposite character, where the system is overwhelmed by the *suddenness*, rather than the extent of the lesion. A very small clot may produce complete hemiplegia, while cases have been known where extensive abscesses have occupied a portion of the brain, attended by much less paralysis; the former have a good chance of recovery, while the latter are necessarily incurable. Still, the obscurity previously mentioned, and the difficulty, often encountered, of getting the exact history of the case, render it proper that each case should have the chances of a trial.

§ 70. The fact that the paralysis is often disproportionally greater than the lesion—and this occurs in the majority of cases—leaves a large amount, in many cases the *whole* amount, to be accounted for as entirely *functional*, and should be considered separately from that immediately produced by the organic disease. While we cannot hope always to remove the organic lesion, the functional paralysis may be entirely removed; and, in those cases where the totality of the symptoms depends entirely upon a continued interruption of innervation, from a previous powerful impression or shock upon the nervous system, the paralysis will be removed, although the organic lesion may pos-

sibly remain unaltered. Or, in less favorable cases, the improvement will continue up to the point of actual interference of the organic lesion with the transmission of the nervous force. But this is not all, for it fortunately happens that the very means pursued to remove that portion of the paralysis due to functional derangement of the nervous system, is also highly conducive to the removal of the original organic disease.

§ 71. It is well known that restoration of impaired nerve-function, as well as restoration of impaired nerve-tissue, takes place very slowly.

Even the slight pressure of the fingers on a nervous trunk, as of the ulna, where it passes over the internal condyle of the humerus, will so far paralyze the little and the ulnar side of the ring-finger that several minutes elapse before we can get complete control of them.

Should this pressure be continued a certain length of time, the paralysis would doubtless be more or less complete, though the nervous tissue might remain perfectly intact. Now, there are various ways in which paralysis of motion may exist, and be continued indefinitely, without organic lesion in the nervous centres, except so far as imperfect nutrition always accompanies a loss of function. Any cause, local or general, capable of overwhelming the nervous centres, may produce paralysis, and, when once produced, though the cause be removed and no organic lesion remain, the paralysis may continue; because the function, once lost, is with difficulty reestablished, owing to the low nutrition in the nervous tissues while the cause existed, which, when the cause ceases, still renders volition impossible, and without which performance of function there can be no improved nutrition; for it is by the performance of function that the nutrition of every organ takes place. Then we often meet with paralysis of a limb, in children, which continues through life, though robust health may have followed the fever or other disease producing it. Many cases also recover, but not until the corresponding member on the other side has got the start of a year or two in growth. Also, cases of paralysis, arising from Pott's disease of the spine, frequently recover after ankylosis has taken place, and the pressure from effusion removed, or the inflammation has subsided.

§ 72. That the distinction between the paralysis due to the organic lesion, and that depending on functional derangement of the nervous system—the latter, it is true, set in train by the former, but still distinct from it—is well founded, is illustrated in what is denominated “hysterical paralysis.” A lady suddenly loses her voice, or even is attacked with paraplegia or hemiplegia, which often lasts for months, but is not caused by the slightest organic difficulty in the brain or cord. It is entirely functional, but none the less real on that account, though, of course, much less dangerous. Still, a shock has been produced, though we may not be able to tell what produced it; and, when once produced, it continues to exist as an independent condition. The same may be the case when the paralysis has been produced by a more appreciable cause. Cases 2, 4, 19, and 3, in the tabular statement on page 88 are samples of absolutely perfect restoration; in one case (2), after a lapse of over five years from the time of the accident. At that time, there was probably compression of the brain, and perhaps a clot; for the child was comatose for several days, and, I think, for more than a week. For a year or two before commencing the treatment, the paralysis had increased; but, as the recovery was perfect, it cannot be supposed that the original organic lesion existed up to the time of commencing the treatment.

Another case illustrates, if possible, still more forcibly this view, because it is one in which we are cognizant of the character and extent of the original disease. Master D. F., now ten years old, five years ago was kicked by a horse in the right fronto-parietal region—a portion of the skull, about three inches long by two and a half wide, being detached and forced under the adjacent portion of the skull, projecting into and lacerating the substance of the brain. It was removed with great difficulty. Unhealthy granulations, and even an abscess formed on the exposed portion of the brain, and, after a tedious convalescence, in one year the wound had healed. He was not trephined. After the accident, he remained comatose for twenty-four hours, when, consciousness returning, it was ascertained that there was complete hemiplegia of the left side. At the end of a year, he could walk, and continued to be able to do so up to the time I saw him, five years after the accident. But he



could not sustain his weight on the left leg;—the development of the whole side was very much retarded, the *bones* as well as the muscles of the left side being much smaller than on the right; the left arm was nearly useless, and, though he could move it about in most directions, there was not the least control over the hand and fingers. The fingers were flexed into the palm, and the wrist upon the forearm. For the last year he had been getting considerably worse. His intellect was unimpaired. After three months' treatment, there was a wonderful change for the better. He could use the hand and arm to climb a ladder with great facility, and he was even beginning to feed himself, being able to grasp a fork; his form had changed, being perfectly upright, instead of stooping and favoring the left side in every movement, and he now walked with only a slight hitch. This case is interesting, because we know that while there has been a remarkable amelioration in the patient's condition—an increase of power in the paralyzed side, of several hundred per cent.—there cannot have been the same change in the original lesion. Indeed, as there only remains the cicatrix, it is not likely that there has been the slightest alteration of the condition of the brain. This case still continues under treatment.

But there are also positive indications for treatment, with reference to the organic disease, as will subsequently appear.

§ 78. But, whatever may have been the cause of the paralysis—whether effusion into any portion of the cerebral mass, inflammation of the membranes of the chord or brain, the shock of violent disease or other cause—the first indication is, of course, to ascertain the cause and remove it.

Unfortunately, in most cases, even the proximate cause lies beyond our reach, except by indirect means. Where the access of the disease has been gradual, the treatment may be cautiously commenced; but, in recent cases, especially if they are severe, much treatment of any kind is to be deprecated. The nervous system is already overwhelmed by the force of some powerful shock, and, till it has had ample time to recover, and has recovered so far as it is capable of reacting, any efforts to act on or through it will be in danger of doing harm instead of good.

The rule that surgeons apply to cases of severe injuries, before performing an operation, is equally applicable here. We must

wait for reaction to take place. It may be several weeks or several months, according to the nature of the case and the recuperative powers of the system.\*

Whatever may be the utility of medication in some stages of this disease, I regard the exhibition of strychnia in the first stages of paralysis, goading up the nervous system, already completely exhausted, as being particularly harmful. (See note page 84.)

It adds nothing to the capacity of the nervous system, while it still more completely overwhelms it. But every hygienic means should be brought to bear in the first stages of this disease. Special attention should be paid to the diet. Paralytics are very apt to live badly, taking altogether too much food to be properly disposed of in their confined condition; they often eat to surfeit, without being aware of it. There is also great deterioration in the quality of general nutrition, interstitial change taking place much more slowly, and much less perfectly—so much so, that the odor arising from the body and breath of paralytics is precisely like that of very old persons. Even the expression of countenance and intellectual manifestations have the same senile character. Oxygen is the great purifier, and the patient should be kept in the purest atmosphere, frequently changed, and allowed to come in contact with the skin to yield its tonic effect to that organ, in order to excite respira-

---

\* In a clinical lecture, by Professor Trousseau, inserted in the *Gazette des Hôpitaux*, we find the following:

“As a general rule, M. Trousseau does nothing in cerebral hæmorrhages. He does nothing, because he regards cerebral hæmorrhage as an *accomplished fact*, and he does not see how a medicine can be useful when there exists a hæmorrhagic principle (tendency) in a corner of the brain. He asks, What can bleedings, purgatives, or cuppings accomplish against the pressure of a foreign body—a clot on the brain? Blood-letting, they say, has the effect of depleting the sanguineous vessels, and, in depleting them, we also weaken the absorbent vessels, and thus favor the resolution of effused blood. But ecchymosis of the brain should not be treated differently from ecchymosis of the skin or cellular tissue. But, when a man has received a violent blow upon the head, or when a child has fallen and bumped his forehead, we limit our treatment to external applications of salt and water, or make light compression, or, better still, do nothing at all. Resolution takes place as well, or better than if we had done something.”

M. Trousseau's success, since adopting this course, has been much better than formerly.

tion ; and tepid spongings of the body will be found useful for the same respiratory purposes, as well as for cleanliness. Of course, such special medical treatment as is indicated by the present condition of the case—as, for instance, to cause absorption of an effusion or clot, to attend to the digestive and depurating functions, to support the strength, &c., by any means best calculated, in the physician's judgment, to accomplish these purposes—should be employed at this stage of the disease. In the absence of the pressure of muscular contraction, œdema of the extremities may be relieved by frequent kneading with the hands and pressure on the soft parts ; but, in cases accompanied by spasmodic action of the muscles from reflex influence, it is not common to find œdema. But, besides plenty of pure air, no more plain food than can be vigorously digested and properly assimilated, and whatever may be embraced in general hygiene, there is very little that can be done, in recent cases, without danger of injury, until the system begins to react from the shock. Even without treatment, or in spite of treatment, many cases do react, and after a while entirely recover ; but the great majority of cases convalesce to a certain degree, and there stop. It seems impossible, with the treatment usually adopted, to get them beyond a certain point.

§ 74. But, suppose the system has had time to react after the inception of the disease, or suppose the progress is gradual, the patient becoming conscious of having less and less control over certain members, what are the indications of treatment ? The principal indication evidently is to reëstablish the connection between the muscles and the brain. This is to be done in the same manner that it is done in health, viz., *by the use of the muscles*. In health, every movement makes the next movement possible. In paralysis of motion, how shall the first movement be accomplished ? After long inaction—first from disease, and subsequently from habit—how shall volition be communicated from the central to the peripheral brain ? Let us follow nature.

The object is a definite movement ; the means are muscular contractions ; the cause is the will. We attempt to accomplish this, first, by a process of exclusion ; that is, we exclude all other movements while attempting to perform the required one ; and not only that, but the attempted movement must be accomplished in every case without a single failure.

Suppose a case of hemiplegia. The patient has no ability to raise the arm; and not only that, he has lost even the power to try. No person can attempt anything that he *knows* he shall be unable to perform. So that his volition, with reference to his paralyzed side, if not entirely gone, is reduced to its minimum quantity. A simple effort of the will, at the physician's request, does, in such circumstances, but very little good. An effort of the will, to be of any service, must be recognized in the peripheral as well as central brain. How can the peripheral brain be made to recognize volition, so as to impart its stimulus to the muscular fibres with which it is in contact? In the first place, the patient must be placed in such a position that all voluntary muscular motions to keep himself in position will be avoided; he must be either lying or half lying, and in such a manner that, being supported in all directions and perfectly comfortable, he will employ no other muscles than those belonging to that portion of the paralyzed side which it is determined to act upon.

§ 75. For instance, suppose we wish a flexion and extension at the elbow. Having placed the patient in the position above described, we take the paralyzed arm in our hands, and, extending it horizontally, rest the arm firmly against our thigh, holding it firmly with one hand, while, with the other, we grasp the forearm near the wrist. It will be remembered that the patient is in such a position that neither innervation nor arterial blood—both of which are necessary to muscular contraction—will be diverted to any other part by any other movements. This is very important to remember in the treatment of this disease; for if, at this stage of the treatment, other movements are going on at the same time, the volition will be diverted from the paralyzed muscle to those more easily affected and already occupied, thereby seriously interfering with the intended movement. Now tell the patient to bend the elbow very slowly and very gently, and not to exert all his power in the effort. We are supposing a case of complete loss of voluntary motion. It is well known that if a man in perfect health should exert all his available force in a single effort, or succession of efforts, the consequence would be a diminution of power, and even a decrease in the size of the muscle, rather than an increase of them. The same rule will apply as much more forcibly to the paralytic, as

his fund of available force is less than in the healthy. In commencing the treatment, the object is to direct volition to a particular group of muscles, and no where else at the same time, in order to obtain the maximum amount of muscular contraction with the minimum expenditure of force; but, as in health, where a succession of such efforts are to be made without fatigue, so here only such an intensity of volition is employed as can be repeated a certain number of times, with equal force, without exhaustion. In order to guard still further against the ill effects of too great effort, only three or four are made at one time, when the patient rests. Eight or ten different movements, given at one sitting, are enough for one day. By doing a little, we accomplish something; but, by over-doing ever so slightly, we destroy all the benefit that preceded.

§ 76. At the first moment that this effort is made by the patient, without waiting to allow him to see whether or not the forearm moves, the arm is to be carried in the required direction, as though the flexion had been done voluntarily. Thus we have an effort concentrated upon a particular part, and a movement following the effort, though as yet not as a consequence of it. But something certainly has been accomplished, even in the muscular tissue. In the flexion of the limb there is the stretching of the extensor muscles, and the mechanical contraction of the previously stretched flexor muscles, as in health; both affecting somewhat the capillary circulation, and making some impression upon the peripheral nerve-loops, sending in turn at least a reflex influence toward the central brain, thus doubling the effect of the movement. The effort, though gentle, should be concentrated, well-sustained, and determined, in order to accomplish which, the will of the operator should always operate through the patient. It is not enough that the patient be told what he is to do, and then be left to do it as well as he can—for inability to do this is the essence of his disease—but, in every thing he does, he must act only under a command. A kind, but determined command is followed by an increased desire, which is the most favorable condition for an effectual volition, because a volition thus begun commences at its maximum power, and continues full and well-directed to the end. Although the operator himself actually makes the movement which is percep-

tible to the eye, namely, the flexion of the forearm in the case supposed, it is more to secure the *morale* of the patient—for he sees it move while he is trying to move it; he cannot tell how much of the movement belonged to himself, but feels and hopes that he helped some; and, as his effort was slight, perhaps he could do more. Yet, in all hopeful cases, there probably is a certain amount of contraction resulting from every effort, but, being insufficient to make the sensible motion, it ordinarily is not appreciated. This usually unseen and unknown penetration of the will into the tissues, toward which it has been sent, and the hope of being able to increase it, constitute our basis of expectation.

‡ 77. Suppose a force of two pounds of muscular contraction to be capable of raising the arm; if we began with a force of only one ounce, it might be increased to thirty-one ounces, and still the arm remain unraised; but the most hopeful change has been going on in the nervous and muscular tissues, while yet there is no palpable result. If we have formed the habit of obedience in a few muscular fibres, this habit and the increased nutrition resulting from this functional act may, in time, extend to others, till the normal condition is fully restored. We may avail ourselves of still another means of assisting volition to accomplish its purposes. I allude to the dual arrangement of the organs, and the tendency to symmetrical development. Now, if the patient be made to bend both the sound and the paralyzed limb at the same time, and in the same manner, taking care that the will be equally intent upon both movements, it will increase the tendency to contraction in the palsied muscles to follow the effort. But such movements should be used only a part of the time. I have mentioned that innervation and muscular contraction take place under the influence of arterial blood. The will exerts a powerful influence upon the circulation, increasing it in the parts towards which it is directed. This is another reason for the gentle and continued effort, thus allowing time for the circulating fluids to arrange themselves under this stimulus. But mechanical means may sensibly aid in effecting this result. During the cessation of voluntary motion, the circulation in the capillaries becomes enfeebled, and increased exosmosis of the fluids takes place through the distended walls of the vessels; the stagnant

blood becomes more venous than arterial, and is infrequently purified by being brought into contact with the oxygen of respiration, owing, in a great measure, to an absence of the mechanical pressure to which the contents of the capillaries and other fluids are subjected, during health, by the contraction of the muscles containing them. This mechanical aid may be partially supplied from without, by means of pressure of the hand, and kneading of the muscles with the hand and fingers. The retarded circulation that may thus be accelerated in passing to the heart and lungs, would be laden with impurities, to be eliminated at the proper emunctories. To carry out our attempt to imitate nature, and follow her method of substituting a physiological for a pathological condition, we endeavor to induce an arterial condition of the capillaries by stretching the palsied muscles, or kneading them while in an extended position. Reflex action is to be avoided, because contractions produced in this manner, being entirely abnormal, seriously interfere in establishing the control of the will, which is the object aimed at; but direct action may be stimulated, in some cases, by gentle pressures along a nerve-trunk, or on a plexus of nerves, slight percussion along the spine and over the sacrum, &c.; but these stimuli should never be used where there is reason to suspect organic lesion of the medulla-spinalis. It is a remarkable fact that though organic disease of the cord is a hopeless disease, yet, being characterized by frequent spasms of the muscles, it is not attended by that wasting away of the muscular tissue that usually follows paralysis unaccompanied by such reflex contractions, though the latter justifies a much more favorable prognosis. Muscular contraction, though abnormally produced, favors the circulation and nutrition in this tissue, though the exigencies of the case prevent the penetration of the will beyond the seat of the lesion. But spasms of the muscles, accompanying resolving or functional disease of the nervous system, do not seriously interfere with the treatment or the progress of the case.

§ 78. The foregoing remarks are applicable to complete paralysis of motion; but, in those more favorable cases of partial paralysis, where the will has regained, or has never been deprived of a portion of its control of the muscles, the principles of treatment indicated in complete palsy are equally applicable,

with the addition of another method of still more perfectly concentrating the will upon the designated muscles. As the first method may be called the process of exclusion—that is, excluding the system from participating in any other movements—so this may be called the process of concentration, or concentrating all other muscular efforts of the whole body upon the designated member which shall be cumulative in the palsied muscles. There being still some power in these muscles, such movements, besides those previously explained, may be given as require contractions in other muscles besides the affected ones; but, how feeble soever the contraction of the affected muscles, the contraction of the other muscles, be they ever so remote, should always be *less* than in the affected ones, and should be such as are necessary to complete the contemplated movement. For instance, in hanging by the hands, it will be seen that, from the necessities of the case, all muscular efforts in all parts of the body are rendered necessary from the position, and that the force of contraction gradually increases from below upwards, and is the most intense in the hands and arms. And, as the volition and contraction converge towards the upper extremities, so do the innervation and circulation flow in the same direction. This is what I call a *cumulative* movement. But the same care should be taken to avoid fatigue, as in the first case, and all through the treatment this idea of calling out only so much force as can be easily and pleasantly borne, and the depression consequent on which effort can be quickly rallied from, and that leaves no exhaustion behind, should be kept in view.

---

ARTICLE VI.—*On Malignant Scarlet Fever.* By SAMUEL LILIENTHAL, M. D., of New-York.

There has been of late so much written about scarlatina, that it appears superfluous to add one iota to it, and yet it seems to me an inexhaustible subject, for there is not a physician who has not to deplore the loss of some cases, and even if in general homœopathy has been more successful, yet, in this blood-poisoned disease, our available means seem not to reach those cases where their need is most required. In simple scarlatina, anything and everything and nothing will do. I have treated



such cases with our Acon. and Bell., with Chlorate of Potash, with lemonade, rose-water infusion, with simple mucilage, and they have all recovered, quickly and permanently, if the parents were only careful enough to have the children kept warm, so that no retrocession of the poison was possible.

The whole question, in treating scarlatina, turns on two points: 1. The quantity of poison which has entered into the constitution, and 2. The reactive power of nature to eliminate that poison; the less of the former, and the more of the latter we have, the more successful will be our cures. Typhus and all exanthematous fevers originate from the absorption of a poison from without, and recovery is chiefly brought about by the physiological powers of the system overcoming the pathological influence of the poison. It would be a most interesting question to find out what alteration in the blood this poison produces, what sort of specific fermentation it sets up. Is there a diminution of fibrin, as in typhus, or an excess of it, as in rheumatism? Is the blood rich in carbonated alkalies, as in typhus, where the mineral acids are our sheet-anchor, and in uræmia, where the Carbonate of Ammonia is the mischief-maker, or is the blood surcharged with acids, as in rheumatism, where alkaline remedies are frequently beneficial? In what consists the speciality of each particular poison, and what are the different effects of each? That the glands are the particular organs, through which some of these humors or poisons pass from the economy, we know; but why they affect at one time the salivary glands, at another the parotids, or the kidneys, or some other secreting organ, science has not yet revealed; and, as long as we do not know in what each particular poison consists, absolutely specific remedies are sometimes out of the question, and our therapeutical measures generally battle only against the general state of the constitution. Furthermore, an analysis of the blood, in our present state of chemical and physiological science, will hardly respond to the query how much poison it takes to render a case severe; and from pathology, our allopathic brethren could learn a lesson about the power of dynamic poisons. The whole range of contagious diseases, of epidemic and endemic influences, ought to bring blushes to the cheeks of every common-place physician; for, as they have to acknowledge

a dynamic power in creating disease, why deny to dynamic remedies the power of healing disease?

Haverstraw lies forty miles above New-York, fronting the noble Hudson, and sheltered by a high ridge of mountains; it is one of the loveliest and healthiest spots which a kind Providence ever has given man to enjoy, yet it was last year visited by a severe epidemic of scarlatina. It raged in the city, before it appeared on the river. We will waive, for the present, the question whether it was imported or not. Suffice it, that it was there, and the first cases fell to my lot. During March, 1857, three children of one family were taken at once with the most severe attack of inflammatory croup I ever witnessed; the usual remedies, Acon., Tart.-emet., Spong., Phos., were of no avail, and only the persevering use of Belladonna saved them from threatened death. When the throat-symptoms abated, a light rash appeared over the body, and I was not sure at that time if it was the effect of Bell. or a critical eruption. As the weather was raw and chilly, the boys were kept, for a few weeks, in the house, and then dismissed cured. A month later, another family was stricken down. Mrs. G., about forty years old, complaining of sore-throat and swelling of the tonsils, with a peculiar fetor from the mouth, was my next patient. Acon., Bell., and Merc. helped again, and she convalesced; but her nursing babe, and a son about three years old, took the scarlatina. They were the first cases where the rash came fully out, and made the diagnosis easy. The babe, a scrofulous child, passed luckily through the attack, but suffered for a whole year from successive crops of boils, inflammations of the eyelids, and otorrhœa, for which she took the antipsoric remedies. The boy was never obliged to lie down, but got anasarca, from which he quickly recovered. Their sister, a young lady of twenty, was attacked next; she was as red as a lobster, and slightly delirious in the beginning, yet all the medicine she took was Lemon-juice and Sach.-lact., and she made an excellent recovery. Now the disease began to spread, and soon all the physicians in the place had their hands full of it. The little graves of over one hundred children, in the Catholic Cemetery, testify to the severity of the disease. But the poor and neglected were not the only victims of the fell destroyer; it invaded equally the dwellings

of the better classes, who followed strictly the orders of their doctors, and it brought desolation in its track. During the heat of the summer, the cases were lighter and more easily managed, but as soon as cool nights appeared again, more malignant cases fell to our lot, and it was a very poor consolation to me that other treatment was less successful than homœopathy. Out of ninety odd cases, I lost ten: three by suffocation, from swelling of the glands, four by the sequelæ of malignant scarlatina, where the disease had made such inroads on the constitution that the recuperative powers of nature were not able to revive after throwing off the fever, and three by heart diseases. These last cases I beg leave to bring forward here, as I am certain that the cases we lose are more instructive than hundreds of successful cures.

CASE 1.—Randolph H., aged six years, and four other children in the same family, passed, without any bad symptoms, through a regular attack of scarlatina, and were able to be up, but had been warned not to leave the nursery. Randolph, a child rather hard to keep in-doors, would run not only out of the nursery, but out of the house; the first symptoms of ailing which he complained of, were a swelling of the feet, so that he could not put his boots on, and great restlessness at night; his skin was desquamating all the time, but as he enjoyed good appetite, and was as lively as ever, his mother regarded it lightly. Friday night, (Feb. 5th,) he complained of great shortness of breath, and the bloating of his abdomen was plainly visible. Saturday morning, medical aid was sought for, and, when I saw him, I did not believe he could live three hours. The poor child seemed to be suffocating. The region of the heart was prominent, the cardiac sounds dull, the pulse small and intermittent, eyes glassy and staring, face swollen and livid, his mouth frothed, and he laid with his head very low. For a few days before, his mother told me, he could not button his pantaloons round the waist, as his abdomen was so much bloated. There was anasarca, ascites, and pericardial effusion. Looking back at the case after its fatal termination, I think the only remedy which might have saved him would have been a venesection from a large orifice, and a full stream—not only to arrest the inflammatory state of the heart, but chiefly to reduce the force of the circulation, and to

give the other remedies time for the resorption of the effused fluid. The homœopathic school has too much dread of the lancet, a remedy belonging to no school, and which neither Aconite nor *Veratrum-viride* can replace, when the diminution of the volume of blood demands prompt and decisive action. As Holcombe advises *Cannab.* till diarrhœa is produced, and as I considered a powerful drastic effect my first requisite, and as I had failed in other cases with purely homœopathic remedies, I gave him a full drop of Croton-oil on sugar, put him in a very hot and stimulating bath, applying at the same time ice to the head, and by the mouth, and had him wrapped up in blankets. The treatment seemed to work like a charm, the Croton-oil vomited and purged him, the surface got moist, and he craved ice-water for drink, which he got *ad libitum*. Towards evening, the orthopnœa returned as bad as ever, but either œdema-pulmonum or hydrothorax must have supervened, for he could not lie down any more. Another hot bath, and Cannabis in large doses was given, alternately with *Apis-mell.* He passed a very restless night, cramming his fists in his mouth, and screaming for his mother to help him to get breath. Towards morning he slept for a short time, propped up in bed, and passed the Sabbath with less suffering; but, as the shades of evening returned, he got worse again, and, although we repeated the bath, and changed the remedies to *Merc.-cor.*, and, during the night, to Iodide of Potash. in large doses, nothing appeared to touch the case. Towards morning, he took another drop of Croton-oil without any effect whatever, and expired a few hours later, calmly, and without a struggle.

CASE 2.—S. B., aged three years, had only scarlatinal blotches, which stood out for an hour or two and disappeared; then came out and vanished again; they itched intolerably, so that the parents had to tie the hands of the child to keep it from scratching. He felt, during the whole course of his distress, so well at the heart that he never laid down or missed a meal. Two weeks after the disappearance of the blotches, he began to bloat in the lower extremities, and the attending physician ordered a dose of *Cremor-tart.* and *Jalap*, and *Cremor-tart.* water *ad libitum*, telling the parents it would pass over, but to send for him again if anything more was needed. A few days afterwards he

was attacked with vomiting of everything he took, great thirst, and oppression of breath, although the swelling of the feet had rather decreased than increased. His face and lips were pale, eyes staring, glassy, and turned up, respiration blowing. The alarmed parents sent for their family physician, and, he being absent, they called me in. I ordered dry cupping on the loins, a fly blister to the heart, Iodide of Potash in alternation with Apocynum; but before night the child died. During the few hours of his last distress, he could only lay *flat on his back*, for as soon as he was turned to either side, dyspnœa and vomiting returned. As in this case there was no sign of any abdominal affection, the nausea and vomiting, with the feeling of great depression, ought to have excited suspicion of latent Bright's disease, and it should give us a warning not to hold out too high hopes to the parents in cases of dropsy from scarlatina, should the case even be uncomplicated with dangerous symptoms. For sometimes eclampsia will set in, with such rapidity that patients die before help is at hand, and post-mortem examinations will show effusion of serum in the ventricles of the brain; or the anasarca may seat itself in some of the splanchnic cavities, and we then have effusion in the pleura, pericardium, or peritoneum; or œdema of the arytenoid-epiglottidean ligaments may set in and suffocate our little patient, a complication which, I think, dissection would have revealed in our first case. In other cases, instead of having only serous effusions, we find, even after mild attacks of scarlatina, hæmorrhagic effusions. Severe epistaxis blanches the child, or hæmorrhagic spots appear on the integuments. Bloody urine is already looked upon as a regular attendant upon scarlatina. Trousseau is right when he says that this poison deprives the blood of its plasticity, and facilitates its transudation through all the tissues. No wonder, therefore, that rheumatic affections in scarlatina should be so severe, and tend to terminate in suppuration, and that Dr. Willshire should consider it more dangerous when it localizes itself to a single joint; for then suppuration and caries of the articulating surface are occasionally to be expected.

CASE 3.—Frank F., six years old, a fat, robust boy, of sanguine temperament, one of those three children who, at the beginning of the epidemic a year ago, passed through such a se-

vere attack of scarlatinal-croup, was again taken down with scarlatina-maligna in April last. The fever, from the beginning, ran into a typhoid state, and the rash, which fully appeared, instead of presenting the normal scarlet color, was purple, and in blotches. Acon and Bell. were of no avail, and as we had in other cases successfully combatted these symptoms with Carbonate of Ammonia and Rhus-tox., we placed our reliance on them in this case, and the effect seemed to answer our hopes. He got better for a few days; there was only a slight fever, but the child kept languid and unable to sit up. The mineral acids and China did him no good; he could not be prevailed to take nourishment, and he had a perfect disgust for all stimulants. He suffered with a continuous low fever, pulse 120 to 130, weak and intermittent; a sharp spasmodic cough, that seemed to hurt him; constant discharge of purulent matter from the left ear; foul breath, and no appetite, and was drowsy and exhausted. We diagnosed "desquamative pneumonia," a process in the lungs perfectly analogous to acute Bright's degeneration in the kidney, and put him on Senega and Tart.-emet., with diluted Turpentine stupes externally. His neck and face swelled up the more the extremities emaciated; the urinary secretion was very scanty and blood-red; bowels languid, and sore to the touch; abdomen bloated and full of wind; cramps in the lower extremities were relieved by rubbing with the hands or warm flannels, yet he was so sore to the touch that he hated to be moved. He lay flat on his back, sinking down to the foot of the bed, although when turned on his side it did not increase the cough. Bry. and Ars. were given in alternation.

A few days more passed on thus, when he appeared drowsy and sinking fast. He lay, ten minutes at a time, quietly sleeping, with eyes half open, then he would be roused by attempts to cough, in several of which he came very near strangling. On the whole, his difficulty of breathing was less painful, and there was less bloating of the stomach, he having passed much wind. The urinary secretion was entirely suppressed. Bry. and Ars. were given, with Apis to act on the kidneys.

Apis produced a tolerable copious emission of urine, and a slight bilious stool, of about a tablespoonful or so. He slept a little during the night, was perfectly resigned and composed, and

spoke of his death as something which would soon happen. Every forenoon and afternoon there was a hectic flush on his cheeks, passing off in about half an hour. The exhalation from his lungs was perfectly unendurable, and we were afraid that gangrene must have set in. The stethoscope showed, in the right lung, the bronchial rale distinctly, and over a large surface, but none in the left; palpitation of the heart was also felt more on the right side than natural. Cough less distressing, but the weakness and emaciation increasing. Every dose of Apis was followed by a urinary discharge, which sometimes was coffee-colored. Merc.-protojod., Ars., and Apis were now used.

He kept thus lingering for a few days longer, till at last exhausted nature gave up the unequal contest, and he died after a short struggle. A post-mortem examination, from which, unfortunately, I was absent, revealed the left cavity of the chest full of water; the left lung was shrunk to a mere trifle, and compressed against the back of the thorax, alongside the vertebral column; the heart was pressed over to the right side; the right lung puffed up and emphymatous, as it had to do the work of both sides. The kidneys, I am sorry to say, were not examined.

As most authorities put as a sign of hydrothorax, difficulty of lying on the affected side, it was no easy matter to diagnose it without percussion; for Frank preferred lying on his back, leaning toward the left and hydropic side, and it hurt him equally to lie fairly on either side. There was hardly any perceptible dilatation of the intercostal spaces, nor any protrusion of the diaphragm. Now, in this case, a paracentesis-thoracis, performed in time, might have saved the life of this child, or at least given to the inflamed and compressed lung time to expand and to return to its function; but we confess, in all candor, that to us the symptoms looked more like hydrops-pericardii than hydrothorax. True, percussion afforded a dull sound over the whole left side, but the orthopnoea was more severe in an upright position, and he felt more easy in a horizontal position, and preferred to rest, at least in the first few weeks, with his head remarkably low. Yet, according to Watson, hydrothorax is by no means an uncommon consequence of heart-disease, and the

excessive effusion on the left side was the cause of the dull sound on percussion. There is also no doubt that, in this case, the kidneys were also affected, as the urinary secretion was entirely suppressed, and Bright's disease may always be suspected when the fever after scarlatina is protracted, and the appetite does not return. Now, as we know that the imperfect elimination of the original virus forms the incipient stage of this disorder, leading to congestion of the kidney, to hæmaturia, from hypertrophy to atrophy, and thus to dropsy, ought we not therefore examine the urine daily, more carefully than we are apt to do, in order to find out the first indications of albuminous urine? This warning is so much the more appropriate, as mild cases are the very ones which often turn out so dangerously;—and why? Because a large quantity of the poison has been introduced into the blood, and has not been eliminated through its natural channel, the skin, either from incautious exposure of the child to cold, or from the imperfect power of nature to throw it off; hence, as the poison must be cast out through some emunctory, the mischief may fall either on the joints, and we have scarlatinal rheumatism, or the kidneys are not only called into action, but are overtaken, and congestion, with its necessary consequences, arises, and the dropsy will be just so much the more violent and intractable as the attack was mild and the poison completely retained. But even the overtaxed kidneys cannot do all the work, and the poison (uræmia) circulates over and over again through the veins, offering a certain amount of permanent obstruction to the venous blood. Hence, this dropsy is especially associated with dilatation of the right chambers of the heart; for the usual symptoms of this dilatation, according to Watson, are “A fluttering action of the heart, an irregular pulse, great distress and shortness of breathing, a dusky skin, and blueness of the countenance, which is bloated and anxious, a tendency to delirium and drowsiness, while, sooner or later, the whole areolar tissue of the body becomes charged with accumulated serum.” And Dunglison remarks that, if our attention were directed *at an early period* to the heart, we would find that affections of the joints, resembling rheumatism, and which trouble us often, are, at an early period, frequently found to be associated with pericarditis. This examination of the



urine and of the heart, must not only begin at a very early period, but must be continued daily; for Remak and others have observed that a white flocculent sediment often continues to be deposited for a considerable time after the process of external desquamation has ceased. This deposit consists, for the most part, of epithelial scales from the surface of the bladder, and he affirms that, as long as it continues to occur, the patient must be carefully watched, even although his health in other respects is entirely established. Willis also remarks that, in all cases of scarlatinal dropsy seen by him, the kidneys have certainly been affected, "If blood and pus corpuscles in the urine, a scanty secretion and albuminous state of the urine be allowed as evidences of implication of this secreting organ." So long as the renal disease remains uncomplicated with other organic mischief, either from the small quantity of the poison, which, if timely discovered, could be eliminated, or through the power of the constitution to throw it off, we can hope to make the dropsy disappear upon the re-establishment of the functions of the skin; but as soon as we find the heart implicated, either primarily or secondarily, our prognosis is more than doubtful. And, if we are asked how to know it, let us remember that—as long as there is no material or adequate embarrassment of the respiratory functions, no deviation from the natural sounds of the heart, no derangements of its regular movements, no alteration in the force of its pulsation or in the space over which they can be felt or heard, no distention of the large veins of the neck—then we have reason for suspecting that the anasarca is as yet only connected with some vice of the kidney, and this is the time to strike the blow, (so long neglected in cases 1 and 2,) and bring our remedies to bear against the enemy before he invades the citadel of the heart, which it certainly will do if carelessly or incautiously allowed to go on. This is the time—where, allopathically, Colchicum, Liquor-ammonizæ Acetates, Acetate and Iodide of Potash, and so on, are used—where we would rely more hopefully on our Apocynum, Apis, Cannabis, Nitr.-acid, or Merc.-cor.; but, as soon as the atrophic stage of the kidneys has begun, or the heart gets implicated, then Steel is the remedy, and a nourishing treatment the only reliance of allopathists; for, according to Handfield Jones, Bright's disease is purely a

disease of depraved nutrition, and the right method of treatment is to endeavor to improve the general vigor and power of the system, and therewith its nutrition, in every possible way.

Now is there no remedy which could help nature, from the very beginning, to throw out all the poison, and thus relieve all the internal organs from overwork and death? That no single remedy will or can suit all given cases is but a poor consolation to the beginning and despairing practitioner, who gets fairly bewildered by the mass of remedies which he finds in hand-books and journals, all of which he fairly tries, one after another, only to find disappointment in a great many cases. "Malignant scarlet fever is so often incurable," is the excuse to his own conscience, as well as to the stricken family; but scarlet fever would not get malignant so often if sensible homœopathic and hydropathic treatment could be instituted from the start. Superstition and prejudice hinder many a well-meaning physician from applying the wet sheet and the pack in time to prevent mischief. Truly, says Munde, in his work on "Water Cure," when nature has not the power to throw the poison quickly and fully to the external surface, it will settle down on the internal surface, to be excreted at their expense. The more poison there is in the body the more intense will be the disease, and, in the same proportion as the skin is weaker and inactive, the more the mucous and serous membranes will have to suffer. Nothing will effect this elimination more fully, nothing will cool more thoroughly the burning fever, and the racing circulation of the blood, than repeated wet sheets and packs, with ablutions and a plentiful drinking of cool water. The more excessive the heat the more wet should be the sheet; and the patient should remain in his sheet till reaction is fully established by a profuse perspiration. I would willingly translate from this valuable work the whole chapter of scarlatina, but this is neither the time nor the place; yet I think it is *the* remedy, and the only external one which promises to aid homœopathic remedies in all the severer forms of scarlatina. But, as people will be drugged, and many of them seem as if they could not swallow enough of disgusting allopathic draughts, let us be anxious, as guardians of the public health, to reduce all suffering to the lowest point, and by early physical examinations prevent what we cannot cure.

NOTE.—We most sincerely trust that some of our most experienced physicians will give us their treatment of the malignant forms of scarlet fever. Junior practitioners require much aid and counsel in these matters; let, then, advice be given kindly and wisely, not with passion and prejudice. It is a duty which they owe to themselves, and to the public which honors them.—PETERS.

---

ARTICLE VII.—*Homœopathic Medical Education,—Present and Future.*

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES.

GENTLEMEN:—Judging from the number of “colleges” announced in the August number of this JOURNAL, one might at first sight augur the most encouraging and rapid progress, as well as an unusual general diffusion of those peculiar, mental, and professional qualifications deemed necessary for successful teaching in so elevated a sphere. But you will permit me to express my misgivings as to whether this sudden crop of “colleges” affords any pledge that the learning and professional standing of the “professors” and graduates will bear a direct relation to their number; I fear we must take them in the inverse ratio to come at the true state of things.

England, with her vast bulwark of nobility, aristocracy, and conceded learning by which she supports the new school, has not yet founded a single college; but they have a richly-endowed and well-supported hospital in London, where lectures are delivered to students. With us, colleges spring up all over the country, like that celebrated “gourd,” which grew up during a brief period of darkness, to mock the prophet’s too hasty rejoicings, “when the morning rose the next day.”

I would not be misunderstood on his point. For me, our growth cannot be too fast or luxuriant, provided it is so robust and well-proportioned as to challenge the notice and demand the homage of the public, but an increased number of colleges cannot secure this result. With perfect indifference as to whether I may offend interested parties, I assert that our school is not in that ripe state of learning—that it has not the clinical appliances throughout the country to warrant the founding of these “colleges.” The present state of learning amongst

us makes very urgent demands for reform and advancement; but a numerical increase of institutions such as we already have, cannot raise our status. We must create something new!

The writer owes it to the profession to which he belongs to express his views fearlessly, and to state facts, the existence of which should urge forward efforts of a sound character in medical literature; and he would state that, in stating freely what he has seen and heard, he has no other motive than the general good. He works for principles, not men. Any one who has had the same opportunity that he has had of listening to lectures delivered at our very best seats of learning, cannot but bear in mind how grave "professors" have toiled through "lectures," whose verbal inaccuracies, disjointed framework, and bald and barren aspect, were such as to impress him with humiliation; and required all his hope in the future not to "despise" the present "day of small things." It was a pitiable farce, that set at defiance not only learning and research as to the point in hand, but even such small matters as the pronunciation and elementary accident of our language. It was sickening to witness the want of practical expertness, when a surgeon, in demonstrating on the dead subject how a phalangeal joint should be removed, ran the knife through his own finger; and, with an instinct which even presence of mind could not bar, thrust the injured member into his mouth!

The incumbency of such professional chairs has enabled "professors" to publish books "on practice," though they never had patients, and to send out volumes on operative surgery, though they have never removed a limb! The same sanction has endorsed works on "domestic practice," till their number has well nigh put a stop to the sale of "shoe paper." There were other evil results, more disgraceful to the cause, and more injurious to the community, which is certainly the most vitally interested, though its indifference is so singular. It cannot be expected that a medical faculty, whose chief elements are of no higher material than the above, could raise to a superior grade to their own, those who come with minds but little cultivated, under their initiation; or stamp on the plastic wax an impress not borne by the seal. It is an axiom in physics that a body in motion cannot communicate to another body

more force than that by which itself is moved. I have actually known "graduates" of our "colleges" depart with their diplomas who were unable to spell simple every-day words of two syllables, and some now practicing medicine, in the city from which I write, who could not indite a note of a few words of a higher order than might be expected of a day-laborer or a kitchen-maid! It may seem strange how such men—and they were not few in number—could comply with even the formal requirements of graduation. But a kindly-disposed fellow-student would often write a thesis for one; another, having a closer eye to substantial good, would earn more than his own graduation-fee by writing them for *five dollars a piece!*—"in perfect confidence, of course!" If the candidate told his examiner that "the food, to get into the stomach, must pass through the larynx," the mantle of charity, lined with the graduation-fee, was thrown over one whom justice to the people should have sent back to school or to his original occupation. While I would not be understood to say that all men who make up the faculties of our existing colleges are of this stamp, or that their graduates are all of the class indicated, I must assert that too large a proportion of them are just what they are here described. Wherever these "colleges" are located, the men of our school, whose qualifications are of a high order, and of position undoubted, generally stand aloof and refuse to take part in or be compromised by the existing order of things. Thus the field is left open for incompetent and needy adventurers, who are determined to elbow their way to distinction—and often indeed succeed, on the strength of the title of "professor" and "head of the college," in finding their way into premature and undeserved celebrity; or, having once arrayed themselves in the badges of these honors, boldly use them, to prop with more seeming truth and honesty the falsest, the basest, and the most degrading of callings—that of vending quack nostrums to a credulous and confiding community.

Now, if such is the condition of our already existing "colleges"—and the picture is not colored—we need something more than a mere numerical multiplication of standing models. We need a *reform*. Let us have something new! Let us establish

one noble school at first, and afterwards multiply it as often as materials are provided.

And when we reflect on the qualifications really necessary for such grave and onerous positions as those occupied by the members of a medical faculty, we need feel no manner of shame if, after so brief a career as that of the new school, we are only able to man, with professors of the right stamp, *one university*, instead of four "colleges"—that we must be satisfied to bring out only eight or nine great men, instead of forty very small ones!

What are the capabilities that should really endow a man who assumes the place of a leader and instructor in a calling that deals with nothing less than the health, the happiness, and the very lives of the community? It must be borne in mind that the professor in a medical college is assumed to be a physician gifted with the power to communicate what he knows to those whose aim it should be to acquire his knowledge and emulate his virtues. Who then is this hero, who opposes himself, boldly and bravely, between the most helpless of all creatures and the most destructive and dangerous of all enemies? An enemy whose attacks are so insidious as to deceive the most wary,—whose sleepless, untiring, and destructive energies never flag,—whose blows never miss their aim,—whose forms, and shapes, and modes of assault are Protæan in aspect, countless in number, and mysterious in their influence! Who shall meet this foe? He must surely be a soldier of no mean capacity, nor wanting in careful discipline or suitable equipments;—an accurate observer, a clear and logical reasoner, a cool, cautious, decided, and prompt tactician—all the result of sound learning and solid experience;—one to whom physical science has opened her bosom, and revealed the charms of her person and the power of her arts;—who can, with the quickness of thought, call into active operation all the resources of his profession;—who can afford to despise errors grown hoary by age, and replace them by truths to which only yesterday gave birth;—who fears not to compel conventional usage to give place to the dictates of enlightened experience;—one on whom science has bestowed her richest gifts, and to whom art has yielded up all her resources. Nor is this all; the riches of the intellect must not exclude those of the heart. He who lives and moves among

scenes of pain, sorrow, and suffering must needs be able to sympathize, to cheer, to support, and to comfort; to command obedience, and inspire confidence, till long hoped for recovery shall call back the bloom of health to the pallid cheek; or till, soothed by resignation and cheered by the hope of that "better country," the last sad scene closes, and patient and physician part to meet where faithful labor and cheerful obedience in all that is good and great shall find their reward.

Such then should be the men who are to lead the rising race of doctors; men whom nature has fairly gifted with talents, which have been carefully cultivated by general knowledge, and specially trained in the study and application of the medical art.

While I am thus dissatisfied with our present means and modes of education, how can I think it will be an improvement to establish twice as many poorer colleges? Do you ask what I should recommend, as I am so ready to find fault?

1. I should establish one noble institution—a national college—a **UNIVERSITY!**

2. By its side should stand a large and well-conducted **HOSPITAL.**

3. It should occupy the most conspicuous and commanding position in the country.

4. The first talent, education, professional skill, and experience in the nation should expound the science of medicine in the one, and illustrate its practical applicability, and healing virtues by the bedside of the sick, in the other.

5. Its educational standard should be such as to redeem the medical profession, in this country, from the contempt into which it has justly fallen, and place it once more where it has been and should be, among the learned professions.

6. The election of its professors should be independent of local influence; they should only occupy their chairs by the universal suffrage of the medical profession at large.

7. The civil and financial affairs and regulations should be entrusted to and managed by laymen only.

Under these heads I have indicated, in outline, the plan upon which alone we may hope to establish such a school of medicine as is now called for by the condition of our system. It may be that this plan requires some modifications and even changes,

but nothing less comprehensive can prove useful or respectable. Upon each head I must necessarily be very brief at present. The advantages of a medical university, to which the whole profession should look, as the nurse of science and art, the exponent of the new medical reform over these abortions that are striving to struggle into existence and cannot maintain a healthy condition when born, are too obvious to need being dwelt upon. The centralization of genius, learning, and knowledge, the concentration of patronage, and the accumulation of means necessary to reward ability and surround the student with all the facilities which are indispensable for a successful collegiate curriculum, can never be brought together except under such auspices. The various European universities have lived and flourished only by these means; and we would do well to copy their grand and noble features, since there is no danger of our adopting their national defects and restrictions, or their political abuses.

America as yet has no truly national university to which the eyes of the nation could be turned, without local prejudice or sectional differences throwing their shadows between the people and its light. The medical profession alone, around which all knowledge and learning are grouped, whose morals know no creed, whose enlightened gaze takes in only humanity, is the only brotherhood that can ever hope to grasp this noble idea and carry out this elevated national enterprise!

Upon the second head, I need only say that medical education, in the present day, is an impossibility without the clinical advantages of a good hospital. There is no instance of the one flourishing without the other. Those, therefore, who would have a "college," must first turn their earnest attention to the founding of a good hospital. Books may take the place of the professor's lectures, but they can never bring the student into actual contact with the various forms of disease that fill the wards of an infirmary in a populous city. The hospitals, under old-school regulations, do not meet the requirements of our students or people.

In illustration of the next point, it is known that the largest city in every nation has always been the headquarters of enlightenment, and the home of learning. Thither ambitious and aspiring men make their way; there the race for the highest



goal is always active. He who studies medicine in France must needs spend some time in Paris; London, Edinburgh, or Dublin are the only points where an Englishman can finish his course. Sick people are the best books for the medical student; it is only in the largest cities he can find access to these: large hospitals do not exist in small towns or villages. A medical man should be a gentleman of polished manners and address: these can only be acquired in society, in the world, among the well-bred and the enlightened. The great commercial centre of our republican country, or the capital where the monarch usually resides in other lands, must always be the focus towards which men gather from far and near, for business, pleasure, and improvement. This has ever been the condition of other nations, it is the destiny of ours, however local logic, and "village statesmen" may attempt to drive their unsophisticated admirers to an opposite conclusion. Our country will, doubtless, as it does even now, contain many great cities; but *one* shall and must always be *the greatest!* We work for the whole country, not for a section!

My next head hardly needs a word in its support—it is self-evident: a man can communicate only that which he possesses. That institution must be low indeed, where the style, the language, the information, the experience of the professors are mere matters of merriment to the class. The standing of the teacher must ever command the admiration and respect of the pupil, before the one can feel at ease, and the other derive useful advantage from the relation. It would be as reasonable to suppose that a school of painting or sculpture could flourish in the hands of a society of blind men, as that a medical college could prosper under the guidance of a few half-educated and ill-disciplined smatterers.

In another place, I have implied that less time and education are required now-a-days to make a doctor than a carpenter, or, indeed, any mechanic. No one who understands the ease with which diplomas are obtained in every medical college in the country, will doubt this statement. Hence it is that the members of the profession are so numerous already as to make it likely enough that ere long every family in the United States may easily obtain the exclusive services of one medical attendant at least. It may almost be affirmed that there will be soon, at

the present rate of increase, more doctors than patients. This state of things has sunk the profession in the eyes of the people. Seeing that a man need not be able to read, spell, or write, to obtain doctor's degrees, is it to be wondered at that the standing, services, fees, and social position of the physician have nearly come down to a level with those of menials of the poorest class.

While the present standard of education remains as it is, there can be little hope of a different aspect of things. The profession owes it to its own dignity, therefore, to raise the standard of education, both for matriculants and graduates. To what degree this should be done will not admit of discussion here; suffice it to say that it should be of such a character as to make it impossible for the butcher in 1858 to be the "M. D." of 1859! Our colleges are now reduced to rival diploma shops, each engaged in a neck-and-neck race for the largest number of fees, which, indeed, appears to have been the only object for which cliques of hungry speculators put their heads together to obtain local charters for these "hedge-schools" of the medical classes. It is clear, therefore, that the national university must carry its reforms much further than is contemplated by our law of similitude, so as to elevate our order and meet the demand of the coming time—"the good time," it is to be hoped.

As our idea of a college embraces one in which every worthy member of our class shall have an interest, we would give them all a voice in its creation, and in the selection of the materials of which it is to be composed. It is clear that, to form such an institution, no one town or city in the country could furnish all the talent and ability required, and that the whole nation should be laid under contribution to provide them. It is, then, suggested that the first step should be taken on the following plan: A university is to be created that shall have certain powers and privileges. The members of the profession alone, as they now stand, are competent to lay the foundation. Let, then, this university be composed of "members" who will qualify by merely producing a diploma from any regular college at home or abroad, and, by paying a given sum, either as the fee for life-membership, or as a regular annual subscription to the fund. Let each member be entitled to append to his medical title the initials indicating the name or style of the college—say, "M. A. U. M.,"

that is, "*Member of the American University of Medicine*"—and have the right to vote, in person or by proxy, in all elections of professors, all removals from or to the chairs of the faculty, and all questions affecting the professional standing of any member of the university. This will combine, in one powerful body, all the honorable members of our school in the country, and draw a clear line of demarkation between them and all unqualified interlopers and quacks. The future graduates will, of course, be all members of "*Alma Mater*," and the present be only a provisional combination demanded by the necessity of the case. Each member will thus have a personal and local interest, since his recommended and qualified students should always have a certain preference as matriculants. Any member should be looked up on as qualified to offer himself to his university as a candidate for the college or hospital, and their honest and uninfluenced suffrages should decide his claims. This plan will prevent local jealousies, and stimulate a universal interest in what each can look on as *his own*. It will place at the disposal of the founders a considerable sum of money to begin with, without making the fees large; for there are now about seventeen hundred members of our order in the whole United States. The liberal donations, bequests, and subscriptions, which would pour in upon us from our lay friends and supporters, would enable us to found a noble monument to learning, science, art, and humanity. We should stand out in our true dignity, as men who could claim and should receive the confidence of the people.

On the last head I forbear dwelling, as being already obvious enough. Its domestic and lay managers must necessarily be of the community where it stands, and, as the contributors and supporters are both lay and professional, the choice must necessarily fall upon those whom experience has proved to be best qualified to be trustees and governors—viz., men accustomed to business and to the management of financial and civil affairs. As it is fitting that men of letters alone should control and manage the literary department, so it is equally appropriate that those skilled in a peculiar manner in civil negotiations should have the fiscal department. This is the case in all great institutions of the same class.

I have thus given a hasty sketch of my conception of what we

should have. I enter not into judgment on the already existing schools, they may serve an excellent end as preparatory to and in legal connection with the university, just as English local schools do in that country. If it should be supposed by any reader that I have any leaning towards New-York, as the place most likely for this college, I beg to assure him I am indifferent: I do not live in New-York, never did, and perhaps never shall. I know no medical man there personally. I want no professorship; I never shall want one; I should decline to accept one. I have no other motive in thus addressing you, than the hope of being able to raise you and myself, as a body, to our true *status* and dignity.

I remain, gentlemen, your friend and fellow-laborer in the great field of humanity,

AN AMERICAN PHYSICIAN.

ARTICLE VIII.—*On Ergotin.* By Dr. KAFKA, of Prague. (From the *Allgem. Hom. Zeitung*, November, 1857.) Translated by H. L. H. HOFFENDAHL, M. D.

*Ergotin* was discovered by Wiggers, and was believed by Prof. Schroff to contain all the medicinal properties of *Secale-cornutum*; but it has never been subjected to a physiological proving. Nevertheless, relying upon the well-known effects of *Secale*, I have used this substance, in several very severe cases, with such astonishing and favorable results that I consider it a duty to make known my experiments with this very effectual remedy.

Just as *Atropine* is applicable where *Belladonna* is indicated, but appears insufficient, in the same manner *Ergotin* is to be used in cases where *Secale* does not answer our expectations; perhaps because the preparation is not reliable, or because the remedy is not sufficiently powerful. Hitherto I have only used *Ergotin* in cases of uterine hæmorrhage.

According to our authorities, *Secale* is indicated in the following conditions: Excessive and protracted menstruation, menorrhagia; venous congestion of the womb; metrorrhagia, passive and paralytic, of dark fluid blood, pouring out at every motion or elevation of the body; hæmorrhage during and after delivery; hæmorrhage from cancer of the womb; insufficient contraction of

the womb after abortion; irregular, feeble, deferred, or spasmodic labor-pains. (Vide "Noack and Trinks," vol. ii., p. 831, art. "Secale-Corn.")

In the early years of my homœopathic practice, I frequently had occasion to find *Secale* entirely ineffectual, and was thus tempted to distrust the power of this remedy. But, in 1846, I saw a case of uterine hæmorrhage, in the third week after delivery, which had already been given up, treated by Prof. Oppolzer with one-eighth of a grain of *Ergotin*, once an hour. In a few hours the hæmorrhage was entirely arrested, and the patient was saved. These circumstances induced me to use *Ergotin* when the complex of symptoms indicated the use of *Secale*. I therefore submit my observations, with the hope that other physicians will use this remedy in similar cases, and in others where *Secale* is indicated, according to the law of similarity.

CASE 1.—*Profuse Menstruation*.—A single lady, aged forty-five, had, for some years past, lost so much blood at every menstrual period that she had become quite anæmic. She came under my care in 1849, with œdematous swelling of the lower extremities, from above the knees to the toes, and swelling of the upper extremities, from above the elbows to the tips of the fingers. There was also swelling of the face, and œdema of the eyelids, and also of the nose. The œdema gradually disappeared after the continued use of *China*, 1, and the use of proper nourishment. After the use of *Ferr.-carb.*, 1, the patient's appearance also improved, with such rapidity as to cause the astonishment of all acquaintances who had seen her during her sickness.

Nevertheless, menstruation was, from time to time, accompanied by very severe hæmorrhages. Dark blood was passed in clots, generally without pain, continuously for several days and nights. The slightest motion, speaking, and especially mental emotion, seriously aggravated the patient's condition. I was present on one occasion when, in consequence of anger, a whole chamber-vessel full of blood was discharged in a very few minutes. As a natural consequence, there were attacks of fainting, and other accompaniments of anæmia following large losses of blood.

In this state of things, *Secale* appeared to be decidedly indicated, and was used several times with good results. Later, in

1851, it became ineffectual, and resort was had to cold fomentations and injections. When these aids lost their efficiency, I finally had recourse to *Ergotin*. Of this remedy, one grain of the first decimal trituration was given every half-hour, or every two hours, according to the violence of the symptoms, until the hæmorrhage had entirely ceased. Generally, six or eight doses were sufficient, and then the remedy was continued two or three times a day for a short time, for fear of a relapse. For three years, *Ergotin* maintained its favorable influence, until, in 1855, the patient's periods ceased, and she was not subsequently troubled with hæmorrhage.

This morbid condition was probably maintained by an atonic state of the womb, caused by excessive and unsatisfied sexual excitement.

Since this time, I have used the *Ergotin* with success in many other cases of profuse menstruation, particularly in women who had borne many children in rapid succession; *when the menses were not painful, and were increased by motion and by excitement.*

CASE 2.—*Hæmorrhage after Delivery.*—A thin, pale woman, thirty years of age, who had borne five children in six years, was attacked by violent hæmorrhage, fourteen days after her sixth delivery, on the occasion of first leaving her bed. The patient felt no pain, the blood was discharged in dark clots, the hæmorrhage increasing after speaking, yawning, sneezing, and even chewing. *Secale*, 1, and cold fomentations to the abdomen were prescribed, without effect. The tincture of *Secale* was also ineffectual, and, when attacks of fainting occurred, with ringing and humming in the ears, I had recourse to *Ergotin*, repeated every half-hour as above. After four doses, there was a decided diminution in the quantity of the discharge, and, after ten doses, the hæmorrhage had entirely ceased.

In this case, the bleeding may have depended upon a softening of the parenchyma of the uterus, and a relaxed condition of the vessels, in consequence of the puerperal state.

CASE 3.—*Climacteric Menorrhagia.*—A corpulent lady, forty-five years of age, had already menstruated irregularly for three years, the period being sometimes absent for two or three months, and then returning. In 1854, the patient was suddenly

attacked by violent hæmorrhage, in consequence of a fright. The blood was dark and liquid, and gushed forth with such violence that sheets could not be interposed with sufficient rapidity to absorb it. *Secale*, 1, and cold fomentations, were used for an hour, without effect. When the signs of anæmia became more threatening, *Ergotin* was administered as above, every half-hour, and, after ten doses, the bleeding had ceased. A hyperæmia of the cervix-uteri, common at the climacteric period, probably existed in this case.

CASE 4.—*Protracted Menstruation.*—A girl of thirty, of blooming appearance, had for two years had a return of her menses every fourteen or eighteen days. All previous modes of treatment had proved ineffectual. 'The blood is dark, without coagula, and is discharged without pain. It flows slowly and irregularly, and sometimes ceases entirely for a day. Walking, riding, and mental disturbance cause an increased discharge. *Secale* had already been given without benefit, in large allopathic doses. *Ergotin* was prescribed, three times a day. After continuing it for three days, the flow ceased on its eighth day. During the interim, the remedy was continued mornings and evenings. The next period only lasted six days. The remedy being again continued during the interim, the next period had its normal duration of five days.

I have found the *Ergotin* of great value in many other cases of protracted menstruation, when the flow was not accompanied by pain, and was increased by active or passive motion and by mental excitement.

RESUMÉ.—*Ergotin* manifests a decided influence in increasing the contractility of the uterus, as is shown by its well-known property of increasing labor-pains.

It acts upon the parenchyma of the womb, when it is softened and relaxed, in consequence of the puerperal state, of many labors, of unsatisfied sexual excitement, or, as is often the case, in cooks, from exposure to the heat of the fire; also in passive congestion or hypertrophy of the uterine tissue during the climacteric period. It quickly restores the normal tone of the womb, and appears to contract its capillaries quickly and safely.

I cannot affirm that *Ergotin* increases the amount of fibrine

in the blood, causing it to coagulate more easily, and thus effecting a speedy cessation of hæmorrhage. If this were the case, the remedy would control bleeding from other organs, such as the nose, lungs, stomach, rectum, &c. I have no personal experience on these points, but invite the attention of other observers to this important subject.

---

ARTICLE IX.—*A Few Practical Suggestions.* By HAMILTON RING, M. D., of Ann Arbor, Michigan.

Notwithstanding the oft-repeated declaration of many homœopathic physicians, that, in the treatment of disease, it matters but little, after the *right* remedy has been selected, what attenuation is administered—choice from the low attenuations, however, seeming to have been preferred—I am convinced that, with reference to cure, much, very much depends, in many cases, upon the *quantity* and the *state of preparation* of the medicine. Early in my homœopathic career I had some experience in the treatment of disease by means of the high dilutions—chronic disease more especially—which experience I have since had ample reason to regard as sound, although I soon learned, also, that, in most cases of acute disease, the low attenuations are the reliable ones.

For example, I long ago perceived the value of *Sulphur* in the chronic headaches of thin nervous persons, whose statements of their sufferings in the head, and the general condition of their systems, seemed to indicate a debility of the brain, either primary or dependent upon a general feebleness of nutrition, from which the brain especially suffered. In most cases, there was no specially marked indigestion; the appetite was deficient; sometimes there was flatulence and eructations of odorless gas; in some cases, occasional acidity; in some cases, a tendency to constipation. The most marked symptoms were: General debility, more or less emaciation, paleness or sallowness of complexion, occasional sleeplessness during the early part of the night, with drowsiness after dinner, diminution of vital heat, or failure in those functions and conditions of the body which protect it against vicissitudes of heat and cold. In these cases, I have sometimes employed with benefit *Sulphur*,



in the thirtieth dilution—have seldom done any good with lower dilutions; but, in my own experience, the most satisfactory and thorough cures have been effected with Sulphur in the two-thousandth dilution. And I have been convinced that the early experience of the German homœopathists with the highest dilutions was better than any I have seen published since 1845–46, from which I learned the importance of waiting for results after the administration of one dose of a carefully selected remedy. Sometimes I waited one, two, or three weeks before repeating the dose of the same, or prescribing a different remedy. Many cases of headache, in constitutions such as I have described, I have cured or greatly benefitted by means of one or two doses of the two-thousandth dilution of Sulphur.

In cases of robust persons, whose blood is not sensibly impaired, I believe it to be utterly useless to administer Sulphur in so attenuated a form. But not so in cases similar to the following: A few years ago I was requested to prescribe for a very thin, sallow, asthmatic lady, whose asthmatic sufferings had not, however, been severe, but who complained most of a distressing and frequently recurring headache, which she had long endured as best she might. The headache was proximately, I thought, dependent upon debility of the brain, and consequent congestion; her face constantly wore a haggard and suffering expression. One or two remedies, in the lower attenuations, were given, without benefit, after which I administered one dose of Sulphur, in the two-thousandth dilution, and, at the same time, left with her a parcel of powders of *Sach.-lactis*. The improvement was not sudden, but, before the expiration of the second week, she was much relieved, and she had no recurrence of much headache during the ensuing three or four years. But what was remarkable in the case was that, as soon as her head had become relieved, her asthma was established, and she suffered terribly, at intervals, for months afterwards, and no remedies, in attenuations high or low, afforded her the least relief.

In these headaches, I have tried the various attenuations of Sulphur, from low down in the scale up to the two-thousandth dilution; but I have found that, in constitutions such as I have described, the higher the dilution I employed—the higher the

dilution the longer the interval between the doses—the more good the medicine effected. The uses of Sulphur, in the medium and low attenuations, all homœopathic physicians are acquainted with.

In the course of some acute diseases—typhoid fevers, dysenteries, &c.—and in which the lungs are not specially involved, there may arise great difficulty of respiration, probably dependent upon partial exhaustion of the centres of the various thoracic nerves, or functional impairment of those centres by depraved blood; in these cases, Sulphur has almost invariably appeared to be an efficient remedy. I have generally employed a low dilution; but, in one case—that of an extremely delicate girl, who was recovering from an attack of dysentery—I administered Sulphur, of the two-hundredth dilution, in water, with almost immediate relief. I found her gasping for breath, and requiring some one to fan her constantly, and remove all obstructions to access of air from windows and doors. She was pale and exsanguine, and was still confined to bed. I continued the Sulphur, 200, and she convalesced very rapidly.

*Calcarea-carb.*, of the highest dilutions—in the two-thousandth dilution especially—has proved eminently curative in several cases of chronic constipation, in feeble, thin persons, but in whom it could not be ascertained there was any special organic disease. The constitutions were probably scrofulous, and there was generally weakness or irritability of the sexual system; weakness of the digestive organs, sometimes with, but as often without acidity of the stomach; in some cases, weakness and stiffness in the lumbar-spinal region, alternating with a dull, stupid congestion of the brain, often experienced on awaking in the morning, but partially passing off after getting out of bed; the bowels torpid, with scanty excretions, and evacuation only every two or three days, which relieved the head. The cures were effected by the same method of administration as has been described for Sulphur. The cures were not so complete but that it was required, at long intervals, to repeat the *Calcarea*, in single doses, to obviate the tendency of the bowels to lapse into their former state. Not only the constipation, but the concomitant and important symptoms—acidity, headache, stiffness of the back, &c.—were relieved. None of the patients had reached middle age

they were always of light complexion, with brown hair, bluish or grey eyes, and somewhat anæmic. In cases resembling the above, but without marked emaciation, the *Calcarea* of the thirtieth dilution, and lower, has produced the best results, but the cures were not as striking as were effected in the former cases. It was sometimes found necessary to alternate another remedy with the *Calcarea*.

*Calcarea*, in the attenuations most frequently employed, is so well understood as a valuable remedy that no reference need be made to cures effected by it. In the first trituration—in grain doses, every one to three hours—it alone has often proved a most efficacious remedy in the acid vomiting of females during pregnancy; in these cases, sometimes in slender, but more frequently in robust patients. But I may remark that—in cases of hemiplegia and vomiting, during pregnancy and in the unmarried, in which it was difficult to determine the relative importance of symptoms—a favorite prescription with me has been *Belladonna*, thirtieth, alternated with *Pulsatilla*, thirtieth, a powder every hour, until better. But it will not generally answer to administer the medicines in globules: sugar of milk, well saturated with the liquid dilutions, and given in grain doses, has, in my hands, been eminently efficacious, and I have had reason, I think, to rely more upon the two remedies than upon either alone.

The following case is interesting me at this time: A married lady, who, in the early stage of a former pregnancy, suffered so intensely from nausea and vomiting that no food could be retained on the stomach, inducing great exhaustion, and terminating in abortion at the expiration of the third month—all treatment, medicinal and dietetic, having, it is said, proved wholly ineffectual. At the expiration of the first month of this, the next pregnancy, began to suffer from intense nausea; vomiting, at times acid; chilliness of the surface, and great prostration; palpitation of the heart and oppression of breathing—being precursors of recurrence or aggravation of the nausea; intense thirst, which could only be allayed momentarily by small pieces of ice—water could not be retained; no pain or uneasiness in the uterine region; uneasiness in the head, soon manifesting a common form of hemiplegia, with pain just over the left eye, in

the temple, and over the left side of the head, with face somewhat flushed. This lady had presented every appearance of a vigorous constitution, except that in her menstruations she had habitually suffered considerably from congestive dysmenorrhœa, and, at these periods, and at other times, had been troubled with hemicrania, attended with nausea and vomiting. Belladonna, thirtieth, and Calcareæ, first trituration, greatly alleviated all of the present symptoms for hours together, but the intense nausea would recur every day or two. Cuprum-acet., third trituration, has been prescribed with benefit as respects the nausea, but the patient is still under treatment.

In one patient, with weak back, a pain, as if from a sprain, was experienced in the lumbar region, commencing a few hours after taking a dose of the first trituration of Calcareæ. This may or may not have been pathogenetic.

*Alumina* is another remedy which I have occasionally employed, with the most striking results. I have never prescribed it in higher dilution than the thirtieth; that dilution has effected the best results in my hands. It is impossible to give a correct description of the characteristics of the constitution in which it is most applicable. The "dry, meagre" invalid—troubled with inactive bowels, pains in the chest, sense of distention in the stomach and abdomen after eating (although this symptom has not generally been present), sometimes leucorrhœa—is frequently benefitted by Alumina. The particular symptoms must, of course, correspond to the pathogenesis of the remedy. In one case—that of a meagre young woman, with yellowish skin, and of sedentary habits, in whom there was no derangement, complained of but inactive bowels, and nothing else of consequence could be elicited—after taking three or four powders of Alumina, thirtieth, one every evening, a copious and frequent watery diarrhœa ensued, such as could not be accounted for easily, unless as an effect of the remedy, and which only ceased on discontinuing the medicine. Afterwards, two powders a week cured the constipation.

I have met with homœopathic physicians who had never found any use for Alumina. What I have said in regard to it has been for the purpose of encouraging them to study its pathogenesis carefully. I recently administered Alumina, first tritu-

ration, to a child of apparently robust constitution, but habitually constipated, this condition attended with heat of the skin, with the effect of regulating the bowels. One dose was given every evening; but, as the mother told me, within a very short time after each powder, the child was covered all over with red, itching blotches, which annoyed it for several hours. The patient had previously, at times, been troubled with a similar eruption, but never to so great an extent. Alumina, sixth, was afterwards prescribed.

The foregoing remarks have been written for the JOURNAL, not with a view of instructing physicians of large experience, but from a hope that physicians will be induced to contribute fragments of their experience which may be instructive to some who wish to learn.

Our school seems to be somewhat exercised on the subject of *pure* homœopathy. It has been regarded as heretical for any homœopathic physician to announce his belief in the propriety of sometimes administering appreciable doses of medicine, especially if in his giving of them he appears to sanction allopathic notions respecting their use. It is regarded as unhomœopathic to believe in the partial applicability of *allopathy* and *antipathy*; but, at the same time, it does not appear to be unhomœopathic to believe in chemicopathy. The use of appreciable doses of Gallic acid, in hæmaturia after scarlatina, is justified by the pure homœopath, on the ground that it is probably the specific chemical remedy. I like the notion, as *appearances* may warrant it; but appearances ought likewise to have some weight in seeking explanation of cures by remedies probably allopathic or antipathic. But I am not much disposed to confide in appearances, excepting as bare ground to stand upon until truth comes to light.

Now it does *appear* to me that much may be inferred respecting homœopathy, antipathy, allopathy, and chemicopathy, from the successful employment of remedies, in attenuations high and low, and from common-sense ideas respecting human physiology. With the help of physiology, as written in the books, it is often exceedingly difficult to trace the *similarity* of drug-action as compared with the phenomena of special disease. All our ideas are liable to run aground on this coast, and in some directions we know not how to proceed, so dense is the fog; but, to a sur-

prising extent, we are safe and successful, because we hold fast to appearances and carefully endeavor to trace similarities, which are the legitimate objects of our search. Allopathy and antipathy never accomplished anything by means of infinitesimals, and are wholly within the scope of *mere appearance*; they cannot be regarded as truthful expressions of fact, because we do not know nearly enough of the operations of health or disease, *in their direct order*, to enable us to affirm with any confidence that medicines ever cure by impressions *at variance with* or *in antagonism to* the currents, tides, or reactions of health or disease. If *truth* is to be discovered, it *must* be in the line of homœopathic research; the currents of life, so far as we know, run always in fixed directions, and no man has ever successfully explored those streams and their shores while endeavoring to stem the currents and get up stream. Nevertheless, if we cannot do better, we must confide in appearances—they furnish us with something to fix our gaze upon; but let us not marry them to *our* theories, and expect legitimate offspring, until we have reason to know that the marriage is one of not too near consanguinity. I repeat, that it is obviously our most profitable task to trace similarities between drug-action and the progressions of disease, and that it is, at present, as obviously a hopeless task to attempt to find more than superficial relations between seemingly antipathic and allopathic operations of drugs and the operations of disease. If cures are made in cases in which the remedies *appear* to operate antipathically or allopathically, let us duly value the observations, but let us not suppose that we understand the profound truth in the matter. If cures are, in all probability, made by remedies operating homœopathically, and in infinitesimal quantities, it is just to infer—if we must arrive at conclusions in the present state of medical science—that all genuine cures are in accordance with the homœopathic law, appearances to the contrary notwithstanding. But it is not necessary that we should be so *purely* homœopathic as to insist upon the “law” in every case; it is enough for us to believe in homœopathy so far as we can clearly recognize it; we should trust to mere appearances whenever we may have no better guide. Let us not underrate nor overrate the infinitesimals; neither let us underrate nor overrate appreciable doses of medi-

cine. Let us, in other words, hold fast to the infinitesimals; but, at the same time, let us not despise good doses of Quinine in agues, or Gallic-acid in hæmaturia following scarlatina.

---

ARTICLE X.—*Anomalous Affection Following an Intermittent—giving rise to the Suggestion of Quinine-Poisoning.*  
By WM. S. SEARLE, M. D.

DR. J. C. PETERS:—Observing that the list of "Articles Received," in the last number of your excellent JOURNAL, is not overcrowded, I take the liberty of sending you the subjoined record of a case, which, though singular in some of its developments, alas, is not at all so in its origin. Please to make such disposition of it as you may deem best.

May I not hope that it will prove a provocative of an essay upon this class of poisonings from one of your distinguished corps of editors or your large circle of readers. Such an essay or treatise is very much needed. With many hopes for the continued success of your interesting JOURNAL, and with assurances of respect and esteem,

I am truly yours, WM. S. SEARLE, M. D.

The subject of the following record is a gentleman of about twenty-seven years of age. Being the son of a farmer, his early life was one of active employment; indeed, he continued to labor upon a farm until seven years since, when his habits became essentially sedentary. His parents still survive, and are in good health; but two of their children have died, within the past three years, of tuberculosis. The patient's diathesis, also, is plainly scrofulous, though, up to four years ago, his exuberant health gave him the appearance of the sanguine temperament. About this time, however, while in full vigor, and unaffected by any previous ailment, he was suddenly prostrated by an intermittent fever of the quotidian type. The disease was fully developed, and the attack was very severe. A respectable allopathic practitioner "*exhibited*" heroic doses of the never-failing Sulphate of Quinine, and succeeded in arresting the paroxysms after four or five had passed. How much was "*exhibited*" at one time, or in all, I am ignorant. Suffice it to say that it was *quant. suf.*, and perhaps a trifle more. After the cessation of the paroxysms, health and strength slowly began to return, but have never reached the maximum enjoyed previous to the fever. Within the past year, however, there has been a gradual and well-marked decline of the whole systemic and vital forces,

until he has now arrived at a state which I cannot better describe than by partially quoting the graphic words of the illustrious Hahnemann: "Behold his livid complexion, his bloated countenance, his languishing looks! Behold how difficult it is for him to breathe; see his hard and distended abdomen, the swelling in his hypochondria; see how his appetite is diminished and his taste altered, how loose his bowels are, how unnatural and contrary to what they should be! Behold him, weak, out of humor, and prostrated, and his sensibilities morbidly excited!"

What I consider peculiar in this case, is the apparent determination of the drug to the abdomen, and the absence of its usual effects upon the mind and upon other parts of the body.

It is now somewhat more than a year since my patient first began to experience a continued soreness or lameness of the bowels, in the lower half of the abdomen more especially. Very slowly this has increased, until it is now, at times, most intense, so even as to bow him over, and to be severely aggravated by the jar of walking. Once or twice in the week, after mental or physical exertion, paroxysms of severe colic also occur in the same region. These pass off gradually, in the course of ten or fifteen minutes, and are succeeded by others of the same nature. They usually make their appearance at night, and frequently continue until morning. A violent rumbling in the intestines precedes relief from a spasm, and great quantities of wind, having no unpleasant odor, pass both up and down. These paroxysms, and also the soreness mentioned, are greatly aggravated by a costive state of the bowels, and greatly relieved by a contrary condition, with frequent evacuations.

With this general outline of the case, I proceed to group the special symptoms, mentioning none but those which are strongly marked and perfectly reliable.

*Symptoms.*—Exhaustion of the vital powers, as they are termed. Great weariness and languor. Deficiency of animal heat. Painful heaviness of the eyes, particularly when turning them. Darting pain in the temples. Itching of the eyelids; occasional swelling of the eyelids; redness of the eyelids, with a good deal of heat; eyes of a watery, and sometimes dry, glassy appearance. Face pale and sunken, and of a sickly appearance,



as if caused by great excesses. Lips dry, and the upper often swollen. Food often tastes bitter. The abdomen distended and tympanitic. Severe colic, with nausea. Aching pains, with chills. Pressure, with sensation of weight in the abdomen. Continued soreness and lameness in the same region. Pain, with urging to stool, attended by chills. Emission of great quantities of flatulence. Stool soft, papescent, and slowly expelled; sometimes a continued slow passage of fæces for fifteen or twenty minutes. Difficult evacuation, as from inactivity of the bowels. Frequent urging to urinate, with passage of small quantities of water, which is various in color. Sweat frequent on the small of the back. Weariness and aching of the lower limbs. Soreness of the same, with bruised feeling; sometimes sensation as if the bones were being scraped. Coldness and numbness of the hands. Whole surface of the body cold and bloodless. Nails often purple. Chilliness of the whole body, succeeded by heat. Severe itching of the whole skin, especially upon that of the back, where a squamous eruption, with scarlet-red inflamed base, often makes its appearance, similar in aspect to dry tetter. Lassitude and languor, mental and physical. Excessive debility, with disposition to sweat.

In conclusion, I may add that the treatment commenced about a fortnight since. I prescribed Arsenic, third decimal trituration, five grains, three times per day. No paroxysm has occurred since that time, and relief of the other symptoms has, in a measure been obtained. Still, the prostration and weariness, pain in the limbs, and shortness of breath, with other minor symptoms, partially remain.

Future treatment, of course, will be modified by the developments of the case. I look, however, for a final complete restoration of health.

#### REMARKS BY F. G. SNELLING, M. D.

Quinine-poisoning deserves more attention than has yet been bestowed upon it. It is doubtless a much more common occurrence than has hitherto been supposed, and, although we cannot agree with the opinion so often quoted that, in *small* therapeutical doses, it is at once *less* likely to cure the disease and *more* likely to prove injurious to the system, still we must admit that

there are some constitutions so susceptible to its influence that comparatively small doses may prove injurious.

However, I am inclined to think that most of the cases of so-called Quinine-poisoning, after intermittents, are nothing more than the masked effects of the miasmatic influence not yet eradicated from the system. Whether or not an insufficient quantity of the drug may have been given, or the disease itself be one of those agues *which Quinine will not cure*, it is hard to say; but the fact cannot be denied that, in these cases, the further administration of Quinine is useless, and the symptoms almost always yield to the judicious exhibition of *other* fever and ague remedies.

Wood gives a very succinct and thorough picture of Cinchonism, but the *toxicology* of Quinine is still in an undeveloped state. According to Wood, in small medicinal doses, administered to a healthy person, the first and only noticeable effect is increase of appetite, a fuller and stronger pulse, and an elevation of temperature; in fact, a deeper and fuller flow of the stream of life. This may increase to a moderately febrile state. As the dose is increased, (six to twelve grains daily, in divided doses, or to a less amount in a single dose,) it evinces a tendency at once to act upon the brain. The amount necessary for this is very various; but the first cerebral symptom is usually an abnormal sound, such as buzzing, roaring, like that of a strong wind or cataract, singing, hissing, ringing, &c. Along with this, there is generally more or less hardness of hearing, and uneasy sensations in the head, as weight, fullness, tension, and sometimes positive pain, though seldom very severe. The circulation is not much affected; the pulse being sometimes increased, and sometimes diminished.

If twelve to sixty grains or more be given daily, in divided doses, the effect upon the cerebral functions is increased, and a decided sedative influence upon the circulation is produced, evinced by a diminution of the frequency and force of the pulse proportionate to the dose. With the abnormal sounds before referred to, there is now giddiness or dizziness; the individual, if erect, often staggers; occasionally there is irregular muscular movement; the hardness of hearing is not unfrequently increased to positive deafness, and, in a few instances, vision is disturbed and blindness induced. At first, if the individual

dose is large, there may be flushing of the face, headache, and sometimes epistaxis, indicating decided sanguineous determination to the head, and occasionally, though very rarely, active delirium occurs. In experiments upon dogs, even meningitis has been induced by very large doses. But these evidences of over-excitement of the brain give way to others indicating a reduction of nervous power, such as diminished hearing and sight, uncontrollable tremblings, depressed spirits, sighing or yawning, and very rarely a kind of mental disorder which has been compared to delirium tremens. In some instances, a tendency to drowsiness or stupor is evinced, in others, morbid wakefulness; but, in the greater number, neither the one nor the other. Though the pulse is at first temporarily excited by these large doses, probably in sympathy with the brain, it in general soon becomes slower, and always feebler. The pulsations of the heart are often reduced ten or twelve in the minute, sometimes running down even to forty. In strength, the pulse diminishes in proportion to the dose, even becoming imperceptible at the wrist, and the skin becomes cool, pale, and moist, and the face pale or livid and shrunken.

This prostration may be carried to the extent of real poisoning. Death has often been produced, in dogs, by excessive doses, and M. Guersant cites as fatal the case of M. Bazire, a practitioner of medicine, who, in an excited state of imagination, bordering on insanity, believing himself to be attacked with pernicious fever, took within a short time very nearly two ounces, troy, of Sulphate of Quinine, by the mouth and rectum. Symptoms of great prostration, with loss of sight and hearing, came on, which he unfortunately ascribed to the pernicious fever, and hoped to counteract by a continuance of these enormous doses.

Giacominini records the case of an individual, who took, by accident, about three drachms of the Sulphate. Extreme prostration came on, with an almost absent pulse, cold skin, slow respiration, feeble voice, and apparently imminent danger of death, which was, however, averted. In these prostrate cases, the pupil is often dilated, and coma is present.

Dr. Baldwin, in the *Southern Medical and Surgical Journal*, gives a number of cases, and a series of experiments upon animals. He states, that "Children are much less tolerant of the

remedy than adults. In one fatal case, eight grains, given in two doses, with an interval of three hours between each dose, to a child of six years of age, brought on dilatation of the pupils, extreme restlessness, convulsions, blindness, and death. In another case, sixty-eight grains, introduced into the system in the course of twenty-four hours, induced the train of symptoms characteristic of the poisonous action of this drug—viz., tremors, slow and irregular breathing, restlessness, dilatation of the pupils, blindness, and convulsions." Melier also names these effects as arising from its use—viz., "Delirium and coma, pneumonic symptoms, hæmaturia, amaurosis, deafness, convulsions, paralysis, and death."

Startled by the serious results occasioned by the use of Quinine, in such cases, Dr. Baldwin commenced a series of experiments on animals, with a view of determining its poisonous action. He found that, "In animals, the principal symptoms were general restlessness, speedily followed by muscular agitation, or tremulous movements of the body and extremities, with a constant movement of the head resembling paralysis-agitans. When under the full operation of the poison, the power of locomotion, and even of standing in the erect position was lost, and the extremities apparently paralyzed. Great excitement of the vascular system is said to have been present, the pulse rising to 110, and in some to 240 beats in the minute, accompanied with great oppression of breathing and frothing at the mouth. The pupils were much dilated, and, as far as could be judged, vision was entirely lost. Convulsions were observed in every case but one. In a few instances, the animal seemed as if stunned by some sudden blow or a violent fit of apoplexy; the latter effect was only observed when administered to young dogs by the jugular vein or peritoneum. Purging was present in some cases, and, when the medicine was given by the stomach, vomiting invariably ensued, unless the œsophagus was tied."

"The time required to produce death varied greatly. In some instances, fifteen to twenty grains proved fatal in a short period, while in other animals, on the administration of one hundred and twenty grains, death occurred only after a long period; peculiar idiosyncracies, as in the human subject, appearing to favor or retard its action as a poison."

"The Quinine was, in some instances, introduced into the stomach, and, in others, into the peritoneum and jugular vein. Its effects were equally exhibited in either mode of administration, but with no more certainty or force in the one than in the other. The chief post-mortem appearances were a dark, fluid, and defibrinated condition of the blood, a congested state of the lungs, and a vascular and highly injected state of the stomach and bowels, and congestion of the vessels of the brain."

In the fifth volume of the N. A. JOURNAL, page 265, will be found some cases translated by me from the French, giving some of the rarer forms of Quinine-poisoning. It seems that an acne-like eruption is one of the most common effects of exposure to the Cinchona dust in the Quinine factories of France, and so clearly recognized is it that some workmen are obliged to abandon the business on account of its persistence. It appears in the form of an acne-like itching eruption, principally upon the thighs, scrotum, &c., though often over the whole body, exuding a sero-pus, and finally forming scabs, when the suppuration ceases. When it attacks the face, it occasions great swelling of the head, face, and eyelids, (similar to the effects of the poison of the Rhus,) and the sufferings of the patient are often very acute, especially when it attacks the genital organs. It seems to make its appearance very shortly after exposure to the poison, and to disappear immediately upon a removal from its influence.

A Quinine fever has also been recognized, characterized by a hot stage, with quick, excited pulse, and also by a cold stage. It is said to attack indiscriminately all who expose themselves to the dust of the bark.

Dr. Van Buren has given twenty grains of Quinine in one dose, on two occasions, during "*frank open fever*," with hot skin and excited pulse, when alarmed at its long continuance, and fearful that it would result in congestion; in both cases it acted apparently as an arterial and nervous sedative, being followed by relaxation of the skin, and falling of the pulse to the natural standard. In two instances, after administering twenty grains of Quinine, too late apparently to prevent the access of a paroxysm of fever, he has witnessed a singular condition of the system, which seemed like a struggle between the remedy and the

disease for mastery over the nervous system. There was great oppression of breathing, restlessness, and nervous depression; trembling and chattering of the teeth, unaccompanied by any sensation of coldness, and suppressed and straggling pulse. In both of these cases—the one a healthy lady, with one previous chill, the other a soldier, after one paroxysm of simple remittent—the remedy apparently gained the victory after the lapse of half an hour, and no fever followed; from which circumstance he infers that the symptoms enumerated did not constitute a chill. A repetition of the dose was not required in either case, and they both convalesced without a bad symptom.

He has seen one case of partial loss of hearing which followed the use of two-grain doses of Quinine for a period of two weeks; one case of tinnitus-aurium of eleven months standing—now under treatment, and apparently incurable—attributed to the same cause, and he has also under treatment a case of amblyopia of three weeks duration, and quite intractable, which followed the use of four-grain doses every four hours, for a week, for intermittent fever.

We are inclined to think that Dr. Van Buren's experience is not borne out, in most instances, in the use of two-grain doses for a limited period. In intermittents, especially in this latitude, this latter quantity seems to be all-sufficient, and the bad effects arising from its administration in such quantities are rarely or never met with.

---

ARTICLE XI.—*On Stannum in Certain Neuralgias.* By Dr. VON VILLERS, of St. Petersburg. (From the *Zeitschrift für Hom. Klinik*, July, 1858.) Translated by H. L. H. HOFFEN-DAHL, M. D., of Boston.

CASE 1.—The patient was a lady, thirty years of age, of pretty good constitution, but somewhat reduced by the exhausting mode of life peculiar to St. Petersburg, and by domestic troubles. For some years past, in consequence of the excessive use of salt, she had been subject to chronic catarrh of the stomach (removed in a short time by *Spirit-nitr.*), to intestinal catarrh, and fluor-albus. Having been confined four years ago, and not having conceived since then, she now began to suffer

from dysmenorrhœa, in connection with various hysterical troubles. These troubles finally culminated, in the month of June, 1856, in a peculiar headache, the cure of which is the subject of the present contribution.

Before I was called, this headache had already made its appearance regularly every morning, for three or four days. At first, it was not very troublesome, disappearing regularly towards noon, but gradually it became intensely painful. Regularly, at five o'clock in the morning, four or five hours before the usual time of rising, the patient was awakened by this headache, occupying the whole forehead and both eyes, described as compressive, or as grinding, when most severe. Motion increased the pain so as to be insufferable. Therefore the patient had not left her bed for some days until soon after noon, when the pain had entirely ceased. During the pain there was great sensitiveness to noise and light; no other morbid symptom was observed. The temperature of the skin, the pulse, and digestion remained normal, and the patient felt comparatively well during the regular intermission, from noon until five in the morning.

For eight days I medicated in vain with *Nux-vom.*, *Bellad.*, *China*, and *Platina*. The violence of the pain increased every day, and my despair increased in proportion. After repeated severe questioning, a peculiarity was detected, which had apparently escaped the observation of the patient herself. It seemed that the pain was not particularly severe early in the morning, that it gradually increased, maintained its intensity, when at its height, for some time (generally from eight to nine), then gradually diminished in violence just as gradually as it had come, until it had entirely disappeared. This discovery was a new ray of light, and gave me fresh hopes. I could not remember whether the pains caused by *Stannum* occurred with such a periodical regularity, but I was well aware of the peculiar course of the pain, *its gradual increase, its temporary continuance when at its height, and its gradual diminution*. I therefore prescribed *Stannum*, one grain of the third decimal trituration to be taken in the evening before going to bed (the daily paroxysm having already ceased). The next morning, the same dose was to be taken every hour, as long as necessary, to commence when it was evident that the regular attack had really returned.

The patient awoke next morning at the time when the paroxysm had usually recurred, and, from fear of inviting its approach, she even remained in bed longer than usual, but the pain would not make its appearance. The same remedy was repeated every evening for six days, until the next menstrual period, and, during this time, the patient regained the enjoyment of her accustomed morning nap. The headache never returned, and the general state of the patient's health was also improved. The menses returned more regularly, until they ceased the following May. A return of hysterical symptoms was feared. Nausea and vomiting set in—the patient was pregnant. Eight days after her normal delivery I wrote this communication, and can testify that for over a year she has had no return of her neuralgia.

CASE 2.—A powerful man, over fifty years of age, who, during the second half of his life, had only suffered occasionally from slight rheumatic complaints, was subjected, in August, 1855, to a violent fright, on the occasion of a conflagration which threatened to consume his warehouse and destroy his prosperity. In consequence of this, and of a severe cold, he felt himself affected the next day in a peculiar manner. While engaged in his business, he felt in the left upper extremity a dull, paralyzing pain, which, on continuing to walk, extended to the left side of the chest, obstructed his respiration, and forced him to stand still. The pain then soon diminished so far that he could continue on his way, but he was soon obliged to make another halt. His allopathic family-physician prescribed some favorite volatile embrocations, but without arresting the disease or hindering its development. Various other remedies, ordered during the next two months, partly for internal use, were equally powerless.

One night he was suddenly aroused by a violent pain at a point in the left breast, which could not be definitely pointed out. The pain increased gradually, and was combined with an indescribable terror, which drove the patient out of bed. He could not find relief in any position. A profuse cold sweat appeared on the head and upper part of the trunk, and, when the pain was at its height, the patient was unable to make a motion or utter a sound. For an hour he was obliged to remain sitting, with head and trunk bent forward, with gasping, noisy respira-



tion, spasmodically seizing the arms of the chair. The pain then diminished as gradually as it had increased, and had disappeared by morning. The patient then enjoyed several hours sleep. For some days after, he felt none of these troubles, except the uneasiness in the arms and chest, after walking some distance. A week later, the nocturnal attack returned, more violently than the first time, and this continued for two months, sometimes as often as twice a week. The uninterrupted use of various mixtures of Quinine, Morphine, and vesicatories, had no other effect than to disorder the digestion. The patient now became highly alarmed about his condition, and finally resorted to homœopathy, with which he was but slightly acquainted.

The form of his thorax was perfect; auscultation and percussion revealed no abnormal symptoms about the respiratory organs or the heart. The disease was therefore considered as neuralgic. During the nocturnal paroxysms, there were no subjective symptoms of irregular action of the heart, which would not have been absent had the seat of the disease been in the cardiac nerves. I therefore concluded that the case was one of neuralgia of the left phrenic nerve, an assumption which was confirmed by the peculiar course and the inability to define the precise seat of the pain. The selection of the proper remedy would have been difficult, had not my attention been attracted from the first to the peculiar course of the paroxysm, the pain being, as described above, at first supportable, then increasing gradually to a certain intensity, then again diminishing just as gradually. I therefore prescribed *Stannum*, ʒ, one grain mornings and evenings, and every half-hour during the nocturnal paroxysm. The attack returned after three doses had been taken; but this time, the remedy having been repeated four or five times, the pain was not so insufferable as before, ceased in a few hours, and was followed by refreshing sleep. The *Stannum* being continued, the pain in the left arm also diminished so much that the patient considered himself cured, and neglected the use of his remedy.

Four weeks later, the patient informed me that he had suffered from another attack the previous night. He at once returned to the use of his medicine, the few remaining doses of which just sufficed to remove the attack in three hours. It appeared

that some mental trouble, incurred the day before, had again occasioned the attack. I furnished him with a fresh supply of the same remedy, and advised him to continue to use it daily for several weeks. From that time I did not see the patient again, but learned from others, a year later, that he had long been in the full possession of his usual health.

CASE 3.—The patient was a girl, eighteen years old, of remarkable beauty, somewhat scrofulous in early childhood, but subsequently enjoying good health. Regular but insufficient menstruation commenced in her fourteenth year; at the age of sixteen she began to be troubled by a slight leucorrhœa. The patient's temperament was lively and cheerful. In the summer of 1855 she experienced a violent shock, from the report of a gun in her immediate neighborhood. The immediate effects, an approach to swooning, speechlessness, and trembling of the limbs, disappeared in half an hour, and the patient appeared as well as usual during the evening. Some days later, while in motion, she was surprised by an unusual feeling of weakness, which appeared to proceed from her chest, and obliged her to loosen her dress and recline on a couch. After remaining quiet for an hour, the attack disappeared; but it returned in a few days, and gradually changed into a gnawing pain, seated at the middle of the sternum, commencing gently, gradually increasing for two hours, and then disappearing just as gradually. At the beginning of this paroxysm, which returned more and more frequently, the patient felt an irresistible inclination to lie down, and, at the height of the attack, she was unable for half an hour to make any motion or utter a sound.

After this trouble had returned two or three times a week, for two months, it was noticed that the patient began to emaciate, and had a chlorotic tinge. This caused her parents to think more seriously of the matter, and to seek medical advice. Aq.-Laurocer. and Iron were the principal ingredients of various mixtures and pills which were used faithfully for three months. In spite of this treatment, the attacks remained undiminished in severity or frequency, the chlorotic coloration was more marked, and the menses became more scanty and pale.

In this condition, I took charge of the patient, in February, 1855. *Stannum* was given, as in the other cases, except that

the centesimal trituration was used. There was no occasion for a frequent repetition of the medicine, as there was no return of the pain after the first dose. I therefore proceeded, in April, to combat the other complaints of the patient. The chlorotic symptoms yielded entirely to *Pulsatilla*, and the leucorrhœa was reduced to a minimum by *Merc.sol.*

After hearing nothing further from the patient for some time, I was again called to her in November, 1856. Her appearance now revealed a highly developed chlorosis; the menses were retarded, scanty, and pale; she was much emaciated. The subjective symptoms consisted of the old pain in the chest; but it returned in more frequent paroxysms, seldom omitting a day. There was also great muscular weakness. Examination of the thoracic organs revealed nothing abnormal. The only external causes that could be discovered were troubles with her future husband, and the imprudent use of baths, during the previous summer, in an unhealthy part of Poland.

A repetition of *Stannum* was again followed by an almost immediate cessation of the pain. The patient's general state of health also improved so much that, in a week, she was able to return to her usual place of residence. She was advised to continue her medicine daily for several weeks, up to the time of her marriage. It was agreed that I was to be informed if any further trouble ensued. As the patient was not heard from again, it may be presumed that she was permanently cured.

Although the termination of this case is somewhat uncertain, still the repeated and rapid effect of *Stannum* was so striking as to appear worthy of being reported in connection with the other cases.

CASE 4.—The patient, a youth of fifteen, had, since early childhood, been subjected to almost continuous attacks of severe sickness, and had been overwhelmed by a perfect deluge of remedies. The following is a rough outline of his previous history: In his sixth month, he was attacked by an abnormal form of measles, terminating in a perilous endocarditis. The latter degenerated into a chronic disease of the heart—probably a concentric hypertrophy of the ventricles—causing continual severe attacks of palpitation, with cyanotic coloration of the face. In his fifth year, the patient was attacked by pneumonia, which left

a chronic cough, with purulent expectoration, and returned five times in the course of a few years. The chronic purulent expectoration then gave place to a violent otorrhœa of the right side, with fetid discharge, which led to caries of the petrous portion of the temporal bone. In addition to these troubles, when in his thirteenth year, the patient was seized with a tertian intermittent, while sojourning in one of the fever-regions of Russia. The fever was checked, for a time, by immoderate doses of Quinine; but continued to reappear, with renewed vigor and in various forms, until, in the spring of 1856, it assumed the shape of an intermittent cephalgia. This trouble also resisted Quinine, which was prescribed in every known combination during eight months. Hitherto the patient's mental faculties had been unimpaired, in spite of his miserable physical condition. But now his intelligence began to be troubled, and he became more and more incapable of undertaking any mental exertion. At a consultation, a well-known allopathic authority declared that the headaches were owing to the caries of the temporal bone, and were incurable. At this desperate stage of the case, the father of the patient, who, although himself an allopathic practitioner, was not hostile to the system of Hahnemann, resolved to seek the assistance of homœopathy.

I first saw the patient in January, 1858, at a late hour, when a paroxysm was just coming to an end. His external appearance expressed the greatest suffering. He was much below the average height of his age. He maintained himself in a lax position, with drooping head. The skin had a yellowish, pale, coloration; the facial expression was morose and reserved; the features appeared old; hair and eyes were dark brown; behind the right ear, above the mastoid process, were several funnel-shaped, concentrically-folded, bluish-red cicatrices, showing the seat of the now dormant caries. The voice was weak, although beginning to assume the pitch of adult age; the muscles were small, but the generative organs well developed. The thorax had a phthisical build, the anterior surface being flattened, and the dorsal surface arched, the right side narrower than the left. The lower dorsal vertebræ were curved to the right side, the supra and infra-clavicular fossæ were pretty well marked. The sound on percussion, at the apices of the lungs, lead to sus-

picion of tubercular degeneration. The systole of the heart gives a visible impulse to the wall of the thorax, and communicates an impulse to the ear. The rhythm is abnormal, the pauses appearing of almost equal length, and the first sound scarcely to be distinguished from the second. There were no subjective symptoms of disturbance in the organs of respiration and circulation. Palpation and percussion of the hepatic and splenic regions gave no abnormal result. Nocturnal pollutions had been pretty frequent for some months.

The principal trouble, which is the subject of the present communication, had, for eight months, recurred regularly every third day. At breakfast, which was taken at eight, A. M., and consisted of tea, milk, and white bread, the patient was seized with nausea, and finally vomiting of food. With concomitant chills, coldness of the extremities, and blueness of the nails, the headache set in—forcing the patient to lie down, becoming very violent in the course of three or four hours, beginning to diminish at about four, P. M., and ceasing at ten in the evening. Regular stages of chills, heat, and sweat could not be detected since the fever had taken this form. The paroxysm was accompanied by a somewhat increased frequency of the pulse, loss of appetite, yellow-coated tongue, great weakness, depression of spirits, and a more marked icteric tinge of the skin. At the beginning of the paroxysm the pain was described as a dull pressure; at the acme, it was constrictive and crushing, as if the brain was being demolished.

In this case, my attention was again directed to the peculiar increase and decrease of the paroxysm, as in the previous cases. *Stannum* was therefore prescribed, one grain of the third centesimal trituration to be taken, mornings and evenings, during the interim, and every half-hour during the paroxysm.

The next day, being the time of the apyrexia, resembled its predecessors. On the third day, the expected attack did not appear, for the first time for eight months. But, on the fourth day, there was nausea without vomiting, and slight frontal headache, whereupon the patient immediately commenced taking his remedy every half-hour. To his own astonishment and that of his friends, he was already able to rise before noon, after repeating the medicine five or six times. The pain disappeared without any great aggravation, and did not return for the present.

In the course of the next fortnight, the *Stannum* being continued mornings and evenings, the patient's condition was very much improved. He had a good appetite, slept well, the coloration of his face improved, he was in good spirits, and was eager to return to school and resume his neglected studies. There was a slight discharge from the right ear, which had frequently occurred formerly without affecting the course of the disease. I therefore felt justified in omitting the *Stannum* and prescribing *Hepar-sulph.*

A fortnight passed, without any appreciable change. Then came the so-called "Butter Week," the last week before Lent, which the Russian devotes to the service of Bacchus, and when he luxuriates in all kinds of rich, fat edibles before undergoing six weeks abstinence. This "Butter Week" causes trouble in most chronic diseases. Our patient also had an attack of indigestion, after a meal of caviare and a sort of pancake fried in butter. After frequent vomiting, and other signs of acute gastric catarrh, a dull headache, of medium intensity, appeared, and lasted for several days. As this pain had nothing in common with the intermittent cephalalgia cured by *Stannum*, I felt authorized to use other remedies, in accordance with the complex of symptoms and the exciting cause. But *Ipecac.* and *Pulsat.* were quite ineffectual. The former appetite would not return, the tongue retained a yellow coat, the face resumed an icteric tinge. The patient's spirits became more depressed from day to day, accompanied by chills and a distinct increase and decrease of the headache. In short, after using the above remedies for eight days, it could no longer be doubted that the old malady had returned, and *Stannum* was again given, as indicated above.

Once more, and almost immediately, the remedy showed its usual effects. On the next day, the patient was free from headache, and the consequences of his indigestion disappeared in a few days. At the same time, there was also a very marked favorable change in his external appearance, and in the state of his mind. After the patient had enjoyed an undisturbed comfortable state of health during two weeks, while using his remedy, he exposed himself to catching a cold. The consequence was a return of his chronic cough, which was at first dry, and

then caused a tough, yellowish expectoration with a salty taste, which was most copious in the morning.

Although *Stannum*, as is well known, corresponded to these appearances, I still thought that I must exhibit another remedy, as the symptoms were developed during the use of *Stannum*. I therefore administered *Lycopod.*, 2, two drops, three times a day. Eight days having passed, without hearing from my patient, I was then urged to call on him without delay. I regretted to find that the headache had returned in its usual form, without any discoverable external influence, and that the remedy last prescribed had had no effect upon the cough, the concussions of which made the headache much more painful. *Stannum* was now prescribed for the third time, as above, and for the third time the effect was almost instantaneous. The next morning, before the second dose had been taken, the patient awoke without headache, and with the same favorable change in his appearance, attitude, and frame of mind which had followed the two previous exhibitions of the same remedy.

This favorable result, occurring three times in succession in the same case, is very instructive, and is most interesting to the practitioner, who is incessantly plagued by sceptical scruples. The case is as yet scarcely ripe for publication, but I was induced to contribute it because, in connection with the other cases, it shows so satisfactorily the peculiar effects of *Stannum*. The remedy was continued for some time. The cough and expectoration disappeared in three days, much to the surprise of the patient's friends. The patient remained free from all complaints for several months, up to the time of the present writing.

The indication for the remedy is found in "Hahnemann's Chronic Diseases," vol. v., p. 319, symptom No. 585: "Many pains, especially pressing and pulling, increasing gradually, becoming violent, and decreasing just as gradually."—(Gr.) "Noack and Trinks' Pure Materia Medica;" article, *Stannum*; vol. ii., p. 970; ninth line, *et seq.*

ARTICLE XII.—*On the Treatment of Asthma.* Translated and Compiled by Dr. JOHN C. PETERS.

*Acid-Hydrocyanicum.*

CASE 1.—Professor Giese had suffered for a long time, both day and night, with periodical asthma, and the most violent attacks of suffocative spasmodic cough, which had withstood all remedies, and arose from no known cause.

*Treatment.*—Acid-hydro., two drops per dose, three times a day. In the course of five weeks, he was so much better that he only rarely had slight attacks, slept more comfortably, and could deliver his lectures with less exertion and greater power.—FRANK.

CASE 2.—A middle-aged man, who had repeatedly suffered from profuse spitting of blood, finally became permanently and severely asthmatic. As the disease progressed, it became more and more spasmodic, and to a certain degree periodical, although organic disease of the chest was also suspected.

*Treatment.*—After the fruitless use of several internal and external remedies, eight drops of Acid-hyd., in ℥viii. of decoct. Althea, with sugar, ℥ij., was taken, in tablespoonful doses, every two hours. There was a marked improvement after the use of the first bottle, and twelve days faithful and punctual use of the remedy entirely removed this annoying trouble.—FRANK.

CASE 3.—In a case of asthma millari, it was so useful that only one attack, followed by a rapid cure, took place after it was commenced.—FRANK.

*Argentum-Nitricum.*

CASE 1.—A previously healthy woman, aged eighty-two, had been subject for several years to severe cramps or spasms of the chest, which occurred once or twice a week, without being preceded by any premonitory symptoms, and which disappeared in a quarter of an hour, without any bad consequences except great exhaustion. The attacks commenced with sudden and violent piercing in the chest, the pulse stopped, and the hands and face became icy cold. In a few moments, the pulse gradually began to rise, the face became red, the patient cried out violently several times, and such a working and rumbling in her chest began



that one feared that something must give way; at the same time, the whole body shook and trembled, as in fever and ague. This tumult gradually subsided, a profuse warm sweat set in, the patient fell asleep, and so the paroxysm ended.

*Treatment.*—A number of remedies were used, without avail; then two grains of Lunar Caustic were made up into sixty pills, and one taken every hour. On the second day, a new paroxysm occurred, which exceeded all the others in severity and duration; still the pills were continued, until four grains in all had been taken. No other paroxysm had occurred in a year and a half.—FRANK.

CASE 2.—A girl, aged nineteen, with scanty menstruation, but no constipation, suffered with attacks of very distressing shortness of breath, and oppression, which generally occurred in the evening; she had heat in the head, palpitation of the heart, and disturbed sleep; she looked red, flushed, and heated.

*Treatment.*—Nitrate of Silver, one-twelfth grain, every two hours. After taking one and one-half grains, she was much relieved, required no more medicine, and the cure was permanent.—KOPP, FRANK.

CASE 3.—A much over-grown mechanic, aged twenty-six, had become short-breathed for several days, without being feverish; he complained of great want of breath, and was much oppressed.

*Treatment.*—Nitrate of Silver, one-fifteenth of a grain, every two hours. After taking two grains, he was quite restored.

CASE 4.—An officer, aged thirty-five, had suffered for more than a year with oppression of the chest, palpitation of the heart, obstruction of the breath, tension, as if from a band around the præcordia, short breath, with deep sighs, frequent turns of anxiety, but no cough; he also had rheumatic rending in the right arm and thigh, and dejection of spirits.

*Treatment.*—Nitrate of Silver, one-fifteenth of a grain, every two hours, with great improvement after taking four grains. The remedy was repeatedly given, with various interruptions, and did not fail to relieve relapses of the asthmatic trouble.—KOPP, FRANK.

CASE 5.—A man, aged about thirty, had suffered for two years with a very severe and obstinate periodical asthma, and was much discouraged. The attacks, which occurred in the night, were attended with violent palpitation.

*Treatment.*—After the fruitless trial of many remedies, the Nitrate of Silver was given, in increasing doses. The nocturnal paroxysms ceased, the ascending of height and fast walking could again be accomplished without difficulty, his sleep was calm, and spirits better.—KOPP, FRANK.

CASE 6.—A large, well nourished man, aged forty, with some hereditary predisposition, had suffered for fifteen years—more in summer than in winter, more by night than by day—with most violent attacks of dry spasmodic asthma, which forced him to rise and walk about; at times only, a little mucus was expectorated. The attacks generally lasted two or three weeks, sometimes from six to ten weeks, and occasionally for three months, with alternations of improvement and aggravation. The attacks were marked by oppressed, panting, quick, and sibillant breathing, and inability to lie down; in severe attacks, he was obliged to lean forward, in order to get breath. At times there were long intervals, viz., from three to eighteen months, between the attacks; at others, they came on every eight or fourteen days; in the beginning, they occurred without known cause.

*Treatment.*—During a summer attack, the Nitrate of Silver was given, in one-fifteenth grain doses, every two hours; after taking twenty pills, the asthma, from which he had not been free for three days for three months, ceased. He took eight grains, in two courses, at an interval of eight days. The disorder returned slightly, for eight days, on the return of cold weather; an actual paroxysm was relieved by nine one-fifteenths of a grain doses of Silver.

CASE 7.—A sedentary man, somewhat inclined to hæmorrhoids, and aged thirty-four, had had several paroxysms of asthma previously, and was now attacked anew in consequence of taking cold. They generally occurred at night, but some asthmatic breathing was present during the day; several sleepless nights had been passed.

*Treatment.*—Nitrate of Silver, one-twelfth of a grain, every two hours. After taking twenty-four pills, the asthma was rather worse than better. Hepar-sulph. and Ipecac. also afforded no relief, and the Nitrate was again resumed, in one-sixteenth of a grain doses, every two hours. After taking eight doses, there

was marked relief, and, after sixteen, the asthma had mostly disappeared. A relapse was relieved by a few doses.—KOPP, FRANK.

*Bismuth.*

CASE 1.—Dr. Konigsdorfer having often remarked that derangements of the stomach sometimes precede attacks of asthma, and sometimes alternate with them, administered Bismuth, in three cases of the most violent oppression of the chest. Its good effects were perceived in the very next paroxysm, and perseverance in its use removed the asthma so radically that, in four patients who used it, none suffered a relapse for ten or eleven months, even under the most unfavorable influences of weather. About twelve grains a day were used, for four weeks.—FRANK.

*Carduus-Marianus.*

CASE 1.—A thin, yellowish-gray complexioned man, aged forty, had suffered for several years with asthma and a troublesome cough, with, at times, tough and scanty expectoration, at others, profuse and thick. His general health, appetite, taste, and digestion were still good; stools usually brown, urine light yellow and acid. He had rattling of mucus upon the chest, and the right hypochondriac region was distended and painful, while the left lobe of the liver was sensitive and actually hard to the touch. His breathing was always perceptibly oppressed and panting, and much more so from exercise. His cough was more troublesome at night than his asthma.

*Treatment.*—Several bilious remedies were given without relief, until the Tinct. Card.-marian. was used. He was then much better in eight days, and his cough and asthma entirely gone. He thought he was quite well, and stopped his medicine, but was soon obliged to resume it again.—FRANK.

*Cochineal.*

CASE 1.—A woman, aged twenty-nine, was taken with chills, fever, headache, an attack of periodical asthma, and pains in her side; also with pains in the small of the back, and in the bowels, with bleeding piles; her tongue was clean, appetite and thirst natural, gums red, stools brown, urine acid and turbid, pulse small and 90.

*Treatment.*—Cochineal, ʒij., in Aqua-distillæ, ʒviii., one table-spoonful every two hours. A marked relief was experienced after every spoonful, and she seemed quite well when six had been taken.—FRANK.

CASE 2.—An otherwise robust man, aged seventy-six, had suffered for five years with progressive shortness of breath and disease of the heart.

*Treatment.*—Digitalis and Nitrate of Soda did not relieve him materially. He was much oppressed at night, could not sleep, and was unable to leave his bed, from great debility; he had some fever and thirst, was obliged to sit up in bed, his breathing was short and difficult, his cough frequent, head confused, skin hot and dry, thirst great, with sour taste in mouth, frequent eructations, constipation, urine scanty, very red, acid, and with a thick brick-dust sediment.

Cochineal, ʒj., in Sacch.-alb., ʒj., was given, in teaspoonful doses, every two hours, followed by some relief, which was increased when Cochineal, ʒj. was given, in Magnes.-carb., ʒss., in teaspoonful doses, every two hours. A comparatively perfect recovery ensued.—FRANK.

#### *Conium.*

CASE 1.—A lady, aged thirty-six, had suffered, from her earliest childhood, with mucus upon the chest, cough, and a kind of habitual whooping-cough, with vomiting, especially after crying or laughing, and a constant oppression, with some rattling upon the chest; still she was generally robust and somewhat plethoric. In her sixteenth year, after the vomitings had ceased for eight or ten years, she became the subject of a fully-developed asthma. At first, she had bad nights, from time to time, but was never obliged to leave her bed; latterly, she had been obliged to sit up for three or four nights at a time, every three, four, or six weeks. The second night of an attack was always frightfully severe upon her; with the greatest possible quantity of fresh air, even in winter, and with the most absolute quiet, she could scarcely articulate a single word, and could with difficulty swallow a spoonful of water at long intervals of time; the slightest noise aggravated her condition. These attacks diminished gradually, she did not perspire any, but her cough became moist, and the expectoration consistent.

The attacks occurred at irregular intervals, so that she would often have two, three, or four bad nights, and then be comfortable for a week. The longer and more violent the paroxysm, the longer would be the free intervals. The paroxysms often began suddenly, after sleeping for an hour; at other times she could predict them several days beforehand, especially from the occurrence of dark streaks in her expectoration. These attacks of asthma lessened her habitual oppression, so that she could go up stairs, and even dance, although this flushed her very much, and left her oppressed for five or six hours. Dust was very injurious to her; smells, weather, country air, mental emotions, and errors in diet did not have much influence upon the attacks. Menstruation was regular, and had no influence upon the attacks, neither did pregnancy; but she once remained well for five months while nursing.

*Treatment.*—All the remedies which had been used, from her youth up, had afforded little or no relief, nor the treatment of the celebrated Buvant and Tissot; still the paroxysms could be relieved by two or three ten-drop doses of Laudanum, given in a tablespoonful of wine, every half hour; she then fell into a kind of half sleep for ten or twelve hours. The cause of this asthma could not be discovered, and all hopes of cure had been abandoned, when she was attacked with scirrhus of the breasts, for which she took *Ext. Cicutæ*, commencing with one two-grain pill, and increasing the number of pills, by one every day, until she finally took one hundred and forty-six grains per dose, but afterwards reduced the quantity to forty grains, which she continued for about a year. She has had no asthma for four years, her habitual oppression is relieved, and the breasts have been well for one year and a half.—FRANK.

### *Digitalis.*

CASE 1.—A worthy schoolmaster,—who had become so asthmatic that he had no rest night or day, was generally obliged to leave his bed, and obtained no relief, but only disagreeable visions from narcotics of all kinds,—took, at seven, A. M., after passing a miserable night, about one ounce of perfectly good *Tinct. Digitalis*. He fell asleep immediately, until half-past eleven o'clock, when he vomited freely and had looseness of the

bowels, and again fell asleep, and awoke refreshed. His pulse became slow, irregular, and intermitting; he had no other bad consequences, and remained permanently free from asthma.—FRANK.

CASE 2.—A gilder, aged thirty-five, who had been subject to coughs every winter, from his earliest youth, had spit blood several times, and had constant difficult breathing; had also been asthmatic for ten years, with occasional severe paroxysms.

*Treatment.*—He commenced with Pulv. Herb. Digital.-purp., gr. j., once a day, gradually increased until he took sixteen, twenty, thirty-six, and even forty-eight grains at a dose, once a day. These doses caused more or less vomiting and diarrhoea, while his pulse fell from 96 to 37, and his respirations from 28 to 13 per minute. He seemed perfectly well of his asthma in eighteen days.—FRANK.

#### *Frictions with Oil.*

CASE 1.—A male child, aged five months, had suffered for several weeks with attacks of laryngeal asthma, marked by sudden stoppage of the breath and the characteristic cry. The paroxysms occurred when he awoke suddenly, from any excitement, and especially after swallowing.

*Treatment.*—Frictions with oil were used, once daily, for twelve days, and then twelve more frictions were used, at longer intervals, followed by a complete recovery.—FRANK.

#### *Ferrum-Sulphuricum.*

CASE 1.—An otherwise healthy child, aged one year and a half, suffered with repeated attacks of Kopp's asthma, so that he often became unconscious. His digestion was good, but his muscles weak, so that he could not stand or walk, and his fontanelles were still unusually large.

*Treatment.*—He was cured with Ferr.-sulph., internally and in baths.—FRANK.

#### *Kreosote.*

CASE 1.—A farmer's wife, aged fifty, of delicate appearance, had suffered for years with oppression of the chest, troublesome cough, and profuse expectoration of glassy tough mucus.

*Treatment.*—Inhalations of Kreosote were used for several

weeks. At first, the expectoration become more profuse, but the relief was great; but, in two months time, she was entirely free from all difficulty of breathing, and could ascend heights in a manner which she had not been able to do for years.—FRANK.

CASE 2.—A man, aged forty-nine, of bloated appearance, but otherwise strong constitution, had suffered for several months with humid asthma, troublesome cough, with profuse and often blood-streaked expectoration.

*Treatment.*—Kreosote inhalations were followed, at first, by the expulsion, by means of coughing, of an unusual quantity of very dense mucus, followed by perceptible diminution of the difficulty of breathing, and a perfect cure in three weeks.—FRANK.

#### *Iodine.*

CASE 1.—An otherwise healthy man, aged twenty, who suffered with asthma, without known cause, took ten drop-doses of Tinct. Iodine, three times a day. He was cured in fourteen days, and had no relapse for four years.—FRANK.

CASE 2.—A young farmer's boy, subject to asthma, and who breathed heavily, even when most quiet, was also cured with Iodine.—FRANK.

#### *Ipecac.*

CASE 1.—A student was attacked with the most violent paroxysms of spasmodic oppression of the chest, in which his breast was so violently drawn together that he screamed fearfully. His limbs were cold, his face red and bloated, and pulse almost imperceptible; he had slight numbness at times.

*Treatment.*—Many internal and external remedies, and much Opium were used, without benefit. Then one-half of a grain of Ipecac. was given every quarter of an hour, followed by speedy relief and by vomiting when he had taken three grains; he then fell into a pleasant sleep. Several similar attacks, at short intervals, were always quickly relieved by Ipecac.; but he finally died in one, and his lungs were found crowded with miliary tubercles.—FRANK.

[TO BE CONTINUED.]

## Reviews and Bibliographical Notices.

1. *The Science and Art, or the Principles and Practice of Medicine.* By JOHN C. PETERS, M. D. New-York: Wm. Radde. 1859. Nos. I. to IV.; pp. 384.

It has long been a subject of regret, to all save the most ultra Hahnemannists, (who are willing to accept, as the entire literature of their school, a series of crude and often ridiculous drug-provings,) that no work of any scientific pretensions had emanated from the new school, which, when placed in the hands of an old-school physician, might command from him something better than derisive contempt. Such volumes as we have previously had may be remarkably useful compends in their way, and of great service to practitioners of short memory and narrow principles; but we doubt much whether their most enthusiastic advocates would care to claim for them that scientific research and convincing eloquence which would give them an enduring place in standard medical literature. In a word, the new school has never yet furnished a really scientific work on the practice of medicine, nor one that could be read with interest or benefit out of the high-dilution ranks; and this fact, more than anything else, has tended to strengthen the line of demarkation between the two schools: a line originally drawn by prejudice, but maintained by the apparent neglect of the basic sciences manifested by some of the seceding faction.

The work before us, judging from the four numbers already issued, is one eminently calculated to remove this stigma, and to gain its author the reputation of a scientific physician, even from those who most widely differ from some of his opinions.

Before proceeding to speak of the more solid merits of the work, we feel compelled to pay a passing tribute to the untiring industry displayed by the author. In four months from the date of the prospectus, he has produced four hundred pages of printed matter—an exploit of no mean magnitude, as we can assure the reader who has never furnished food for that insatiable monster, the printing press; and when, in addition to this, we consider the demands of a large city practice, the feat seems Herculean.

In a notice appended to the first number, the author states that, "It is not intended to prostitute this work to the selfish ends of any one man, or small clique of men; but, if possible, to make it the faithful exponent of the views and practice of as many able and modest medical men as practicable." In pursuance of this catholic intention, we find a refreshing freedom from the blind sectarianism so generally predominant in the writings of the mere schools—the opinions of eminent writers on all sides being collated, and references made to their writings; so that the work, when completed, will constitute a perfect cyclopaedia of pathology and therapeutics, embodying the opinions of many authorities and every school.

The first, and part of the second number, is devoted to a *resumé* of the history of medicine, compiled from Renouard, Scott, Good, Watson, Bartlett, Malgaigne, &c., &c., presenting, in a small compass, the cream of their researches, and closing with a biographical sketch of Hahnemann: not one of fulsome adulation, ignoring all previous laborers in the field of science, and elevating the founder of homœopathy to an airy pinnacle, where his surrounding atmosphere is so rarified as almost to amount to a



vacuum; but giving him a fair rank among those who have rendered medicine their debtor, and confining his praise on this side of a pseudo apotheosis.

The first section of the body of the work opens with an avowed respect for, and adherence to the sciences which combine to form the "principles" of medicine, and an expressed determination to consider these as the proper foundation for the medical art. In this section are also presented the various systems of classification adopted by nosological writers.

The second section is headed "Morbid Anatomy and Pathological Histology," and inculcates the importance of these studies, with the means for their investigation. We cannot forbear quoting from this section a sentence which speaks volumes for the catholicism and practical sense of the writer. After speaking of the rise and extinction of exclusive theories of disease, such as "humoralism," "solidism," &c., with the doctrines of Stahl, Cullen, Brown, &c., he adds: "Broussaisism, Brunonianism, and some other one-sided systems, must all, like the others, descend the same inevitable slope to oblivion; but the vast collection of facts, which the founders of such systems accumulated, are as unchangeable as nature, and will continue to recur, in the daily experience of our profession, just as they appeared to the venerable fathers of medicine before the Christian Era." This section is followed by an able "Review of the late Reforms in Pathology and Therapeutics," with a comparison of their relative merits, and a defence of the homœopathic law.

A *resumé* of Bennett's system for examination of the patient, with remarks, constitutes the fourth section, which is followed by an admirable article on the ganglionic nervous system. The value of physical symptoms—the tongue, pulse, urine, &c.—is elaborately exposed, the article on urine being the most complete we have ever seen in a general work of this kind.

This brings us to the sixth section, which commences the practical portion of the work. The nosological system adopted is the recent one of Farr, and, if a pun be permitted in a medical review, we would say that it seems *Farr* better than any preceding classification. After a tabulated exposition of this system, we have a chapter of general remarks on the disorders of the first class, or "zymotic diseases," comprising an excellent essay on poisons, condensed from the most eminent authorities.

The special descriptions of disease are inaugurated by a full and detailed account of the pathology of Variola, with its varieties and modifications, bringing together the opinions and observations of Sydenham, Frank, Gregory, Friend, Watson, Wood, Mead, and others, with much original matter superimposed. Measles and the other eruptive diseases follow.

It is intended to carry out the classification presented in the table, and, if the succeeding numbers maintain the excellence manifested by those before us, the entire work will be one to adorn the library of every physician—to whatever school he may belong—who cares to study disease thoroughly, or loves science, divested of sectarian rancor and the imperfections of routine.

C. L. A.

#### MORE DOMESTIC TREATISES.

2. *Homœopathy Simplified*; or, Domestic Practice Made Easy. Containing Explicit Directions for the Treatment of Disease, the Management of Accidents, and the Preservation of Health. By JOHN A. TARBELL, A. M., M. D. Second edition. Boston. pp. 358.

3. *Homœopathic Domestic Physician.* Containing the Treatment of Diseases; popular explanations of Anatomy, Physiology, Hygiene, and Hydropathy; a Treatise on Domestic Surgery, and an abridged *Materia Medica*. Seventh edition; enlarged and revised throughout, with important additions, especially in Surgery, and the Diseases of Women and Children. By J. H. PULTE, M.D. Cincinnati. Twenty-fourth thousand.
4. *Manual of Homœopathic Theory and Practice; with an Elementary Treatise on the Homœopathic Treatment of Surgical Diseases.* Designed for students and practitioners of medicine, and as a guide for families and an intelligent public generally. By Drs. HEMPEL and BEAKLEY. New-York: Wm. Radde, 300 Broadway.
5. *Homœopathic Domestic Practice.* Containing also chapters on Physiology, Hygiene, Anatomy, and an abridged *Materia Medica*. By EGBERT GUERNSEY, M.D., of New-York. Second edition; pp. 657. New-York: Wm. Radde, 300 Broadway.

Nothing is more surprising to the busy physician, who thinks but little of popular book-making, than the rapid sales and numerous new editions required of domestic treatises on homœopathic practice. Physicians, in general, look upon these books with great distrust: they are all more or less mere compilations; their authors do comparatively little to advance the science of medicine in general, although their treatises may do a great deal to render homœopathy popular, and something towards attracting patients to the offices of their authors. Still, there is not only a demand, but there is an absolute necessity for such books; parents will have some plain and practical treatise, and a box of medicines, in order to attempt to cure the slighter ailments of their children, or to fill up the time which elapses between the beginning of disease and the arrival of their physician. Non-domestic book-making doctors may grumble as they will, such treatises will be published, and, of course, some one must edit them. But, from the instant they are published, there commences a feud between the author and almost all other physicians of his city or neighborhood, to say nothing of the active jealousy of rival publishers. The only way to prevent this feud from becoming a bitter one, is for the authors of domestic treatises to demean themselves as modestly as possible; to admit frankly that their books contain only the commonest kind of facts, and such reasonings, principles, and practice as are well known to every tyro in medicine; and, above all, to give full credit to every source from which he has obtained his knowledge. The only way temporarily to quiet the opposition of rival publishers, is to put forth a treatise which is such a manifest improvement upon all preceding ones that he will hardly dare to recommend his older and more incomplete editions, but will be obliged to get up a newer and still better one.

I have elsewhere said (see February, 1858, number of this JOURNAL, p. 431) that almost every compiler of a treatise on domestic medicine is guilty of appropriating the best thoughts and best prescriptions of truly scientific and generous physicians, and with them he makes a wide-spread reputation for himself with the lay public. The compiler of a domestic treatise is sure of his reward, both from his publisher and from an increase of general reputation and business; while the physician who labors unselfishly for the advancement of his profession, and almost as much for the good of his fellows as himself, is too often not rewarded by his publisher, nor by his professional brethren; on the contrary, he is too often robbed of his only recompense—his just fame and credit—by a host of compilers of domestic treatises.

I have felt compelled to repeat these just strictures about the general practice of compilers of domestic treatises; and I fully intend to repeat them, again and again, on the publication of every new edition of an old work, and on the appearance of any new candidate for popular favor. But this will not prevent us from giving an impartial opinion of the merits of each new book as it comes before us, although we were also formerly strongly opposed to the publication of books on domestic medicine; probably because the earlier treatises contained so many arrant absurdities, and because we felt no special inclination to publish one ourselves, and every physician is somewhat jealous of any wholesale and easy mode of making favor with the public.

The only proper method, in a domestic treatise, is to state, first, the Hahnemannian treatment, and then give the improvements devised by other physicians. For instance, in croup, Aconite, Hepar, Spongia, and Phosphor. are the Hahnemannian remedies. Tartar-emetica was first suggested, in homœopathic practice, by Dr. Gray, of this city, and he ought to have the credit of it, although it had been much used in allopathic practice, and long before. I lay claim to having been the first to call the attention of homœopathic physicians, not only to the distinction between spasmodic, catarrhal, and simple inflammatory croup, and the true membranous croup, but also to point out the proper remedies against this latter disease, viz., Caustic Ammonia and Bromine, (see *Homœopathic Examiner*, new series, vol. i., p. 191). The editors of the *British Journal of Homœopathy* were the first to suggest the use of Bichromate of Potash, and Dr. Payne, of Bath, Maine, was the first to try it successfully in practice, while I suggested it from its pathogenesis, derived from other sources, in the same number of the *Examiner* in which Dr. Payne made his first experience known. The suggestion of these remedies opened a new era in the treatment of true croup; yet, not a single author of a domestic treatise has given the proper credit. Much to our surprise, neither Drs. Pulte nor Tarbell mention these remedies at all. Nor has any author of a homœopathic domestic treatise yet given a proper description of true and false croup. True or membranous croup rarely or never occurs suddenly; it comes on so slowly and gradually that it is generally overlooked, by even anxious mothers, for four or five days. It is not at all uncommon to find children, hopelessly sick with it, up and dressed, playing with their books and toys, and merely supposed to be somewhat hoarse; yet the tonsils and pharynx will be found covered with false membranes, the voice will be almost extinct or exceedingly "creaky," every breath which the child draws will be attended with some unnatural sound, and every cough will be husky or creaky. If the cough alone be hoarse and croupy, we generally hope confidently that the little patient will certainly recover; if both the cough and voice of the child be croupy, we also expect to save it; but, if

every breath which the child draws be "*creaky*" or croupy, and every word which it speaks, and every cough which it gives, be accompanied by croupy sounds; if this state of things has been going on unchecked for several days, and if false membranes be present upon the pharynx and tonsils, then, although the child may not seem severely sick, even if it be up and playing about, the chances are nine out of ten that it will die.

The attacks of croup which come on most suddenly and severely are, by far, the least dangerous and most manageable; a few drops of tincture of Root of Aconite, and a small quantity of Tartar-emetic, in solution, will almost certainly break up the attack. The sudden and apparently alarming attacks, which are described so glowingly and poetically in most of the domestic treatises, may be relieved in a dozen various and simple ways; Syrup of Ipecac., Syrup of Squills, Hive Syrup, goose-grease and molasses, Scotch snuff to the chest, lamp oil—almost anything will break them up, although such treatment is rude and disagreeable in the extreme. I never suffer myself to have the slightest uneasiness about them; and always endeavor to impress upon mothers that, the more sudden, violent, and alarming the attack, the less the danger; the more slow and unobtrusive the symptoms, the greater the peril. I expect to save all the sudden and apparently severe cases; to lose some of the slow and apparently slight cases. The descriptions of croup should be reformed in every domestic treatise that we are acquainted with.

But, to return to Drs. Guernsey, Hempel, Pulte, and Tarbell's books. They are so entirely different in plan that they will not interfere much with each other. They are all so ingeniously written that they will become favorites. Dr. Tarbell has carried condensation and simplification to an extreme degree; Dr. Pulte has enlarged his treatise almost to the utmost extent; Dr. Tarbell's is especially adapted to beginners in homœopathic practice; Drs. Guernsey, Hempel, and Pulte's to those heads of families who have studied and practiced homœopathy in their families long and well; they are even adapted to the use of junior practitioners of medicine, and, if our monthly- and sick-nurses were an educated set of people, they would do well to study first Tarbell, then Guernsey, Hempel, or Pulte thoroughly. I wish that it were imperative upon sick-nurses to have some of the knowledge which may be obtained from these books; many a lying-in mother, and many a new-born babe would be the better for the knowledge which could be obtained from them, especially if a chapter were added on the proper diet of infants brought up by hand; the right management of a new-born babe before the mother's milk flows abundantly, or when it remains too scanty; the dreadful amount of stuffing, and rocking, and dandling which these poor little innocents are subjected to, and the entire absence of common sense, and method, and regularity which marks their ordinary management, is productive of more colic, screaming, and restlessness than all other causes combined. Many valuable hints will be found in Bull's work on the "*Maternal Management of Infants.*"

There is no kind of doubt that Guernsey, Pulte, Hempel, and Tarbell's books are vast improvements on those which have preceded them; their authors generally seem to be kindly, sympathetic, and reasonably well-educated physicians; their language is generally correct, and the information afforded is usually reliable, and often copious. Much of the absurdity and dogmatism of the earlier treatises is wisely avoided; much greater liberality in the scale of doses is evident, especially in Guernsey's and Hempel's. Some of the simple and common-sense expedients of ordinary practice are finding more and more favor; and the

dangerous neglect of the bowels and other excretions are less obstinately insisted upon than formerly. In constipation, the French dragees of simple Aloes, or Aloes and Assafoetida could be wisely recommended, in place of troublesome, dirty, and inefficient injections.

Dr. Pulte's chapters relating to diseases of women and children contain much valuable information; we would call especial attention to his chapter on "Summer Complaint."

The directions for the treatment of poisoned wounds, in all the books, are generally good, although we would much prefer a free, or any kind of an incision, over all the points of a snake-bite, or that of a mad dog, than the mere application of heat, as recommended by Hering, Guernsey, &c., &c. In bad cases, I should not hesitate to apply powdered Cantharides to the wounds and cuts, and a blister over the whole; while Alcohol and Hartshorn should be given internally quite freely, especially in snake-bites. Tarbell's recommendation, to put *one drop of Hartshorn* in twelve ounces of water, and give a teaspoonful every five minutes, in poisoning with Prussic-acid, is inefficient in the highest degree. He rightly recommends a decoction of Oak Bark or Peruvian Bark, to be drunk in *large quantities*, against poisoning with Tartar-emetic, and we beg leave to assert that poisoning with Prussic-acid is far more dangerous and rapidly fatal than poisoning with Tartar-emetic, and that at least equally large, if not larger doses of the appropriate antidotes should be used in the former case as in the latter. We would suggest that, in the future, the majority of the quotations from Hering be omitted, and that sound works on toxicology and medical jurisprudence be consulted for the treatment of poisons.

The chapters on "Domestic Surgery" and the home-treatment of accidents are generally good; we would suggest the addition of Marshall Hall's "ready method" of treatment of asphyxia in future editions; and that, in the management of fractures, simple straight splints, held in place by two or more long and moderately broad ribbons of adhesive plaster, be adopted, in place of the ordinary cumbersome and troublesome roller-bandages. I have seen fractures of the forearm managed with two small splints, extending only from the wrist to the elbow, aided by one or two small pads, to hold the broken bones in place, and the whole simply confined by a piece of adhesive plaster two inches wide, going three or four times around the splints, near the wrist, and another similar piece near the elbow. The arm is then supported in a sling. The whole of the injured part was always accessible to view; the pressure, by the aid of adhesive straps, could be lessened or increased each day, as the amount of swelling, inflammation, or improvement required; and this could be done without undoing the whole thing and displacing the bones, as is almost unavoidable when two roller-bandages are used, one below and the other above the splints. It is impossible to imagine the simplicity, efficacy, and beauty of thus treating fractures until it has been seen in practice.

With a few more remarks we will take leave of our authors. We trust that each new edition of these books will bring greater and greater improvements; not merely novelties, to create a passing excitement with the lay public, but sound and honest improvements. In his preface, Dr. Pulte alludes to the introduction of Cedron, Ledum, and Chelidonium to the lay public. To Dr. Purple, of New-York, belongs the credit of the first introduction of this remedy, Cedron, into regular practice, and to Drs. Teste and Füllgraff its first introduction into homœopathic practice. Still, we think *Cedron* quite as disagreeable and injurious as Quinine, while it is not nearly so serviceable against fever and ague. As regards *Ledum*, we believe the wholesale use of it against skin diseases was first commenced

by Teste, than whom a more fascinating, but unreliable authority cannot be found. The use of Chelidonium against lung and liver diseases commenced with Rademacher, than whom a more superstitious and credulous old creature perhaps never existed, coupled with a big dash of mysticism and quackery.

We are also glad to see that, in some of the more severe and intractable diseases. Drs. Guernsey and Hempel turn a cold shoulder on infinitesimal doses, although we think they advise rather larger doses of Aconite and Tartar-emet. &c., than would always prove quite safe in very young infants (see page 420).

With these few remarks, which are certainly meant in a kindly way, and which, if well attended to, will render domestic treatises as popular with physicians as with lay people, we commit these books to the judgment of the public, wishing their authors as much success as they desire, and their publishers an ample remuneration for their outlay; for the books are passably good ones of their kind, and will doubtless meet with a ready sale and warm welcome from many anxious mothers. They will prove dangerous competitors with any and all of the older domestic treatises, and will doubtless lead to the publication of still better ones ere long; for the improvement in this class of books, during the last few years, has been very great, and doubtless has not yet reached its climax. Hempel, Pulte, Small, Hering, and Tarbell will still continue to sell well in New-York—for the majority of New-York physicians will recommend a foreign book rather than a home one—while Guernsey and Frelich's books will sell best in Boston, Philadelphia, Cincinnati, &c., &c. We repeat, that the only way to do away with the jealousy of home physicians is to give them all the credit which is justly due them.

PETERS.

#### 6. *An Epitome of the Homœopathic Healing Art, &c., &c.*

By B. L. HILL, M. D. pp. 158. Cleveland, Ohio, 1859.

I am well aware that most of the homœopathic profession, especially those who feel its true dignity, look upon each "epitome" or domestic with increasing disfavor. This has been an especial subject of reproach to us, and has often been seized upon by the critics of the dominant school to our disadvantage. However rapidly we may increase numerically, we shall never command the respect of scientific men until our own members shall write, and our publishers issue, works which shall rival, in size and merit, those of a Wood, Watson, Chambers, Todd, Meigs, and West.

I admit that much has been done in our ranks of late, and much is being begun, which bids fair to remove this obloquy; but it is to be sincerely regretted that Professor Hill, than whom no man is more fully qualified, did not present us with a full and complete "Practice," which we might place in our libraries, side by side with his admirable "Surgery." It is to be hoped he will undertake such a work, which cannot fail to do him great credit.

Dr. Hill was formerly a leading Professor in the Eclectic College at Cincinnati, in the palmiest days of that institution, before it had become divided by intestinal broils. For several years he has been connected with the Western Homœopathic College, at Cleveland, Ohio, and is the energetic exponent of *progressive* homœopathy therein. Bringing with him a thorough knowledge of those valuable remedial agents so justly esteemed in the so-called botanic school, he has, with a proper and liberal spirit, proven and introduced many of them into our practical *materia medica*.

Much as I dislike to praise a work of this kind, I do not hesitate to pronounce it one of the best lately issued. It is not perplexingly prolix, or statedly brief; it advises the practically useful, disregarding theoretical indications. For domestic use it is well adapted, and many of our staunchest Hahnemannians could follow his advice, with great benefit to themselves and their patients. For several years I have used the remedies advised by him, with the most excellent results; yet, many of the remedies he has introduced are, nevertheless, comparatively strange and new to most of the profession. Some of them, he says, have been proven by himself, or under his own supervision, and their use is directed in strict accordance with their homœopathic relations. The most important of these are: *Arum-tri.*, *Baptisia*, *Caulophyllum*, *Macrotin*, *Eupatorium-aro.*, *Leptandrin*, *Hydrastin*, and *Podophyllin*.

Let any one try the efficacy of *Baptisia*, *Macrotin*, and *Podophyllin* in bilious and typhoid fevers; *Macrotin* and *Caulophyllum* in diseases of females; *Podophyllin* and *Leptandrin* in hepatic complaints and the various diseases of the intestinal canal; and *Hydrastin* and *Eupatorium-aro.* in many of the lesions of mucous membranes, and he will be gratified at their prompt and decided curative power.

Since I have used *Baptisia* and *Podoph.*, aided by *Verat.-vir.*, in our Western fevers, I have succeeded, in the majority of cases, in limiting their duration to seven or nine days, while, under the usual (homœopathic) treatment, they would have "dragged their slow length along" to the fourteenth or even the twenty-first day. Dr. Hill insists upon one important fact in the use of *water*. He says, "*Never apply cold water to any inflamed surface, much less a mucous surface.*" An extended experience has told me the truth of this axiom, and it is strange that *cold* water should ever have been advised in inflammations by homœopaths, when they must be aware that it can only act antipathically; and, of course, palliatively, or, what is worse, increase the local heat and congestion, by the reaction it causes. I always apply *hot* water to all local inflammations, and warm packs and douches in cases of fever.

An "Appendix," of four pages, is added to this "Epitome," by J. S. Douglass, M. D., "On the use of Gelsemium-semp. in Fevers." It contains a very brief proving of this drug. (of which a more extended account will appear in the new "Practice," now being issued by Dr. Peters,) and the record of a few cases treated with this drug. He says, "In simple fever, I regard it as not only *the* remedy, but *the only* remedy required. Half a drop, or even a quarter drop is often sufficient." In my experience, such trivial doses do but little good, and I consider the *Veratrum-viride* far superior to it in certainty and efficiency.

HALL.

### 7. *Transactions of the Chicago Homœopathic Medical Society.* Compiled by R. LUDLAM, M. D., *Secretary.* Vol. I., pp. 52.

The Chicago Homœopathic Medical Society was organized April 2, 1857. It numbers seventeen members; its meetings are held once a fortnight, at which essays or reports of cases from practice are regularly presented; these papers are placed on file, and are to be published from time to time. This is a good example, and should be followed by all the medical societies; all their cases and papers should be published in one of our journals, at least, if not in a separate work. We are so glad to see the experience of the profession made public that we care not in what shape it is published, as long as it is accessible. Our pages will always be wide

open for reports of successful cases. The amount of good practice which is annually lost and forgotten is immense, and it once seemed next to impossible to arouse the slightest interest, in the majority of the profession, in the welfare and progress of our system; but this small volume, and the proceedings of the American Institute, bring some little encouragement with them. The proceedings of the New-York societies have been published with commendable regularity; but we hear nothing from Philadelphia, Boston, Baltimore, Cincinnati, New Orleans, St. Louis, Charleston, Savannah, or any other large city. This is wrong, and we were about to say, contemptible and dastardly, but will omit that for the present.

Among the cases reported to the Chicago Society is one of epilepsy, cured by Bellad. and Nux; obstinate constipation, by Nux; asthma and spinal affections, by *Hypericum-perfoliatum*; dysentery, by Merc. and Iod.; whooping cough, by Corallia, Mephitis, and Cuprum; diarrhœa, by Merc.-corrosiv.; a very interesting case of cerebral disease, by Bellad. and Cuprum; chronic diarrhœa, by Merc.-sol., 3, and Verat., 3, &c., &c. Drs. Perabeau, Sumner, Ludlam, Hatch, Kellogg, Jaeger, Seymour, Cooke, Shipman, Pratt, and others, should go on as they have commenced; they should collect and report their cases, and encourage others to do the same.

PETERS.

## General Chronicle of Medical Science.

### MATERIA MEDICA.

#### *Epitome of the Foreign Homœopathic Journals.*

Prepared by H. L. H. HOFFENDAHL, M.D., of Boston.

*Homœopathische Vierteljahrsschrift.* Edited by Dr. CLOTAR MULLER.

I. REPORT OF THE HOMŒOPATHIC DISPENSARY IN LEIPZIG, FOR THE YEAR 1857. By Dr. V. MEYER.

This institution has now been in active operation for fifteen years, and 20,489 patients have been treated during that time. From the tabular statement for 1857, it appears that 2,170 patients had been received during the year. Of this number, 1,081 were cured, 158 much improved, 476 appeared but once, 227 absented themselves after several visits, 41 left town or submitted to other treatment, 6 died, and 181 remained under treatment at the end of the year; 143 domiciliary visits were made in severe cases. Thirteen physicians attended the institution for the special study of homœopathy. Of the six deaths, making about three-elevenths per cent., one boy, of two years, died of croup; two infants of atrophy (gastric and intestinal catarrh); one boy, three years old, of dysentery; and two children, ten and thirteen years old, of typhus.

Not content with giving a mere tabular view, the attending physicians, Drs. V. Meyer and Clotar Muller, have, for a number of years,



given a detailed statement of their treatment of the most important diseases that came under their charge. ("Muller's Report on Chlorosis" appeared in the number of this JOURNAL for November, 1858.) This is an example that might be followed, with great advantage to the profession, by the chiefs of homœopathic dispensaries and hospitals in this country and abroad—the field of observation being so much more extended in public institutions than in private practice.

The following abstract refers only to the diseases of *males*, which are under Dr. Meyer's care, while Dr. Muller takes charge of the diseases of women and children.

ACUTE GONORRŒA.—In this disease only six remedies were employed.

*Cannabis* was used in cases of medium intensity, of recent origin, and where no allopathic treatment had been employed. The discharge was mucous, watery, and whitish. The orifice of the urethra was reddened, and sometimes the inflammation extended to the prepuce. There was pain on urinating in various parts of the urethra. The urine was easily retained as long as usual, or even longer. A drawing pain along the urethra was a frequent symptom. This remedy is principally indicated in the first inflammatory stage, but was alone sufficient for a complete cure in only one case. Dose, 3 and 6.

*Cantharides*, in more severe cases, when there was incessant desire to pass water, the discharge being accompanied by violent pain. The urine and the purulent discharge were frequently tinged with blood, which probably proceeded from the mucous membrane of the urethra. Painful nocturnal erections were also present. The discharge was less copious and consistent than in cases where *Cannabis* was indicated, but the inflammation of the orifice of the urethra was more violent, and implicated the glans more frequently than the prepuce. These violent symptoms were rapidly removed by *Canth.*, but other remedies were always required for a complete cure. Dose, 3 and 6.

*Petroselinum* was used twice after *Cannabis*, when the discharge had diminished, and there only remained a sort of itching in the urethra, and a somewhat frequent desire to pass water. In these cases, *Petros.* sufficed for a complete cure.

*Mercurius-sol.* was more decided in its effects, and was used after the first stage, when the discharge continued, or became more copious, and when the inflammation was very slight. The author is unable to give any other precise indications for this remedy; but considers it very valuable when there are complications, such as buboes, orchitis, prostatitis, phymosis, &c.; also when the discharge is green, yellow, or purulent.

*Sulphur*, 6, was used twice after *Merc.-sol.* and *Cannabis*, when there was still a slight moisture about the lips of the urethra in the morning, and for a slight erosion on the glans-penis.

*Sepia* was used in one case, where frequent pollutions increased the amount of the discharge.

*Capsicum* and *Pulsatilla* were not needed during the year, although they are considered valuable remedies. No effect was observed from *Tussilago-petas.*, recommended by Rosenberg.

**CHRONIC GONORRŒA.**—Under this head are included only such cases as had already passed into a chronic form when they entered the institution. The result of treatment was not altogether satisfactory. Cures were effected most rapidly when there was some complication, such as hypertrophied or inflammatory condition of the prostrate, testicle, epididymis, glands, &c.

In uncomplicated cases only three remedies were used: Phosph., Merc.-sol., and Ferr.-mur. The Phosph. was used somewhat empirically, according to the advice of a colleague, who had seen it used with the best results by a clinical teacher in Prague. This remedy manifested a surprising effect in torpid cases, where there was only a slight watery secretion in the morning, unaccompanied by pain or urinary difficulties. The author gave the sixth and higher dilutions. One case, accompanied by hypertrophy of the prostate, was also slowly cured by Phosph., in seventy-one days.

In the complicated cases, Merc.-sol., Phosph., Aur.-mur., Canth., Colchicum, and Clematis were used, as they were indicated by the secondary affection.

The author lends his voice to the common complaint that we have not yet found a homœopathic specific for gonorrhœa. He admits that, in the early years of his practice, he was in the habit of prescribing injections of Nitrate of Silver in acute, and of Zinc in chronic cases. The immediate effect was favorable, but the disease would soon return—Our experience has been different. We have never used injections in the acute stage; but, in the chronic form, we use Subnitrate of Bismuth, if there is still some tenderness, and Sulph.-zinc, if all inflammation has subsided, in the proportion of one-half to two grains to the ounce of water. We are guided by the feelings of the patient, and diminish the strength of the injection if the patient feels more than a slight tingling or stinging. Our favorite internal remedy, in the *acute* stage, is Canth., in tincture, one to five drops three times a day, diminishing the dose if there is urinary irritation. At the same time, we order the greatest cleanliness, and a sitting-bath of cold water, once or twice a day. This is our only treatment in the great majority of cases. It may meet with the reprobation of "pure" homœopaths, but we have the consolation of knowing that we cure our patients *tuto, cito, et jucunde.*—HOFFENDAHL.

**PRIMARY SYPHILIS.**—The remedies used in the treatment of simple ulcers were: Merc.-sol., and Merc.-præcip.-rub., 2 and 3, a grain mornings and evenings, and Acid-nitr., 6, three to five drops, twice a day. The average duration of treatment was long enough—forty-two and a half days.

The opinion seems to be spreading every day that simple ulcer requires no specific treatment, no cauterization, no Mercury—nothing but great cleanliness and nourishing diet. Those who adopt this

view will be apt to disbelieve that the treatment in these cases had any effect upon the course of the disease. At the same time, it is but just to consider that the long duration of these cases was not owing to the small doses of Mercury that were used, but to the irregular habits, want of cleanliness, and other unfavorable conditions to which dispensary patients are usually subjected.

**SECONDARY SYPHILIS.**—Under this head, the author includes both secondary and tertiary forms. The results appear much more satisfactory than in the cases of primary chancre. The duration of treatment varied from thirteen to one hundred and ninety-one days, the average being ninety-three and nine-tenths days. The following remedies were employed: Merc.-sol., Merc.-præcip.-rub., Merc.-biniod., Acid.-nitr., Cinnabar, Carbo-an., Sulph., Arsen. In primary chancre, Dr. Meyer's favorite remedy is Merc.-sol. If the ulcer continues to spread, if the secretion becomes lardaceous, if the shape of the ulcer becomes irregular, and the edges hard and elevated, then Red Precipitate is to be used. In *buboes*, accompanying chancres, if there was as yet no tendency to suppuration, Merc.-sol. was used, and appeared to cause a discussion of the engorgement. The Red Precipitate was employed when suppuration had commenced, or appeared unavoidable. In consecutive syphilitic bubo, when the chancre had healed, or when there had been no previous ulceration (*bubon d'emblée*), Carbo-anim. (3, 6, 30) manifested a wonderful effect, causing a discussion of the swelling, even when there were signs of commencing suppuration. Similar results were obtained with this remedy in gonorrhœal bubo.

In affections of the mucous membrane of the mouth and throat, Acid.-nitr., is considered the most valuable remedy, even when it is uncertain whether the disease is of syphilitic origin, or is owing to mercurial intoxication.

The Nitric-acid has but little influence on primary ulcers. Therefore, in one case of syphilitic angina, connected with an indurated chancre on the frænum, this remedy was not used. This case was treated with Red Precipitate, followed by two doses of Sulphur; Corr.-subl. was then given, with good effect, and the cure completed with Merc.-biniod., a remedy which Dr. Meyer considers most important in indurated chancre.

For *condylomata*, the favorite remedy was Acid.-nitr. When this was ineffectual, Thuja, Cinnabar, and Merc.-biniod. were prescribed. The author is unable to give precise indications for the use of these remedies, and allows that they can only be applied empirically.

One case of squamous syphilitic eruption was treated with Sulphur, 30, one dose every third day. (!) At the expiration of a month, the patient is reported as much improved, but he relinquished treatment. We regret that the case is incomplete, as we should require the most convincing evidence before believing that constitutional syphilis can be cured by the thirtieth dilution of Sulphur or of any other remedy.

**CUTE GASTRIC CATARRH.**—This usually tractable disease was

treated, according to well-known indications, with Pulsat., Bryon., Nux-vom., Ipec., Acon., Arsen., Carbo-veg., and Coloc.

**CHRONIC GASTRITIS.**—The indications for the use of Nux-vom., Puls., Bryon., and China are too familiar to require enumeration.

In many cases of *heartburn*, Phosph. was used, with the best results. When this was ineffectual, Arsen., Acid-sulph., Spirit-nitr., and Lamium-alb. were employed. Carbo-veg. and Coloc. relieved gaseous distension of the intestines.

**GASTRALGIA.**—Fully aware of the danger of confounding simple gastralgia with perforating ulcer, commencing scirrhus, disease of the pancreas, &c, the author has always been careful to make thorough examinations, and has excluded from this class every case in which there was a suspicion of organic disease.

Of the remedies, Nux-vom. was found to be indicated most often. Next came Arsenic, used in old and obstinate cases, when there was severe burning pain, with tendency to vomit, and great thirst. Phosph. was found to be indicated when there was reason to suspect a perforating ulcer, and for excessive acidity and vomiting of food immediately after eating. Colocynth when the pain begins three or more hours after eating, gradually extends over the whole abdomen, becomes very severe, and ceases suddenly after vomiting of food. Bryonia was rarely used, being indicated more particularly when there are complications, such as disease of the liver, chlorosis, irregular menstruation, &c. Pulsatilla was effectual when there was present a high degree of gastric catarrh. Bellad. when there was a tendency to inflammation. Petroleum and Chelidonium were indicated by the peculiarity that the pain was diminished by eating.

**PERFORATING ULCER OF THE STOMACH.**—Phosphorus was the favorite remedy; next came Arsenic. Atropine and Nux-vom. were also used, with good results.

**INDURATION AND SCIRRHUS OF THE STOMACH.**—One case of induration improved during a three months treatment with Ipec., Arsen., Phos., Kreosote. None of the other cases persevered in their treatment.

**DISEASES OF THE RESPIRATORY ORGANS.**—In *acute bronchial catarrh*, Bryon., Nux-vom., Ipec., and Pulsat. were employed. In *chronic catarrh*, the same remedies, and also Acid-nitr., Kali-carb., China, Senega, Lact-vir., and Hyosc.

In *asthma* and *pulmonary emphysema*, Ipec. and Arsen. are the most reliable remedies. If there was much accompanying catarrh, such remedies as Bryon., Phos., Nux-vom., and Kali-carb. were used, with good effect.

**PLEURITIS.**—Bryonia is the most important remedy in the acute form. It was also used in the chronic stage, sometimes in alternation with Sulph. In *pneumonia*, Phos. and Bryon. were the principal remedies. In *tuberculosis*, the author candidly confesses that the results were null.

**DISEASES OF THE EYES.**—*Acute catarrhal ophthalmia* was treated

with Euphras., Ignat., Bell., Merc.-sol., Spigel. In *chronic conjunctivitis*, Euphrasia was of some value; but, to complete the cure, such remedies as Bell., Hep.-s., Puls., and Arsen. were needed. The following isolated cases were treated: *traumatic ophthalmia*, with Arnica; *amblyopia*, improved by Caust., Rhus-tox., and Calc., 30; *chronic blepharitis*, cured in three months with Apis., Lach., Cham., Puls., Sep., and Silic.; *chronic blenorrhæal ophthalmia*, Hep., Bell., Ars.; a case of commencing *cataract* is reported as cured in eighty days, under the steady use of Cannabis; *hordeolum*, Calc. and Cannab.; *chalazion*, Hep., Sulph.

In *diseases of the ear*, Puls., Silic., Calc., Graph., Lyc., and Sulphur were used.

In *diseases of the skin*, Sulph., Graph., Lyc., and Arsen. were the principal remedies. Sulphur is indicated in recent scaly eruptions, while Arsenic is most valuable in the same forms when they are chronic and obstinate.

Graph. and Bellad. are most reliable in the treatment of *acne faciea*, a disease which often resists all remedies.

*Prurigo* is also very obstinate. Dulc., Sulph., and Merc. have the most effect.

*Scabies* was treated with Sulph., Merc.-sol., and Lycop. It is asserted that the itch was sometimes cured with Sulph. alone, in tincture or the thirtieth dilution, nothing being used externally *except* the *sapo viride*. But, the sceptic will say, we can cure the itch with this soap *alone*, the value of the internal treatment is, therefore, somewhat problematical.

In *eczema*, Graph. and Lycop. are the most important remedies. One case of eczema of the bearded part of the face (*mentagra*?) was cured with Sulph.

*Herpes*, in some of its forms, resists all treatment. One case, where the disease was situated on the face and nose, was improved by Graph. and Lycop., and cured with Kali-bichr.

In several cases of *impetigo*, Acid-nitr. worked like a charm. In *impetigo capitis* it was less useful, yielding the palm to Graph. and Lyc.

*Favus* is not considered amenable to specific internal treatment. A case of lupus left without relief, and probably succumbed soon after.

**DISEASES OF THE HEART.**—The principal remedies were Arsen., Spig., Digit., Bellad., Lach. *Naja-tripudians* was used in several cases, but without marked effect.

**NEURALGIA.**—Several cases of supra-orbital neuralgia, of purely nervous origin, were cured with Spigel. Another case, with congestive symptoms, yielded to Bellad. A case of neuralgia of the right arm, caused by catching cold, was cured with Rhus-tox.

**RHEUMATISM** of various parts was treated with the usual remedies: Bryon., Rhus., Puls., Sulph., Caust., &c.

**CHOREA.**—One case occurred in a youth of sixteen. The affection

arose from a fright, sustained two years before. Ignat., 6, cured the patient in four weeks.

**INTERMITTENT FEVER.**—All the patients had previously taken Quinine in large doses. Veratr., Ipec., Ars., Quinine, and Bellad. were the remedies prescribed with effect.

**TOOTHACHE** was treated according to the usual indications, with Merc.-sol., Puls., Cham., Bell., Bry., Nux., Staphys., &c.

**DISEASE OF THE TONGUE.**—A warty excrescence on the tongue, of a dark red color, half as large as a ten-cent piece, somewhat painful on speaking or eating, disappeared in two months after the use of *Sempervivum-lect.*, 3, three drops mornings and evenings.

## II. OSTEOMALACIA CURED WITH CALC.-CARB. AND IODINE. By Dr. Wm. ARNOLD, of Heidelberg.

A high degree of *mollities-ossium* may be considered a pathological curiosity, but cases of a moderate development of the disease are frequently submitted to the attention of practitioners. The most important pathological changes consist in a diminution of the salts of lime, and the deposit of a reddish grumous mass. The disease is generally an accompaniment of a dyscratic state of the system.

In treatment, the peculiar dyscrasia should first be attended to. Subsequently, remedies having a locally specific effect upon the osseous system will be required to complete the cure. Dr. Arnold has found *Calc.-carb.* and *Iodine* the most important local specifics. *Calc.-carb.* was employed, partly to supply the want occasioned by the waste of the salts of lime, and partly in accordance with indications derived from the physiological provings of this remedy. *Calc.-carb.* was given in the second decimal trituration, once or twice a day. Requisite attention was paid to the patient's diet and other hygienic conditions. Too violent exercise was forbidden, and, when at rest, the patient was kept in positions that would not exert an injurious effect upon the softened bones. The remedy had generally to be used for some time before any curative effect could be observed. In rare cases, the patient began to improve in a fortnight.

Sometimes the *Calc.-carb.* seemed to have no effect, and in these cases the author used Iodine. This remedy was employed somewhat empirically, relying upon the effects of various substances that contain Iodine. According to age, constitution, &c., Iodine was given in the second, third, or fourth dilution, one or two drops once or twice daily. A very marked favorable result can generally be observed in a few weeks, not only in the diseased bones, but in the whole system. If, after a certain time, the improvement did not continue, *Calc.-carb.* was resumed with the best results. The author was thus led to the use of these two remedies, in alternation, in obstinate cases. Iodine was given for a week; then the patient was left for a week without any remedy; then *Calc.-carb.* was given for a week; then, after a week's intermission, Iodine was resumed, and so on. This treatment was never followed by any bad results; many cases were much improved, and not a few were entirely cured.

### III. HEPAR-SULPH. IN PLEURITIS. By Dr. GROSS, of Regensburg.

The most reliable remedies in pleurisy appear to be Acon., Sulph., Arsen., Hep.-sulph., Carbo, and Bryonia. If properly chosen they suffice in almost every case. Hepar has, perhaps, been used less frequently in this disease than any of the remedies just mentioned. To show its importance in one form of pleuritis, is the object of the following communication :

On June 29th, 1857, Dr. Gross was called to a boy, five years of age, who was naturally healthy and strong, and exhibited no trace of scrofulous disease. Six weeks ago, the patient had suddenly been taken with a violent pleurisy. Since that time, he had been treated with leeches, sinapisms, blisters, Nitre, Calomel, Morphine, Sulph.-aurat., laxatives, teas, and Cod-liver Oil, and had gradually been reduced to a very low state. Physical examination showed that the whole right side of the thorax was filled with an exudation, which, judging from concomitant symptoms, was considered of a plastic nature. The patient was, of course, in a state of extreme prostration, and the subjective symptoms, such as pain, dyspnœa, &c., were very severe. The prognosis was considered unfavorable.

*Prescription* : Hepar-sulph., one grain of the third decimal trituration, dissolved in three ounces of water, a tablespoonful every four hours. The following night, the patient had the first quiet nap, of several hours duration, that he had enjoyed for weeks, and, after this, he continued to improve. On July 8th, the boy was found sitting up in bed and playing. The protrusion of the intercostal spaces had disappeared. The dull sound on percussion still extended over the whole of the right side, with the exception of the clavicular region, where bronchial respiration was also heard. One grain of Hep.-sulph. was now given three times a day.

*July 13.*—Respiration and the sound on percussion were normal, from the apex of the right lung down to the nipple. From this time the improvement continued steadily. An intercurrent irritative cough was removed with Cham. and Laurocer. Nux-vom. and Opium were occasionally required for constipation. Hepar was continued regularly during the whole course of the disease.

*September 1.*—Patient was discharged cured. The respiratory sounds were everywhere normal, but the right side of the thorax was somewhat contracted, as is usual after extensive exudations. A year later, the patient was strong and well in every respect, although the deformity of the chest remained the same.

The author considers Hepar the most valuable remedy in plastic exudations, while, in serous effusions, Arsenic is generally indicated. In hæmorrhagic exudations, Arsenic and every other remedy will be found equally inefficient. "*Non nocuisse sat est in tuberculosi.*"

Want of space will only allow us to give a brief abstract of the remaining practical articles contained in the volume under notice.

**TREATMENT OF THE SPERMATOCELE OF ONANISTS.** By Dr. G. OEHME, of Concord, N. H.

The author considers the use of a suspensory indispensable. For internal remedies he employs Nux-vom. and Pulsat., but he is unable to give very precise indications for their use. Nux appears to remove the weakness common to onanists quite rapidly; but, at the same time, it stimulates the genital organs, and causes increased pollutions, &c. Pulsat. seems to invigorate the patient more gradually, without manifesting so decided an effect upon the system of generation. The author considers sexual intercourse as almost indispensable to a radical cure. Since he began to advise his patients to marry he found that cases progressed much more satisfactorily.

**CURE OF AN ANEURISM OF THE INTERNAL CAROTID, WITHIN THE CRANIUM, OF EIGHT YEARS DURATION.** By Dr. HERMEL.—From *L'Art Médical*, January, 1858.

The patient, a woman, fifty-six years of age, consulted Dr. Hermel February 26, 1858. The disease was caused by a sudden fright, in February, 1848. Since then the patient had been treated by a number of physicians, and Dr. Langier, Surgeon at the Hotel Dieu, first discovered the existence of the aneurism. The case remained under the writer's care for nearly a year. The following remedies were given, in various dilutions, from six up to thirty, and even two hundred: Arn., Lyc., Lach., Elaps., Op., Ars., Bell., Cocc., Sulph. On November 10th, the aneurism ruptured during the night, without killing the patient, as is usually the case. Grave symptoms continued for several weeks, but gradually disappeared, and, on October 21st, 1857, the patient no longer exhibited any signs of her former disease. A few months later the patient was seen by Dr. Langier, who had first diagnosed the existence of aneurism. He acknowledged the cure, but was not convinced that it had been caused by the homœopathic remedies which had been given. His opinion will probably be shared by the majority of physicians. To say the least, owing to the large number of remedies that were prescribed, this case is of very little value in giving indications for treatment in similar cases.

**ON CATARRH OF THE LARYNX AND ITS REFLEX SYMPTOMS.**—By Dr. KLEINERT.

This paper refers principally to affections of the larynx that are experienced by persons who make a professional use of their voices, such as actors, singers, prompters, teachers, clergymen, &c. The article is too diffuse to admit of a detailed analysis. The principal remedies used were: Cupr., Brom., Verbasc., Con., Caust., Selen., Ignat., Phos., Plat., Mang., Merc.-sol., Ac.-nitr., Carb.-veg., and Hep.-sulph.

**RELIGIOUS MELANCHOLY AND PLATINA.** By Dr. GROSS.

Religious melancholy, soteriælgia, or theomania, is a disease which is rarely cured by internal remedies alone. The author thinks that,



in these cases, the physician must not only exercise his regular vocation, but must act as psychologist, philosopher, and theologian. Still his best efforts will often be thwarted by the evil influences of the patient's surroundings, by neighbors, friends, and relations, and, among Catholics, by priests and confessors. Sepia, Aurum, Puls., Lycop., and Bell. were the remedies most frequently used, with some benefit; but only one case was cured, and that solely with Platina.

This valuable journal contains many other sound articles, of a practical and theoretical nature, but they are so voluminous that it is impossible to do them justice in a curtailed form. HOFFENDAHL.

---

*Prager Med. Monatschrift für Homœopathie, Balneotherapie, und Hydropathie.* Vol. VI., 1856. Edited by Dr. Altschul.

This journal appears monthly, each number containing only sixteen pages. Of this limited space, so much is taken up by matters foreign to homœopathy that we find but few articles of sufficient interest to be presented to our readers. Among the practical articles we notice the following:

A case of chronic prostatitis, with atony of the sexual system, cured with Selen. Arsen., sixth dilution, was used in a case of acute choroiditis. Arsen.-alb., in the second to the fourth trituration, for peripneumonia in the stage of hepatization; for stenosis of the cardiac orifice of the stomach; for gangrenous ulcers of the hand and forearm. Asafœt. for flatulent asthma. Tart.-stib. in bronchitis, and in laryngitis with symptoms of croup. Baryt.-mur. in chronic tonsillitis, and in induration of the stomach. Colocynth in trifacial and sciatic neuralgia. Calc.-carb. in periostitis of scrofulous subjects.

Euphorbium-palustre is reported as a popular remedy against hydrophobia, used by the peasants of Galicia. A decoction of the root is taken, in doses of from one to three tablespoonsful per diem, for nine days. A non-professional gentleman, belonging to the higher classes, attests to the success of this treatment, several cases in his neighborhood having been cured, and, among others, his own son. A lengthy article on the physiological and therapeutic effects of Colocynth, by Dr. Kafka, is not yet concluded, and must be reserved for a future paper.

We have now, during the last twelve months, passed in review all the German homœopathic journals, taking up each one separately. Hereafter, we propose to give an abstract of all these journals collectively, as far as they have appeared up to the time of our writing. This will enable us to present to our readers a notice of all important articles within a very short time of their publication in Europe.

HOFFENDAHL.

## College and Hospital Reports.

*Commencement Exercises at the Hom. College at Cleveland.*

The Plymouth Church was filled with a brilliant audience last evening, to listen to the Valedictory Address of Prof. Guilbert, and to witness the other interesting exercises of the occasion. Rev. J. C. White, Pastor of the Plymouth Church, made an opening prayer, after which the President, Dr. Wheeler, introduced Prof. Guilbert, of Dubuque, Iowa, who delivered an eloquent valedictory address to the graduating class. The theme of his discourse was Hahnemann, the founder of the homœopathic school of medicine, whose life and deeds he reviewed. He began by saying, of all the illustrious medical men who have lived and labored, surrounded by appalling difficulties, victimized by the misconstruction of their cotemporaries, and whose lot it has been to be bitterly assailed by the cowardly hyenas of persecution, not one has so forcibly proved the verity of the axiom, "That, in the earnest physician, the *hero* and the *martyr* are seen blending," as did the immortal, the great, and, what is better than these, the *good* author of the most potent boon that man, under favor of Heaven, has ever conferred upon a disease-afflicted world. Among those thousands of world-renowned men who dispensed blessings upon those of their own day and generation, none, for two thousand years, were so conspicuous, or lived such heroic lives as did Harvey and Jenner. These two philosophers yet "rule men's spirits from their urns;" but the noblest trinity of originators of ideas which had been known to earth since the day of the Prophets, was incomplete until the third, and incomparably the greatest person of the three, had been added, in the form of the profound, the patient, and the unconquerable Samuel Hahnemann. The lecturer then proceeded to give a short biography of his life, and discoursed in a manner which held his audience attentive listeners throughout.

He closed with an eloquent and fervid address to the graduating class, in which he referred to the grave responsibilities they were about to assume, and commended to their earnest attention the record the hero Hahnemann left behind him, believing that a no more conspicuous model could be found for them to follow than was the character of him who so challenged the admiration of every hater of cant and meanness, every lover of the good and true. At the conclusion, the following degrees were conferred by Prof. Wheeler:

*Bachelor of Medicine.*—David H. Gregory, O.

*Doctors of Medicine.*—E. P. Scales, N. H.; Sarah M. Ellis, Mich.; Arphax Farnsworth, N. Y.; Thomas Cromlish, Pa.; Llewellyn Oliver, Canada; Jeannette C. McLean, Ga.; Benjamin G. Keyes, N. Y.; John M. Rucker, Ill.; Cady Stephenson, Canada; Frances Burritt, La.; Orvin Fowle, Mich.; Andrew B. Spinney, N. Y.; Virginia C. Wallace, Pa.; Fred. A. Lathrop, Wis.; Chester Smith, Mich.;

George Pyburn, Canada; Douglas Low, Tenn.; Marie M. Gross, Ohio; Jerome B. Frazier, N. Y.; Anna M. Gatchell, Ohio; Jonathan R. Hamilton, Maine; John Davis, Wis.

An honorary degree was also conferred upon Alexander B. Burritt, La.

Dr. Oliver, in behalf of the graduating class, then presented Dr. Beckwith with a case of post-mortem instruments, in a fitting speech, to which the Doctor responded.

The exercises then closed, and the faculty and students repaired to the Weddell House, where an elegant supper was partaken of, and where toasts, speeches, and songs reigned until a late hour.

---

*Report of the Attending Physician of the Protestant Hospital at St. Louis, Mo., for the Year 1858.*

During our connection with the Protestant Hospital for the current year of 1858, as Attending Physician, we have treated 230 patients; of these, 170 have been cured, and 17 have died. This gives a mortality of 7 per cent.

Such a low rate of mortality shows at once the advantages of the homœopathic system of medication, which we have adopted for the treatment of the inmates of our hospital.

In most cases where death has resulted, the patients were tuberculous, and the prognosis was pronounced unfavorable upon their reception. In several instances, patients were brought to us in a moribund condition, yet such cases appear in our mortality list.—The aim of our hospital is to shelter the poor and needy who are sick and in distress. We have at least double the number of applications from patients for admission that we can accommodate. Many of the sick persons that we have been obliged to turn away, for want of more room, were sad objects of pity; and we must confess that, until our connection with this hospital, we had no idea of the number of such cases in our midst. A Howard might indeed find St. Louis a good field for his benevolence.

Among the list of diseases we have had to treat, intermittent fevers have been the most frequent. This disease was almost an epidemic among us during the summer and autumn, and many of our cases were of a very complicated character. The disease often assumed the form of remittent and continued fever, and relapses were very frequent. Diarrhœa, tuberculosis, and dropsy often proved a sequel of the same. In all, sixty-six cases of chills and fever were treated, and our remedies were principally *Metallum-album*, *Nux-vomica*, *Chinoidine*, *China*, *Carbo-vegetabilis*, *Eupatorium-perfoliatum*, *Ignatia*, *Natrum-muriaticum*, *Cedron*, *Veratrum*, &c.

We had an unusual number of cases of dropsy to treat; in some cases caused by a disease of the heart, and in others not only the sequel of intermittent fever, but of other diseases. Some of our cases

were very severe, and complicated with diarrhœa, great distress for breath (dyspnœa), &c. Our treatment was usually successful, and the principal remedies have been *Metallum-album*, *Apis-mellifica*, *Digitalis*, *Helleborus-niger*, and *Baccæ-juniperi*. Many cases of rheumatism were of a serious and acute character, and complicated with heart-affections; yet experience has proved to us that homœopathy, in this disease, offers more relief, and is more to be relied upon than any other system of treatment. The remedies we employed were *Aconitum*, *Rhus-toxicodendron*, *Bryonia*, *Spigelia*, *Actea-racemosa*, *Colchicum*, *Tartarus-emeticus*, and *Natrum-nitricum*.

One case of barber's itch, (*sycosis menti vel mentagra*), of some years standing, was cured in two months by *Arsenic* and *Baryta-muriatica*, the first triturations of each: the former was given for the first six weeks, and then the latter was administered. In regard to the external treatment of this disease, we adopted the plan we have often seen successfully used in the clinic of Prof. Hebra, in Vienna, viz., extracting all the hairs of the beard, one by one, upon the diseased surface, and then destroying the vegetable parasitic fungus, (the product of the disease,) by the cautious application of *Acidum-nitric.-pur.*; cold water applications are then to be constantly worn.

In regard to the internal management of the hospital—the diet of the patients, the dispensing of the medicines (seldom giving but one medicine at a time)—we have taken as pattern the hospitals of Dr. Fleischman and Dr. Wurmb, in Vienna, the clinical instructions of which we attended in 1855 and 1856.

The medicines are usually given in the second attenuation; mineral medicines mostly in the third or sixth, and even in the thirtieth, and, as occasion requires, we use the mother-tinctures.

The success of our hospital, the last year, is, we think, most encouraging to the friends of the homœopathic system, and we hope a generous public will give us a helping hand in our enterprise to erect and endow a new hospital.

The hour for the daily visit is between 11½, A. M., and 1, P. M., at which time we invite the physicians of all schools, as well as all humane persons, to visit our institution.

Very few of our citizens have any idea of the necessity of the existence of such an institution for the relief of hundreds in our midst, who, like the Son of Man, "have not where to lay their head."

T. G. COMSTOCK, M. D.

---

*The Michigan State University.*

JONESVILLE, MICH., April 11, 1859.

DEAR DOCTOR:—I send you, for the JOURNAL, a brief account of a matter in which we, the homœopaths of this State, are deeply interested. As the subject is one that interests the whole profession, and will afford a valuable precedent in future, I thought it would be

well to publish an account of the history of the struggle. Below you will find a set of resolutions, which were presented, but did not pass.

We have five out of eleven Regents on our side, and have strong hopes that the Supreme Court will decide favorably for us.

Yours, truly,

E. M. HALE.

Regent Bishop offered the following :

"Whereas, A Committee has been appointed, to report upon the question of appointing a Professor of Homœopathy in the Department of Medicine, and, if they shall deem it advisable, to present the question of the constitutionality of the Act of 1855, requiring such professor, for a decision of the Supreme Court, and,

"Whereas, The members of such Committee have expressed themselves in favor of the appointment of such a professor ; and,

"Whereas, It is desirable, if the question shall go to the Supreme Court, that both sides of it shall be represented ; therefore,

"Resolved, That a Committee of two be appointed by the Chair to attend to the case, if one shall be presented to the Supreme Court, and to employ counsel to argue the unconstitutionality of such Act."

The subject was laid on the table.

#### HOMŒOPATHY AND THE MICHIGAN STATE UNIVERSITY.

In the year 1855, the Legislature of Michigan, in response to a flood of petitions from all portions of the State, passed an amendment to the Act of 1851, (providing for the government of the University,) which contained this clause : "*Provided* that there shall be at least one Professor of Homœopathy in the Department of Medicine."

For several years, the friends of homœopathy had petitioned for this Chair in the University, but no Legislature had dared before to run counter to its "old-fogyish" antecedents. As soon as this law was passed, the homœopathic physicians of this State met in Convention at Ann Arbor and designated John Ellis, M. D., of Detroit—now a professor in the Western Homœopathic College, and a man of learning and superior medical attainments—to be the man to occupy the Chair, whenever the Regents should, in obedience to the law, appoint a Professor of Homœopathy in the University.

The Board of Regents met ; but, swayed by allopathic counsel, availed themselves of a quibble of the law to avoid compliance with the mandate of the Legislature. The matter was brought before the Supreme Court, but, for some reason, was not acted upon definitely, although they expressed their (allopathic) *doubts* of the constitutionality of the law. Here the matter rested until this winter (1859), when another and larger flood of petitions was sent in to the Board of Regents, praying them to appoint a Professor of Homœopathy.

They met on the 29th of March, and, at that time, Regent McIntyre presented a number of petitions, praying that a Chair of Homœopathy might be established in the Medical Department, in compliance with the Act of the Legislature requiring it. In order to bring the matter before the Board, he offered the following resolution :

"Resolved, That a Committee be appointed by the President to procure the appointment of a Professor of Homœopathy, to commence his duties on the first of October next."

Mr. M. then read the law on the subject, and gave it as his opinion that it was binding on the Board. He read, also, the following opinion of the Attorney-General on the subject :

"ATTORNEY GENERAL'S OFFICE, March 23d, 1859.

"Hon. DONALD McINTYRE, *Regent of the University* :

"Your favor of the 12th instant asks for my opinion whether the Act of 1855, (No. 100.) to amend the Act providing for the government of the University, approved April 8th, 1851, is constitutional and valid. The Act of 1855 amends Section 5 of the principal Act, by adding at its close the words : ' Provided, that there shall be at least one Professor of Homœopathy in the Department of Medicine '

"These words, although in the form of a *proviso*, are plainly mandatory upon the Regents, and divest them of all discretion in the matter of this Professorship."

The Attorney-General discusses at length the disputed question, whether the Legislature has the power of controlling the acts of the Board of Regents, and decides as follows :

"And I am of opinion that they were right, that both Acts are constitutional and valid, and that, under the Act of 1855, it is the legal duty of the Board of Regents to appoint a Professor of Homœopathy in the Department of Medicine. As the Legislature has a right to direct this, it will be for them to indicate to the Regents, should they see cause, at what time the interests of the University and the public may require such a Professorship to cease.

"But, as to the propriety of establishing it, the Legislature are, in my view, the paramount judges. J. M. HOWARD, *Attorney General*."

After a long discussion of the subject, in which all the Board participated—some bitterly opposing the law, others meanly trying, by amendments to the resolution, &c., to shirk the responsibility of action, and still others anxious to have the matter legally tested—the subject was thus disposed of :

On motion of Regent Baxter, the following substitute for Regent McIntyre's motion was adopted :

"Resolved, That a Special Committee, consisting of Regents McIntyre, Whiting, and Brown, be appointed, to consider and report at our next meeting upon the obligations, importance, and propriety of appointing a Professor of Homœopathy in the Department of Medicine of this University, in accordance with the petition of a large number of the citizens of this State, and also the enactment of our statutes in that respect ; and, further, that said Committee be also empowered, if deemed desirable, to agree upon and prepare, to be submitted to the decision of the Supreme Court of this State, the question of the constitutionality and legal obligation of the Act of 1855, directing the Board of Regents to establish said Professorship of Homœopathy."

The Supreme Court of this State meets in May, and the matter will, therefore, be decided before the next meeting of the Board.—Aside from the legal bearings of this matter, it seems strange that the Regents should be so perfectly oblivious of the *equity* of the request of a great portion of the citizens of Michigan. It is safe to assert

that one-tenth of the whole population of this State are, when sick, under homœopathic treatment, and this portion is made up of the most intelligent and wealthy of its inhabitants, chiefly in large towns and cities. Michigan sends more students to the Homœopathic College at Cleveland than any other State. In view of these facts, it would seem that, as a matter of common justice, the Regents should establish a Chair of Homœopathy in the State University. HALE.

## Miscellaneous Items.

### *Provings of Cedron.*

J. Douglass, aged twenty-nine years, sanguine temperament, red hair, blue eyes, took, January 7th, 1859, at seven o'clock, P. M., one drop of Cedron. In twenty minutes, pulse increased fifteen beats per minute. Ten minutes after, pulsating sensation in the temple, and a twisting pain behind the right ear, changing to a dull pain, and extending to the temples; head felt as if swollen; singing in the ears as of crickets. Dreamed (I seldom dream) all night of pleasant social interviews with female acquaintances, and woke with firm erections in the morning. Rising of bitter wind from the stomach before rising, with dull pain in the temples.

January 8th, seven, P. M., took two drops. In half an hour, pulse increased fifteen beats per minute, very full; pulsations in the temporal arteries; pressure over the ears; soon sensation as if the whole head was swollen; sharp pain in the occiput. At half past nine o'clock, burning sensation in the upper lids; whole head feels swollen and heavy, most on the right side. All night very restless, frequently waking, fatigued from lying in one position; pressure in the occiput in the morning of the ninth; slightly yellowish coat far back on the tongue, with a nasty, sickish, bitter taste of the mouth. Firm erections all night, frequently waking from dreams of pleasant social interviews with female acquaintances. On rising in the morning (tenth), gulping up of a bitter wind, tongue coated yellow, same taste in the mouth as yesterday morning.

At half-past ten, A. M., occasional sharp, jerking pains in the occiput. At twelve, noon, sharp pain, alternately in the cœcum, liver, and spleen, running from one to the other; successive sharp pains in the occiput, abdomen, and lower limbs; pains in only one place at a time; the pains in the head are all dull, except those in the occiput, which are acute.

At ten, P. M., dull pain in the top of the head, with sharp, flying pains in all the joints of the extremities, worse in the feet, particularly the first great-toe joint. At ten, P. M., took two drops and went to bed. In about twenty minutes, with the former increase of pulse, pain over the ears. On getting warm in bed, severe, sharp, flying pains in all parts of the system; the pains in the limbs seemed to be in the cartilages of the joints, particularly the first joint of the great toe, and streaking *up* the bones. In the abdomen, the pain was most in the region of the ascending colon, liver, and spleen. The pains of the head were all dull, except those of the occiput, and those of the facial and optic nerve. The above pains kept me awake most of the night, those of the lower limbs being very severe.

January 11.—Awoke late, after a sound sleep, with dull pain in the vertex. The left eyelid seemed dried to the ball; conjunctiva inflamed and

dry; tongue coated yellow, even to the tip; sickish, slimy taste; pulse 95, full. Eleven, A. M.—Considerable fever, pulse 100; the pains continue; redness of whites of the eyes; when exposed to the air feel dry.

January 12.—Slept well; awoke with dull pain in the whole upper head; tongue coated yellow, sickish taste; copious stool, with *excessive tenesmus*. Ten, A. M.—Dull pain in the vertex; throbbing in the temples; pulse 90.

Arthritic flying pains continued, more or less, for more than four weeks, most in the feet and hands, some in the elbows, more in the knees and hips, but most troublesome in the first joint in the great toes. Pains relieved by motion and cold, before *soreness* of the joints came on, when they were aggravated by motion and cold—worse at night. From the first, urine scanty and deep yellow colored. Thirst at night and during the febrile symptoms.

Miss C., aged eighteen, bilious plethoric habit. January 8th took three drops of tinct. Cedron. In half an hour, pulse 90; throbbing in the temples, increasing to pain; eyes felt swollen; misty vision, as from thick smoke; pain across over the eye, from temple to temple; rolling pain in the stomach. January 9th.—Was awake and restless all night; waking dreams; pain in the temples; excessive thirst; feet very cold—went out barefooted in the snow and went to bed when they became warm. Rose early; dizzy, and could not see to light a candle, and could not tell when it was lighted. Did not know her acquaintances; was obliged to go to bed, but could not undress herself; fell asleep, and dreamed of quarrelling with a dead sister and other dead friends, cried about it, and awoke with a nightmare, with sensation of a stone on the stomach. Rose with pain in the region of the liver; eleven, A. M., slight dizziness.

January 7th, Mr. W., aged nineteen, nervous-bilious, took one drop of Cedron. In half an hour, pulse increased twelve beats per minute, firm, full. Beating in the temples, increasing to pain, and extending over the ears. During the night, restless sleep; firm erections in the morning. Sharp, lame pain in the right ankle; tongue coated yellow; nasty taste of the mouth.

Mrs. M., aged thirty-three, nervous-bilious temperament, phthisical diathesis, took Cedron, one drop. In quarter of an hour, pulse increased fifteen beats per minute; throbbing in the temples, increasing to pain, extending around over the eyes; pain in a decayed tooth, for the first time; restless sleep.

Mrs. B., nervous lymphatic, took two drops of Cedron two evenings in succession. Increase of pulse; throbbing in the temples; throbbing pain in the head, commencing in the temples, extending around the forehead. Alternate dryness and smarting of the eyes, with moisture; smart rheumatic pains in all the joints of the limbs; swelling of the feet, with extreme pain in all the joints; frequent emissions of large quantities of pale urine.

We wish that some one would give the therapeutic indications for the use of Cedron, with clinical remarks and experience; it has as yet only been used in a grossly empirical manner by Dr. Marcy and others.

---

### *Asclepias-Tuberosa.*

I hope we shall be spared the infliction of such nonsense as the experiments with *Asclepias-tuberosa* in the last number of the JOURNAL. To me, who have given that drug, in all doses, for six years, it seems very ridiculous. I do not think one-tenth part of it is reliable. Such articles lower us in the esteem of truly scientific men more than anything else. It comes from the Marcy-School!

H.



*Cannabis-Indica.*

PHILADELPHIA, 1859.

DEAR DOCTOR :—The American Provers' Union intends to publish its provings of *Cannabis-indica*. Knowing the interest you take in *everything* appertaining to our cause, the Union, through me, requests you to furnish it with any clinical experience you may possess of this remedy. As the publication is to take place forthwith, an immediate answer is desirable.

To Dr. PETERS.

Very truly, yours,

C. NEIDHARD.

*Our Materia Medica.*

JONESVILLE, MICH., 1859.

J. C. PETERS, M. D., DEAR DOCTOR :—In a late number of the *JOURNAL* I find that you propose, if sufficient inducement is offered, to publish the "*Materia Medica*" in monthly parts. I assure you I am delighted at the idea, and will do all I can to further the project. So far as I am competent I will contribute to it, and also procure subscribers. I have *four* now pledged to take it yearly, if issued.

By the way, will you, in some number of the *JOURNAL*, give the homœopathic profession your ideas of the treatment of ulceration of the sigmoid flexure of the bowels? There have been *three* fatal cases in this vicinity within the last year, under allopathic treatment, and I fear I have a case of that nature under treatment *now*. Four weeks since, the patient—a little girl, aged five years—passed, with tenesmus and some bloody discharge, a fibrous tumor, ulcerated, of the size of a walnut (two-thirds of an inch in diameter). A week after, she complained of severe intermitting pain in the region of the sigmoid flexure. I should judge it to be a *sharp*, lancinating pain; it prevents stooping. Bowels costive. No soreness on pressure! Appetite variable. Loss of flesh and strength. Irascible temper. The pains extend to the sacrum, and even across the hypogastric region.

Am I right in my fears? If I thought you had time, I should ask you to write me immediately about the case.

Yours, very truly,

E. M. HALE.

PLATTSBURGH, N. Y., 1859.

DR. PETERS, DEAR SIR :—Please consider my name and money ready for your subscription list as soon as you decide on publishing the "*New Materia Medica*" in monthly parts, as you mentioned in the last *JOURNAL*. I had thought of venturing a suggestion to that effect, but am glad to see that others have already done so. It will take over twenty years, *by actual calculation*, to complete the work, at the rate it has progressed during the past three years, and I do not feel willing to wait quite so long if anything can be done to hasten the enterprise. The profession will be under everlasting obligations to you and your co-laborers for the benefit you will confer upon them by this new work, and it is really gratifying to think that, by and by, we shall have something in our libraries a little better than the "*Materia Medica Obscura*," as Dr. Geary so appropriately calls it.

I have taken the N. A. *JOURNAL OF HOMŒOPATHY* from the commencement of its publication, and shall continue to take it, and I feel, in common with every other reading homœo-physician, that it is not only *your journal*, but *our journal*, and that we, of the profession, have an interest in its prosperity and character nearly equal to that of the editors.

And now I am going to venture a thought, and I will put it in the form of an inquiry. What is the real benefit to be derived, by the profession in general, from the publication of lectures or addresses, like the one, for example, in the last quarterly? They are delivered before medical societies and popular audiences, and are addressed to "Gentlemen of the Society"—"Ladies and Gentlemen," and, of course, are calculated for the *popular mind*. They may be eloquent in their adoration of Hahnemann, and demonstrate beyond a shadow of a doubt the almost divine origin of "*Similia Similibus Curantur*;" they may blow into annihilation all the boasted wisdom of the old school's hackneyed quotations from Sir

John Forbes, and may be all very well to edify and astonish *the people*, but of what use are they to the strictly *medical reader*? Your journal (or our journal), I believe, is not a *layman's* journal; it does not rank among *domestic* publications, neither does it occupy a medium position with those publications that are intended for the "professional and intelligent layman;" but, if I mistake not, it is intended for the *benefit of medical men*, and for the *advancement of medical science*. And, besides, it is a *quarterly* journal, and we all know that the literary and scientific world looks to their "quarterlies" for their most solid, substantial, and valuable reading matter. Then do not let those articles of interest and lasting value to the profession, with which your Journal is generally filled, be crowded out by such *light reading* as public lectures delivered to "Ladies and Gentlemen!"

Please excuse the liberty I have taken, and believe me,  
Truly yours, G. A. DEWEY.

N. B.—It is almost needless to add that the subscription list, as yet, does not warrant the publication of the "Materia Medica" in monthly parts; and it is exceedingly uncertain whether the press of other matters will allow a promise that it will soon be undertaken, unless the profession signify their wishes much more strongly. As the "Materia Medica" is now under much more simple management, it is hoped that great improvements will be made over the old series; at the very least, it will be more truthful and reliable. PETERS.

*Report of the Select Committee, to whom was referred the Petition of Asa Howard and others, of St. Thomas, Canada.*

The Select Committee, to whom was referred the petition of Asa Howard and others, of St. Thomas, beg leave to report:

That they have carefully examined witnesses on the subject of the petitions, and taken evidence thereon, which is hereto appended.

Your Committee recommend that a Bill be introduced into your Honorable House, granting rights and privileges to physicians of the Homœopathic School similar to those enjoyed by members of the present legalized school of medicine.

All of which is respectfully submitted. WILLIAM McDUGALL, Chairman.

PETITION OF ASA HOWARD AND OTHERS, OF ST. THOMAS—Praying for the passing of an Act, granting such rights and privileges to physicians of the homœopathic school as are enjoyed by the members of the existing legalized school of medicine.

	NAMES.
Asa Howard, St. Thomas .....	142
C. A. Woodhall, Lobo .....	69
John W. Tripp, Ingersoll .....	164
James Carter, Clinton .....	9
F. A. Whitney, Toronto .....	168
Bernard Rodgers .....	70
Edward Hilton, Hamilton .....	131
George H. Denison .....	91
W. Glass, London .....	145
William Murray, Westminster .....	39
James Kirkwood, " .....	34
David Patrick, " .....	43
J. W. Fergusson, Woodstock .....	188
John Ewing .....	40
P. Martin .....	26
J. A. Mackie .....	31
J. W. Carey, St. Catharines .....	111
W. Mitler, Galt .....	203
James Brown .....	90
Total .....	1812

The disabilities under which homœopathic practitioners in this Province labor, and from which they desire that the Legislature should relieve them, are :

1st. That, not being acknowledged and legalized by Parliament, they are looked upon as *quacks* and *impostors* by many, although among their ranks are highly educated physicians and honorable men, who, in other countries, are not only treated as gentlemen, but are admitted to the society and to the confidence of persons of the very highest rank and distinction.

2d. That, being debarred by the law, as it now stands, from legally recovering any remuneration for their professional attendance, advantage is, in many instances, taken by dishonest persons to evade paying for services which they have accepted, and from which they have derived benefit.

3d. Homœopathic physicians are precluded, by their position as unlicensed practitioners, from many legitimate sources of emolument which are open to those now licensed—such as :

From granting certificates of exemption, from attendance as jurors or witnesses, or from militia service, to such of their patients as may require them ;

From signing certificates of insanity, to obtain the admission of any of their patients into the Lunatic Asylum ;

From giving evidence and receiving the fees allowed by law to the licensed practitioners for attending at Coroner's inquests, &c.

But, if these disabilities pressed on the homœopathic practitioners alone, they would not have the same boldness in asking for legislative interference as they have when they consider that the very large and influential portion of the community, who confide in them and employ them, are sufferers with them. For example : A gentleman falls sick, and having, from bitter experience, a dread of the nauseous remedies and formidable appliances of the regularly licensed practitioners, and having, on the other hand, full confidence in the superior efficacy of the homœopathic mode of treatment, sends for a physician of that school. During his illness he is summoned to attend Court, either as a juror or as a witness. To escape being fined, he must procure a certificate of his inability to attend. How is he to obtain it ? His homœopathic physician is unable to grant one of any validity ; he is compelled, therefore, at great additional expense, to send for one, who, however incompetent to *cure* him, is, nevertheless, qualified by law to certify that he is sick ! and it may very possibly happen that, from the antagonism likely to arise under the circumstances, the regularly licensed practitioner may raise futile and vexatious objections to granting any certificate at all.

Cases may occur in which the testimony of the attending physician may be all-important to prove the competency of an individual to execute a deed or a will, and the welfare of a whole family may be compromised in the event of this physician's evidence being received as that of a *layman* only, which would be the case if he were an unlicensed homœopathic physician, under the law as it now exists.

The testimony of a physician, *even though a homœopathist*, who has attended a case of "unsoundness of mind" from its commencement, is surely of more value in deciding the question of the patient's disease, and the necessity that may exist for his seclusion in the Lunatic Asylum, than that of any other number of the *now* licensed practitioners, who, by Act of Parliament, are alone competent to testify to the point, but who only subject the patient to the cursory and imperfect examination that can be made in the course of half an hour ; and any one, at all familiar with the insane, will know with what skill they can conceal their delusions when being examined, and how readily they can put on the appearance of being in their perfectly sound mind. It may, perhaps, be objected that no case has, as yet, occurred in which any such consequences have resulted from the employment of homœopathic physicians ; but it must be admitted that, as the law now stands, they *may* happen, and it is surely better, by timely legislation, to prevent the possibility of their occurrence.

It is a grievance to which the poorer classes of the community, who may believe in homœopathy, are subjected, that they should, when sick, be either altogether deprived of the advantages afforded by the public hospitals or be compelled to

submit to a mode of treatment which they hold in fear and abhorrence. But, if homœopathic physicians were duly recognized by law, the trustees of public hospitals would have it in their power to apportion a ward for the reception of such patients as might desire to be under the care of physicians of that school. And no fears need be entertained by the public but that the comparison that would infallibly be instituted between the success of the two modes of treatment, would result, as it has invariably done in all the great European hospitals, very much to the advantage of homœopathy, as will clearly be shown by the subjoined tables.

Finally, there are, no doubt, men whose consciences are so tender as to make them unwilling to violate any law, however unreasonable it may be. Those gentlemen must, therefore, if believers in homœopathy, in the majority of cases, be altogether deprived of medical aid for their families, or be compelled to employ men in whose system of practice they have no confidence whatever.

It will be manifest, from the details in the following pages :

That homœopathy is recognized throughout the civilized world ;

That homœopathic practitioners are to be found in every part of Europe and America ;

That homœopathic journals are published in almost all European languages ;

That homœopathic hospitals and dispensaries, acknowledged and supported by their respective governments, are in active operation in Europe and America ;

That a number of the Courts of Europe employ homœopathic physicians ;

That numerous practitioners in hospitals, and professors in universities, have been converted to homœopathy ;

That homœopathy, almost unknown at the commencement of this century, has been spreading at a rate unparalleled in the history of medicine ;

That its practitioners are numbered by thousands, nearly all of them having been educated and having practiced as allopathic physicians, but having adopted the homœopathic system from a conviction of its superior efficacy and success.

Homœopathy, although sanctioned and encouraged, as will hereafter be shown, by special legislative enactments, by many of the governments of Europe and America, at the time when the Acts now in force, legalizing the practice of medicine in Canada, were passed, was unknown in this country. Since that time the homœopathic practitioners have become numerous, and enjoy the confidence of a large and highly intelligent portion of the community. The time may, therefore, be fairly considered to have arrived when they should no longer be kept in the position of being violators of the law, but that the same rights and privileges should be conferred upon them as were conferred by former Acts upon the other medical practitioners of this Province.

---

### *Meeting of the American Institute of Homœopathy at Boston.*

This meeting, thanks to the enterprise and liberality of the Bostonians, was a very successful one ; there was but one act of spite and petty meanness, which stood out in strong contrast to the frank and cordial feeling of the rest. The Mayor of the city of Boston appeared, not as a homœopathist, an allopathist, a Thompsonian, or a hydropathist, but to respond to the cordial invitation which he had received from his friends and fellow citizens, to be there and welcome their friends from abroad, in their behalf and in the city's behalf. His toast was : " The Good Physician, who, in his practice, unites *the experience of past ages* with the great discoveries of the present, and who, feeling the responsibilities of his position, considers as a

sacred charge the distressed and suffering ones with whom he is brought in contact.

In the same liberal spirit the Hon. Thomas Russell toasted, "The Professors of the Medical Art—however divided in opinion, may they always be united in their earnest search for truth, in their devotion to the good of man, in their countless charities, and in our affection and regard."

The celebrated and Rev. Thomas Starr King toasted, "The Physicians of all Sects," and Dr. Winslow Lewis, a well-known allopathic physician, laid aside his prejudices, and, with rare courage, helped to welcome the homœopathists to Boston; but toasted, "That Practice which carries out the Science of Medicine best."

The whole tone of the meeting was not only to encourage a body of men in upholding what they thought true and useful, but to urge them to be kind and charitable to those who differed from them. The city of Boston, through its Mayor, its representatives, its lawyers, its clergy, and its allopathic physicians, while cordially welcoming the homœopathists within its walls and to its hospitality, seemed to feel that they were extending the hand of fellowship to a party, and to fear that this might have some of the narrow-mindedness, bigotry, and meanness of some other sects, and every attempt was made to ward off an ill-timed indulgence in them; but all in vain. "A petition was presented, which seemed to be aimed at the present QUARTERLY JOURNAL, in New-York, as not meeting the views of some homœopathists." If this had been a frank, manly, and honest petition no possible exception could be taken to it; but it originated through the exertions of one man and a few of his hangers on. Some names were got by misrepresentations; many of the names are utterly unknown to the large majority of New-York physicians; the largest half of the physicians, if they be physicians, whose names are appended, do not subscribe to, or pay for, or read any medical journal, and, if a National Journal of Homœopathy should be established, they would read it as little as any other; a large proportion are among the least respectable of the homœopathic physicians of New-York; a large proportion are not strict Hahnemannists, and practice in the very way which the petition makes them pretend to condemn. This petition pretends to emanate from the Hahnemannian school, but the names of the efficient and reputable leaders of that portion of the homœopathic school in New-York are only to be found in infinitesimal numbers. It is scarcely necessary to add that this meretricious petition was virtually rejected.

There are already two strictly Hahnemannian journals established in this city, and this JOURNAL, in the eyes of an overwhelming proportion of the school, has always been and is still regarded as a truly National Journal of Homœopathy—a journal which has ever impartially recorded the views of all the members of the school; it claims to be the simple mouth-piece of all who have studied and practice homœopathy in this country. The establishment of another journal could only serve some private pique and selfish end, and that is exactly what "the petition" aimed to do. PETERS.

---

*Proceedings of the Illinois State Homœopathic Medical Association. Fourth Annual Meeting, at Chicago.*

This comparatively small State society almost rivals the "Institute" in the bulk and value of its articles.

Dr. Reed thought, as exponents of a purer and more liberal system of medicine, it did not become us to imitate our less liberal brethren in confining the privileges of membership, in our various associations, exclusively to those of the same medical faith as ourselves; on the contrary, it was his opinion that our doors should be widely opened to receive all with an adequate medical education, and a respectable private and professional standing.—Dr. Shirley, in dysentery, was in the habit of alternating Mercurius, in the first and second triturations, with Morphia, also in the first or second triturations, with very beneficial results, in cases of this disease characterized by great tenesmus. Dr. Dunn corroborated the experience of Dr. Shirley in the use of Morphia; his rule was to cure his patients, regardless of theories, and hence, in very severe cases, he deems it right to *palliate* intense pain until such time as these cases can be cured by their appropriate remedial similars. This was regarded as a much more manly and honest way than giving Codein, which has all the bad effects of Morphine and few of its good effects.

A physician of the Marcy school, pretended to have cured sixteen hundred cases of fever and ague in a six weeks epidemic of that disease.—A large proportion of the interest of the proceedings arose from the productions of Professor C. A. Guilbert: The Report on topical applications in rheumatism, crusta-lactea, ophthalmia, affections of the mouth and fauces, ulcers, paronychia, hæmorrhoids, and diseases of the genital organs, is well worthy of perusal. In diseases of the throat and stomach, the remedies are always applied directly to these organs, and there is no reason why local applications

may not be made to the bowels and other parts. The Special Report on Anæsthesia, from the same pen, is also well deserving attention. Dr. Guilbert, from all accounts, is a rapidly rising man, who has shed much lustre upon the Cleveland Medical College; his friends claim that he is not only one of the finest looking men in the State, but a most eloquent man, whose speeches one may not hear rivalled in a life-time, as well as a distinguished scholar. The Report on Physiology and Pathology, by Dr. Small, of Chicago, is short but well written. That on the Endemic and Epidemic Diseases of Illinois, by R. Ludlam, M. D., of Chicago, is, as usual, crowded with useful and practical matter. That on Medical Education, by Dr. Bartlett, is good and timely. The eloquent Address of Dr. Temple has long been in the hands of most of our readers.—Among the items of news, we notice that there is some thought of removing the Cleveland College to St. Louis, and that Dr. Temple, and other staunch and honest Hahnemannists, are cordially working to that effect, unrestrained by petty bigotry and one-sidedness.

We trust that many of our readers will procure a copy of these proceedings; it is creditable to the Society from which it emanates, and to the Secretary, who not only superintended it, but wrote a large portion of it. We should encourage Western productions as well as those of the East.

The cheerfulness and practical manner with which Drs. Jaeger, Bartlett, Holt, Pratt, Shirley, Melrose, Johnson, Davis, and others, responded to Dr. Ludlam's call, for information about the diseases of Illinois, is well worthy of imitation by us in the East. PETERS.

---

*Materia Medica and Therapeutics.* By CHARLES J. HEMPEL, M. D. pp. 1200. New-York: William Radde, No. 300 Broadway.

We cheerfully welcome this huge volume; for, although it contains some common-place abuse of Dr. Peters and the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, still Dr. Hempel not only quotes largely from them, but seems to prefer the favorite authors which have been consulted in our "Materia Medica." Nearly twenty-five years ago I introduced "Schœnlein's Theory and Practice" to the homœopathic school, and, quite lately, Dr. Hempel has based his theory and practice very much upon that work. Many years ago I directed the attention of the homœopathic school to the great materia medicas and toxicologies of Pereira, Orfila, Christison, Dierbach, Vogt, Sobern-

heim, Mitscherlich, Trousseau, and Pidoux, and *Frank's Magazine*, and now Dr. Hempel almost bases his "New and Comprehensive System of the Materia Medica" upon my old, familiar, and well-beloved authorities. Our "New Materia Medica" is also largely drawn upon, and the much-abused NORTH AMERICAN JOURNAL OF HOMŒOPATHY is frequently put under contribution, and the most singular part is that my labors and compilations are more frequently selected for republication than any others, when reliable facts and materials are required. Of course, I must recommend this work to our school, as it not only contains within itself the best vindication of myself and the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, but is, in some respects, a meritorious and useful book.

PETERS.

---

*Obituary.*

A. GERALD HULL, M. D.

The comparatively sudden death of Dr. HULL made an unusually deep impression upon the whole homœopathic community, both lay and medical. Among the numerous evidences of love and sympathy for the deceased friend, and for the sorrowing relatives, we select the following :

At a regular meeting of the Hahnemann Academy of Medicine, held May 4th, 1859, it was unanimously

"Resolved, That a Committee of three be appointed by the Chair, to report a *Preamble* and *Resolutions*, expressive of the appreciation of the Hahnemann Academy of the worth and invaluable services of Dr. A. Gerald Hull, their sense of the loss they have sustained in his death, and their genuine sympathy with his widow and family in their affliction ; also,

"Resolved, That a Committee of five be appointed by this Society, to confer with a similar Committee appointed by the Homœopathic Medical Society of the County of New-York, in reference to some public demonstration of respect from the homœopathic practitioners in New-York to the memory of Dr. Hull."

At an adjourned meeting of the Hahnemann Academy, held May 9th, 1859, it was

"Resolved, That the Secretary be instructed to communicate the foregoing Resolutions to the Homœopathic Medical Society of the County of New-York ; and, also,

"Resolved, That the Secretary be instructed to communicate to the Homœopathic Medical Society of the County of New-York the following *Preamble* and *Resolutions*, adopted by the Hahnemann Academy May 9th, 1859 :



“ *Whereas*, It is the duty of all medical organizations to note the demise of all those who have worthily practiced the healing art, developed scientific truth, and enriched medical literature with the fruits of honest investigation, and who have adorned a professional life by truthfulness of purpose, generosity of action, and uprightness of life; and,

“ *Whereas*, It has pleased Almighty God to remove from his field of professional toil, after a protracted illness, Dr. A. Gerald Hull, of this city, a distinguished member of the profession; and,

“ *Whereas*, Duty and professional justice alike urge us to record his virtues, register his labors, perpetuate his well-earned fame, hallow his memory, and offer the oil of consolation to those more nearly and immediately bereaved by his death; therefore,

“ *Resolved*, That the Hahnemann Academy of Medicine have received with the deepest regret the intelligence of the death of A. Gerald Hull, M. D., of New-York, in whose life and devotion to medical science they have long recognized a public blessing, rarely equalled, perhaps never excelled; and whose simplicity and purity of mind, honesty of purpose, untiring labors, and early adoption and advocacy of Hahnemannic truth, claim our highest commendation, as his demise calls forth our most unfeigned sorrow.

“ *Resolved*, That the position of Dr. Hull, as one of the earliest converts to homœopathy in this country, as also his fearless advocacy of the doctrines of Hahnemann, and the recorded fruits of his mind and pen, constitute his undying fame and enduring monument, and entitle him to our gratitude and his character to a public recognition in the form of a carefully prepared *Eulogy*.

“ *Resolved*, That the Hahnemann Academy of Medicine will unite with the Homœopathic Medical Society of the County of New-York in a public eulogy and demonstration, suited to the character and labors of the distinguished physician whose departure from life we thus record.’

“ JNO. MCF. WETMORE, *Secretary of Hahnemann Academy.*”

Communication was accepted and ordered on file.

Dr. Bayard then rose, and said:

“ MR. PRESIDENT:—The death of the man who lives not for himself alone, but for the good of others, is a public loss. The withdrawal of such a life from the sum of human existence should not pass unnoticed: we owe it to ourselves that the virtuous should be remembered. Our profession has met with a great loss in the death of Dr. A. Gerald Hull. He was among the first who adopted the principles and practice of homœopathy in this State, and he battled for what we deem a vital truth in medicine with an earnest, self-sacrificing spirit. I say self-sacrificing, for, when he entered the field, it was truly a field of combat. Homœopathy had then few friends and many enemies; it was very far from being the popular side: it was ridiculed and despised. Though strengthened and armed with the conviction of its truth, it was a severe ordeal—a heavy cross to bear, to stand up its champion, confronted and bitterly opposed by men of the same profession, able and learned in every branch but this one; yet Dr. Hull did so stand, with but few, very few by his side, and with an earnest spirit did he press forward our cause. He entered the profession with all his head

and all his heart. His nature was deeply sympathetic, and he suffered with his patients as he labored for their relief, and that, no doubt, was one of the causes which shortened his life—a life which so greatly helped to advance our science to the high position it now holds in this city. Those who now live to reap the harvest, are indebted to the lamented Hull for his share in this work. The profession are also indebted to Dr. Hull for the early and first journal devoted to homœopathy published in this State, and indebted to him for translating and compiling the first, most useful, and needful book of practice—I allude to "Hull's Jahr," undertaken when there were but few to appreciate or to practice under it. At that period, such a publication must have been executed but with pecuniary loss. The profession needed it, even in advance, and Dr. Hull gave it. He loved his profession, and was interested in its practitioners. His was no low, selfish ambition, that flowed inward upon himself, but his kind, generous nature flowed outward. I remember well when my brother, while on a visit from Delaware, was seriously ill in this city; in my absence, he called in Dr. Hull, who prescribed for him, giving him complete relief, and, when my brother sought to remunerate him for the service rendered, he declined receiving any compensation, because the brother of his patient was a fellow laborer in the field of homœopathy. Expressive of our sense of the loss we have sustained, individually and publicly, I offer the following resolution :

" 'Resolved, That the Homœopathic County Society will ever hold in grateful remembrance the name and the labors of A. Gerald Hull, M. D. He was among the first of the American physicians who, to the cares of a medical practice, generously added the labors of the author, in an honorable zeal to make our countrymen acquainted with the true cure of disease. His services as a translator and compiler have been of the greatest value. His labors to organize and strengthen the homœopathic movement were continuous and effective. He was a skillful physician, a generous and kind friend; in his death, homœopathia, this Society, and his friends have sustained a great loss.' "

Carried. The Secretary was instructed to transmit a copy of the above to Dr. Hull's family.

Dr. Hallock moved that a Committee of five be appointed, to confer with the Committee of Hahnemann Academy. Drs. Bayard, Barlow, Joslin, Wilson, and Ball were appointed.

The action of these Committees resulted in the appointment of Dr. Barlow to deliver a Eulogy on Dr. Hull, at the rooms of the Historical Society. This was accordingly done, at the appointed time, and a most able, eloquent, and feeling address was given, to the great satisfaction of the co-laborers and friends of Dr. Hull. As it will shortly appear in print, we will not attempt to give an outline of it, which, necessarily, would have to be a meagre one.

*Our Journal.*

The well and favorably known ROGER G. PERKINS, M. D., has joined our editorial corps. He has the confidence of the true and respectable portion of the Hahnemannian school, and will cordially join with us in making the JOURNAL the organ of the whole school.

---

*First Annual Announcement of the Western Homœopathic Medical College, at St. Louis, Missouri.*

The Chairs of the new institution are filled by Drs. Temple, Adams, B. S. Hill, Brainerd, Bartlett, E. A. Guilbert, and Helmuth.

Five of these able men have already been professors in other institutions; three of them have been authors of text-books of medicine, and most of the remainder are already engaged on works upon their specialities. All of them are favorably known, and occupy honorable professional positions. This school recommends itself quite as much to Southern students as it does to Western, for the diseases of the Valley of the Mississippi are almost identical with those of the other parts of the South, a matter of considerable importance to all such as design to practice in that section of the country. St. Louis has another advantage, as the students will not only witness the actual practice of homœopathy in a dispensary, but through the kindness of Dr. Comstock, the able Attending Physician of the Homœopathic Hospital, of St. Louis, the wards of that institution will be open to the class. This is no slight advantage, as Dr. Comstock was for two years a faithful attendant upon the hospitals of Drs. Fleischmann, Wurmb, and Caspar, of Vienna, and hence is peculiarly fitted to give clinical instruction to students. PETERS.

---

*New Books.*

Dr. F. G. Comstock, of St. Louis, is engaged upon a work on DISEASES OF CHILDREN; and Dr. E. C. Faulknor, also of St. Louis, is engaged upon a work on DISEASES OF THE HEART. Both will contain much original matter. Specimen portions of both works will be given to our subscribers in the next number of this JOURNAL.

PETERS.

NORTH AMERICAN  
HOMŒOPATHIC  
JOURNAL.

---

NOVEMBER, 1859.

---

Original and Translated Papers.

---

ARTICLE XIII.—*On Diphtheria.* By FREDERICK G. SNELLING, M. D., of New-York.

DIPHTHERIA.—*Diphthérite.*—*Angina Pellicularis.*—*Angine Couenneuse.*—*Pharyngite Couenneuse.*—*Diphthérite de Bretonneau.*—*Garotillo.*—*Charbon Angineux.*

DEFINITION.—A pellicular inflammation of the fauces and tonsils, characterized by the deposition in the fauces and throat of a coriaceous false membrane, which frequently invades the respiratory passages, and is accompanied by severe fever of an adynamic type.

Before describing what diphtheria really is, it may be well to settle what it is *not*. In the first place, it is not scarlatinal angina—from this it has marked distinguishing peculiarities; neither is it membranous croup—from this it also differs, in many important peculiarities.

The French, who have been particularly careful in the study and diagnosis of these affections of the throat, make the following distinct varieties of pharyngeal inflammation, and so good are they that we may, perhaps, be pardoned for prefixing a few remarks on the differential diagnosis of diseases of the throat generally.

The first, and most superficial variety, according to the classi-

fication of Valleix, is the common sore-throat in its mildest form or, as he calls it,

1. PHARYNGITE GUTTERALE AIGÜE.—A superficial pharyngitis, having its principal seat in the isthmus-faucium; or, in other words, confined to the space formed above by the velum-palati and uvula, at the sides by the pillars of the fauces and the tonsils, and below by the base of the tongue. It is distinguished from quinsy by its superficial character—the proper substance of the tonsils being in general unaffected. This form rarely gives rise to fever, still more rarely is it followed by suppuration, and is known as the common sore-throat.

2. PHARYNGITE TONSILLAIRE AIGÜE.—*Tonsillitis. Amygdalitis. Quinsy. Cyanche Tonsillarum. Angina Tonsillarum.*—An inflammation of the pharynx, whose most remarkable characteristic is the great swelling of the tonsils. It is preceded, in a large majority of cases, by sharp inflammatory fever, but the local symptoms *may* be the first to appear. The tonsils are covered with a mucosity, of a stringy or ropy consistence, opaline, whitish, non-aërated, and often containing small white concretions, a morbid secretion from the mucous crypts of the tonsils. The inflammation is propagated to the surrounding pharyngeal mucous membrane, penetrates the substance of the tonsils, and is often, nay, generally followed by suppuration. Membranous exudations, howsoever light, are never found in this variety, but are always pathognomonic of pseudo-membranous pharyngitis (diphtheria). But an exudation of a muco-purulent character may bathe the tonsils in this variety, and should be borne in mind in making a differential diagnosis. These first two forms are known as “simple pharyngitis.”

3. CROUP.—*Laryngite Pseudo-membraneuse.*—*Croup*, on the contrary, is not a *pharyngitis* at all, but a *laryngo-tracheitis*, accompanied with a deposition of false membrane. True, small patches of false membranes may also be found upon the fauces, tonsils, and velum-palati, but they are merely the *avant couriers*—signal-flags, as it were—of the danger below; they give rise to no symptoms in themselves, and their extent is always limited. It should be borne in mind, however, that the access of croup may be either from the pharynx and posterior nares to the larynx, or from the trachea up to the larynx; but the pharynx is never so much involved as to lead to any mistake.

Again, in croup, on exploring the fauces, we only find a vivid redness, swelling of the tonsils, and generally "little white patches, irregular and flat, upon the velum-palati, palate, and especially the tonsils."

*Differential Diagnosis of Quinsy (pharyngite-tonsillaire) and Croup.*

QUINSY.

Suffocation *continuus*.  
Voice *nasal* and disagreeable.  
Little or no cough.  
Tonsils *enormously* tumefied, and intercepting the passage of air.

CROUP.

*Sudden accessions* of suffocation.  
Voice "creaky" and *failing*.  
Cough, hollow, dry, and resonant.  
Tonsils often swollen, covered in places with false membrane, described below, but leaving free passage to the air.

*Differential Diagnosis between the Follicular Concretions in Quinsy and Commencing False Membrane in Croup.*

FOLLICULAR CONCRETIONS.

Color, a dull white, quite circumscribed  
Their edges do not appear to become continuous with the mucous membrane.  
They are markedly elevated above the surrounding surface.  
They do not increase from day to day.  
They are detached without much difficulty.  
Beneath them are found follicular lacunæ (mucous crypts).

COMMENCING PSEUDO-MEMBRANE.

Grey points, semi-transparent, somewhat diffused.  
Edges insensibly confounding themselves with the mucous membrane.  
No sensible elevation.  
From moment to moment they make rapid progress.  
Detached with great difficulty.  
Beneath them are no follicular lacunæ.

It will be seen that we give here no differential diagnosis between croup and diphtheria; it is simply because the chief difference lies in the seat of the affection, the symptoms of the two differing principally as respects the location.

4. PHARYNGITE PROFONDE AIGUË.—*Acute Pharyngitis of the deeper parts of the Pharynx. Angine Pharyngée.*—The affections heretofore described have been inflammatory affections of the isthmus-faucium, of the *tonsils*, or of the larynx; *this* is an inflammation of the pharynx proper. It has been subdivided into "*inflammation of the superior parts*" and "*inflammation of the inferior parts*" of the pharynx. It may sometimes give rise to the affection known as "*post-pharyngeal abscess*." It may have the same causes as simple tonsillitis, but more often it arises during the course of grave fevers or other acute diseases, and has hence been known as *angina accessoria*.

Inspection of the pharynx shows its posterior wall reddened, when the inflammation affects the superior portions; shining, and dry during the first days, and, later, covered with a greyish viscid mucus, which appears to cling like a veil over its posterior paries. Deglutition is more painful than difficult, voice unaltered, and respiration free. The cough, when it exists, is guttural, and then respiration is laborious.

When the deeper portions are the seat of the inflammation, there is difficulty of deglutition, pain at the top of the larynx, external pressure is painful, and, *occasionally*, an obscure redness and a little swelling is evident externally. On inspection, nothing is apparent to the eye in the pharynx.

But by far the most important form of this affection is the *suppurative pharyngitis*, giving rise to **POST-PHARYNGEAL ABSCESS**.—This affection cannot well be confounded with anything but œdema of the glottis, from which the accompanying symptoms are generally sufficient to distinguish it. It arises in the course of grave fevers and other severe diseases.

*Differential Diagnosis between Simple "Deep Pharyngitis" and Acute Laryngitis.*

"DEEP PHARYNGITIS."	ACUTE LARYNGITIS.
Pain augmented in deglutition.	Pain augmented by the cough and speaking.
Cough light and guttural—at best a complication.	Cough intense and laryngeal.
Voice slightly altered, nasal.	Voice profoundly altered, hoarse and whispering.

*Differential Diagnosis between Suppurative Pharyngitis with Post-Pharyngeal Abscess and Œdema Glottidis.*

SUPPURATIVE PHARYNGITIS.	ŒDEMA GLOTTIDIS.
A soft tumor, containing a liquid.	An elastic swelling, without fluctuation.
On pushing aside the tumor, the larynx is found healthy.	The touch discloses the tumor involving the borders of the larynx itself.
If the abscess involves the epiglottis it will not be felt on examination.	Epiglottis erect, and always felt the moment the isthmus of the fauces is passed.

5. **NON-ULCERATIVE SYPHILITIC PHARYNGITIS.**—*Syphilitic Angina.*—Cazenave divides this into three forms: *a.* The first, or *erythematous*, is the most frequent. It is marked by an erythematous redness, of a violaceous character, accompanied

with very slight swelling of the parietes of the pharynx, which are dry and shining, *as if stretched*. The patient complains of dryness of the throat, particularly in the morning, and there is a tendency in the redness to arrange itself in stripes or bands. This approaches very nearly the simple chronic pharyngitis.

*b. Granular Form.*—Sometimes the posterior wall of the pharynx is studded with little granular tumors, indolent, and seldom exceeding in size the volume of a pea.

*c. Third Form.*—This is when the mucous membrane does not so much present its characteristic injection, but, as if it were, in some way, raised slightly at some points by a liquid which destroys its transparency. Thus results an appearance of small discs, and, what is remarkable, perfectly rounded; the mucous membrane offers an opaline tint.

A fourth form is made of an exaggerated condition of this last.

6. PHARYNGITE PULTACÉE.—*Scarlatinal Angina. Angina Putrida Maligna.*—This affection, although occupying the same site as does diphtheria, and implicating the same tissues, is often distinguished readily enough by the character of the exudation and by the accompanying symptoms. The tonsils and contiguous tissues are covered with a thick, heavy, pultaceous exudation, of a dull whitish aspect, and sometimes fairly dirty-looking, instead of the grey, tenacious, and semi-transparent membrane of diphtheria.

This is the angina putrida maligna of the older authors; the ulcerous sore-throat of Fothergill, and the “*pestilens faucium affectus Neopoli sæviens*,” and it has been known by many other names, which only serve to perpetuate the disorder and confusion already lingering in regard to these affections.

*Differential Diagnosis between*

DIPHTHERITIS

and

SCARLATINAL ANGINA.

None of the pathognomonic signs of scarlatina.	Precursory symptoms are generally those of scarlet fever, perhaps with eruption.
No desquamation of the skin.	In doubtful cases, where the eruption has been slight or wanting, desquamation should be watched for, and it will settle the question.
Tonsils covered with unmistakable false membrane.	The tonsils are more bathed in exudation than covered with patches of membranous pellicle.



<p>The redness, upon which the false membrane is subsequently developed, is simply inflammatory.</p> <p>Exudation is greyish, and so tenacious as to be marked or "furrowed" by an instrument with difficulty.</p> <p>Commences by patches upon the tonsils, and spreads thence to the contiguous parts.</p> <p>Great tendency to invade the respiratory passages.</p> <p>Appears without any epidemic of scarlet fever being present.</p> <p>Invasion insidious.</p>	<p>The exudation shows itself after the occurrence of a vivid redness, the color of strawberry juice, which involves the pharyngeal mucous membrane.</p> <p>The exudation is white, opaque, caseiform, easily indented or "furrowed" by the nail or a probe.</p> <p>Instead of commencing upon the tonsils, and extending thence, it simultaneously invades the whole cavity of the fauces, and even the posterior nares.</p> <p>A tendency rather to invade the œsophagus than the larynx and trachea.</p> <p>Appears during the course of a scarlatinal epidemic.</p> <p>Invasion sudden and violent.</p>
---	---

It cannot be doubted, however, that, in spite of the differential diagnosis which well-marked cases enable us to draw in actual practice, there are many cases which, without entirely losing their character of scarlatinal angina, so assume the appearance of diphtheria that it is impossible to distinguish them. Indeed, we can scarcely conceive how it could be otherwise when we reflect that the tissues implicated are the same, adynamia the prevailing characteristic of the disease, and the source of both a poison in the blood.

7. PHARYNGITE ULCEREUSE.—*Ulcerative Pharyngitis*.—An affection of this kind has been described by Frank, under the name of "ulcers of the pharynx;" also another, by Hamilton, as "a scrofulous ulceration of the pharynx;" but it is more than likely that some were syphilitic. Pathologists now describe two more kinds of ulcerative pharyngitis: that supervening upon typhoid fever, and that arising in the course of secondary syphilis. From these two the diagnosis is unmistakable.

#### *Differential Diagnosis of*

DIPHThERIA	and	ULCERATIVE (SYPHILITIC) PHARYNGITIS.
Patches of false membrane, ordinarily quite thick.		Detritus yellow; centre depressed; borders elevated.
Easily detached.		With difficulty detached.
Leaving little loss of substance beneath.		More or less considerable loss of substance on removing the sloughs.

8. PHARYNGITE GANGRENEUSE.—*Gangrenous Angina. Gangrene of the Throat*.—After what has been said above of the

different anginas the history of the gangrenous angina becomes much more simple. In the present state of pathology, we can admit but one species of gangrenous pharyngitis; this, consisting in the development of eschars, involving the tissues to a greater or less depth, and supervening upon some preëxisting grave disease, as measles, small-pox, pneumonia, preteritis, typhoid fever, and scarlatina. It is essentially an adynamic affection and most prone to show itself in those affections which profoundly debilitate the system. It is *not* identical with scarlatinal angina.

*Differential Diagnosis between*

DIPHTHERIA WITH GANGRENOUS APPEARANCE AND GANGRENOUS PHARYNGITIS.

Patches of false membrane, ordinarily thick, grey, and blackish.	Gangrenous patches depressed.
At the outset, greyish spots—or yellowish grey more properly—not taking on at first the gangrenous appearance.	Gangrenous appearances from the outset.
After the fall of the false membrane no loss of substance below.	Below the eschars, loss of substance more or less great.

DIPHTHERIA.

*History.*—On consulting the best authorities, it would appear that diphtheria is *not* a new disease, but quite on the contrary, many severe epidemics of it are on record. In describing it, however, the older authors have all, more or less, fallen into the natural error of confounding with it some of the other forms of malignant angina. Bretonneau is convinced of its great antiquity, and identifies the “malum Egyptiacum,” so carefully described by Aretæus, with diphtheria. Very certainly Aretæus, in his account, speaks of it as a disease in which the tonsils are covered with “quodam concreto humore albo,” and which “linguam etiam occupat, et gingivas.” Macrobius mentions a similar epidemic in Rome (A. D. 330), and it appeared in Holland in 1337, and in Paris in 1576. It raged again in 1618 in Naples, and the writers of the seventeenth century especially directed attention to the symptoms accompanying the extension of the disease from the pharynx to the air-passages. Ghisi, in 1740, indicated the peculiarity of the pseudo-membranous concretion which lines the air-passages, but Dr. Bard, of New-York, was the first author (1771) who distinctly described the formation of a false membrane similar to that of croup, and he also speaks of cases

in which there was angina alone, angina with laryngitis and laryngitis alone. He carefully distinguished it from angina-gangrenosa, and scarlatinal angina.

The first connected and practical researches upon the nature of diphtheria were made by Bretonneau, in 1822-23. Since that time the disease has firmly established itself in France, more lately in England, and has now appeared here in the United States. Besides Bretonneau, it has also been carefully studied by Trousdale, Guersant, Isambert, Chomel, Andral, Rilliet, Barthez, Bouchut, Empis, &c., and also by many English writers.

It was in the rear of the Legion of la Vendée that the disease first showed itself, on its introduction into Tours, in 1826. The epidemic broke out among the soldiers of the barracks, and from them spread to the surrounding quarters. *Gingival* diphtheria was then its most common form among the soldiery, the air-passages being rarely affected. The proportion of those affected with the gingival form, to those affected with the laryngeal form, was nine to one.

From Tours it spread through the southern littoral districts of France, until 1828; after which we do not hear so much of it, until the Paris and Boulogne epidemics of 1835, which were soon succeeded by the one which has passed over England within the last two years. It appeared in this country a year since, and there is but little doubt that this coming winter (1859-60) will see a severe epidemic of it. A severe epidemic of it has also visited San Francisco.

Its frequency, happily, is not so great as that of some other diseases, but its habit is to occur in terrible epidemics, which prove principally fatal among the poorer and younger portion of the community.

*Symptoms.*—A capital description of the invasion and symptoms of diphtheria has been given by Dr. Ranking, of Norwich, and to it we are indebted for a part of the following description. In some cases, the child—for children are, in a majority of cases, the subjects of it—appears to ail so little at the outset that the parents will with difficulty be persuaded of the gravity of the attack. The patient may, in fact, be running about, and, beyond some slight difficulty in swallowing, making little complaint. In other cases, the child, after rigors and vomiting, is prostrated

at once, and the lapse of a few hours is sufficient to make it manifest that the system has succumbed to some overwhelming morbid influence. In either case, the earliest complaint is of the throat, which, on inspection, displays a condition varying in appearance according to the early period of the attack and its absolute severity. Sometimes the tonsils, soft palate, and uvula are seen to be simply red and œdematous, and, on a casual view, nothing more would be noticed, so that the disease might be set down simply, as a case of tonsillitis. But, even in a few hours after the first feeling of uneasiness, a careful examination of the fauces will disclose one or more white patches on the tonsil, not larger, perhaps, than a split pea, but enough to warn any one who has previously seen the disease that he has to arm himself for a conflict which the unexperienced would scarcely anticipate. This apparently insignificant patch or patches is, in fact, the diagnostic sign of the malady, and, unless speedily checked by appropriate treatment, is destined to spread over the whole soft palate, and too often to invade with fatal effect the trachea and larger bronchial tubes.

In those cases in which the disease has made its assault with greater violence, and which are marked by more intense general distress, the throat will likewise be found tumid and vascular, but the vascularity will be of a more dusky character, like that of erysipelas, and the diphtheritic exudation will, even at this early period, be found to have invaded the greater part of the tonsils and soft palate. In fact, the entire fauces may be invested with the membrane in twelve hours from the first complaint. A very brief period more, and a serious increase has taken place in all the symptoms. The system has now taken the alarm, and there will be intense heat of skin, with excitement of the pulse, or, in cases of still greater severity, collapse and a cold surface. The act of deglutition, which, at first, was but slightly embarrassed, now becomes difficult and painful, so much so that the child refuses to make the attempt, either with food or physic, and this, in fact, constitutes one of the main difficulties of the treatment. If the patient, by force or persuasion, be induced to swallow under these circumstances, the scene is often a fearful one, and the child gasps for breath, while the food is violently ejected from the nostrils and mouth.

The case has now assumed a most formidable aspect: the child is enfeebled by its inability to take food, and harassed by the necessary attempts to swallow the saliva and other secretions. The false membrane has invaded every visible portion of the pharynx, which appears as if coated with dirty wash-leather, and discolored with the blood and sanies which exude from the congested vessels beneath it. The breath has for some time been offensive, but is now horribly so, so that the most tender mother can hardly nurse her child without feelings of repulsion. The glands of the neck, externally, are, in many cases, enlarged and tender, and the surrounding cellular tissue infiltrated, thus adding materially to the embarrassment of deglutition.

In a certain proportion of cases, we are at this time warned, by increased difficulty of breathing, attended with a peculiar croupy sound, that the diphtheritic membrane has spread to the larynx and trachea, producing a state of things which may be regarded as almost inevitably fatal, so few have been the recoveries under such circumstances. Symptoms of asphyxia soon show themselves; the countenance becomes livid and ghastly; the skin cold and covered with petechiæ; and yet the little sufferer struggles on, hours after the pulse has ceased, fighting for breath, imploring to be left to die, and, in its distressing restlessness, violently throwing itself about until within an hour of its death.

The above description applies to the steady progress of the disease in the severest cases, and it may be taken as typical of diphtheria in its most aggravated virulence; but, in many cases, perhaps equally fatal in the end, the symptoms do not explode with such violence, or reach their acme with such rapidity. On the contrary, in some instances, the throat-symptoms, never very pronounced, appear to be readily amenable to treatment, and the child seems again, in a few days, to be exempt from immediate danger. The same mildness of symptoms may, however, exist in other cases in which the amendment is fallacious, and in which the patient, to all appearance free from risk, is suddenly seized with croupy breathing, and is, in a few hours, beyond hope. In alluding to these deceptive cases, a practitioner says: "I have seen them die in four hours from such sudden invasions; they may linger five or six days, with intermissions of eight or twelve

hours; the croupy breathing would suddenly cease; the little sufferer would sit up, smile, eat, drink, and amuse himself. The delighted parents would point to him in admiration of your skill. The sonorous breathing, which told so plainly that death was there, had disappeared; and, off your guard, you, in general, pronounce him safe. A few hours suffices to turn this joy into mourning, and the stridulous breathing returns, to end only with life.'—RANKING.

It must not, however, be imagined that diphtheria always declares itself with such fatal virulence. Happily, it is, in numerous instances, a far less formidable disease; either when mild from its commencement, or met by prompt medical treatment at the outset. The membrane is stayed in its fearful progress in these cases, and gradually exfoliates and is expectorated, while the subjacent mucous membrane begins to resume its natural color and appearance, at the same time that the sympathetic glandular swellings subside and the pulse improves. But it must be remembered that these favorable changes are often slow and uncertain, even when fairly established, and many weeks sometimes elapse before the patient can be pronounced convalescent.

Before quitting the symptomatology of diphtheria, it may be well to remark that the urine has been stated to be albuminous in severe cases. If it be so, it but adds another, and the strongest proof of the grave extent to which the system is involved, and the frightful manner in which the poison strikes at the very foundations of life. When this condition is present, it must, of course, always add to the unfavorableness of our prognosis.

In different seasons it may follow different habitudes; and in one we find it inclined to invade the nasal fossæ, while another epidemic is characterized by a prevalence of *croupal* diphtheria. In two examples which I myself have had an opportunity of treating, both these forms were exemplified; in the first, the case of an adult, the tendency was very great to invade the larynx and trachea, and the attack was one of much severity, and slow in convalescing. In the other, the case of a child, the tendency was markedly towards the nasal fossæ, and the disease proved much milder in every way than I had dared to hope, and

the patient made a rapid and satisfactory recovery. Whether the difference in the severity of these two cases was due to the different direction in which it extended, I have not yet seen a sufficient number of cases to enable me to say; but the idea, at least, appears to me to be a reasonable one, since it is conceded on all hands that one of the most formidable difficulties which beset the practitioner in the way of treatment, is the impossibility of deglutition.

The Lancet Sanitary Commission, appointed to report on diphtheria, insists upon its division into three distinct varieties, which they claim to have distinguished thus: viz., *simple diphtheria*, *croupal diphtheria*, and *malignant diphtheria*.

The first is the mildest and most frequent form. It is preceded by more or less fever and headache, the tongue is coated with a white creamy fur, there is discomfort about the fauces, and, in from twelve to thirty-six hours, one tonsil (rarely both) is covered by a small patch of white membranous deposit. Its prognosis is favorable.

In the opinion of Dr. Peters, the milder form of diphtheria has been prevalent in New-York for several years, and increasingly so of late; both children and adults are attacked. The throat-symptoms are at first not very marked; but there is high fever, an unusual degree of prostration, pains in the limbs, and headache;—the physician is often at a loss to find the seat of the disease, as the patient does not always direct attention to the throat; the prostration is so great that he may think of typhoid fever, or of severe influenza, before the catarrhal symptoms exhibit themselves. When this state of obscurity occurs, Dr. Peters is in the habit of examining the throat, and frequently finds rather large patches of lymph upon one or both tonsils. In other sore-throats, and in the commencement of quinsy, the patient is generally able to keep about for a day or two; but in this variety he is frequently prostrated from the commencement, and the severity of the general symptoms is out of all proportion to the apparent slightness of the local trouble;—it is often a matter of great surprise that the exudation of patches of lymph, as large as a small finger-nail, upon one or both tonsils, should be attended with so much *malaise*, fever, and prostration.

The second, *croupal diphtheria*, is what its name would indicate. It is more frequent among children than adults; its prodromata are active fever, intense headache, and hot skin. When the fauces are examined, the throat and mouth are found covered with a yellow or brownish leathery exudation, and soon a hoarse barking cough sets in, with a change in the tone of the voice; oppression of the breathing occurs, then paroxysms of suffocation, becoming more and more frequent, until death finally relieves the sufferer.

In the third variety, or *malignant diphtheria*, the symptoms are all of the gravest character from the outset. Intense headache, and severe febrile action precede,—perhaps it may be vomiting or a sudden nasal flux, or even hæmorrhage from the mouth, nose, or rectum, or all the mucous canals. The throat soon becomes painful, and covered with the yellow or brownish leathery deposit, exhaling an intolerably fetid odor; there is intense adynamia, the pulse rapid beyond limit, the face of striking pallor, the lips congested, the eyes lachrymose, deglutition almost impossible, with a fetid flux from the nostrils, showing that it has also invaded the nasal mucous membrane. Coma and extreme prostration ensue, and, if the patient die, as he most probably will, it is in a state of somnolent quietude, strongly in contrast with the agitated restlessness of croupal diphtheria.

It should never be lost sight of that diphtheria may arise in the course of, and complicate a great variety of diseases; and this is especially true when an epidemic of diphtheria is prevailing. It may then impress the diphtheritic character, I am inclined to believe, upon almost any of the different throat-affections, whether croupal, pharyngeal, tonsillary, or scarlatinal.

*Pathology.*—All the accounts which we have of diphtheria concur in pointing to the false membrane as the great feature of the disease. This is developed after a variable amount of constitutional disturbance, and more or less fever of an adynamic type. The local affection may, however, precede the fever. Its site is mainly confined to the fauces and upper part of the respiratory tract, and, upon examination, the soft palate, the back of the pharynx, and the tonsils will be seen to be covered with an ash-colored, or white, or yellow, or brownish leathery



false membrane, of a fetid odor, possibly more or less torn up, and detached by the repeated manipulations which may have been employed. Below this, the mucous surface is livid, possibly excoriated, but, unless from the use of caustic, does not show either ulceration or sloughing, as in those forms of angina known as "ulcerated" or putrid sore-throat.

Wherever the diphtheritic membrane is detached, from beneath its edges a bloody and fetid sanies will be seen to exude, and in some cases, according to Bretonneau, little filaments may be observed, running from its under surface to the mucous crypts of the tonsils. The membrane itself, in some cases, extends to the upper part of the œsophagus, and may be traced into the posterior nares. In addition to this, it is found to have invested the glottis, and, in fatal cases, to have traversed the entire larynx and trachea, and even to have reached the larger bronchial tubes, forming a cast of these tubes, and more or less completely impeding respiration. These cases, as has been said, are almost invariably fatal.

But the lesions after death are not entirely confined to the parts above mentioned; in those cases in which there has been much external swelling, the submaxillary glands will be found engorged, and the surrounding cellular tissue infiltrated with a sanious pus.

The physical appearance of the false membrane itself, likewise claims some special attention. When closely examined, by the unaided sight, it has all the character of a fibro-plastic membrane, similar to that thrown out in true inflammatory croup, *but it is softer, soddened*, as it were, by the sanious matter which exudes around and from beneath it. In the larynx it is much whiter in color, and would scarcely, if at all, be distinguished from the croupal membranes. In fact, my own understanding of its character would be this—viz.: That, when it invades the larynx and trachea, it *becomes* true croup, or the same thing; and that, while in the pharynx, it is *a croup of the pharynx*. Under the microscope it exhibits the ordinary elements of such structures, as fibrils and corpuscles; but, in addition to this, some authors have associated with the disease the presence of a parasitic fungus, which fixes itself upon the mucous membrane of the fauces, and is supposed to be the starting-point of

that vascular condition which subsequently gives rise to the exudation.

Dr. Laycock's communication upon this point, it must be conceded, however, fails to impress the reader with the confidence in his theory which it would have done had his case been one of uncomplicated diphtheria; whereas it was only a case of diphtheroid exudation, occurring at the close of a long-standing disease of the supra-renal capsules. The fungus described by Laycock is the "oidium albicans," a parasite which he admits is also discoverable in the patches of aphthæ, and which other microscopic observers have found in the secretions of the mouth in other diseases, so that it seems no unfair inference to look upon it as an accidental and secondary phenomenon rather than as an exciting cause of disease.

In true diphtheria (and this may be regarded as a pathognomonic test) any cutaneous surface, deprived of its epidermis, may take on the diphtheritic action, and become covered with false membrane. Thus, blistered surfaces are especially apt to become affected in this way, and it has been known to invade sores accidentally brought in contact with the diphtheritic matter. Schœnlein places the disease among the *neurophlogoses*, or *inflammationes toxicæ*, in company with stomacace, noua, gangrenous angina, gastromalacia, bronchitis-maligna, gangrene of the lungs, metritis-septica, malignant dysentery, anthrax, pustule-maligne, &c. By a neurophlogosis Schœnlein understands a species of venous, somewhat typhoid, or low grade of inflammation, attended with blood-poisoning and marked nervous prostration.

Rokitansky places it among the pseudo-croupous, or malignant-croupous, or typhoid-croupous affections, in company with malignant dysentery, metritis-septica, cancrum-oris, &c.; in which diseases he supposes there is a putrid or typhoid blood-poisoning, attended with a low grade of fever, and croupous exudations, which differ widely from the pure, frank, inflammatory and plastic-membranous inflammations, such as attend true membranous croup, pleurisy, peritonitis, and pericarditis, with exudation of purely inflammatory coagulable lymph.

*Course, Duration, and Termination.*—The duration of this disease is extremely various. Mr. Ranking has seen it fatal in

forty-eight hours from the first seizure; while, on the other hand, it may continue for two weeks or more, and prove fatal long after all active symptoms have subsided, either by pure exhaustion, or by the supervention of other lesions. Among these, paralysis of the muscles of deglutition has been observed, as well as a state approaching to more or less complete hemiplegia.

In favorable cases, improvement may be looked for on the fourth or fifth day, and is indicated by the expectoration of membranous shreds, which have become detached from the fauces, a general improvement of aspect, and increased facility of swallowing. Even when the symptoms have been decidedly croupal, the false membranes have, in some rare instances, been expectorated, with immediate relief to the urgent difficulty of breathing.

*Infection.*—There can be little doubt of its contagious and infectious nature, though it does not act with the same unerring certainty as does the contagion of some diseases, and its infecting distance is less. Arising, in the first place, from a specific miasm, it becomes capable of transmission from one to another, without any recurrence to the original source of the poison. Some surgeons have been seized after a portion of saliva or false membrane had fallen upon the lips or mucous membrane of the nose, while engaged in cauterizations, and have died from the effects of it; while, in other cases, this susceptibility did not seem to exist. But, when once the disease has arisen and become epidemic, even those living at a distance, (as is the case with *many* of the zymotic diseases,) and under conditions the most favorable to health, may yet become its victims, and, under these circumstances, it spares neither age, sex, nor profession. I have known a child from the country, merely carried through one street in Albany, a short time since, who sickened with the disease in six hours, and died within a few days.

That it is more or less contagious at times is evident from the following occurrence. In France, a short time ago, a Mr. Sturme, Officier de Santé, at Blendregny, attended a girl, aged sixteen, with croupal angina, in which confirmed asphyxia was present, and death imminent; hence, Mr. Sturme performed tracheotomy on the spot; but, not having any canula at his disposal, supplied its place by a fragment of an india-rubber

catheter, which quickly became obstructed; to clear the orifice, Mr. Sturtevant applied his mouth to the orifice of the tube, and aspirated forcibly into his mouth the mucus or lymph which interfered with the passage of air through the bronchia. Our unfortunate practitioner had no sooner returned home than he began to feel the effects of the diphtheritic inoculation, and, in two days later, he perished, a victim to his devotion.

*Causes.*—The study of its causes has been particularly elaborated by the Lancet Sanitary Commission, as well as by the French investigators, and it seems to be universally conceded that, although leiphernal\* influences may greatly assist in its propagation, its original cause lies in the presence of decomposing animal excreta, and the vicinity of uncleaned latrinæ inseparable from a metropolis. It is quite unnecessary to go into detail, and describe all the steps by which this conclusion was arrived at. Suffice it to say, that not a doubt now remains that it often is the result of insufficient drainage, from sewers and water-closets, and the impregnation of the air, and more especially of the drinking-water, with noxious animal matters. Prophylactic measures should be addressed to those matters in preference to the system of the patient.

*Treatment.*—The remedies which would most naturally suggest themselves to the homœopathic physician are the true croupous remedies, or those which prominently produce the exudation of false membranes, such as Bromine, Bichromate of Potash, Ammonium-causticum, Muriate Tincture of Iron, Muriatic-acid, Arsenicum, Bromide of Potash, &c.

As early as 1846—viz., fifteen years ago—Dr. Peters was the first to call the attention of the school to the truly homœopathic remedies against membranous croupous affections. See *Homœopathic Examiner*, new series, vol. I., p. 191.

*Ammonium-causticum* causes reddening of the nasal mucous membrane, which is coated with an *albuminous* layer; reddening of the posterior surface of the epiglottis and of the entrance of the rima-glottidis, which are covered with a *false membrane*; great redness of the whole trachea and bronchi, which are coated here and there with *membranous patches*. After it was thus

---

\* *Atque*, to be poor.

pointed out to the profession Ammonia became a favorite remedy in these affections by the late Dr. Curtis, of this city. It may be used in diphtheria, when the prostration and exhaustion are very great, and the disease tends to extend down into the larynx, trachea, and air-passages.

*Bromine* was suggested at the same time, and on the same page; for it causes inflammation, of a *transudative* character, in the larynx and trachea, with commencing formation of false membranes; violent inflammation of the fauces and œsophagus, and coating of them with *plastic lymph*; intense inflammation of the larynx and trachea, with *exudation of plastic lymph, in such abundance* as quite to block up the air-passages. On the suggestion of Dr. Peters, this also became a favorite remedy with Dr. Curtis, who recommended it to Dr. Ball, of this city, who aided much in the practical introduction of this remedy. Dr. Belcher has lately suggested the Bromide of Potash.

The celebrated allopathic physician Bretonneau was the first to introduce the local use of *Muriatic-acid* against diphtherite; he states expressly that, if it be applied too strong or too frequently, it will produce an ulceration which will become covered with a white exudation and heals slowly, so that the physician ought to be well acquainted with the possibility of this accident, in order not to mistake a similar ulcer for the effect of the disease. All the mineral acids are more or less homœopathic to diphtherite, but are most useful when the disease bears a typhoid or septic character.

Dr. Kidd, in the *Brit. Journ. of Hom.*, April, 1859, thinks that the essential pathogenetic action of *Iodine* comes nearest of all remedies to the special characteristics of diphtheria, in its constitutional and local manifestations; he also regards it the best of all remedies in croup, apthæ, glandular swellings, and of more value than Chlorine as a disinfectant in throat-diseases. Iodine is especially indicated in the early stage, when there is much glandular irritation, and the disease threatens to extend to the larynx. To produce a prompt and perfect influence over the disease, Dr. Kidd thinks it is best to administer it, "*similia similibus curantur*," in the mode of entrance of the disease itself, viz., by inhalation; or the Iodine, in substance or in tincture, may be placed in an open vessel near the patient, as it is thus

slowly evaporated, and mixes with the air in a highly divided but quickly acting form. Its internal use should be in frequent repetitions, as few diseases require more prompt and vigorous treatment than diphtheria in its severe forms. Dr. Kidd thinks, if Hahnemann were alive to prescribe it, he would be as likely to advise the lowest and strongest dilutions, in substantial doses, frequently repeated, as when he recommended the strongest solution of Camphor, in frequently-repeated doses, in cholera.

*Muriatic-acid*, he assumes, comes next to Iodine in the closeness of its pathogenesis to diphtheria, and asserts that it is incontestably of the utmost value in the disease, especially after the action of Iodine has lessened the glandular irritation. He uses it by inhalation, gargling, and swallowing, as any medical man, who has seen much of the severe forms of diphtheria, will only be too glad to bring the appropriate medicine into action, in every way that it is possible to do so, in order to arrest the disease speedily.

In the last stage of the disease, Dr. Kidd thinks *Arsenicum* is closely indicated, more especially when the swelling of the neck and throat is cedematous, as it often is, and when the odor from the throat is putrid, with typhoid exhaustion. He also says that Ammonium-causticum deserves a most careful trial in the latter stages, while China or Quina-sulph. may be advantageously alternated with the Arsenicum. In all cases, it is essential to prescribe an abundance of food and stimulants; indeed, he says, we must most strenuously urge the patient to swallow them, although it produces much pain to do so. Port wine, claret, or champagne are the best stimulants, but occasionally ale or stout do better, while fresh brewer's yeast has an admirable effect; or eggs beaten up with brandy, hot water and sugar, strong beef-tea mixed with port wine, or the latter with arrow-root or sago. If the patient will not swallow, nutritive injections must be given from the commencement, and not postponed until great exhaustion ensues.

Dr. Kidd also relates cures effected with Chlorate of Potash and Nitric-acid.

In the same number of that able journal, Dr. Madden gives his experience—his first introduction to the disease, in the autumn of 1857, being most discouraging; for, of six persons attacked,

he only saw one recover ; but a closer acquaintance with the disease, and a less bigoted treatment, were followed by very gratifying results. Many more persons have complained of their throats the last year, and he has examined more cases than during any five years of previous practice. He met with the following varieties :

1. Common catarrhal angina occurred in unusual abundance, but generally of the *follicular* variety, marked by the presence of large number of elevated follicles or tubercles, somewhat similar in appearance to the large flat papillæ which occur normally on the root of the tongue; they presented themselves in considerable number over the arches of the palate, the velum, and posterior wall of the pharynx. Baryta-carbonica and muriatica and Antimonium-sulphuretum quickly cure this form. This variety has long been very common in the United States.

2. Next in point of frequency was acute sensibility, with an unusual amount of swelling of the glands, the mucous membrane being of a dark or dull red, and rapidly passing into suppuration or ulceration ; when the ulcers appeared early, were clean from the first, and not surrounded with a dark, fiery red line, the cases proved very manageable, and ran their course in two or three days. Many very severe sore throats have a great tendency to get well on the fourth day. Dr. Madden found Biniodide of Mercury and Kali-bichrom. invaluable.

3. The third set of cases commenced like the second, but the ulcerated (inflamed?) surface became speedily covered with a whitish curdy deposit, very similar to the curdy part of a suppurating scrofulous gland. In these cases, some of the patients were scarcely ill at all, others had high fever, with more or less delirium, while others were very low and physically depressed. But all these cases recovered favorably. This latter variety is very common in New-York.

4. The next type was a much more serious disease, for the whole soft palate was much swollen, œdematous, and pale red, while the mucous surface was smooth and glazed, the tongue thickly furred, the difficulty of swallowing great, and the whole attended with a marked adynamic fever. These cases yielded with difficulty to treatment, and convalescence was slow. Aconite and Veratrum viride in the first stage, aided by an occa-

sional dose of Mercurius, Tartar-emetic, followed by Cantharides or Rhus, will generally carry the case through in four days; an occasional dose of Morphine adds much to the comfort of the patient. But Dr. Madden recommends Apis and Rhus, Bromine and Kali-bichrom., or Merc.-biniod.

5. True diphtheria, characterized by the *peculiar wash-leather deposit*, extremely fetid exhalation from the mouth, deep phagadenic ulceration below and around the deposit, and profound general adynamia.

All these cases Dr. Madden treats with the *Muriate Tincture of Iron*. As soon as the deposit begins to appear, he directs the tonsils and velum to be painted over with pure glycerine, four times daily, and about every twelve hours he applies, in person, the *pure Tincture of Muriate of Iron*, with a camel's hair brush, to the whole surface affected. Internally, he gives the *Binioidide of Mercury* and Bichromate of Potash, and, in the event of the prostration being great, he gives Arsenicum and Carb.-ammonia. Of nutriment he gives as much as possible. Under this treatment the swelling and redness of the mucous membrane steadily subsides; the excessive fetor of the breath rapidly decreases; there is less difficulty of swallowing; and the deposit shrivels up, becomes loose and erected at the edges, and soon falls off. He has not yet seen a single case which resisted this treatment, and sincerely trusts that his medical brethren will given the plan a fair trial and meet with the same success.

ARTICLE XIV.—*On Malignant Intermittent Fever.* By WM. H. HOLCOMBE, M. D., of Waterproof, La.

Tensas Parish, La., in which I reside, is a perfectly level country, with a rich alluvial soil, and deeply intersected by many and tortuous bayous. It contains, besides, many lakes and lagoons, and lies between the two parallel rivers (only fifteen to twenty miles apart), the Tensas, and the Mississippi. A great quantity of the land has been but recently brought into cultivation. We, therefore, have all the supposed causes of malarial fever: intense solar heat, vast quantities of decaying organic matter, and an immense area of surface water—always in full



operation during the summer months. Periodical fever is, therefore, endemic, and we last year passed through the worst epidemic of it ever known to the inhabitants. It raged for four months—from June to the first of October—and very few people, black or white, escaped an attack. I saw and treated hundreds—I might almost say thousands of cases—scores of which were of the congestive malignant type. For speculations as to its etiology and essential nature, I refer my reader to the standard authorities. At present, I only propose to give a plain statement of the results of my individual observation and practice.

Dr. Daniel Drake, in his great work on the "Diseases of the Valley," truly remarks that, in the whole range of symptomatology, there is no more difficult task than that of making a graphic description of the symptoms which accompany and characterize our malignant intermittents. This is due to the number of symptoms—almost every function being implicated, to their simultaneous occurrence, to the sudden and varied transitions of the disease, and to the deep involvement, sometimes of one, sometimes of another great organ. Never have I seen intermittent fever present such protean shapes, and of such severity and obstinacy, as during the present year. A tyro in the profession might have easily supposed that he was treating a great variety of diseases: apoplexy, meningitis, neuralgia, pulmonary congestion, influenza, gastro-enteritis, jaundice, bilious colic, spinal irritation, &c., &c., with sympathetic fever of a very obscure periodical type. There was really but one disease prevailing—intermittent fever. The clue to unravel the complicated web of phenomena was found in the facts, that the paroxysms were uncommonly severe, the types were doubled and implicated, local congestions almost universal and of astonishing variety, and the whole so crowded together simultaneously that it was sometimes very difficult to detect the periodical element in the disease at all.

The double tertian was a very common type. The patient would be attacked with a severe chill one evening, and have a raging fever all night. The next morning—before the heat of skin, pains, &c., abated a jot—he would pass into a second paroxysm very suddenly, usually marked by strong congestions. Before he could be got out of this state the next paroxysms—anticipating

sometimes by nine or twelve hours—would rush in, and perhaps prove fatal. Even in simple tertian, high fever with stupor would continue for the forty-eight hours, and the second paroxysm come on before the least remission had been procured. Some paroxysms were ushered in with cramps in the stomach, some with diarrhoea, some with convulsions, some with coma, and many with an almost insuperable irritability of the stomach. During the first half of the epidemic, the bilious vomiting was a most prominent symptom. The quantities ejected for hours, and even days, was almost incredible; and the bile, of all shades of green, yellow, and indigo, was often accompanied by almost as much thick, ropy, dirty mucus and saliva. After cool nights came on, as they did in August, the bilious symptoms fell into the back-ground.

The severe cases might be very appropriately divided into those with cerebro-spinal congestions and those with gastro-enteric congestions. I saw but two or three cases with any marked symptom of pulmonary engorgement. The cerebro-spinal phenomena were much the most alarming; indeed the fatality was limited to this class. The gastro-enteric were the most refractory, and the most liable to relapse. I have seen the two sets of symptoms appear on alternate days in the same patient. One day there would be intense cephalalgia, stupor, passing even into coma—the abdominal organs being perfectly quiescent. The next day, there would be vomiting and purging, with no disturbance of the sensitive sphere. To give my readers some idea of the rapid and malignant nature of these diseases, I will cite a few cases.

CASE 1.—A negro man, about forty years of age, had experienced two slight attacks of intermittent, which were neglected. On Friday night, the overseer sent for me, thinking the man was crazy. He had gone to work in the morning, apparently well. When the paroxysm came on, instead of reporting himself sick, he concealed himself, and was not found until nine o'clock at night. He staggered so that he had to be carried to his cabin. He had a stupid and vacant look, quite unnatural to him; indeed you could not catch his eye or fix his attention. He would begin answering your queries in a hasty, tremulous manner, but would break down, after a few words, very abruptly, and

remain silent and apparently asleep. The pulse was soft and slow, the skin perspiring. He had involuntary evacuations of urine and fæces soon after being put to bed. Respiration was almost tacit, as in a person asleep. Here was congestion of the cerebro-spinal centres, so profound that there was not sufficient innervation communicated to the organic sphere to excite reëctionary symptoms. There is hope of a case of coma as long as the skin is hot, the circulation and respiration excited, vomiting occurs, or jactitation exists; but when the functions of the brain are nearly paralyzed, with perfect quiescence of all the lower organs and functions, the case will almost surely be fatal. No change occurred in this patient until the next morning, when he became entirely speechless, and began an automatic clawing motion at his breast and throat, which is generally a fatal symptom. About noon he had convulsions and expired; the pulse remaining unchanged until just before death. No remedy or measure, internal or external, appeared to produce the slightest impression.

CASE 2.—A little girl, aged about six years, was attacked on Saturday morning with a chill, followed by high fever. She remained in a stupid state until early Monday morning, when I saw her for the first time. The mother had administered *Aconite* and *Belladonna*, alternately, all the time. She thought the child was much better. The patient was rational, but complained of severe pain in the stomach, with some nausea. Her pulse was 140, and vibratory, skin of medium temperature, very great thirst. There was an unnatural restlessness about the eye, which I did not like, and I left her on *Arsenicum* and *Nuosmoschata*, determining to see her again in the middle of the day. Two hours after I left, her legs and arms became cold and blue, and the child in a very short time was speechless. There was what the old writers called spasmodic stricture of the cutaneous capillaries. When I saw her, at noon, the face was deadly pale and hippocratic; pulse fluctuating between 150 and 200 to the minute; occasional efforts to vomit, or rather gagging, and a constant spasmodic jerking of the head and neck, from right to left. The head was intensely hot, and the pupil widely dilated. She was put in the warm bath, ice was applied to the head, she was cupped in the temples, mustard plasters were

freely employed. Remedies were given by injection and inunction, *Hellebore* and *Zincum* by the mouth; but the nervous centres became more and more congested, and she expired before midnight. If this child had taken *Bryonia* and *Tartar-emetio* during the febrile paroxysm, and at midnight, on Sunday, been put upon Quinine, until she had taken twenty grains, all indications against it notwithstanding, the result would probably have been different.

CASE 3.—A negro boy, aged twelve years, fell insensible in the field about sunrise. I saw him two or three hours afterwards. He was perfectly insensible, and had occasional convulsions—mainly of the extremities. Hot skin, full, hard pulse, pupil contracted, deglutition difficult. The convulsions were excited by handling him. Tried the cold *douche* on him, but to no purpose. I treated this boy for about thirty-five hours with *Aconite*, *Belladonna*, *Ignatia*, *Hyosciamus*, and *Zinc*, besides bathing and mustard plasters, without effecting the least change. The owner then took the case into his own hands, applied blisters, and administered large doses of Calomel and Quinine. The boy roused up in a few hours, and Quinine secured the convalescence. Was this a coincidence or a cure? I may here state that I treated three small children, for ten or twelve days, for symptoms of acute hydrocephalus, with irregular and imperfect remissions. Vomiting, constipation, irregular pulse, screamings, gritting 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 experiential use of Quinine. The three cases promptly improved, and thoroughly recovered. It is not to be supposed that Quinine is a specific for idiopathic hydrocephalus. In these cases, the hydrocephalic symptoms were merely subordinate appendages to the intermittent type, which was the epidemic constitution of the year.

CASE 4.—Negro woman, aged about twenty-five years, stout and healthy; had a chill on Saturday. Fever very slight. She was perfectly well on Sunday. Monday morning, she went to work as usual. About noon, she dropped suddenly in the field, without previous complaint, in a comatose state. I saw her in about 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 clenched, deglutition impossible. Skin natural. 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 the second injection she winked (one of the first indications, oftentimes, of returning sensibility) and moaned, and soon executed some voluntary movements, so that it was not administered. She seemed perfectly well the next day, only feeble. No more Quinine was given, and she convalesced. But she did not get well. She remained weak and apathetic—became anæmic—and, at the expiration of three weeks, had another paroxysm, which began with profuse sweating and delirium, soon passing into coma, as profound as in the first attack. She was roused from this by blisters to the scalp and legs, and by Quinine and brandy, freely administered. In a few hours, however, she again became comatose, had an abortion (at four months), and expired. She was drenched in perspiration to the last. This case puzzled me greatly, and its pathology still remains a mystery. Perhaps, if she had taken small doses of Quinine and Iron, for two or three weeks after the first paroxysm, the fatal issue might have been averted.

CASE 5.—A negro man had experienced several attacks of intermittent, for which his master had put him upon Quinine and Blue Mass, until he was moderately salivated. After this mercurial impression on the system, he considered the patient perfectly safe, and expected only a tardy convalescence. To his surprise, one morning, the negro, after walking around a while in apparent health, laid down, and was soon found insensible. When I saw him, about two hours afterwards, he presented all the symptoms of an apoplectic seizure in a plethoric subject. Slow hard pulse, contracted pupil, slow and loudly stertorous respiration, hot skin, and total abolition of all the senses. Every

kind of measure was resorted to in vain. *Belladonna*, *Cicuta*, *Opium*<sup>12</sup>, *Zinc*, *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.;—but he gave not the faintest evidence of sensibility, and so expired. The physician stands appalled at the powerlessness of his art in the presence of such cases, and, if he has seen as many of them as I have, he will have no special remedy to boast of, and will be modest enough to accept practical suggestions from any creditable source.

CASE 6.—A fine stout negro man, aged twenty-five, had a paroxysm of chill and fever, in which he complained dreadfully of pain in the abdomen. After it left him, the overseer gave him Quinine, until it produced a decided impression on the senses. He was seen at ten o'clock in the morning, sitting in his door, apparently well. He was found upon the floor, at twelve o'clock, profoundly insensible. He had urinated on the floor, and had taken out his penis to do so, and apparently forgotten or lost the power to return it. He was intensely hot, eyes injected, pupils contracted, full bounding pulse. He rolled the head very frequently from side to side, made chewing motions with his mouth, and kept up an incessant picking or clawing motion with his fingers on his breast and throat. I tried homœopathic remedies faithfully on this man for thirty-six hours: Aconite and Belladonna for twelve hours, Belladonna and Bryonia for twelve hours, and Bryonia and Hellebore for twelve hours, with a laxative injection and cold water to the head. He had grown worse: the pulse was more rapid, his fore-arms were unflexed with difficulty, the automatic motions unchanged, and the respiration becoming stertorous, which it had not been before. I expected another paroxysm certainly in twelve hours—probably it would anticipate six hours. The inexperienced would ask, how would another paroxysm manifest itself in that peculiar state of the patient? Answer,—by collapse and death. What was I to do? I applied blisters to both legs, and to the entire scalp, and gave an injection of thirty grains of Quinine and forty drops of Laudanum—ordering a repetition of the same in five or six hours.

When I saw my patient again, in about twelve hours, he answered questions, feebly but rationally; the congestion had mostly disappeared, and he was convalescent. I kept him on small doses of Quinine for a long time afterwards. He had a troublesome headache afterwards for two or three weeks—probably the effect of the Quinine, but he is now in perfect health. All these symptoms of acute meningitis or cerebritis, proceeding even to effusion, were not idiopathic, but merely symptomatic: a sympathetic expression of the action of malarial poison on the cerebro-spinal axis.

CASE 7.—A stout negro boy, aged twenty, had experienced one paroxysm of intermittent, of medium severity, and had taken Quinine until he felt its specific effects. At the next return, he became suddenly speechless, but every function appeared natural—skin, pulse, stomach, respiration, and all. His eye rolled about the room, as if he saw and appreciated the relation of things, but you could not catch it. The teeth were tightly clenched, the arms rigidly flexed. He was partially cataleptic; if you rolled him on his face he would lie just as motionless as if he were on his back. After some hours, the eye closed, and the breathing became slightly stertorous. Quinine and Laudanum were given by injection, and he seemed perfectly natural the next day. Still, however, a similar but deeper paroxysm came on the day after, at the same hour. When I saw him, blisters had drawn on his scalp, arms, and legs, but he had not winked or stirred. Quinine and Laudanum injections were again given. In a few hours, he was all right. I then gave him Quinine, in stout doses of brandy, for some days. He got well, but had a precisely similar paroxysm on the twenty-first day from his last attack, which was treated in the same manner. He is now in excellent health.

I might relate twenty or thirty more cases, similar to those above, which have occurred in my practice this summer, almost every one of which recovered; but sufficient has been adduced for the illustration of the disease and for the purpose I have in view. That purpose is mainly this: To impress upon the homœopathic practitioner the fact that intermittent congestions of the cerebro-spinal axis, occurring in a paludal region, whilst periodical fevers are epidemic, are not cured, or in any

way modified by Aconite, Belladonna, Bryonia, Hellebore, Zinc, Laurocerasus, Glonoine, Hyosciamus, &c., &c., or any other of the numerous remedies which we have been found of such signal efficacy in the idiopathic diseases of the cerebro-spinal system. These remedies are not then the homœopathic *similes*; nothing but a superficial symptomatology can mistake them for such. The cerebro-spinal symptoms, although the most obvious, are not the most important in the *totality* which is required for the selection of a remedy. The fact that these symptoms come and go with periodic definiteness, in connection with certain specific causes,—this fact, I say, is the supreme, all-embracing, all-important *symptom* in the cases. Where is the homœopathic simile? In the present state of our art (as I understand it, though humbly confessing I have many superiors, who may know more, and do better than I can) we are compelled to resort to experimental treatment.

Therefore, in the treatment of malignant or pernicious intermittent fever, with anticipating paroxysms and serious local congestions, I cordially endorse the following paragraph from Prof. Wood's "Practice of Medicine," vol. I., page 303: "As soon as a remission or intermission 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 but too often fatal. No matter whether the patient has been under treatment during the paroxysm or not; no matter how partial the remission, provided it be a remission (In desperate cases do not wait for any remission at all.—H.); 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—at least none other approaches it in efficacy."

The medical profession, always slow to appreciate anything for which it has not got a ready-made theory, were very tardily convinced of the specific virtues of the Peruvian Bark. And now that the old school is unanimous in the praises of the great extract made from it, the homœopathists must begin to doubt and theorize against it, simply because it is a Samson in the hands of their opponents, and must be given in appreciable



doses. The first and last appeal should be to the *facts* of the case. The man who does not submit himself, with child-like docility, to the *facts* before him, is a Don Quixote, leading in imaginary life, and may expect to be made the laughing-stock of practical men. I will call up only one witness, and he is a very old one. Dr. Robert Jackson was an English surgeon, who practiced largely in the West Indies and in our Colonies during the War of Independence. In his "Treatise on the Fevers of Jamaica and the Intermitting Fevers of America," I have found the most graphic and life-like description of the diseases which have ravaged our Louisiana lowlands last year. "Peruvian Bark," says this fine old observer of nature, "is so safe, and at the same time so effectual, that I should be slow in recommending any other remedy where this can be procured in sufficient quantity. The strongest proofs of its value arise from a comparative view of the mortality of the intermitting fever in different regiments, which were employed on the same service, but which were treated in different manners by their respective surgeons. The Hessians were all of them inveterate enemies to the Bark, and there were even some of the British surgeons, who employed it very sparingly. The mortality among the troops entrusted to those was uniformly great in proportion. There was a Hessian regiment, the situation of which I had an opportunity of knowing exactly, that lost one-third of its men by this disease and its effects during one year's service in Georgia. There were British regiments, also, which lost more than one-fourth, while there were others which did not lose one-twentieth. The whole of these regiments were engaged on the same services, they were all alike foreigners in America, and there appeared to be no obvious cause for so great a difference in the degree of mortality, except a difference in the management of the Bark. Bark was scarcely ever employed in one case; in another it was used with timidity, whilst it was given with the earliest opportunity, and in quantities far exceeding the usual practice in the third."

It is not to be supposed that Quinine will cure every case of severe malignant intermittent fever. There are some, probably one-tenth, to which it is not adapted, which

do better from the beginning on homœopathic remedies, even in infinitesimal doses. Nor is the remedy so innocuous that it can be administered rashly and without discrimination. Many cases are, no doubt, injured by it, and some (although not near so frequently as is alleged) of the visceral obstructions, in chronic cases, actually caused by it. The homœopathist, who is presumed to be especially acquainted with the pathogenetic power of drugs, should be the readiest to detect, and the promptest to avoid the toxicological influence of this super-excellent remedy. For those who are not satisfied with experimental facts, and who cannot regard Quinine (as I do) as a quasi-chemical antidote to the malarial virus, requisite in definite quantities, I have culled the following paragraph from M. Brecquet's "Experimental Researches on the Action of Quinine," reported to the French Academy of Science. They may see, in this pathogenetic picture, the cause of the homœopathicity of Quinine to such cases of cerebro-spinal congestion as I have reported:

"Injected directly towards the brain, by the carotids or ascending aorta, great cerebral excitement and convulsions were produced. If the Quinine reached the brain by the more indirect route of the general circulation, there was agitation, headache, vertigo, tinnitus-aurium, numbness and coldness of the surface (with local determinations of blood), paralysis of the nerves of the special senses, muscular twitching and subsultus-tendinum, apparent intoxication, then general collapse and loss of voluntary power. Dissection generally disclosed great congestions of the brain and its membranes, and even meningitis."—"Fenner's Southern Medical Reports," Vol. I., excerpta page, 450-52.

The homœopathic application of the other remedies found useful in these desperate cases—viz., water, opium, and counter-irritants—is, however, more certain, and we can do something to advance the great cause of specificity by pointing out, especially to allopathic readers, where the similarity between the remedy and the disease lies. I have already called the attention of the profession to the homœopathicity of a blister applied to the skin at the proper time, both in my "Scientific Basis of Homœopathy," and in my little essay on the "Nature and Limitations of the

Homœopathic Law." Prejudices against the old school practice have, no doubt, prevented the great mass of my readers from ever devoting a second thought to the subject. But a great germ of truth and practical value lies there and ought to be fostered. The fact is simply this, that through the *reflex* functions of the nervous system, we can project, as it were, a pathogenetic stimulus from an external point on to an internal and inaccessible part. It is the secret of all allopathic success, when not due to a direct homœopathic application of measures. Its recognition, as a valuable adjunct and alterative, is a matter of great importance to the permanent growth of the homœopathic school.

*Water* was found a most valuable adjuvant in all these severe cases of fever. The most grateful sense of relief was often procured by pouring several pitchers of very cold water on the head and neck. The brain was sometimes signally and promptly relieved by this measure. The cold *douche*, even in the most desperately comatose cases, never did harm, and, I have great reason to believe, did a great deal of good. It is an old and well-tried remedy, and there is no need to expatiate on its merits. It was the Indian method of treating these fevers, before the advent of Europeans upon this continent. The profound and sedative impression upon the nervous system, the powerful vascular reaction and the subsequent restoration of equilibrium, by increase of the excretory functions, are beautifully paralleled in the action of water and of the febrile cause on the human system. To illustrate the pathogenetic action of water, we call attention to the following curious paragraph from "Watson's Practice," page 460, second American edition :

"Towards the end of October, 1822, M. Brachet took a cold bath, at midnight, for seven nights in succession, in the river Saone. On the first occasion, he remained a quarter of an hour in the river; on the second, half an hour; till he could stay, at length, a full hour in the water at a time. After each bath, he betook himself to a warm bed, and, in a short time, became affected with considerable heat, followed by copious perspiration, in the midst of which he fell asleep. At the end of seven days, M. Brachet ceased to repeat this experiment; but what was his surprise at finding, on the following night, between twelve and one o'clock, that all the phenomena of a true ague-fit appeared, in

due order and succession. As, however, that artificial paroxysm was not very severe, and as he felt quite well during the day, he determined not to interfere with it, but to observe the result. Six times it recurred, with great regularity. On the seventh night, after he had omitted the baths, he was summoned towards midnight, to a woman in labor; the ride to her house heated him and, on his arrival, he kept up the heat by placing himself before a large fire, and from that time the febrile phenomena ceased to recur."

The Quinine and Laudanum, in the above cases, and in others more or less like them, were administered by the rectum for a two-fold reason. The local impression of the Laudanum prevented the bowels from rejecting the injection too soon. In some cases deglutition was impossible; in others, the substances would have been immediately vomited back. Moreover, the nerves of organic life seemed so profoundly torpid that absorption from the stomach appeared doubtful. The rectum being supplied with nerves of both animal and organic life, it seemed somewhat probable that its surface possessed more vital impressibility than points supplied only with nerves of organic or vegetative life. The Laudanum was coarsely, but still very obviously homœopathic to this state of congestive coma and nervous prostration. Dr. John Bell, after strongly recommending Opium in these cases, anticipates the objection of the mere surface-reasoner, and exclaims: "What! it will be exclaimed by some, give Opium, a narcotic, in a state of apparent apoplexy or stupor, which may be said to resemble that of narcotism?" The records of Southern practice prove that congestive fever has been much less fatal since the opiate or anodyne treatment has pretty generally superseded the old plan of indiscriminate stimulation.

The second-class cases of malignant intermittent were characterized by gastro-intestinal congestions. The purely homœopathic treatment of these cases was eminently successful—I mean during the paroxysm. Why was this so? Probably for this reason: the malarial poison produces its primary and specific impression on the cerebro-spinal system, the gastro-intestinal phenomena are merely reactive or sympathetic; the homœopathic remedy, applied to the cerebro-spinal system, finds the field already occupied by a subtle and potent poison, which it

has no chemical power of replacing or ejecting; but the gastro-intestinal disturbances are like original or idiopathic abdominal diseases and are to be treated accordingly. One proof of the truth of this theory is, that *Aconite* and *Belladonna*, two cerebro-spinants, fail to exert their usual antiphlogistic powers in these fevers. *Aconite* and *Ipecac.*, high or low, might be frequently given for hours without abating the vascular erythism or relieving the gastric symptoms for a moment. But *Bryonia*, *Chamomilla*, *Pulsatilla*, *Veratrum*, *Tartar-emetic*, and *Mercurius* rarely failed to realize your expectations. Perhaps, of all the remedies, *Bryonia* and *Tartar-emetic*, in alternation, produced the best effects in the greatest number of severe cases.

I relieved one case of gastric irritability, which had endured for four days (under allopathic treatment) with very slight remissions, and was attended by cool, moist skin, very dry tongue, hiccough, and great sense of oppression, with a single dose of *Veratrum*, 30. The liquid and forcibly-ejected diarrhoea generally yielded to *Arsenicum*. In a very fleshy gentleman, addicted to spirituous potations, this symptom, accompanied with a cold sweat, resisted a good many remedies, but yielded promptly to *Arsenic*, 30, and *Lachesis*, 30, in alternation. One case of severe piles, which greatly aggravated the sufferings of the paroxysm, was speedily relieved by *Sulphur*, 30. Some cases of violent spasmodic pains in the bowels, with constipation, were relieved with *Plumbum*, 3. *Camphor* was sometimes useful, in drop-doses, to allay vomiting or diarrhoea or produce reaction. It is great folly to give a teaspoonful of *Camphor* in these cases. I am convinced, from much experience, that the very best effect is produced by the *Camphor* in almost inappreciable doses. It should be given as soon as prepared, and not allowed to stand long. I had very, very many opportunities to recognize the efficacy of very small doses of medicines homoeopathically chosen. The thirtieth dilution of about twenty of the polychrests did me good service, and I do not hesitate to avow my belief that the two-hundredth is frequently very potent. I saw one case of intermittent hemicrania relieved by *Coffea*, 200, apparently in fifteen minutes. Dysenteric symptoms were almost always promptly arrested by *Mercurius-corros.*, 30, or 200. And still I had one case of obstinate vomiting during the

paroxysm in a pregnant woman, which resisted everything for days, until I ordered her *Calomel*, or, if it sounds better (!) *Mercurius-dulcis*, half a grain every half-hour. She took but two doses and was relieved. The same treatment promptly cured a second attack.

This brings me to consider a most important question, viz: Where are mercurials indicated homœopathically in intermittent or remittent fevers with gastro-intestinal and hepatic derangements? Mercury, in all its forms, produces the most marked pathogenetic effects upon the mucous membrane of the stomach and bowels, and upon the biliary apparatus. Hence it should have a most marked homœopathic applicability to certain forms and stages of our summer and autumnal fevers. It certainly is a powerful remedy in these diseases, and our allopathic friends effect numberless happy and prompt cures with it in such cases. For some reason, which I am not prepared to give, it here produces little if any effect in inappreciable doses; but most admirable results if given in substance, or in the first or even second decimal triturations. But it is an article which, to be most successfully administered, must be given in accordance with Hahnemann's immortal principle. Therefore, I never give it to "change the secretions," to "unlock the liver," to "purge the bowels," to "relieve portal congestion," to "produce an alterative effect," &c., &c. These are all figments of the allopathic imagination, theoretical phantasmagoria, the exhalations of a grossly material and therefore utterly false philosophy. Mercury will cure those morbid states which are analogous to its own usual pathogenetic effects. Keep that great fact in your mind's eye, and do not be afraid of ranging from the thousandth of a grain to a whole grain in your dose, and your homœopathic use of Mercury will be most satisfactory to yourself, and most valuable to your patient.

The result of my experience is this: Mercury is homœopathic to fevers with gastro-hepatic and intestinal derangement *with increased secretion*. When there is slimy tongue, mucous accumulation in the throat, nausea and vomiting of mucus or bile, diarrhœa, pains in the abdomen, especially if accompanied by deadly sickness and faintness, and particularly if all these symptoms coëxist unrelieved, with copious

and clammy perspiration (as I have frequently seen the case), what remedy can be more homœopathic to the disease than Mercury? Sometimes a grain of the second trituration will answer; but you will be practicing the very best homœopathy if you will triturate a grain of Calomel with ten of sugar of milk, divide into ten powders, and give one every hour or two hours, or even if you order a single small Blue Mass pill.

Again, Mercury is still indicated in gastro-hepatic fevers, or fevers with gastro-hepatic symptoms, when, besides the fever, pain, nausea, &c., there is obstinate constipation or deficient hepatic secretion; *provided always*, that such constipation and deficient secretion are *secondary* to a previous diarrhœa, either procured or spontaneous, and to a prior inordinate elimination of bile or a general excess of secretory action. When constipation and deficient outflow of bile are the primary idiopathic states we have to combat, Mercury is antipathic—merely palliative, and far inferior to proper homœopathic remedies.

In very many cases of intermittent fever, with abdominal congestions of the above character, and with rapidly anticipating paroxysms, so as to constitute a severe bilious remittent fever, I have ordered pills of Quinine and Blue Mass; two grains of the former to half a grain of the latter every two hours, until half a dozen or a dozen had been taken, with the best effect. I believe that hundreds of cases, which would have been protracted a week or two under a more timid practice, were thus cut short after the first or second paroxysm.

I cannot help alluding here to the admirable articles upon "Rational Homœopathy," by my intelligent and highly cultivated friend Dr. Hamilton Ring, and published in former numbers of this JOURNAL. To Dr. Ring's physiological views, which seem to have puzzled some of his readers, I readily assent. They were derived from an obscure and neglected source, but one which contains the germs of almost all the great thoughts which have effected the progress of the present century. I mean the scientific works of Emanuel Swedenborg, several of which were translated by our great English brother, Dr. Wilkinson, and which will repay, with prodigal bounty, all

the study that can be bestowed upon them. But to Dr. Ring's therapeutical inductions I somewhat diffidently demur. It has not been my experience that the lower spheres of our organism, those of merely organic and vegetative phenomena, require larger doses or even crude substances to act upon them. My *general* experience has been, I think, quite the reverse. And, again, I cannot see the homœopathic propriety of exciting diaphoresis with Ipecac. and Opium, or purgation with mercurials, because diseases sometimes or even frequently terminate with a spontaneous sweat and diarrhœa. All phenomena included in the natural history of disease are integral parts of the pathological picture, to which we are to bring, if possible, a pathogenetic simile. If the *primary* symptoms call for Opium or Mercury, these remedies will be the more homœopathic, from the fact that diaphoresis or diarrhœa will be the secondary phenomena in the pathological process; but I cannot resist the conclusion that we must not look away from the primary and actually now existing symptoms, whereby to select our remedy, on to a future and possible, although necessarily uncertain state of things. Still, Dr. Ring will do great service to our school by pursuing his inquiries and critical investigations into the true philosophy of cure with that genuine love of truth, for the sake of truth itself, by which he seems to be animated.

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 that, nevertheless, if the remedy was chosen with tolerable regard to the principle of "*similia*," the succeeding paroxysm was generally later and less severe. *Ipecac.* and *Nux* were used in alternation in some cases. The paroxysms were always later and lighter, but they recurred for eight or ten times, and Quinine was resorted to in despair. *Nitric-acid*, 3, effected some beautiful cures, but failed in five out of six. *Arsenic*, low or high, appeared remarkably inefficient. *Cap-sicum* and *Cimex* produced some few excellent cures. But *Eupatorium*, *Cedron*, and *Natrum-muriaticum*, 30, obtained great reputation among my patients for the cure of obstinate



chronic intermittents which had been repeatedly but transiently suppressed by Quinine. 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. *Natrum-muriaticum*, 30, effected most cures; *Cedron* stood next, and *Eupatorium* last. Sometimes I gave them one after another, on three successive days, and repeated the round several times. This plan broke up several most inveterate cases. It must not be supposed, however, that these remedies did not repeatedly fail. Some cases of chronic intermittent are only to be cured by change of residence or the supervention of cold weather.

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. The seventh, fourteenth, twenty-first, and twenty-eighth days were remarkable for the recurrence of the disease. To my surprise, and that of my patients, those cured with our remedies, no matter what article it was, were just as subject to these relapses as those in whom the paroxysms had been suppressed by Quinine. It is clear to my mind that the homœopathic remedies do not, and indeed cannot eradicate the disease whilst the patient is surrounded by all the remote and proximate causes of the malady. It is very unwise therefore to make rash promises of permanent cure.

There are, no doubt, spontaneous or natural cures of this disease. It is a matter of great importance to be able to distinguish the critical paroxysms from those to be followed by a mere remission or transient intermission. If nature has already effected a cure, the administration of Quinine can do nothing but harm, perhaps even necessitate a relapse, and the most fallacious inferences would be drawn, in such cases, of the efficacy of any homœopathic remedies which may have been administered. Still, it is a difficult and obscure subject, and needs thorough investigation and much statistical comparison of observed facts. The following phenomena may suggest to us that we have just seen a critical or final paroxysm, and make us expectant in our practice, or, at least, sceptical as to its supposed results: If the tongue, from being dry and rough, has become smooth and moist, and its coat is becoming detached in patches; if the skin,

instead of a partial, short-continued, and easily-suppressed perspiration, exhibits a copious, universal, and long-continued sweat; if sound and refreshing sleep has taken the place of preceding watchfulness and jactitation; if scabby eruptions appear about the lips and nose; if natural appetites return with great vigor, and the facial expression becomes particularly clear and luminous; and, finally, if the last paroxysm has been accompanied by unusual evacuations, upwards or downwards, followed by remarkable ease and serenity and by deep sleep. These critical signs have been noticed by many ancient and modern observers, and have a certain important although shifting value. For instance, when a physician tells me that *Natrum-muriaticum* is indicated by an eruption around the mouth or nose, I can pretty safely assure him that, *after* such an eruption has appeared, his specific is gratuitous—the patient needs nothing. There is ample room, however, in this field for both criticism and discovery.

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. The chronic headaches were pretty surely relieved by *Belladonna* and *Nuxvomica*, the gastro-intestinal symptoms by *Arsenic*, *Pulsatilla*, or *Mercurius*, according to their strict homœopathic indications, and the jaundice by *Nitric-acid*, *Bryonia*, *Sulphur*, and *Apis*. There was a peculiar irritable state of the stomach and liver, without fever, but with daily vomitings, thirst, hepatic tenderness, discoloration of skin, and irregularity of all secretions, which was promptly cured by the alternate use of *Digitalis*, 1, and *Kali-bichromicum*, 3. Mere debility, without visceral disease, was treated by nutritious diet and moderate alcoholic stimulus. Three cases of great splenic enlargement were speedily cured by *Kali-bromatum*, 1, and *Elater-noctilucens*, 6. One was cured by the prolonged use of the *Citrate of Iron and Quinine*. The marasmus, anæmia, and general cachexia were sometimes rapidly removed by *Calcareo-carbonica*, 3, and *Plumbum*, 3. These remedies I found vastly superior to *Iron* in large

doses, which I faithfully tried, and with which I was greatly disappointed. The dropsical effusions yielded rather slowly, however, to *Arsenic*, *Apis*, *Zinc*, and *Cannabis-apocynum*. *Sulphur*, 30, yielded me good service in all varieties, and my average impression is that the pure homœopathic treatment of these chronic and difficult cases is much more satisfactory than that of the old school.

Reading Broussais' interesting chapter on the complication of gastro-enteritis with intermittent fever ("Chronic Phlegmasiæ," Vol. II., pages 92—128), I was struck with the dissimilarity of our experience. Out of hundreds and thousands of cases of intermittent fever I have treated, I have scarcely ever met with a parallel to his. He could have found his subjects only in the ill-fed, cachetic population of a great European metropolis. Think of intermittent fever running on as either quotidian or tertian, for twenty, fifty, or even a hundred days and more, notwithstanding the use of Peruvian Bark, and ending at last in fatal dysentery, diarrhœa or adynamia! I think he gave the Bark much too sparingly, and starved his patients to death. He attributes much of the chronic disease to the Bark itself, a common belief amongst homœopaths, both professional and lay, but not deduced, in my opinion, from sufficiently authentic data.

I saw some cases of chronic cachexia in the Negro which reminded me strongly of what we read of *leucocythæmia*, or *leukæmia*—the curious blood-disease first studied by Bennett and Virchow. This disease is characterized by a vast predominance of white cells in the blood, by enlargements of the liver and spleen, marasmus, and lymphatic degenerations. The Negroes referred to were pale, weak, and apathetic, the tongue, gums, fauces, and lips had a sickly, sodden, and flesh-colored hue, the tissue underneath the nails was very white, there was anasarca, tumefied abdomen, from splenic and hepatic enlargement, and progressive emaciation. The state of the patient very much resembled that of the dirt-eater not long before his dissolution approaches. Case 4, described a few pages back, was one of these. The two adults died with what appeared to be congestive chills, the children passed gradually away with ever increasing dropsy and adynamia. *Leucocythæmia*, as described by European writers, has been uniformly fatal. I merely point out the similarity

of external symptoms; identity could of course only be established by microscopic examination and cadaveric inspection.

Such, my good reader, has been my practice in intermittent and remittent fevers this year. It was better, I think, than pure allopathy has been, and very much better than pure homœopathy would have been. I am sorry it has not been more conformed to the Hahnemannian standard; but thirteen years experience at the bed-side has taught me that all theoretic standards are ideal models, after which we cannot and should not always shape our course. Let us perfect our pathology and our pathogenesis, and our practice will become truly scientific, thoroughly and wisely Hahnemannian, but not before. In the meantime, let us be charitable to each others opinions and practice. In our studies of nature, in our analysis of facts and things, let us keep our minds always in a fluid, rotatable condition, ever ready to yield to the greatest pressure of reason and evidence. Let us have no antipathies, no predilections, no prejudices, no fear or love for names or parties, and no petty ambition to serve. The good of our patients should be the supreme object of our professional endeavors, and our practice the result of honest convictions. Let it be called allopathy or eclecticism, or mongrelism, or whatever you please, but let it spring from a devoted **LOYALTY TO TRUTH!**

ARTICLE XV.—*Uræmic Convulsions.* By R. LUDLAM, M. D.,  
of Chicago, Ill.

[Continued From Page 15.]

That many and great difficulties attend the selection of a proper and a successful treatment of puerperal convulsions, is indicated by the numerous and varied theories proposed to this end, and by the subsequent neglect and want of confidence into which they have severally fallen. The different hypotheses of the malady itself have each had their corresponding systems and plans of treatment, so that from habit simply, and being, moreover, greatly interested in the pathological details introduced by the author of the work under review, we were led to anticipate from his text, at the least, a few therapeutical deduc-

tions and suggestions of an equally practical nature. And this promise has been measurably verified; notwithstanding, after its most careful perusal, the impression is irresistibly forced upon the mind, that the province of therapeutics is especially, if not exclusively our own. We recognize those features of disease with which every physician should be familiar, and which are here drawn to the life by the pencil of an accomplished artist of another school, but the death's-head is there, and the finishing touches are given to the picture, to reveal more or less distinctly his hideous proportions.

Mr. Burke, and other eminent writers upon æsthetics, believe and teach that the true emotion of the sublime may be heightened by conceptions of danger and by feelings of dread. Precisely similar would seem the belief of those who strive the rather to have medicine appear terrible as a science than simple and successful as an art—the mild and amiable handmaid of nature.

Of the more obvious improvements in the treatment of puerperal convulsions suggested by Dr. Braun, we remark that he *disapproves* of venesection. We quote (p. 147):

“General depletion of blood easily produces, in uræmic eclampsia, an injurious effect, because the cyanosis of the face coming on in eclamptic women, is only a consequence of the spasm; because, by bleeding, the hydræmia is further increased, the nervous fits are not improved, puerperal thrombosis and pyæmia in child-bed are much to be feared; and because, not unfrequently, the paroxysms are aggravated by it, and exhaustion, fainting, and very slow reconvalescence are thereby produced.”

These reasons are valid enough, and, we hope, may have the effect to set the profession right in the matter of indiscriminate blood-letting in whatever approximates a convulsion during pregnancy. They should so startle the allopath that he may drop his lancet, and be forever sufficient to keep the genuine philanthropic homœopath from seizing it again. Let this theory of the pathology of uræmic eclampsia be confirmed and there is an end to the endless argumentation, *pro* and *con*, concerning the Sangrado practice therein. If our homœopathic physicians will help to establish the diagnosis, and to draw the lines which characterize this terrible infirmity, they will set

their seal to the fact that venesection is not requisite to its cure, but the rather a bane than a blessing.

Dr. Braun says further (p. 148):

“We cannot reconcile with their theory the circumstance that the adherents of the hypothesis, that eclampsia is produced by hydræmia, recommend venesection as a cardinal remedy. But experience has established that, when a cautious selection of single cases is made, one moderate general blood-letting is not injurious in the case of strong, full-blooded women, when there is violent pulsation of the carotids, and the face continues dark red even a considerable time after the fit, and œdema of the lung is commencing, and when, at the same time, all anæmia, chlorosis, and bodily weakness, &c., are absent; on the contrary, in rare cases, a cessation or longer interval between the fits is observed.”

These cases simulate apoplexy, and, although comparatively rare, have been over and over again relieved by the sanguinary practice of which we are speaking. But they should not be confounded with the more ordinary attacks of puerperal or uræmic eclampsia, from which the diagnosis is equally distinct as between typhus and typhoid fevers, or between scarlatina and variola. No one, in our day, will confound these latter, and we opine the same may soon be said of the former affections. And, this being established, we are divorced from the necessity of its employment in nine-tenths of the examples of puerperal convulsions which may fall under our observation.

This is the kind of logic of which we are greatly in need. If, when another school of medicine has discovered the fact that a majority of these cases can be cured without the lancet, better and more certainly than by its employment, we may advise them of our established success in the same with homœopathic remedies, we shall the more easily and certainly demonstrate it possible to cure *both* and *all* the varieties of eclampsia by simpler, safer, and more successful means than they have hitherto employed. Such an argument will have greater weight with the scientific allopath, and be more convincing to him of the superiority of our method over his own than the best array of clinical cures we could possibly produce.

Such sentiments as our author has avowed are frank and

manly, and, as giving the best evidence of study and observation on his part, in every way worthy the consideration of the whole profession. When he writes (page 148), "And myself avoiding venesection, I have found, after long-continued observation, the best results confirm the opinion already expressed, that a 'general depletion of blood in uræmic eclampsia had very seldom any valuable effect on symptoms, and generally produces irreparable injury,'" the testimony deserves to be read and pondered well. And such, we apprehend, are fast becoming the sentiments of our most prominent medical men. A few bold and daring characters still adhere to the method of the forefathers. Of these Dr. Braun remarks (page 149):

"Since the days of Dewees, Burns, and Hamilton, it has been, in many places, and still is the custom to find the only panacea against eclampsia in abundant general blood-lettings, often repeated in the course of a day—a proceeding which can be justified as little by the present state of theoretical knowledge in regard to this disease as it is by the great mortality of mothers and children constantly produced by this method of treatment."

Thus much for venesection in puerperal convulsions, the principal arguments against the employment of which may be summed up as follows:

1. The toxicohæmic origin of these convulsions, as shown by Dr. Braun.
2. The fact that, if hydræmia exist in a given case, general blood-letting could only be productive of positive injury.
3. The danger of aggravating the paroxysms, of increasing the hydræmia, of occasioning puerperal thrombosis and pyæmia, and of so sapping the system as to withdraw the last possibility of reaction.
4. The experimental testimony of some of our best and most reliable homœopathists,\* that every variety of puerperal con-

---

\* *Vide* Dr. Holcombe's remarks in *North Am. Hom. Journal*, Vol. 8, page 6; *vide* Dr. J. P. Dake; *vide* Dr. J. L. Kellogg, "Trans. Chicago Hom. Medical Society," and many others, whose names and reports we need not enumerate.

vulsions may be more successfully treated without than by means of venesection.

Against the following symptoms and states of system accompanying this disease the author recommends the treatment appended :

“Hydræmia, early in pregnancy, is somewhat ameliorated by nutritious diet, vegetable tonics, and preparations of Iron. Increase of the secretion of urine does not generally produce this result. Tepid and vapor baths are sometimes useful.

“To neutralize the carbonate of ammonia in the blood, Freerichs recommends Benzoic-acid, lemon-juice, or Tartaric-acid.

“To remove the exudation from the malpighian capsules, and the tubuli of Bellini and Ferrein, the copious use of a large quantity of diluents may be alone sufficient to wash away the cylindrical clots and bring about a recovery. Besides the acids and diluents mentioned, if the urine secreted be scanty in amount, and uræmic intoxication threaten, it is well to employ certain mineral waters.”

Concerning the induction of artificial premature labor, in order to avert more fearful consequences and to relieve the spasms, Dr. Braun says (page 141) :

“It must be laid down as settled that, in Bright’s disease, artificial premature labor is not to be thought of so long as no symptoms of uræmia have appeared, and no danger to life is present. But, when the duration of the disease, the severity of the albuminuria, the quantity of cylindrical clots, a high degree of hydræmia, considerable dropsical swellings, along with disturbances dangerous to life, of the functions of the heart, lungs, brains, &c., entitle us to fear the existence of profound and advancing degeneration of the kidneys, it is quite rational to proceed to the induction of premature labor. When several symptoms indicate that the fœtus is already dead, we are the more justified in proceeding all the sooner to this operative interference, because the dead fœtus is sometimes retained for weeks in the uterus, and the danger to the mother’s life may be thereby increased in a way that cannot be justified.”

In respect to the employment of Chloroform in these cases, Dr. Braun records that results within his observation have surpassed all expectations. He recommends the narcotism



“to be induced instantly when indications of an impending paroxysm show themselves.” It “should be kept up until the premonitory symptoms of the paroxysm disappear and quiet sleep follows, a result generally attained in one minute.” If, however, the paroxysm be not shortened, we should withdraw it for a time, in order to aërate the lungs. The Chloroform, he thinks, is capable of relieving “dangerous cramps of the muscles of the neck, epiglottis, and tongue, and may be continued even during a persistent trismus, when other medicines cannot be introduced into the stomach, and when loud mucous râles indicate the development of œdema of the lungs.”

Here follows the clinical record (page 144):

“In sixteen cases of eclampsia, occurring in succession, which I treated with Chloroform and acids, complete recovery always took place. As by anæsthesia we are put in a condition suited for remarkably accelerating delivery, the preservation of the life and health of the offspring is promoted in a very gratifying manner.”

Our own experience with this agent, as recommended above, being limited to a single case, in which it was sent for *en dernier ressort*, the last paroxysm subsiding before its employment, and while it stood unopened on the table, may not be recorded. Nevertheless we may express the regret that, while confirming the value of the Chloroform narcotism in puerperal convulsions, our author did not pause to caution us against its indiscriminate use. Without qualification, except that we employ a pure article, free from the poisonous properties of the wood-spirit, the Chloroform is recommended by him as a panacea to the paroxysms, &c., precisely as was venesection by the older writers, the fallacy of whose teaching and practice he himself has most admirably proven.

If the practice of blood-letting, as being liable indirectly to produce injurious results in these cases, should be restricted to such as constitute exceptions to the general rule, or, as we homœopaths think, discarded altogether, of how much greater importance to qualify the particular circumstances and conditions under which so powerful an agent of help or of harm as the Chloroform, may, or may not be administered.

With the commendation, the Doctor should also have chronicled a caution in reference to it. What we complain of is that, in regard to Chloroform, he has fallen into a like error with that for which he reproves others when speaking of venesection. The facts alleged *go very far* to establish the value of the anæsthetic in this disease, and there is, perhaps, but little doubt that the older practitioner may reap a like success through the same care with which Dr. B. doubtless administered it; but how shall the young and inexperienced discriminate? Not a word of this. And thus is it, one and another recommend this as the most successful and desirable narcotic, or anti-spasmodic if you please—lauds it to the skies, as the great boon of the age to suffering and convulsive humanity; while, for the life of us, we cannot discover the propriety of its universal prescription any more than for that of Morphine, Hyosciamus, or what not. The Ergot is of limited value and applicability; the forceps may not always be employed; podalic version, an exceptional manœuvre; craniotomy a rare necessity; and woe to the man whose custom it is to employ the one or the other indiscriminately. And so of the Chloroform. There is something so indescribably attractive, to a certain class of mind, in thus closing the stops of the great organ of life, that the foot is on the pedal before one is aware of it, and the muffled tones vibrate to their performance upon an instrument of which Providence alone is and should be the master-player.

For ourself, while blessed with the same success as formerly in managing this disease without the Chloroform, or even with it upon the the table uncorked, we prefer awaiting the items for its more intelligent employment, to jeopardizing the lives entrusted to our professional care and responsibility through its unqualified and indiscriminate use.

Dr. B. recommends, for the moderation of the secondary congestions of the head which come on during and after the paroxysms, the application of ice, and also a smart sprinkling with cold water, and, better still, the cold *douche* on the head, during which operation the head of the patient is held over the side of the bed, and the ice-water falls into a basin held beneath it."

Regarding this method of allaying the consequences to the

brain and its meninges, from the paroxysm, whether they be direct or secondary, it is quite certain that untoward results do sometimes follow its employment. A good rule will be to confine its use to plethoric subjects, and to such as may exhibit, along with the genuine symptoms of uræmic eclampsia, certain evidences of an apoplectic habit or tendency. Another and a reliable criterion of its indication will consist in the patient's expressing, either by sign or speech, that its application is grateful to her. The idea that, in certain examples and varieties of exlampsia, it might prove other than beneficial, is not based upon a mere theoretical ideas, but has its foundation in the practical experience of some of our best physicians.

Other than the items above noted, our author has recommended nothing of especial novelty or value in the treatment of this disease. His very decided testimony against venesection, and in favor of chloroform and the acids, *id est* the Benzoic, Citric and Tartaric-acids, with the strictures we have repeated upon the unnecessary induction of premature labor, constitute the main features of this part of his little work. In passing, however, we should mention a fact, hitherto overlooked by us, that the volume before us consists of the translation of but a single chapter of Dr. Braun's work on midwifery, and is therefore, and of necessity, wanting in completeness.

The value of the aforesaid therapeutical items may as well be confirmed by the members of our own, as of any other school. Indeed we may claim superior facilities for the election of remedies, first suggested by ourselves or our brethren, to particular and specific offices of trust and responsibility. When Dr. Braun draws attention to the value of the different acids; or Dr. Maclagan, of Edinburgh, to that of the *Colchicum-autumnale*; or Kraemer, of Halle, to *Colchicum* and *Guaiacum*; or Chailly, or Simpson, or Channing, or Seiffert, and a host of others, to the *Chloroform*; Lobach, to *Nux-vomica*, and the *Tinctura Cupri-acetici*; Hasse, to *Cathartics*; Hohl, to emetics of *Ipecacuanha*; Vanoye, to *Ammonia*; and Krause, to *Carbonate of Ammonia, &c., &c.*, it is given to homœopaths, through the extraordinary advantages with which they are endowed and by which they are surrounded, to substantiate the suggestion, and by a careful and specific classification and

proving of its particular and individual virtues, to make each hint available to the needs of the profession.

We may not close this paper—designed more especially to bring the later and more rational views of the pathology of puerperal convulsions within reach of the homœopathic profession—without calling attention to the promised efficacy of the *Mercurius-corrosivus* in the treatment of this disease. This remedy was first recommended against albuminuria by Dr. J. C. Peters, of New York.\* The writer has frequently had occasion to confirm its value, not only in uncomplicated cases of Bright's disease, but likewise where pathological changes of the blood had followed disorders of secretion, nutrition, or depuration, dependant upon some peculiar condition of the function of utero-gestation, and there were present œdema and general anasarca, &c., with evident tendencies to puerperal convulsions. Under these circumstances, he is confident that its employment has greatly modified the resulting phenomena; while, in a lingering convalescence from an attack of eclampsia, in which the urine was found to be surcharged with albumen, its effects were almost miraculous. If but this one fact may find a lodgment, and yield the like satisfactory fruit in the minds and experience of our brethren, we shall not have written, nor will they have had this article in vain.

. We trust that a general interest will be aroused on the subject of puerperal convulsions. Let it be brought up before all the homœopathic medical societies; let the older and greatly experienced homœopathic physicians report all their cases, both favorable and unfavorable, to some medical journal, or at least their general experience; let the younger members of the profession then report one or two, or half a dozen cases; let every physician add his quota of knowledge and experience to the general stock. As yet, very few cases of this formidable disease have been reported in the homœopathic medical journals of this country.

---

\* *Vide N. Am. Journal of Homœopathy*, Vol. IV., pages 219-27.

ARTICLE XVI.—*Theory and Practice of the Movement Cure.*

By CHARLES F. TAYLOR, M. D., of New-York.

§ 79. In paralysis of motion, the principles just laid down should govern the construction of every prescription of movements. But there are other indications that may be responded to by the use of movements. Those cases of paralysis that arise from congestion of the dura-mater, or any abnormal nutrition of the membranous envelops of the cord, will have this morbid nutrition diminished by inducing a higher nutrition in the contiguous muscles of the back. This may be accomplished by various flexions of the back in different planes, such as will bring the dorsal muscles into action; at the same time the movement acts directly on the cord itself, through the ligamentum-dentata, thus supplying a healthy mechanical stimulus to the cord. But we should not make any of the above-mentioned movements till we are sure of a good circulation in the extremities. Indeed, a peripheric circulation once thoroughly established, central congestions will be proportionally lessened. This may be attained principally by movements on the unaffected portions of the body, such as will promote an arterial circulation in the extremities.

Some of the most annoying symptoms in cases of palsy are connected with the bowels and urinary bladder. Paraplegia is almost always connected with constipation of the bowels and incontinence of urine. The constipation is often so severe as to require large doses of the most powerful cathartics to effect an evacuation of the bowels, which, being repeated every few days, seriously interfere with the patient's chances of recovery. The constant liability in some cases to, and the annoyance and inconvenience of, involuntary urination is a great source of depression and discouragement to the patient. The treatment for these cases is so simple that many might refuse to employ it, but the efficacy of which is fully confirmed by experience.

§ 80. In constipation depending on paralysis of the nerves controlling the motions of the lower bowels, and the sphincter-ani, the treatment must be adapted to this indication. We must act through the capillary circulation and innervation of these parts. This may be done by acting by mechanical means from without inwards. Let the patient be laid on his back, his arms stretched up over his head and held by an assistant; then, with

both hands laid flat on the abdomen, make a rapid shaking or vibration of the abdomen and its contents. This may be followed by kneading with the fingers along the course of the ascending, transverse, and descending colon, pressing deep down into the tissues. If spasm of these muscles should follow the vibration, then the arms need not be raised over the head, or the knees can be raised and held by an assistant, or the shoulders can be elevated, the object of which will be to relax the muscles of the abdomen; but the treatment in that case will not be so efficacious as if applied over the extended muscles. Also, in the same position, the legs may be raised by the patient himself, bringing the abdominal muscles into action. For paralysis of the bladder and sphincter-ani, the thighs are held flexed upon the trunk, and a vibration is made with a blunt stick upon the perineum. Gentle percussion across the hips, from one trochanter to the other, and slight pressures along the sciatic nerve, where it issues from the pelvis, will stimulate the nerves given off to the lower bowels.

This simple local treatment, with the general tonicity induced by the general treatment, has been sufficient hitherto in my practice to overcome the worst cases of paralytic constipation and incontinence of urine. Where there is troublesome spasmodic action of the muscles, this is best overcome by very slow bendings of the joints, while the patient remains perfectly passive. The spasm which the muscles at first take on, upon being put to the alternate stretch and relaxation, will gradually subside as the nerves become accustomed to those impressions so nearly resembling normal contraction. Where there is spasmodic action of the muscles following an effort, the volition being divided, as it were, and scattering to different muscular groups in remote parts, great pains must be taken to concentrate the will upon the designated member. Indeed, in many of these cases, nothing but the greatest tact, patience, and perseverance can effect a cure.

§ 81. Of course, a treatment like that which I have just endeavored to describe, acting entirely on the general and local nutrition, through functional manifestation, implies a certain amount of time and considerable patience; yet, considering the nature of the disease, the progress in some cases is remarkably rapid.

Dr. Batchelder, in his excellent report of cases of paralysis treated by him with *exercise* in the New-York Hospital, mentions the difficulty he found in inspiring these sufferers with sufficient ambition, and that they were generally satisfied with slight improvement, and refused or neglected to make further effort. Now, I never have encountered any such difficulty, but rather the contrary. Making due allowance for the difference in the character of my patients from those to be found in hospitals, yet I think it was mainly owing to the exhaustion following the kind of exercises that his facilities allowed him to contrive for them, though he seemed sensible of the injurious effects of over-doing. Greater precision and less effort have an encouraging effect upon the patient's mind, especially when he sees, day by day, that he can do many little things that before were impossible.

§ 82. Electricity has been a good deal used in the treatment of paralysis, and even now almost all physicians resort to it when other remedies fail, as though the last hope lay in its employment; but it seems to me without sufficient reason either in experience or philosophy. I know it has been held by respectable members of the profession, and is now largely entertained by certain among lay people, that the nervous system is a sort of galvanic battery; that the nerves are electric conductors, and that innervation is the conduction of electricity. And where these views are not entertained, there seems to be a sort of tacit acknowledgment that electricity somehow ought to be good for paralysis, if we only knew how to administer it. Let us look for a few moments at the scientific bearing of the electrical treatment, for it is one of those means that charlatans seize upon to prey upon the credulity of the public, to the detriment of legitimate medicine.

Innervation is an organic functional act, subject to the same organic laws of waste and repair of the tissue performing it as all other manifestations of function. This we know by the large amount of phosphates and other constituents of nerve-substance to be found in the urine after excessive mental exertion, fright, hysteria, &c., the same as urea is thus found after great muscular effort. A little reflection will discover that there is much less analogy between the nerve force and electricity than

is commonly supposed. The idea of *supplying* it to the system is even more absurd than the supposition that, because India rubber and muscular tissue are both elastic under certain circumstances, the former can be substituted for the latter! Besides, this idea of *introducing* electricity ignores the manifest qualities of this imponderable agent itself. Electricity is not an entity—a substance that can be poured into or through anything, like a fluid, but it is a *condition*. Polarization in solid conductors, and electrolysis and decomposition in fluid conductors, is all there is of what is called the passage of electricity, and there is no more scientific reason for supposing it would be remedial in any manner whatever than any other chemical agent. And as organization in the nervous substance is necessary to its restoration, and as the conduction of electricity is chemical change or disorganization (electrolysis), diseases of the nervous system would seem to be illy adapted to the employment of this remedy. And such I believe to be the case.

Dr. J. C. Dalton, in his admirable "Treatise on Human Physiology," just published, shows that various other agents, mechanical and chemical, besides electricity, will cause muscular contraction; that there is no electrical current in a nerve excited by electricity, which excitation is due entirely to its power of producing mechanical or chemical irritation; and that nothing so quickly exhausts the natural irritability of the nerve as electricity. This is so much so that, while nervous irritability remains for several hours after death, in ordinary cases, yet it is wholly wanting in animals killed by electricity. In experiments on dead animals, instead of the nervous irritability and muscular contraction continuing longer under the use of electricity, as it should do if this theory of its use is correct, it very speedily disappears altogether. This is not to say that electricity may not be a valuable remedial agent, but the genius has yet to arise that shall place its employment upon a scientific basis. When the cause of the paralysis is unmistakably muscular, as where there is retraction or relaxation of the elastic and muscular tissues; or when there is any reason for wishing to modify the quality of the fluids and the organic processes in the cell formations in the mass of the tissues, then electricity may be employed, within certain limits, to advantage.



The chemical change occurring with the passage of electrical currents affords a certain amount of stimulus that may be salutary while not extending to lesions in the nervous system, where we cannot afford to make cause for repair beyond that occurring as a part of its own functional manifestation.

Dr. Robert Bentley Todd, an authority whom none will dispute, in his "Clinical Lectures on Paralysis and Diseases of the Nervous System," on page 152, says :

"You will often be consulted as to 'some expedient for promoting the restoration of the paralyzed limbs to their normal condition.' To this question, after having given a fair trial to the various means which have been proposed for this purpose, I must reply, that I know of nothing which more decidedly benefits the paralyzed limbs than a regular system of exercise: active when the patient is capable of it, passive if otherwise. As to the use of electricity, which is now much in vogue, or the employment of Strychnia, which has been recommended, I feel satisfied, as the result of a large experience, that the former requires to be used with much caution, and that the latter is apt to do mischief, and never does good. I have seen cases in which, after the employment of electricity for some time, that agent has apparently brought on pain in the head, and has excited something like inflammatory process in the brain. And so Strychnia also will induce an analogous condition of brain, and will increase the rigidity of the paralyzed muscles. Some good may occasionally be effected by the use of friction, or cold water, or shampooing, all of which tend to improve the general nutrition of the nerves and muscles."

§ 83. The following cases, which have been reduced to the tabular form for conciseness of statement, comprise *all* that have applied for treatment from January, 1857, to March, 1859, and show the relative curability of this affection in its different forms, by the treatment under consideration. Among these twenty cases, are several where from the first there seemed no hope of success, and which will hereafter be rejected; but it was deemed advisable to test the virtues of the treatment, by applying it in the worst cases as well as where there was greater probability of success. Even in these worst cases, as Nos. 9, 18, &c., that had been given up as hopeless for years, great improvement was often realized.

But when cases, like several in the list, experience a complete restoration of all of the lost functions—after, perhaps, several years of nearly suspended animation, reformation of muscle and its connecting tissues, and a sensible increase of even the bone itself taking place—it exhibits a power of controlling and directing the nutritive processes unequalled by any other therapeutic means.

<i>Cases.</i>	<i>Patient's Age.</i>	<i>Since the first Attack.</i>	<i>How long under Treatment.</i>	<i>Probable Cause.</i>	<i>Patient's Condition.</i>	<i>Results of Treatment.</i>
1	10 years.	1 year.	2½ mos.	Pott's disease of spine.	Partial hemiplegia and loss of sight of one eye.	Perfect restoration.
2	7 years.	5½ years.	2½ mos.	Fell from the bed to the floor when one and one-half years old.	Complete hemiplegia at first; restoration in one year, except the right leg, which was "withered;" foot deformed; could walk with difficulty; no voluntary motion below the knee.	Perfect restoration of function; foot perfectly in shape.
3	12 years.	6 years.	8 mos.	Cerebral inflammation.	Paralysis of the left arm; could use the fingers a little; no power over the upper arm; fore-arm supinated.	Restoration, except of the deltoid, which was atrophied.
4	14 years.	6 mos.	5 weeks.	Dislocation of the elbow.	Paralysis of the right arm, especially of the fingers, which were flexed.	Perfect restoration.
5	36 years.	2 yrs. and 4 mos.	4 mos.	Obscure.	Complete paraplegia, with slight improvement after first attack; no control of sphincters; inveterate constipation, and incontinence of urine; could not stand, &c.	Remarkable improvement; perfect control of the sphincters; bowels regular; walks about with canes.
6	40 years.	1 year.	7 weeks.	Tapes dorsalis.—Has had syphilis.	Paraplegia; could merely crawl; great stiffening of the limbs.	No improvement.
7	5 years.	2 mos.	8 mos.	Pott's disease of the spine in its active stage.	Complete paraplegia soon after commencing treatment.	No improvement of paralysis; but general health much improved, to which indeed the treatment was principally directed. One year since he is a little better. He will probably recover as anchylosis takes place.
8	45 years.	3 years.	2½ weeks.	Syphilitic meningitis.	Paraplegia.	No improvement.

Cases.	Patient's Age.	Since the first Attack.	How long under Treatment.	Probable Cause.	Patient's Condition.	Results of Treatment.
9	44 years.	23 years.	3 mos.	Fell upon the curbstone 23 years ago	Has not walked since the accident; attempts at movements attended with clonic spasms.	Improved in all respects; obliged to suspend treatment while still improving.
10	38 years.	2½ years.	1 mo.	Obscure. Addicted to smoking.	Partial hemiplegia; could walk with crutches.	Much improved; especially in the use of the right hand.
11	22 years.	1 year.	3 mos.	Probably small clot in the left cerebral hemisphere.	Partial hemiplegia; could do business.	Considerable improvement.
12	74 years.	1 year.	3 mos.	Apoplectic attack.	Could walk with difficulty, dragging the right leg. Not the slightest use of the right arm; fingers flexed into the palm.	Great improvement. Walks with ease and naturally up and down stairs alone, and can use the right arm a little.
13	13 years.	11 years.	2 mos.	Unknown.	Nearly complete paraplegia.	Slightly improved.
14	45 years.	2½ years.	2½ weeks.	Syphilitic.	Paraplegia; could walk with assistance.	No improvement.
15	43 years.	1½ years.	1½ mos.	Syphilitic.	Paraplegia.	No improvement.
16	36 years.	1½ years.	5 weeks.	Syphilitic.	Complete paraplegia. Had not sat up for four months; alvine discharges passed involuntarily; incontinence of urine.	Much improved; can control alvine discharges, and sit up, and move the limbs.
17	21 years.	8 years.	10 mos.	Uncertain.	Atrophy and retraction of the muscles of back, thighs, and hips.	Very great improvement.
18	10 years.	5 years.	3 mos.	Kick of a horse.	Hemiplegia.	Great improvement. Atrophied muscles vivified, &c. Continues treatment.
19	47 years.	1 mo.	2 mos.	Obscure.	Hemiplegia, which passed off in a few days, leaving great weakness and numbness in the affected side.	Perfect restoration.
20	50 years.	2 years.	2 mos.	Some affection of the cord.	Paraplegia; could walk about with canes.	Marked improvement. Continues treatment.

\* This case is related on p. 73.

One thing has been quite noticeable, viz.: all other things being equal, the benefit has seemed to be very much in the inverse ratio of the amount of treatment previously received.

§ 84. The common idea that apoplexy is more likely to occur in peculiar constitutions, having what is called the "apoplectic diathesis," does not seem to be borne out by the facts. Indeed I do not believe there is such a *diathesis* as the "apoplectic." Out of about thirty cases, not more than two or three exhibited any approach to the short neck and plethora supposed to be favorable to paralytic attacks, but the majority were rather the opposite, being spare and ænemic, rather than short and plethoric. The conditions favorable to the disease seem to be disordered nutrition, the quality rather than the quantity of the blood, and especially an unhealthy condition of the vessels—ætherometous deposits being found wherever a rupture can be traced. It is true that "good livers" sometimes have apoplexy, but it is more probably because their habits deteriorate the processes of nutrition than that they are "too well nourished"—an impossible occurrence.

While the treatment above set forth aims primarily to re-establish the function of the nervous system, it at the same time tends to promote a more perfect nutrition in all the tissues, thus lessening the probabilities of recurrence of the original disease, of which there is always more or less danger. And it is an interesting and gratifying fact that *not one* in the above list has ever had an increase or even exacerbation of the disease since the first commencement of the Movement Cure Treatment. These cases had all exhausted every other means, as a consultation of the column to "time since first attack" will at once suggest.

#### LATERAL CURVATURE OF THE SPINE.

§ 85. The pathology of uncomplicated lateral curvature of the spine is exceedingly simple. It is invariably produced, in the first instance, by *unequal action* of the muscles; generally, but not always, accompanied by weakness.

The spinal column consists of twenty-four vertebræ,—little blocks of bone, piled one on top of the other with the inter-vertebral cartilage, as elastic cushions between each, and all

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. The spinal column is necessarily so formed, in order to allow flexion in every direction, as 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 coëxist 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, coördinated 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, depend 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, but some muscles do not act with the same degree of force as their mates, then this harmony and coördination are lost, and the spine makes a greater flexion towards 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, 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.

§ 86. We have thus a deviation from the normal direction of the column; or, what is called a *curvature* of the spine. This deviation from the proper direction may occur anywhere in its length, but is most liable to occur at the upper extremity; which liability rapidly decreases from above downwards. A forward inclination of the neck, in consequence of the greater

weakness of the dorsal and cervical muscles—often brought about by the excessive strain, to which these muscles are subjected by bad positions in study and various avocations—is the most common deformity to be met with. This makes one stoop-necked, round-shouldered, &c. But this condition, though a real deformity, and a great detriment to personal appearance, yet is so common, and causes so little physical inconvenience, that it is generally over-looked or ignored, or is erroneously considered a natural defect. The latter opinion is a mistake. It is really a deformity, produced in the way above-mentioned, and should be the subject of medical treatment.

§ 87. The next most frequent curvature of the spine is in the dorsal region, and is caused by the unequal action of antagonistic muscles at *each side* of the spine and of a trunk; the deviation and bending being towards one side—most frequently, by far, to the right. This deformity—viz.: lateral curvature to the right—will be considered in this paper.

Why it is that, in lateral curvature, the deviation is more frequently to the right (it has been stated to happen three times in every four), is probably partly explained by the fact that the right arm is used the most, and is consequently stronger than the left, especially about the scapular muscular attachments. But it has been suggested that the right lung, being the larger, may have some predisposing influence; but faulty positions in sitting, standing, and at the writing or study desk increase this tendency to a great degree. However, the treatment for the one, reversed, would be the treatment for the other, and the reader will bear in mind that I speak of the curvature to the *right*. Fig. XXIX. is an excellent illustration of the most common form of lateral curvature. It presents, as will be seen, a double or *sigmoid* incurvation, with the principal and primary curve in the middle of the dorsal region, to the right, and a

FIG. XXIX.



*Sigmoid curvature of the spine to the right.*

smaller secondary curve in the lumbar region, to the left. There is also another secondary curve in the cervical region. These latter curves are in consequence of, and for the most part are dependant on the principal primary curve in the middle of the back. Here is where the evil generally first commences, and to this part must our treatment, to be successful, be principally directed; because the curves above and below, being dependant on this first and largest curve, will be restored at the same time and in the same proportion with it.

‡ 88. By examining the cut, which very truly represents these cases, the spine is seen crowding up and under the right shoulder-blade, making that shoulder higher and more projecting than natural; and the ribs behind, on the right side, make a shorter bend, while on the left side they are much straightened and turn downwards, and the shoulder-blade of that side is lower and less prominent than natural. Many people think that this difference in the appearance of the shoulders is owing to some disparity in the shoulders themselves; but this is never the case. The shoulders are really alike, and any difference in *appearance* is always owing to a deviation of the spine in that region towards one side, and medical aid should immediately be sought before the curvature becomes fixed and irreparable. Again, many suppose that one—as the right—hip is larger or higher than the other, when this difference is only apparent; the incurvation of the dorsal spine towards the left side draws in the body-line on the right side (Fig. XXIX.) leaving the right hip prominent, and making an acute angle and deep indentation over the hip on that side; while, on the left side the body-line is straightened, and the natural angle of the body-line nearly or quite obliterated. This obscures the left hip, making it less prominent, as it is partly hid in the tissues. Although habitual standing on one foot, as will be presently shown, favors the formation of a curvature, still it is difficult to see how one hip can really be higher than the other while standing on both feet, unless there be a difference in the length of the legs.

‡ 89. There is another species of lateral curvature, differing

somewhat from that just described and is seen represented in Fig. XXX.

This, for the sake of distinction, may be called the *créscentic* form. In this form the spine takes a single sweep in one direction, and without the *compensating* curves towards the opposite side, above and below. The only reason that I can assign for this is the fact, that, in the *créscentic* curvature, the point of greatest deviation is much *below* what it is in the common sigmoid variety; and probably there is too little room for a compensating curvature in an opposite direction in the lumbar region and no necessity for it above. This seems to be a sufficient explanation. The appearance of the shoulders is not much altered—not generally so much as shown



Fig. XXX.  
*Créscentic curvature of the spine to the right.*

in the cut; but the hip is prominent on the *opposite* side from the curvature, instead of on the *same* side, in as in the sigmoid variety, in consequence of the angle of the body-line on that side being increased and diminished on the same side of the curvature. In this respect it is the *opposite* of the common sigmoid curvature. This should be borne in mind, or else it may lead to serious mistakes in diagnosis. The *créscentic* variety is much less frequently met with than the other kind; it is probably as frequent on one side as the other, and, in my experience, is much more difficult to treat, it being so low down that muscular action can influence it in only a few directions. However, the same principles are to be observed in the treatment in both cases.

§ 90. General muscular weakness in a young person renders such liable to spinal distortion, though this weakness be not at first accompanied by unequal action of the muscles. But, while this delicacy exists, any little faults of position or carriage, in sitting, lying, or walking, may subject certain groups of muscles to what is to them, in their weak condition, excessive fatigue or strain. Now, if this disproportionate fatigue of certain



groups of muscles be kept up a certain length of time, the unequal action of the muscles becomes habitual and fixed, and we have the spinal column deviating from its proper direction in obedience to the force acting upon it. The most favorable situation for a young person to acquire the deformity under consideration, seems to be among the inmates of our popular boarding-schools, and it is notorious how many young ladies are thus afflicted. The hard, exhausting study, little proper exercise, faulty positions at desk, high bolsters, and much else that might be pointed out, if the subject were entered into, all conspire to induce this deformity; and, considering such special provisions made for it, the only wonder is that so many actually escape.

§ 91. Weak ankles, often the result of the ungraceful and in other respects pernicious fashion of wearing high, narrow-heeled shoes, straining the ankle by rolling about, &c., may be a cause of lateral curvature of the spine. The weaker ankle is generally the left, and the individual soon forms the habit of standing on the right foot. Fig. XXXI. shows the effect of persistence in this habit. The lower portion of the spine is thrown to the *left*, and the dorsal portion necessarily thrown to the *right*.

Fig. XXXI.



This does no harm in strong persons; but in the weak, certain muscles are subjected to great fatigue, by which they are rendered disproportionately feeble. The muscles subjected to the extra strain are those on the *right* side of the dorsal region (see Fig. XXIX.) or on the *convexity* of the distortion.

Unequal muscular fatigue and consequent curvature caused by habitual standing on one foot; see Fig. XXXII.

§ 92. But, as before intimated (§ 85), *weakness* is not always or necessarily a concomitant of this deformity. It may exist in persons of both sexes who are muscularly strong. It is caused in these cases still by unequal action of coördinate muscles, but produced by *over*-action of some muscles in some regions, as the first is produced by *under*-action of the opposite and antagonistic groups; in either case, the balance is destroyed. Every one is familiar with the causes capable of producing strabismus, talipes, &c., For some unexplained cause, some muscles seem to take on a

species of tetanic action, and after a time become shortened or retracted, and fixed.

Strabismus is most frequently the result of disordered digestion, and I have generally found that lateral curvature of the spine in strong persons, had followed a long period of dyspepsia or other phase of disordered digestion. Unequal muscular action from this cause no doubt exists in all parts of the body; but, acting against the end of a single inflexible bone, no deformity can occur; while, in the case of the spinal column, a deformity must exist whenever the conditions previously described are found.

§ 93. But, given the deformity, what shall be the treatment? Shall we tie up all the muscles, and still further increase their weakness and irritation by wearing a "supporter?" Shall we ignore the physiological relations of the different parts, and use an apparatus that acts upon the trunk as a whole, and by screws and braces straighten it out as we would a crooked stick? There is a better way. It is very simple, and consists of *reversing* the same process that first produced the distortion. For curvature to the *right*, we must establish the conditions for causing a curvature to the *left*, and continue the process till it is brought back to the proper position and there stop.

§ 94. In this deformity, the two conditions of retraction and relaxation (§ 20) exist in the muscles acting longitudinally, respectively in relation to the concave and convex sides of the spinal column; and our effort must be directed in accordance with these conditions; and by using eccentric movements (§ 20) on the concave side to expand the retracted muscles, and concentric movements on the convex side to contract and increase the power of the expanded muscles on the convex side—acting in the direction of this relaxation—we use the proper means to overcome the deformity. But it requires the nicest discrimination to so adapt a movement that the right muscles will be affected in the right way, or else we may do harm instead of good. For instance, it was stated that a curvature may be produced by stronger action of the muscles of the right side. But this stronger action must come in a transverse direction—as the scapular muscles—while those muscles acting longitudinally, as the inter-collales, erector-spinæ, &c., are expanded, lengthened,

and weakened by the bulging out of the convexity of the curvature; while too great action of those muscles acting longitudinally would act like a string to a bow, and produce the curvature to the left, as is often the case. Our effort must be, then, by placing the patient in such positions and using such movements that these several different actions will be produced on different sections and opposite sides of the spine at the same time. (See Fig. XXIX.)

FIG. XXXI. § 95. We find, almost without exception, in curvature to the *right*, that the *left ankle* (§ 91) is very much weaker than the other. Movements like that shown in Fig. VIII. must be employed, together with inward and outward flexion, twisting the whole leg from the hip, in the same position, and many others calculated to strengthen the left leg and ankle.



Restoring equal muscular action and reducing curvature by standing on left foot and stretching up left hand. See FIG. XXXI.

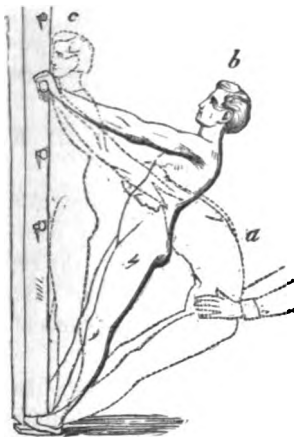
The position shown in Fig. XXXII. increases the strength of the left leg and ankle, and, at the same time, the lower part of the spine is thrown to the right, while the upper or dorsal portion is powerfully drawn to the left, by the position of the left arm. (See Fig. XXXI.) The patient makes a strong effort to *reach up*, and remains in that state a certain length of time; if possible, a minute. It will be seen how, in this movement, the left side of the spine in the upper part is expanded, and in the lower part contracted; while on the right side the upper portion is contracted and the lower portion expanded; all of which tends to unbend and straighten the S.

Fig. XXXIII. represents one method of causing the action of the spinal muscles to aid in producing the desired result. The patient, with the left arm stretched up, leans over a bar, with his thighs resting against it, while the assistant grasps the left wrist, and presses upon the right shoulder. The patient now slowly raises the trunk from *a* to *b*. By the assistant's pulling at the left arm, the long leverage causes the scapular muscles attached to the spine—the lower portion of the trapezius, rhomboidii, &c.,—to act powerfully in drawing that part of the spine to the left, while the pressure of the hand upon the right shoulder

still further aids this action. The spinal muscles act the same as described in the previous illustration; eccentric and concentric, on alternate sections and opposite sides of the spine. This latter result is still better secured if the right foot is carried away a little to the right, so that the principal weight of the body will fall on the left leg.

The movement represented in Fig. XXXIV. secures all of the actions previously enumerated, and is especially powerful in drawing the spine towards the left. The patient stands with the right

Fig. XXXIV.



United action of scapular and spinal muscles to force the spine into its place.

foot carried a short distance away from the other, so that the weight of the body is sustained principally by the left leg; he then takes hold of the pin, at the height of the shoulder, with the left hand only, and then settles down, as seen at *a*. He now slowly draws himself up, against the resistance of the assistant—who holds him by the hips as seen—to *b*. and finally to *c*, in contact with the pin-post.

Fig. XXXV. represents the patient with only the legs, hips, and head supported, the whole trunk being held up by the action of the spinal muscles. The position of the left arm, which is stretched up, with the action of the spinal muscles, acts powerfully to bring the spine in place; and if, at the same time, traction

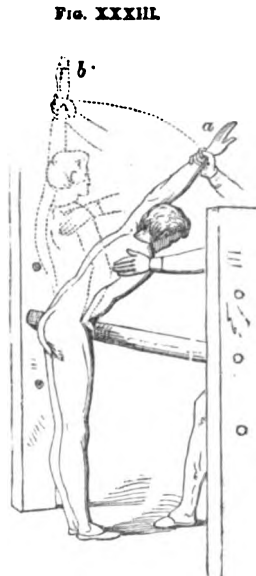
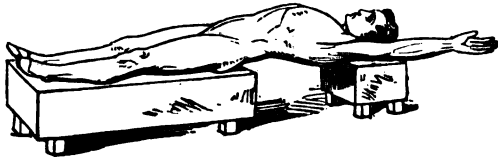


Fig. XXXIII.

Acting concentrically on scapular muscles and eccentrically on longitudinal muscles of left side.

Fig. XXXV.



Acting on the dorsal and cervical muscles.

to bring the spine in place; and if, at the same time, traction

be made at the *left* arm and *right* foot, by assistants, the effect will be still more to straighten the spine. The muscles of the back of the neck and upper part of the back are particularly affected.

ARTICLE XVII.—*Transactions of the Chicago Homœopathic Medical Society.* Compiled by R. LUDLAM, M. D., *Secretary.*

XXVI.—ENCYSTED TUMORS OF THE FACE.—The following cures were reported by JNO. L. KELLOGG, M. D., of Chicago.

CASE 1.—Jane L., aged eighteen, had an encysted tumor upon the right cheek, above and anterior to the angle of the inferior maxillary bone. Its growth had been slow and nearly painless; color of the skin natural; shape inclined to oval; size that of half a pigeon's egg, if divided longitudinally; and it presented to the touch a sense of fluctuation, as if from the presence of some semi-fluid substance.

Prescribed Calc.-carb., 21st, pellets No. 2.; dose: six of them, half an hour before each meal, or thrice daily.

This young lady was attending a boarding-school, and sought a prescription when at home, on account of the deformity occasioned by the swelling. Directly after the prescription, she returned to her school, and I lost sight of her until her next vacation, when I found the tumor shrunken to the dimensions of a small pea and feeling hard. I called it cured.

Something like two years subsequent to this, the pea-like remnant began to expand again, when the patient called for more of the same medicine. This she received, and from it there resulted a permanent cure.

CASE 2.—Byron S., aged fifteen, called with his father, desiring me to excise a tumor which had been growing nearly a year upon the superior point of the right ear. It had now increased to such a size as to be troublesome, from its weight and lopping down the ear. It was nearly painless; skin of natural color, and gave to the touch the sense of fluctuation, as of a semi-fluid substance. My first impression was in favor of its removal by the means proposed; but, on closer examination, finding the sac extended over the top, embracing the out- and inside of the ear, and that its removal would require an exposure or excision of a portion of the cartilage, I decided to try the Calc.-carb.

Prescribed Calc.-carb., 21st., pellets No. 2.; dose : six, three times a day, half an hour before eating.

At the end of a fortnight he returned, with the tumor palpably diminished, and his pills all taken. The same prescription was renewed.

He did not return for more medicine; but, meeting him on the street three months subsequently, he informed me he was cured. On examination, a slight thickening and hardness were all that remained of the tumor. This person remained near me some three years after the cure, and had no further difficulty with his tumor.

CASE 3.—Miss J. U., aged twenty, called to consult me respecting a tumor which had been troubling her for some six or eight months. This swelling was situated directly at the root of the nose, making quite an unpleasant feature in an otherwise interesting countenance. Like those above mentioned, this was most troublesome on account of the deformity it occasioned. Excision was supposed by the patient to be necessary. On examination, I found a fluctuation similar to that mentioned in Cases 1 and 2, but differing from them in the color of the skin, and, not only of that covering the tumor, but adjacent to it. There was evidently at that moment an unusual erysipelatous inflammation, attended with some stinging pain.

Prescribed Bell., 3, while the redness and pain continued; afterwards, Calc.-carb., 30, three times a day.

At the end of two weeks the patient called, with the tumor much reduced; she received the same medicine once more, and the necessity for excision had evidently passed away. The first prescription in this case was made Nov. 1st, 1858; and, up to this date, June 1st, 1859, she remains well.

I will add, the three patients had light hair and eyes, and were of sanguine, verging to lymphatic temperaments.

XXVII.—PUERPERAL FEVER.—A complicated case. Communicated to the Secretary by C. A. JAEGER, M. D., of Elgin, Illinois.

Mrs. R., aged twenty-nine years, mother of four children, was confined last spring. The birth was natural, although difficult, and her medical attendant used her rather "roughly." Four days

12th.—She is now decidedly better. Her lameness is improved, and she goes out again; thinks the last medicine has had a good effect upon her. Sent her another dose of the *Sulph.* with the *Sacc.-lactis*.

23d.—Has been out riding; rode at one time ten miles, to get her babe; commenced nursing it again. Walks for quite a while without her cane, works some in the kitchen, gains strength rapidly, less discharge from sores, all the parts around look and feel natural, her hips feel a little lame at times, although she can turn and lie on either side now, and rejoices that she is so well. Continue *Sacc.-lactis*.

June 7.—Visited me; feels “real smart;” menses appeared this morning, they are rather scanty however. Gave her *Puls.*, 3, three doses for twenty-four hours.

14th.—Was called to see Mrs. R. again. Found her again in bed, where she had been for three days. The whole uterine region was much distended, and she felt the most violent pain from pressure upon it; vagina swollen, and parts very sensitive to the touch; labia-majora highly inflamed; pain and tenderness in the groins and hips—in fact she was in pain all over the body. A very severe pain was felt where she had the large ulcer; sores had healed slowly; the whole spinal column was tender to the touch, but the lower dorsal, and all the lumber vertebræ were very painful, and it was with the greatest difficulty that she could move from one side to the other. She had not slept for three nights; had no appetite, no perceptible fever, tongue coated white, pulse 80, and feeble.

Left her *Coffea*, 3., and *Bell.*, 3, every half-hour for two hours, then every hour for eighteen hours, or until she was more quiet; these remedies to be followed by *Ars.*, third trit., and *Bell.*, 3, every two hours, for twenty-four hours.

15th.—*Ars.*, third trit., and *Acon.*, 3, every two hours, in alternation. *Coffea* if in much pain. She was a little more comfortable, but there was no great alteration in the case.

17th.—Is better; sleeps better, uterine region not so swollen and tender, spine less tender, but very painful yet for her to move. Repeated same medicine.

19th.—Saw her, and to my surprise she moved without much effort, and, as she said, with little pain, from one place to another

in bed; has been up to-day in her chair for the first time since her relapse. All the painful and sensitive parts and regions are better. Patient has improved beyond my expectations.

*Acon.*, 3, and *Sacc.-lactis* every four hours.

July 1.—Patient is well, except a little lameness in her left hip, which causes her to limp a trifle.

P. S.—At the time when the uterine region, &c., were affected, I had a weak solution of *Arnica*, in warm water, applied to the vagina, the spine, and the groins. She was under my treatment nearly three months.

XXVIII.—CEREBRAL TYPHOID FEVER WITH ANOMALOUS SEQUELÆ. Reported by P. L. HATCH, M. D., of Minneapolis, Minn. Presented to the Society through DR. LUDLAM.

N. L., aged twenty-five, a man of sedentary habits, nervo-bilious temperament, large angular head, black hair, blue eyes, and a vigorous restless mind, was suddenly seized with a cerebral typhoid fever, which persisted for twenty-one days. The case being a critical one, a large council of allopathic physicians met at the bed-side frequently, and not less than three of them daily. Mercury was exhibited almost uninterruptedly, in some form or quantity, during the whole course of the disease—as I was subsequently informed by the principal attending physician—but “without touching the gums.”

At the end of three weeks, the delirium, which had been constant from the onset, gradually ceased, and an auspicious convalescence set in, which continued for some five days, when suddenly, and, without the least warning, or the slightest discernible cause, the fever returned, and the following symptoms were found to be present: Furious delirium; a hard, quick, and small pulse; dry skin; the tongue parched, dark in the middle and red at the margins; the head hot; pupils dilated; general subsultus; the mind haunted with fears of a violent death by drowning or assassination; a constant desire to escape (requiring the exertions of several strong men to restrain him), and utter sleeplessness. Simultaneously, or nearly so, there appeared an œdematous swelling of the left tarsus, accompanied by extreme sensibility and redness.

Again the assembled wisdom of the “dominant school” decided



upon the employment of Mercury, in divided doses, to be followed, at intervals of from twenty-four to thirty-six hours by a purgative. Four days had thus elapsed, without a moment's sleep intervening, when the "alteratives" gave place to anodynes, soporifics, and stimulants; but, after twenty-four hours more, they too were abandoned for—homœopathic remedies.

I undertook the case; the principal physician giving it his unceasing attention, so far as seeing that my orders were strictly carried out, and all the appliances of a judicious nursing attended to, declaring, at the same time, that he regarded it as a hopeless task.

Prescribed *Bell.*, 3, ten drops in three ounces of water; a teaspoonful every hour for six hours; then every hour and a half, and subsequently every two hours, until the twenty-four hours had elapsed. For the first time, a few moments of partial sleep intervened, and this was followed by a slight modification of the pulse. The head still remaining hot, and the swelling extending from the foot towards the knee, I ordered ice to the former, and cold water to the latter; and, in addition to this, frequent sponging of the entire body with water at a moderate temperature.

Continued the *Bell.*; at intervals of forty-eight hours, followed a very slight, but certain decrease of the heat in the trunk and extremities, excepting only on the diseased leg. There was still much heat about the base of the brain, with sleep at long intervals only, until gradually he became able, if absolute silence was observed, to sleep for a full hour, but even this was attended with a constant muttering or whispering.

At this time, on the fourth day of my attendance, a cough appeared. This was, at first, a dry hack, at intervals of an hour or two; but gradually increased in degree and frequency. Physical examination revealed only a slight rhonchus in the bronchi of the left anterior lobé. The leg was now swollen fearfully from the foot to the knee; indeed, the foot was nearly as much affected also. The use of the cold water had been kept up constantly by trickling it slowly upon the part from a sponge, and allowing the heated waste to run into a tub, placed at the foot of the bed. At this juncture, I discovered three sphaclated spots upon the diseased leg: one near the origin of tibialis-

anticus, or perhaps the middle of the superior third; another at the inner margin of the belly of the soleus, and a third two or three inches below. The longest was about the size of a quarter, and soon reached the size of a silver dollar. There was not the slightest indication of reaction in the living tissue surrounding these spots. Then followed a decrease in the volume and velocity of the pulse, an increase in the rhonchus and cough, and momentary intervals in the delirium, a slight perspiration upon the upper lip, pupils less dilated, and very soon the muttering ceased altogether.

Prescribed *Bell.*, 3, alternately with *Arsenicum*, 6, every two hours. In twenty-four hours I found the patient coughing considerably, and expectorating a frothy, glairy, colorless matter; the pulse was still lower; the sensorium apparently clear, but too weak for the least possible exertion; the head cooler, and the toes of the sound leg quite cold. The gangrenous spots had not increased in size, the largest having a bold red rim at its margin, and the others a bright redness around them without the elevated margin. Hitherto the patient had taken little or no food; although I ordered a little animal broth every three hours, and dressed the leg in pulverized charcoal, still continuing the application of water to the foot. *Ars.*, 6, was also given every two hours.

In twenty-four hours more, I found almost every symptom of the original disease (as it came into my hands) gone, except as concerned the unfortunate leg. The cough was about the same as on the previous day, with, perhaps, an increased expectoration; but the leg had commenced to slough badly, and was discharging at the gangrenous orifices, although, by this time the larger spot had gradually disappeared, and only the two others remained. Continued the *Ars.*

The next day noted an increased sloughing, and a hectic fever, which lasted two hours, followed by a gentle perspiration, and a more free expectoration. Appetite improving, however; ordered increased amount of food, of a light and bulky nature.

In this condition, and without much apparent alteration, he remained for the three following days, during which time a great part of the remaining cellular tissue of the leg, between the knee and the foot, came away in a mass. I employed injections of tepid water into the cavity, thoroughly applied, and followed

at each time with a single injection of Glycerine. Continued the *Ars.* every three hours, for two days; then every four hours. At the end of this time, the cough had almost disappeared; the paroxysms of fever were gone; the head became normally cool (the ice having been abandoned previous to the discontinuance of the *Bell.*); the sleep was refreshing and natural; appetite good enough; digestion ditto; daily dejections from the bowels. In short, my patient, weak to the utmost extremity, with a terribly sore leg and foot, was slowly, very slowly convalescing, and I soon dismissed the *Ars.*, placing my reliance upon the recuperative efforts and power of nature to complete the work of his restoration.—HATCH.

In a similar case of sloughing of the leg, the gangrenous spot was clipped out early, three or four incisions were made, as far as a probe could be passed under the edges—some of them two or three inches long—so that the whole gangrenous and sloughy portion was readily accessible; lint spread with a weak ointment of Balsam of Peru was applied to the very depths of the diseased part, all sloughy and gangrenous parts was removed several times daily; the patient was put upon beef tea and weak brandy and water, and the disease was stayed. It did not spread one half-inch after the incisions and thorough dressings were made, and the whole disease was confined to a space, two or three inches square. A rapid recovery ensued.—PETERS.

XXIX.—*Hypericum-Perfoliatum in Spinal Lesions.* For notes of this interesting case the profession are indebted to DR. WM. VALLETTE, of Wheaton, Du Page Co., Ill.

Willie, aged nine years, son of a prominent lawyer in Napierville, in this county, while at play—some time during the month of July, 1857—upon the roof of an out-house, met with the following accident. While sliding down the roof, a projecting splinter of one of the shingles pierced the muscles, about three inches below the last spinous process of the lumbar vertebræ; was forced upward to the distance of one and a half inches; divided itself, the larger part passing to, and becoming fixed near the surface, directly opposite the before-named process, while the smaller portion lodged in the same vicinity. An attempt was made by the mother to withdraw this splinter; but, being much decayed, it broke off, say an inch from the orifice.

By the advice of a physician, the wound was left to suppurate, but became partially healed, however; in which condition it remained for about four or five months after the accident, at which time it commenced afresh to discharge pus, which was thick and yellow in consistence and color, with dark-colored particles, supposed to be the decomposed wood of the splinter, interspersed through it. In three to five weeks this opening healed entirely, and was, to all appearance, sound and healthy.

It appears, that the boy's general health since the accident had been much more delicate than previously, up to about the last of February, 1859, when he took a violent cold by getting his feet wet, after which the following symptoms supervened: General fever, with severe lancinating pains in the head and back; super-sensitiveness to noise and light; very profuse and painful diarrhœa, with tympanitis, and urine of a dark red color. In the evening, before I was called (Feb. 28), and about nine o'clock, he was taken with a *spasm*, accompanied by great distortion of the muscles of the face, and frothing at the mouth. In a few moments, however, he became more calm, and remained so for about two hours, when he had another, but less frightful spasm. This passed off, and he lay comparatively easy until my visit was made.

I prescribed *Bell.* and *Ars.*, with an occasional dose of *Merc.*, should more profuse diarrhœa supervene. Aconite was also to be given during the exacerbations of the fever. The improvement was slow, but he got better. I did not see the patient again until March 17, when I found him with the following symptoms: He had been better of his diarrhœa, but this had become suddenly worse and very exhausting; a bad cough, with rusty, brick-dust colored sputa (for which latter he had received a few doses of Bry. and Phos.); œdematous swelling of the feet and ankles; great stiffness of *all the joint*, so much so that he had to be removed to his bed and kept in a strictly horizontal position, and perfectly straight. It was with difficulty that any of his limbs could be moved. His flesh was very sensitive to the touch over the entire chest and abdomen, and, in fact, over the entire body. There was also considerable mental aberation at times during the night.

I diagnosed the nervous system to be the seat of his

disease, and inquired if he had been hurt by a fall, or otherwise. This inquiry brought out the foregoing facts relative to his injury, sustained some two years previously. Upon examination of the cicatrix, now very much inflamed and swollen, my previous opinion was strongly confirmed. It was supposed by the parents that his having laid so long upon his back was the cause of the soreness there.

March 25.—Sent for Dr. Ludlam, of Chicago, in counsel; for the patient was running down, being excessively prostrate and nervous, worrying and fretting until completely exhausted, when he falls into a labored sleep, waking afterwards almost as much excited as ever. Is a precocious child; will have some one read to him, or relate him a story, and this is the only successful method of calming him. Lumbar and sacral regions excessively tender and sore, cannot bear us to look at, much less to handle them. Diarrhœa less frequent, although of the same character. Appetite for objectionable food only. Is considerably emaciated, while his countenance and whole general appearance indicate great nervous erethism.

At Dr. Ludlam's suggestion, ordered a more stimulating diet; gentle frictions to the back and extremities with alcohol and water, after which they were to be wiped dry, and then enveloped in dry uncarded cotton. Perfect quiet was enjoined, and no more books and stories allowed. *Hypericum-perf.*, third dec. dilution, with *Bell.*, 12, were given internally, at intervals of two to three hours.

Subsequently he was kept upon the *Hypericum*, two doses per diem, with *Ars.* and *Merc.*, each one dose, or *Bell.*, whenever the nervous excitement became excessive. Other remedies appeared to render no perceptible service. His recovery was very slow, and nothing seemed to relieve the diarrhœa like the *Merc.* and *Ars.*; although I certainly have good reason to believe that *Hypericum* was the most useful remedy for the injured spine, both from his early and prompt improvement after its first prescription, and from the fact that, when he happened to be out of that medicine, he did not improve as before.

To this date, Aug. 9, 1859, he appears as well as ever before.

ARTICLE XVIII.—*On Pericarditis.* By E. C. FRANKLIN, M.D., of St. Louis, Missouri. (A chapter from a Complete Treatise on Diseases of the Heart.)

There are three distinct tissues included in the organism of the heart, which, though frequently affected *conjointly*, are, nevertheless prone to be *separately* diseased, and therefore require separate consideration. These tissues are the *pericardium*, or investing membrane; the *cardium*, or muscular structure; and the *endocardium*, or lining membrane of the heart. The inflammatory diseases incident to these several tissues, are termed respectively, *pericarditis*, *carditis*, and *endocarditis*. It is only within the last quarter of a century that these disorders have been freed from the confusion and embarrassment with which they were previously surrounded. Before the era of auscultation dawned upon our darkened senses diseases of the heart were imperfectly understood, even by the most intelligent physicians of olden times. Since the times of Laennec, and the brilliant discoveries which followed in the wake of auscultation, a flood of light has poured in upon us, from the indefatigable researches of the school of auscultators, which succeeded him; until cardiac disease, once wrapt in the impenetrable gloom of Egyptian darkness, the *opprobria medicorum* of professional men, now stands out in full relief, as easily recognized in the various phases of derangement as the commonest disorder. What the partizans of the dominant school have so ably begun, let it be the pride and especial privilege of the advocates of the eternal law, "*similia similibus curantur*" to bear to an immortal triumph, until heart-disease shall be stript of its terrors, and yield its deadly sting to the sovereign balm of homœopathy. I feel I am not speaking too sanguinely when I assert, and with perfect confidence in its fulfilment, that organic diseases of the heart, as well as the tuberculous disorders of the lungs, will be, at some far distant day, as certainly cured by remedial agents as the commonest derangements, and those remedies will be found to exist in the domain of homœopathy.

*Actiology.*—Pericarditis, exocarditis, or inflammation of the investing membrane of the heart, is a disease of frequent occurrence, more so, probably, than any other affection of this organ,

and therefore merits at our hands a close and critical consideration. It is rarely that we meet with a pure, uncomplicated case of pericarditis. The cardium and endocardium, from their contiguity of tissue, are liable, in a greater or less degree, to simultaneous derangement of their structure; yet it often happens that the inflammation of the pericardium is so violent that the less disorder of the lining membrane, and of the structure of the heart itself, is overlooked in the virulency of the attack. It has, from its earliest history, been esteemed a disease of great interest, inasmuch as its fatality has been very prominent. Dr. Watson observes that it proves fatal in nineteen cases out of twenty; at a remote period, it may be destroying the subject of it, slowly indeed, but surely. The ordinary causes which give rise to inflammations generally, may produce it in the pericardium. When it exists as a sporadic disease purely, it may be caused by sudden exposures to cold, when the surface of the body is warm and perspiring, or by direct mechanical violence, suppression of hæmorrhages, retrocession of eruptions, &c. But it arises more frequently than from all other causes united as an attendant upon arthritic inflammation and that peculiar dyscrasia of the blood generating the form of disease known so popularly as inflammatory rheumatism. M. Bouillaud, who has given much attention to this disease, as connected with articular rheumatism, asserts that in eight cases out of nine, articular rheumatism is accompanied by one or both of the former diseases—viz., pericarditis and endocarditis. "In another estimate, made by the same writer, he says: "Out of ninety-two cases, there were thirty-one in which pericarditis and endocarditis coincided with articular rheumatism—viz., seventeen of pericarditis and fourteen of endocarditis." Dr. Williams so far corroborates the conclusions given by Bouillaud as to observe that rheumatism is by far the most common cause of pericarditis; but adds, "it still more frequently produces endocarditis." Dr. Macleod also acquiesces in the general results as obtained by M. Bouillaud. Dr. Hope states that acute rheumatism had preceded about three-fourths of the worst cases of valvular disease and adhesion of the pericardium, four hundred in number, which had occurred in upwards of ten thousand hospital patients. In a statistical table, prepared to show the frequency of heart-disease occurring

in St. George's Hospital, England, by Dr. Barclay, and in detailing his observations in regard to rheumatism upon cases which did not prove fatal, he says he found the heart diseased in *forty-four* per cent. of acute cases, in *eleven* per cent. of sub-acute, and *four* per cent. of chronic cases; those terminating fatally are not given, but must have increased the ratio to seventy-five or eighty per cent. of all who had the disease. Another circumstance which appears to me rather remarkable, is, that in the acute cases, cardiac inflammation occurred more frequently in females than in males, and in the largest proportion in those between ten and fifteen years of age, after which age it gradually declined to the fortieth year. With confirmed disease of the heart, he further adds, there were a larger proportion of males than females admitted, but the difference is less striking if those of rheumatic origin alone be considered. It is asserted, by the highest authorities, that more than one-half of the cases of cardiac disease have their origin in a rheumatic diathesis or some pernicious principle in the blood, incident upon diseases of the kidneys or connected with scarlatina. Disease of the aortic valves has been associated with lesions of the kidneys and albuminous urine, occurring or not after scarlet fever, by C. J. B. Williams and Dr. Barclay, in a number of cases. "In one hundred and forty-one cases of diseased kidneys, taken indiscriminately, hypertrophy of the heart occurred fifty-five times, and dilatation thirty-six times, together or separately in sixty-three cases." I may here observe that, whatever opinions may have been previously entertained as to the precise nature of pericarditis, it is evident that it is a frequent accompaniment of acute rheumatism, and occurs also in the train of albuminuric disorders. It is generally admitted that articular rheumatism has certain peculiarities which distinguish it from ordinary inflammation, and, whenever complications have existed involving internal and vital organs, it has been the practice in the dominant school to treat those complications independent of the rheumatic disorder. It is unnecessary for me to say to what dangerous and fatal results such a course of treatment must inevitably lead us. The record of deaths occurring from this disease looms up as a beacon of warning, proclaiming the inefficiency and inapplicability of the common treatment of this disorder. If, however,



(and to my mind it seems the only rational method of considering these diseases of the heart), we look upon the cardiac complications, not as accidental circumstances only, but as having a common origin with the arthritic inflammation; then, I say, the treatment may easily be made both consistent and in accordance with the rational manifestations. If rheumatic affections of the joints be but the evidences of a peculiar dyscrasia pervading the system, or of some spanemic or other morbid condition of the blood, having a particular affinity for their textures, may we not infer that the pericarditis is provoked by the same peculiar influence. To the valuable researches of Dr. John Taylor, of London, we are indebted for the pathological evidences of pericarditis; and his investigations have fully shown the important and intimate relation existing between pericarditis and those diseased conditions of the blood which not only accompany rheumatic arthritis, but also those degenerations of the kidneys. Dr. Watson also asserts, with equal confidence, that oftentimes cardiac disease is dependant upon a tubercular taint in the system as a predisposing cause, and only awaits some exciting cause to fix the disease upon those tissues. Dr. Taylor advocates with ability the doctrine that pericarditis is a rare disorder independent of blood-disease, and, I believe, not only his own observations, but all those of the medical profession who have given much attention to this subject, confirm this important pathological fact, and, I have no doubt, the more it is examined, the more advocates will be found sustaining a principle which carries with it such brilliant and practical results.

*Pathology.*—The morbid characteristics of pericarditis are: first, a preternatural redness of the membrane, more or less diffused over its surface, which may be seen in patches or streaks of various size and shape; next, coagulable lymph is poured out from the membrane soon after the commencement of the inflammation, and concretes soon after its exudation; very often serous fluid is also effused, which distends the pericardial sac, remaining liquid, and keeping its internal surfaces asunder—frequently, and in the great majority of cases, both serum and lymph are simultaneously effused. The lymph concretes and adheres to the surface of the serous membrane, while the serum accumulates in the pericardial sac, having shreds or patches of the coagulated lymph

floating in it. The quantity of the liquid effused varies in different subjects, and we have no fixed rule to determine its bulk. The sac frequently contains many ounces, and has been said to have held three pints. The physical appearance of the liquid also differs in different subjects; in some it is almost colorless, in others it assumes a straw-colored aspect, sometimes it is of a reddish, sanguineous hue, but more often it is turbid, and looks as if milk had been mingled with it.

In thirty-seven cases of pericarditis, Louis found that the effusion was sero-sanguinolent in five, serous in nine, sero-purulent in fifteen, and truly purulent in seven. The concrete lymph also assumes a variety of shapes in different subjects; in the commencement of the disease, it may appear in the form of a soft, delicate film, but, as the disease advances, it becomes firmer and more adhesive. It is irregularly cellated, and, according to the fancy of different authors, it has been variously compared: by one, to net-work, sponge, or a species of coral; by another, to the interior of a stomach of a ruminating animal, and Dr. Hope—the which appears to me most correct—compares it to the surface which may be produced by suddenly separating two flat pieces of board (or glass), between which a thin layer of butter has been compressed.

The pericardium is rarely thickened during this disease, although its appearance frequently indicates such a conclusion, for it often happens in those old subjects of pericarditis, who have contracted the disease long before, that there is an apparent thickening, which in reality only consists of distinct layers of old, false membrane adhering closely to its walls; this thickening takes place, not in the proper serous tissue, but external to it, in the fibrous structure. The pericardial cavity may be partly or wholly obliterated, by the coagulable lymph glueing the whole or a part of the membrane to the heart. It rarely happens that the whole of the cavity is obliterated, because, after the inflammatory process ceases, more or less of absorption takes place; the serum is gradually reabsorbed, portions of the membrane become adherent, and, through the means of lymph, remain permanently united. The surface of the heart, after death from other causes, may be seen sometimes covered with false membrane, without obliteration of its cavity; this often happens

before the serum is absorbed by the organization of the coagulable lymph. It sometimes happens that the cavity of the sac is divided into separate spaces or compartments; this is effected by the patches of coagulable lymph directly opposite each other coalescing and uniting firmly together. After death from other causes, there may be sometimes seen upon the surface of the heart certain whitish, or bluish white spots, which have been attributed to a variety of agents; but I think, with a few others, that they indicate previous pericarditis; the patches of lymph have been converted into false membrane, forming these peculiar discolorations. A strong argument in favor of their being false membrane is, that they are separable with the scalpel, leaving the clear, shining membrane of the pericardium beneath. Taking this view of these spots, and the frequency with which they are seen after death, it adds additional weight to the supposition heretofore laid down, viz.: that cardiac disease is a very common, and very rarely a sporadic disorder, but is only a complication of a constitutional or general disease of the system.

*Diagnosis.*—The symptoms of pericarditis are various and often conflicting in different subjects. An acute attack is usually ushered in with a chill; at other times it presents itself insidiously, creeping, as it were, under the more prominent manifestations of the external rheumatic inflammation, so as almost to place the patient beyond the pale of hope before it is discovered. One such a case I remember to have occurred a few years since, where its existence and progress were so completely disguised that it was entirely overlooked, and not discovered by others until unmistakable physical signs revealed to me the nature and extent of the lesion; such cases, I believe, are far from rare. Fever is always present at the commencement of the disease, and its usual characteristics are those of the phlegmasiæ generally, viz.: full, frequent pulse, a furred tongue, with persistent rough, dry edges, scanty urine, hot, pungent skin, eyes dull, with an anxious, depressed look, impeded respiration, cough, dyspnœa, restlessness, &c., &c. As I have said before, this disease is rarely sporadic, but, when we find the disorder, we are almost sure to have it associated with arthritic rheumatism or disease of the kidneys; in fact, it strictly belongs to that class of diseases which are generated by some pernicious principle

eliminated in and from the blood, and having a peculiar affinity for the serous and fibrous textures, and finally manifests itself in these organs by unmistakable local signs. Taking this view of the disease, it is readily to be understood that the treatment and diagnosis should be in accordance with such general principles. The pericardium is rarely affected without a greater or less degree of derangement existing also in the endocardium or lining membrane of the heart. It is not often that all the features detailed above accompany the disease, yet they are always present in sufficient number, that all practical men will at once recognize the classification of the case by its leading symptoms. The symptomatic phenomena most frequently present: are irregular and frequent pulse, pain about the heart, dyspnoea, palpitation, and oedema in some part of the body.

*Pulse.*—The condition of the circulation, as developed by the arterial pulse, is a symptom of great importance. If the attack has made its advent with a chill, immediately after this has disappeared the pulse will be found full and strong, much increased in frequency, beating from 120 to 140 in a minute; or, according to circumstances, at other times it will be discovered pulsating less frequently, with a small wiry beat. After the disease has become fairly seated, the pulse oftentimes assumes an irregular and intermittent character, and towards the close of the disease it is scarcely to be felt at the wrist, although the pulsations in the præcordia may even be excessive. The varying phases of the pulse accord very closely with the conditions of the heart during the progress of the disease. At first the pulse is full and strong, coinciding with the action of the heart, whose pulsations are increased in force, owing to the irritation transmitted to the cardiac nerves; then it gradually becomes weak and irregular, owing to debility of the heart and effusion into the pericardial cavity, which affects the movements of the organ; and, finally, the pulse is intermittent, and gradually becomes imperceptible as the heart is more or less cramped or bound down by the liquid surrounding it. These three stages it will be well to recollect, and, when borne in mind, it will ordinarily become comparatively easy for us to designate the stage of the case by the symptoms as they develop themselves.

*Pain.*—This is not a constant accompaniment of pericarditis;

nevertheless, it frequently manifests itself, and is marked by the suddenness of its approach and its occupancy of, and limitation to the præcordial region. It is increased by a full inspiration, by pressure upon the ribs or the intercostal spaces, corresponding with the region of the heart; is aggravated by coughing, but more particularly so by thrusting the fingers under the false ribs and pressing the diaphragm upwards. At other times, instead of the sharp lancinating darts, we find a dull, aching, obtuse pain, often intermittent, and variously described as that of tension, weight, constriction, or uneasiness, with more or less burning and oppression in the left side of the chest. When acute pain accompanies the disease, it occurs in the first stage or period of active inflammation, at the time the membrane is first being attacked, and previous to the occurrence of effusion within its cavity.

*Dyspnœa.*—This distressing symptom occurs most frequently after the acute symptoms have passed off, and during the existence of effusion of serum within the pericardium; it is, no doubt, owing to the pressure exerted by the accumulated fluid against the lung, and also impinging upon the pneumogastric nerve. It is sometimes very severe, the chest heaves forcibly in respiration, deglutition becomes so painful the patient is scarcely able to swallow, articulation is even imperfect, the sufferer cannot be retained in the recumbent posture, and begs to be bolstered in the upright position, inclining to the left side, which is the most easy and comfortable attitude. When there are complications with pleurisy or pneumonia, the respirations are short and hurried, numbering as high as thirty or forty a minute, instead of the normal standard of eighteen. There are a variety of symptoms connected with the dyspnœa, but they mostly partake of a nervous character, and are as various as the different constitutions in which they have their origin.

*Palpitation and Cough.*—The palpitations which take place during an attack of pericarditis are violent and often distressing; they may appear in the first stage of the disease, but frequently occur throughout the whole course of the complaint. When they are felt in the first period of the disorder, they are dependent upon an excess of nervous energy, communicated to the muscles of the heart by inflammatory irritation. They frequently make

their approach at night, without any assignable cause, even when the patient is otherwise tranquil and undisturbed. The *cough* which attends pericarditis is usually dry, and may occur at any stage of the attack. Independent of pulmonary complication, it is a symptom of trifling importance, and scarcely deserves consideration, except for the relief of the patient.

*Cerebral disease* has been strongly maintained, by some authors, to be a sequela of rheumatic pericarditis, or rather a metastasis from the external organs to the medullary substance of the brain. That the occurrence of cerebral symptoms in the course of rheumatic carditis is calculated to perplex and obscure the true nature of the disease, says Dr. Davis, is probably not so rare as has been supposed. In many cases falling under his own hands, he found the pulse exceedingly rapid; the delirium, though violent and active, at intervals was characterized by a singular and perverse taciturnity; even when the patient was able to speak and understood the question put to him, he maintained a dogged and sullen silence. In most of these patients, not long before the fatal event, a brief interval of amendment took place, and encouraged some hope of recovery. In many of them, various convulsive movements were observed, and, in two of the cases, the head-symptoms, and probably the heart-disease also, supervened after a relapse of the rheumatism of the joints. The headache, disturbed sleep, frightful dreams, and delirium are, no doubt, indications of a certain amount of cerebral irritation, but that any absolute inflammatory derangement takes place in the brain, sufficient to produce death, I do not believe, nor have the post-mortem appearances in such cases furnished evidences strongly enough marked to justify such a conclusion.

*Œdema*.—Effusion of serum in the cellular tissue of the lower extremities takes place more often in chronic than in acute diseases of the heart, and is caused, no doubt, by the enfeebled circulation and the ineffectual efforts of the muscular parietes of the ventricles to project the blood contained within their cavities; the reflux current of blood from the over-distended auricles also retards the inward flow of venous blood to the heart.

*Physical Signs*.—The first physical sign of inflammation of the membranes of the heart is an increased energy of the cardiac

movements. The auricles and ventricles contract with increased force, and, consequently, both sounds of the heart are clearer and louder than natural. The *impulse* is stronger than in health, and the pulse at the wrist corresponds with the increased movement. As the disease progresses, we find a decrease of the heart's movements to coincide with the decrease of abnormal sounds, until they become so weak as scarcely to be perceptible, and the normal sounds of the heart very faint or inaudible. From these and other signs we can judge of the presence or absence of effusion within the pericardial cavity; when the effusion is extensive, the heart's impulse is weaker than natural, and the sounds are less clear, and often they are not heard at all. *Percussion* is also *duller* over a larger space than in health, and, with *auscultation*, affords certain and prominent signs in this disease. At the commencement of the disease we need not be surprised to find this extended dullness wanting, as it never makes its appearance until the second or third day, and is then caused either by congestive enlargement of the heart or by distension of the sac with fluid, or both conjointly. Rarely effusion takes place at the very onset of the pericarditis; when it does, then of course the dullness on percussion is one of the earliest signs. The *extent of dullness* on percussion depends almost entirely upon the amount of the effusion. In extreme cases, it may become quite extensive; in a case reported by Louis, it extended from the edge of the false ribs to within two or three inches of the clavicle, occupying an area of seven and one-half inches in height by nine inches in breadth, stretching across the base of the heart. I need not say that fortunately such extreme cases are very rare. The *position* assumed by the patient will assist us somewhat in our diagnosis of the extent and quantity of the effused fluid; for we generally discover a marked difference in the impulse and sounds of the heart when our patient occupies an upright position, or assumes a horizontal posture. If the subject lies upon his back, there will be greater dullness over a larger surface, because the specific gravity of the heart being greater than that of the fluid, the heart sinks against the bottom of the sac, and the liquid is displaced and forced towards the walls of the thorax, occupying the uppermost space in the sac: water being a poor conductor of sound, the dullness coincides

with the quantity of the effusion. After this, if we place our patient in an upright position, inclining forwards, just the reverse takes place. A corresponding increase in the sounds and impulse of the heart will be apparent, owing to its approaching and lying close to the anterior walls of the chest. Examinations, not only in these, but other postures of the body, may be necessary, and, when employed, they present palpable evidences, decided enough to distinguish pericarditis from either pleuritis or endocarditis: thus, from pleuritis it may be distinguished by the situation of the dullness and its circumscribed outline; from endocarditis it may be known by the morbid sounds in the latter occupying a limited space, confined to a small spot in the thorax, opposite the valves which originate the murmur. The morbid or blowing sounds in endocarditis lie deeper in the thorax, and are less clear than the friction sounds of pericarditis. In pericarditis, the sounds are nearer the thoracic walls, and are soft and clear when compared with the rasping sounds of endocarditis. The second sound may be heard with considerable distinctness when the first sound is almost inaudible, the reasons of which are perfectly obvious, as I have pointed out in a previous portion of this work, when discussing the physiology of the cardiac organs, to which I refer the reader for a clear and concise view of "the sounds and impulse of the human heart." It will be remembered that the pulmonary artery and the aorta lie external to the pericardial sac, and the sounds being generated by the rush of blood through their respective orifices by ventricular contraction, it follows, of course, that this sound will be heard quite distinctly in lines corresponding to the course of these arteries, and gradually loses itself as the ear is removed from the origin of the sound; while, on the contrary, the auricular sound is blunted or rendered inaudible by the effusion within the pericardial sac. For the same reason the impulse of the heart is also diminished, and we notice the absence, oftentimes of its shock against the thoracic walls. We may frequently feel, by placing the hand over the præcordia, a gentle, wave-like, vibratory movement, peculiar, yet characteristic of the disease. It is produced by the alternate movements of the heart in the fluid, and from its fancied resemblance to that process, it is called by some authors the *churning sound*,—why so, I have not been able to determine;



certainly, the cases which I have examined have not presented any more resemblance to this sound than to many others I could mention. It is fair to presume that this hap-hazard method of naming these morbid sounds of the heart will lead to other designations equally ridiculous, and we may even look to some future pathologist, not only for the *churning sound*, but perhaps for the still more euphonious appellation of *buttermilk-valve*, &c This is not worse than to find air-valves in the heart, as a Philadelphia physician has lately imagined. Another feature, of considerable importance as a diagnostic sign of this affection, is a *prominence* or bulging out of that portion of the thorax corresponding to the præcordial space; this generally occurs late in the disease, and is caused by a fully distended pericardium. It is rarely present in adults, but may take place in children, owing to the softness and pliancy of their ribs and cartilages.

*Friction or Rubbing Sounds.*—The most distinctive evidences of pericarditis, and always the most reliable, are the friction or rubbing sounds. These sounds are superficial, and characteristic of the tissue involved in the inflammation, and are produced by the inflamed roughened surfaces of the pericardium rubbing against each other, which friction is caused by the alternate movements of the heart during contraction. Dr. William Stokes was the first physician, while investigating these sounds, to point out their relevancy to pericarditis; and, since his time, many others have been induced to appreciate them as valuable aids in the diagnosis of pericarditis. In the beginning of an attack, these sounds are soft and rustling, not unlike the noise made by rubbing together two pieces of silk or paper; they coincide with both of the natural movements of the heart, and are easily distinguished from them by being more superficial. They are usually two in number, coincident and synchronous with the alternate contractions of the heart; much more rarely they are synchronism in the alternate contractions of the auricles and quadruple, and when so they are caused by the absence of ventricles. Like other morbid sounds heard in the cardiac space, they are capable of both variety and degree. These sounds are first heard generally near the middle of the sternum, or a little to the left, at a space corresponding with the base of the heart, and are synchronous with the auricular and ventricular

contractions. Authors disagree in regard to the intensity of these sounds and their relation to the cardiac pulsations, as their respective theories of sound and impulse of the heart lead them in one direction or another. There may be an apparent misconception of terms used here, from my disagreement with most authors as to the causes of the first and second sounds. Some writers assert that they are most distinct with the first cardiac sound (ventricular), while others contend that they are double from the alternate movements, without any reference to intonation. That they attend each contraction of the heart is obvious, from the causes which originate them; and that they are double and dependent upon the alternate movements of auricular and ventricular contraction is equally apparent. If, according to the systolic theory, *one* is dependant upon ventricular contraction (the first sound of most authors), to what is the other indebted for its origin? surely not to the ventricular diastole, or *passive* contraction of the ventricles, for it neither resembles it in duration or degree; for this process occupies three-fifths of the entire beat of the heart, whereas the sound is comparatively short. For a more general description of these sounds, and their coincidence with the natural sounds of the heart, see "morbid sounds of the heart," &c., &c. It is obvious that they arise with each contraction of the heart, and their intensity is altogether referable to the agency of accidental circumstances. After a short time the character of these morbid sounds become changed, and from a soft, rustling murmur, we have a louder sound, like the *creaking of new leather*, which has been termed the creaking leather sound. Watson describes it as an alternate rubbing, and accordingly gave it the name of the *to-and-fro* sound, which is sufficiently accurate, as it conveys to the mind the pathological conditions involved in the disease. During the progress of an attack of pericarditis, the sounds become changed, and are finally altogether inaudible, remaining so for a short time, and then returning as before. I need not say this latter condition argues a more favorable prognosis, as it proves that the partial absorption of the effused fluid has taken place; but even this is of short continuance, for, as soon as the liquid is sufficiently absorbed, so as to no longer separate the surfaces of the pericardium, these membranes come in contact,

the textures are soon glued slightly together, and finally remain firmly and permanently adherent. It is obvious, from the preceding facts, that this *to-and-fro* sound is heard in greater perfection at the commencement of the disease, and before the heart is much embarrassed by a large quantity of liquid distending its sac. Among the complications oftentimes attending this disease, we may have the endocardium participating in the morbid process, and then other sounds are heard corresponding to the extent and violence of the disease of the part affected; unlike the sounds of pericarditis, the murmurs heard within the heart are audible only over a circumscribed space, corresponding with the seat of the part attacked. These morbid sounds are named the *bruit de soufflet*, or bellows sound, and are both deeper seated and harsher than the pericardial; these are of a buzzing or whizzing character, accompanying or synchronous with the ventricular sound when the disease is situated at either of the arterial orifices; and the auricular when the seat of the disorder is at the auriculo-ventricular orifices. It is a single sound ordinarily, and vastly different from the double or *to-and-fro* pericardial sound, and, hence, when heard, will serve as an unerring guide to a diagnosis with certainty between these diseases. These two groups of sounds, says Watson, may sometimes be heard by a careful listener to exist together. Often the bellows sound first begins to be distinguished when the *to-and-fro* sound ceases, or appears to supervene upon it and take its place; perhaps it first becomes audible simply because it was previously drowned or out-roared by the louder superficial noise. These two kinds of sounds, occurring during the progress of an attack of arthritic inflammation, have such sufficient peculiarities that they need not be confounded with each other: the *to-and-fro* sound is indicative of pericarditis, while the bellows murmur marks endocarditis; the first is superficial, always double, and comparatively clear, while the second is deep-seated, almost always single, and harsh. There is another disease with which pericarditis may occasionally be confounded, owing to the friction sounds that originate from a diseased condition of the portion of lung lying over the heart. Mucous râles may, at times, approximate in tone the friction sounds of the pericardium, but an easy manner of distinguishing them is to cause the respi-

ration to be suspended, or the patient to hold his breath for a few seconds; the friction sounds will then still be heard, but the râles will cease. After adhesion of the pericardial surfaces, Dr. Hope says, there is a sort of continuous jogging rhythm, corresponding with the movements of the heart. This view, however, is not generally admitted; for my own part, I can assert, I have never discovered it, although it has been sought after by me a number of times in vain.

*Prognosis.*—This disease, before its pathology and diagnosis were so well understood, was looked upon as very dangerous, and its termination often fatal. Dr. Watson thinks few really recover after being once attacked; they may seem to recuperate and regain their usual health, he says, but, sooner or later, become victims to some of its sequelæ. But pericarditis is now esteemed, comparatively speaking, a mild disease, frequently escaping detection during the severity of the rheumatic disorder; the patient recovers from the pericarditis, as well as the rheumatism, under treatment simply addressed to rheumatic disease in general. In fact, it rarely proves quickly fatal, except when complicated with other severe diseases, such as pleurisy or pneumonia, and its fatal terminations are too often preceded for a long time by gradual changes which involve the internal structure of the heart, giving rise to organic and oftentimes incurable lesions of the organ. Dr. Watson says the *to-and-fro* sound is never of long duration, and terminates in one of two ways: either the patient dies, the sound continuing to the last, or the subject *apparently* recovers, only to die at some remote period of one of its complications. The disease was formerly always considered extremely dangerous, because it could then only be recognized when present in its most violent forms; but, since auscultation has added another sense to our means of investigating diseases of the thorax, it is found almost invariably to accompany inflammatory rheumatism. *Resolution* is the most common termination of pericarditis, as it often subsides spontaneously with the disappearance of the arthritic inflammation of the joints, &c., and, in a large majority of cases, it is a curable disease. *Adhesion* is the next termination, but less favorable than the first. *Valvular disease* is often a termination of the inflammation of the lining membrane of the heart

accompanying pericarditis ; and *chronic pericarditis* is an occasional prolongation of the acute attack, which, in most cases, readily yields a well regulated treatment. The average duration of the disease under treatment is from five to twelve days ; in a mild attack it may be considerably less ; occasionally, death takes place suddenly, and without any warning from paralysis of the heart.

*Treatment.*—In describing the symptoms which accompany this disease, I trust that I have made myself sufficiently well understood. In detailing its treatment, I have concluded to adopt a system of my own, though somewhat different from the usual method ; still, I contend, that for the young practitioner or student of medicine, it possesses many advantages superior to the one in almost general use. That, in most of our essays and treatises, there is a lack of perspicuity, and a jumbling together of remedies and their symptoms, both proximal and remote, often producing confusion and doubt as to the selection of the most appropriate medicine, is well attested by every homœopathic physician. In the general arrangement of our treatment—its conciseness, its adaptability to the organ involved, and the concurrent complications which may arise in the progress of the disease—our ordinary treatises are far behind those of our *confreres* of the dominant school. In the course of treatment I have adopted, after presenting the remedies and their pathogeneses to the disease under consideration, I will occupy a small space in the further contemplation of the drug and its action upon this and other organs deranged, and, by a kind of bed-side reasoning, hope to present the subject in a more rational and comprehensive manner than is usual in our school. The remedies best adapted for the treatment of pericarditis, and the complications which ordinarily arise during it, are, *Veratrum-viride*, *Aconite*, and *Actea-racemosa* ; these are most useful in the first stage or period of nervous irritation. *Arsenicum*, *Bryonia*, *Belladonna*, *Mercurius*, and *Digitalis* are best adapted to the second stage or period of effusion ; and to these remedies may be added *Apis-mel.*, *Hellebore*, *Cannabis*, *Spigelia*, *Bac.-juniperi*, *Laurocerasus*, *Antimonium*, *Colchicum*, &c., &c., in exceptional cases.

*Veratrum-viride.*—This remedy has attained, within the past two or three years, an enviable reputation among the practition-

ers of the allopathic school, and bids fair, not only to rival, but pale the ineffectual fires of the host of panaceas that have shone out on the pathway of medical science for the last two centuries. Such is the ascribed certainty of its action, and the uniformity of its effects "*in all cases*," that even now it has become, in the hands of the routinists, a cherished idol, and from Maine to Texas, those who bend the knee to this Baal of the dominant school are clamorous in its praise, and vociferous of the marvellous virtues it is claimed to possess in the cure of all varieties of fevers and inflammations. Are we of the homœopathic school entirely free from this blundering and immoderate routinism? Do not many of the advocates of our own system run rampant in their lavishing of praise upon the all-curative properties of Aconite or Sulphur, or some other remedy, extolling it as the Mecca of their hopes, the aqua vitæ of life? And what shall I say of the rage for Apis.-mel., and how shall I speak of the life-giving powers ascribed to it, corresponding, as it is said to do, to upwards of thirteen hundred vulnerable points in the system, which Achilles-like, has its only mortal spot in the heel? I do not desire to be invidious, but I do wish to check this wholesale application of one remedial agent to most all the diseases to which flesh is heir, and in so doing I am only guided by the deep interest I feel in keeping our beloved science "pure and spotless in the world." From this digression let us turn to the investigation of the action of Veratrum-viride and its presumed applicability to the disease before us. That this drug exerts a powerful impression upon the nervous centres, and, through them, upon the heart and arteries, is generally acknowledged; but that it is universally applicable to the various grades of fever and inflammation, from the violent phlegmasiæ to the consuming typhus, I will not admit. That it acts powerfully upon the arterial circulation, perhaps through the medium of the nervous forces supplying the organism of the heart; that it reduces the force of the circulation, calms the cardiac irritability when the heart is beating with great force and frequency, and controls the cough and dyspnœa which accompany this disease, is known to most of us. Besides its specific action upon the heart and arteries, it unquestionably promotes and sustains diaphoresis and expectoration, and, in fact, exercises a marked

alterative agency, reëstablishing the locked-up secretions and excretions, thereby ridding the system of the effete matters which clog and embarrass its harmonious action. It is probably from this two-fold agency that the remedy has acquired a reputation so prominent in some inflammatory affections, to which it seems so closely allied. Its indications point to it as an important remedy in organic affections of the heart, and particularly those caused by an increased energy or tone of the cardiac nerves, from whatever origin. It was from the effects above produced that I was tempted to try its curative virtues in this disease. In a purely sporadic case of pericarditis, which, I confess, it has never been my good or ill fortune to attend, I cannot speak authoritatively; but, in those morbid conditions of the blood by which rheumatic inflammations manifest themselves, and those affections of the heart which exist as coincident complications, I can testify to its peculiar efficacy. In the earlier stages of this disease, as soon as the pericardial symptoms are developed, it is the most important, if not the chief remedy, upon which we may rely, and I hold it equal to the lancet of Bouillaud, who claims for its use a jugulation or slaughtering of the disease at its birth; just so, I think, the disease is jugulated or slaughtered by the timely and judicious use of the *Veratrumviride*. In the second stage of the disease, that of effusion, there are other remedies of equal value, and I would almost add of greater pretensions. In regard to the dose to be administered, there may be some discussion; I have always, in urgent cases, given it in appreciable and frequent doses, in fact, until its effects were well marked and decided; then, either lengthening the interval between the doses, discontinuing it altogether, or alternating with one of the remedies below, have succeeded most admirably in my treatment. In regard to the quantity to be taken, I feel it presumption to offer any fixed rules, and entertain towards my professional brethren the utmost liberality who think it expedient to prescribe it in smaller doses. On the other hand, I would caution my *confreres* from its too liberal use, as extreme prostration, almost amounting to a paralysis of both the nerves of sensation and motion, have occurred from its excessive employment. After procuring its specific influence on the circulation, as denoted by a subsidence of the more promi-

nent symptoms, it is advisable either to discontinue it altogether or alternate it with Aconite, Bryonia, Arsenicum, Belladonna, or *Actea-racemosa*, according to the indications.

*Aconite*.—The sphere of action pertaining to this drug indicates its high rank in all inflammatory diseases, and, in a less violent form of this disease, it may so far remove or modify the important leading symptoms that another remedy will be able to carry the disease to a favorable termination; but, in the more urgent cases, and in the culminating stage, I have failed to acquire so prompt and decisive an action as with the *Veratrum-viride*. In those subjects where the rheumatic disease assumes an erratic form, shifting from place to place, and in those thoracic implications which argue a general sympathetic irritation, *Aconite* possesses remedial virtues second to no other known medicine, excepting, perhaps, the former remedy. In a sporadic attack, caused by cold or suddenly suppressed cutaneous perspiration, it is especially indicated. In children, it is preferable to the *Veratrum*, and may be used in the manner pointed out under that medicine. It corresponds dynamically to most of the conditions in the primary stage of the disease. It possesses, if at all, only in a small degree, a specific control over that stage of pericarditis which is marked by effusion alone. Its influence over the plastic exudations and serous implications terminating in the effusion of lymph in the pericardial cavity is not reliable. In pure sporadic fevers of an inflammatory type its effects are better marked, and its adaptation more clearly allied than in those phlegmasiæ of rheumatic complication. Its action upon the cutaneous exhalents, producing crises through the skin, points to it as a valuable aid in restoring its normal functions, and may be used whenever circumstances render it advisable. In those morbid conditions of the valves, a termination of the inflammation in the lining membrane, which often follows in the train of this disease, and in all those cases where the heart is obstructed, and is compelled to make up for such inadequacy by increased and forcible contractions, *Aconite* is almost indispensable. As was said of *Veratrum-viride*, can be said with equal candor of *Aconite*, that its doses, in all affections of the heart, were found more efficacious in the lower than in the higher attenuations.



*Actea-racemosa*.—This remedy, the pathogenesis of which shows its efficacy in all those phlegmonous states of the system which derive their peculiarity from the subtle material substance (materies-morbi), however generated or propagated through the circulation, as rheumatism, gout, *et id omne genus*, is by no means unimportant in the treatment of this disease. "Very many cases of the severest forms of acute inflammatory rheumatism have been treated with results satisfactory in the highest degree, every vestige of the disease disappearing in from two to ten days, without inducing any sensible evacuation or leaving behind a single bad symptom." (See NORTH AMERICAN JOURNAL, No. XV.) It is easily perceived the intimate relation existing between the remedy and this disease supervening upon an attack of arthritic inflammation. It may be used throughout the progress of the disease; and, even in its earlier stages, if the cardiac irritation does not assume a too violent and dangerous tendency, then it may be advantageously employed in connection with the foregoing remedy, *Veratrum-vir*. The same journal from which I quote the preceding, says: "It is particularly useful in the early and severe stages of rheumatic inflammation, the more acute the disease, the more prompt and decided will be the action of the remedy, and my experience fully justifies me in recommending it as highly in the pericarditic complication, at least after the more violent forms of the cardiac affection is subdued by either of the foregoing medicines. The action of the remedy upon the excessive fibrinous character of the blood, in these cases, will depend in a great degree upon the quantity administered, and none but the lower dilutions in children, and the crude tincture in adults, have been found, under my observation, reliable or satisfactory. The indications of the drug, as proved by Drs. Young, Gardener, and others, show that it possesses remedial virtues of the highest efficacy in the treatment of rheumatic dyscrasias, especially in the erratic variety, hence its adaptability to most forms of pericarditis and other lesions of the heart following in the train of this disorder. These three remedies I have found competent to meet the indications that arise in the formative stage of this disease, and all I have been obliged to use in subduing the worst forms of cardiac derangement when called in an early period of its development. In

the second stage, or period of effusion, the following remedies are useful: *Bryonia*, *Belladonna*, *Arsenicum*.

*Bryonia*.—*Bryonia* in its therapeutical effects, is, in many respects, closely allied to *Aconite*, as well in relation to its general influence over the vascular system, as in its special affinities. It operates directly upon the vegetative, affecting specifically the secretive processes, and producing a high degree of irritation and inflammation. First of all, it increases the activity of the resorptive apparatus, and that of the resecretive function in consequence. It favors the formation of products, viz., infiltration into the cellular and serous tissues, and serous exudation into the serous sacs. The efficacy of this medicine in arthritic inflammations, with serous exudations after the vascular excitement has been moderated or entirely subdued by other remedies,—also in those chronic cases of serous effusion, whether idiopathic or systematic,—is very great, and deserves a high rank in the list of remedies to be employed in controlling, not only effusions in the pericardium, but all other serous infiltrations. In chronic pericarditis a glance at its pathogenesis marks it as an inestimable remedy. In those inflammatory affections of the respiratory organs, the lungs and their enveloping membrane, which frequently occur during this disease, it has been found very useful, particularly when the febrile excitement has been subdued by other remedies. In those violent forms of headache which are characterized by congestive symptoms, which from their severity produce almost complete mania, also in the œdema of the feet and lower extremities, with soreness, stinging, and aching of the joints, and in the stitching, neuralgic pains which accompany this disease, *Bryonia* is an efficacious remedy. It is therefore peculiarly adapted to all affections of the serous tissues; but, like *Belladonna*, it exerts a more marked influence over those organs in the system lying above the diaphragm. It is indicated in those cases which have their origin in disorders of the pleura, the parenchyma of the lungs, and the diaphragm, from a congested condition of the organ, or from some dyscrasia of the blood, and in those frequent paroxysms of dyspnoea which occur mostly at night, with severe suffering, and all pains aggravated by motion find in this drug marked benefit. It is applicable to children, and, if the disease presents a compara-

tively mild type, it may be used from the commencement of the disease, either alone or in alternation with either of the above mentioned remedies.

*Belladonna*.—This is an important remedy in those affections of the heart which occur among children, in whom the inflammatory type is less marked than in adults, and next to Aconite merits our especial attention. Its influence over the nervous forces, involving a high grade of vascular excitement, is indeed less marked than the other remedies I have mentioned. In adults, after the more prominent manifestations have been subdued by other medicines, and in the venous congestions of those organs lying within the thoracic and cranial cavities, this medicine holds a prominent position. It excites simultaneously the nervous and vascular systems, and hence is not indicated in pure inflammatory fevers, but corresponds more closely to fevers of a lower grade, and comes in opportunely after the erethism has been subdued by more appropriate remedies. It has a marked and specific *rapport* with the brain, and may be specifically used in those cases in which cerebral irritation supervenes on the rheumatic dyscrasia. In those violent tumultuous pulsations of the heart, involving to a certain degree other parts of the organism, with heaving of the chest, constriction at the præcordia, violent throbbing of the temporal arteries, hurried respiration, a perceptible trembling of the heart, with a small, quick pulse, indicating a general depression of vital substance, power, and action, the indications for Belladonna are strongly marked. In those protracted cases of disease verging on typhus, where the cerebral symptoms are marked, the delirium is of the furious or muttering kind, with optical spectra and jactitation of the body, dry skin, preceded or not with drowsiness, no time must be lost in the administration of the drug. In convulsions, also, which frequently accompany the cardiac affection, and in the neuralgias which follow in the course of the nerves of the upper extremity, with acute lancinating pains from the shoulder to the hand, wringing, distressing sensation in the arm, as if it would fall to pieces, it is almost specific. The dose, like that of Aconite, Actea and Verat., is more efficacious in cardiac affections in the lower than in the higher potencies.

*Arsenicum*.—This is a highly important remedy in the second

stage of this disease, the period of effusion ; and, as a rule, it may be selected in preference to almost any other drug that I am acquainted with, in that chronic form of the disorder which often follows a badly-treated pericarditis, or which is developed, as it often is, insidiously, and without any known cause. In comparison with other medicaments, it is of little value in pericarditis, during the initiatory period, and while *Veratrum-viride* is the remedy, *par excellence*, in the primary period of the disease, at that time when the whole system, and particularly the heart, is laboring from the effects of extreme irritation, just so in the stage of effusion of serum into the pericardial cavity, after the subsidence of the inflammatory symptoms, is *Arsenicum* one of the chief and most reliable remedies. The specific action it possesses upon the anterior portion of the spinal column is strongly pronounced, exciting in the motor nerves a morbid irritability, which often persists until paralysis occurs, marks its importance in those paralyzes which may supervene on an attack of pericarditis. In organic affections of the heart, following or accompanying this disease, especially where there is dilatation or valvular disease, it *is the best remedy*.—Dr. Black, N. A. JOURNAL OF HOMŒOPATHY.—In describing the treatment for those affections, we will again recur to this remedy. In *carditis-serosa*, or inflammation of the serous membrane reflected over the heart, *Arsenic* may be useful in the progress of the disease, if the pulse becomes feeble and contracted, the coldness of the extremities increases, and the countenance of the patient expresses anxiety and restlessness ; if exudation takes place, so that the beats of the heart become imperceptible, or are felt posteriorly in the region of the shoulder-blade, *Arsenic* is often the only agent capable of counteracting the morbid process, especially in impoverished, cachectic constitutions. In the *typhoid* complications of the bowels, in children, it proves eminently useful ; also in those cases which are marked with excessive restlessness, anxiety, and oppression, especially at night, when the effects of *Arsenic* are generally more strongly marked, it may be interpolated with other remedies. The doses may be regulated according to the judgment of the practitioner, but I have uniformly found the higher potencies, in this disease, to act more beneficially and with more certainty.

*Colchicum*.—The use of this remedy in the allopathic school, for rheumatism, gout, and the inflammatory irritations accompanying these diseases, has been so extensive as almost to claim for the agent the title of a specific in these disorders. Indeed, so extraordinary were the virtues this plant was claimed to have possessed in gout, that it constituted the chief remedy in the famous "Eau Médicinale," which acquired so great a reputation in curing this disease. Even during our own time, it was considered the acknowledged remedy for gout and the various complications following in its train. Its pathogenesis points to it in pericarditis, supervening upon the gouty diatheses, producing acute, cutting, lancinating pains in the abdomen, cramps in the calves and thighs, and cutting pains in the feet, &c., &c. I wish to speak of it only in its applicability to pericarditis, either idiopathic or symptomatic, and though it acts somewhat powerfully and primarily on the nervous centres, which would indicate its use in the primary stage of pericarditis, I have uniformly found its promised good effects in the cases of pericarditis for which I have prescribed it unsatisfactorily, and have even abandoned it for the preceding remedies. Yet, as a remedy, I believe it possesses cardinal virtues, and would recommend a close scrutiny of its pathogenesis in all those inflammatory irritations of the abdominal viscera that are developed by gout by the process of metastasis. I have noticed this medicine, perhaps, too fully, considering its secondary importance to other remedies in adaptation to the disease under consideration, and I have done so in consequence of the great reputation it has, and does still enjoy among the practitioners of the dominant school, so that homœopathic physicians may not be led away in the employment of a remedy whose only curative virtues are derived from the empirical domain of allopathy. In regard to the other remedies mentioned, as far as I have used them in this disease, I must acknowledge they either disappointed my expectations entirely, or have proved decidedly inferior to those more honorably mentioned, but will revert to them again in other affections of the heart. And now a word in regard to the general directions in managing this class of diseases. There is probably no class of disorders that require such perfect rest of body and composure of mind, throughout the disease, as those acute affections of the

heart of which I have spoken, either symptomatic or idiopathic. The patient should be placed under the most rigid surveillance of body and mind, and all causes calculated to excite him in any way should be sedulously avoided; all conversations with the nurse, touching extraneous subjects, should be interdicted; and all company, whether friends or otherwise, should be excluded from the apartment. The room should be kept well ventilated: the importance of a free circulation of air is obvious in all heart-diseases. The diet should be of the blandest kind: mucilaginous and farinaceous food in the early stages, and soup, vegetable broths, and beef, mutton, chicken, &c., in the second stage, and when all inflammatory excitement is subdued, even then the patient should eat sparingly. Lamb, veal, fish must be positively prohibited. Cool drinks, and even bits of pounded ice, are allowable throughout all the stages of the complaint.

---

ARTICLE XIX.—*On Congestive Chills.* By S. B. WILLIAMS, M. D., of Lexington, Mo.

JOHN C. PETERS, M. D., Dear Sir:—In perusing our valuable and liberal JOURNAL, I have often been favorably impressed with the advantages which are derived from clinical reports and cases from practice, with their successful treatment and termination; and in view of the great necessity for a more thorough understanding of the treatment of the most dangerous diseases incident to this climate, I have thought proper to write a word in relation to the treatment of *congestive chills*. In doing so, I will merely state my own experience in the use of remedies and their results, which may, perhaps, call forth from others more light on this important and dangerous condition.

Within the last few months, I have been called to some dozen or more cases of congestive chills,—some in the first stages of the chill, and others at a more advanced period, when *cramps, cold extremities, cadaverous features*, and the most *intense suffocation* were fast crushing the poor victim into eternity.

In a case *entirely pulseless*, and oppressed in the above

manner, what is to be done? Certainly, some means of instant relief must be had, or in a few moments your patient will be no more. Can we then put one pellet of the thirtieth of any medicine in a tumbler of water, and give the patient a dose of it, every five, ten, or twenty minutes, with any hope of relieving his condition? Or even from the third, second, or first? What will you do? I do not know; but I promised you my treatment, and here it is. If any man calls me a mongrel quack, allopath, or homœopath, let him continue to do so. I give Quinine and brandy, with hot, external fomentation; and God bless the treatment! It saves all my patients, while they are daily dying all around me.

If, in your judgment, the above item is of any value, you will please give it place in our JOURNAL, which is so faithful to the true interest of the sick. Certainly, it is important to me, as it has brought some cases up, as it were, from almost certain death. I shall be glad to hear from *your pen* in the premises, as it is a disease the treatment of which is too little understood in this country.

ARTICLE XX.—*Aconite and Arsenic in Intermittent Fevers.*

By THOS. HEWITT, M. D., of Akron, Ohio.

“Is there any known prophylactic for intermittent fever?”—In propounding this interrogatory to his brethren in the profession, the writer of this article is actuated by a desire to compare notes with them, and to interchange opinions based upon observation and practice, with a view to determine a question in which the public, as well as the profession, have a deep and abiding interest. If any homœopathist is acquainted with a prophylactic for intermittents, or, to make the statement more general, if he is acquainted with a remedy for any disease, which he knows to be especially reliable, he owes it to his profession, and to the world, to make the knowledge of it more general; for it belongs solely to the school of quacks to deal in secret nostrums, private panaceas, and patent mixtures, certified to cure “every ill that flesh is heir to.” In the discharge of such a duty, and with the hope of hearing from others upon the question above written, a few cases are here-

with presented, as representative types, in their characteristics, mode of treatment, and results of a considerable number, which the writer has attended within the last two years, during which time his practice has been in a region where agues and fevers are common. In all the cases the prescription has been, tincture of Aconite root and Arsen., 6th, to be taken alternately every two hours, until an amelioration takes place; then lengthen the time between the doses. No. 6 pellets, saturated with these remedies, are employed, and one pill given for a dose. In preventing an attack of ague—checking that disease in its incipient stages—this prescription, in this locality, has been more than ordinarily successful. In the mode of treatment pursued, no claim to originality is made; as homœopaths have long been well acquainted with the remedies named, and prescribed them in various cases; but, if the results following the prescription of these remedies have been uniformly favorable, and if it be true, as experience seems to indicate, that they bear a prophylactic relation to intermittents, why has not the attention of the profession been heretofore more particularly directed to them? *The columns of the JOURNAL have ever been open for the reception of all articles calculated to advance the interests of homœopathy, and the cause of medical science generally, and they afford an excellent medium for communication, so that opportunity has not been wanting.* In presenting the following cases, it should also be noted that the subjects of the treatment were generally those who had previously been subject to attacks of ague; who were well acquainted with its premonitory symptoms, and who said they felt the “ague in their bones” at the time of making application to their physician, so that an error in the diagnosis is hardly probable.

CASE 1.—May 22, 1857.—Mr. D., aged thirty-five, sanguine-bilious temperament, had taken Quinine every few weeks, for the five preceding years; thought it necessary, in order to avoid a constant succession of chills or shakes. Present state: Pain in the bones, particularly in the joints; headache, accompanied with a feeling of enlargement of the head; alternate flashes over the whole body of heat and cold; pulse normal; tongue slightly coated, dirty white; nauseous taste in the



mouth; general feeling of languor and debility. *Prescribed* Acon. and Arsen. alternately every two hours, until fourteen pills of each were taken.

May 24, 1859.—Mr. D. has not had the least symptom of a chill since taking the above prescription, and has, in every respect enjoyed better health than for a number of years previous.

CASE 2.—June 3, 1857.—Mr. A., aged forty, bilious-sanguine temperament, had been afflicted occasionally with the ague, for several years, and had always taken Quinine to break it. Present state: Symptoms similar to Case 1, but the feeling of debility was more prominent, so that he said that he would not care for the pain in his bones, nor his headache, provided he did not feel so very weak. *Prescribed* Acon. and Arsen., fourteen pills of each; one pill to be taken alternately every two hours. A cure was effected without further prescription, and no attack has been experienced since.

CASE 3.—July 12, 1857.—Mr. M., aged twenty-eight years, bilious-nervous temperament, has had the ague every summer, for several years, followed by bilious fever, which generally lasted from three to five weeks; he "had no time to be sick this summer, and would therefore try homœopathic treatment for a time, as an experiment." Present state, one of extreme languor; no appetite; brownish coat upon the tongue; taste bitter; slight headache; cannot keep warm; pulse 90, and full; sclerotic coat of the eye yellowish; occasional dizziness, accompanied by nausea. *Prescribed* Acon. and Arsen., as before. The day following, the patient resumed his employment, which has not since been interrupted a day by sickness.

CASE 4.—July 30, 1857.—Mrs. H., aged thirty-six, temperament nervo-bilious; has never had the ague, but complains of pain all over, which appears to be in her bones, and feels alternate flashes of heat and cold. She believes she has never taken Calomel. Feels weak and debilitated, as if she had been very sick, and was just recovering; complains more particularly of aching and weakness in her joints, and loss of appetite; has a dull, stupid headache; tongue coated white; taste nauseous; pulse slightly accelerated; hands and feet cold. *Prescribed* Acon. and Arsen., as above. After the use of the

medicine, these symptoms left her, and up to this date have not returned.

It does not appear necessary, in order to show the action of the remedies used, at this time to mention further cases; for they would contain but a repetition of the symptoms, prescriptions, and results above enumerated. The writer submits to the profession the above chapter from his own experience, in the belief that those who have made the same prescription, in similar cases, will not be of opinion that he has unwarrantably called attention to the remedies employed, while to those who have not so prescribed, he would recommend a trial before condemnation.

---

**ARTICLE XXI.—*Pleurisy with Effusion. Successful Operation of Paracentesis.* By J. H. SHERMAN, M. D., Nantucket, Mass.**

Alexander S., sixteen years of age, good constitution, but not robust, took a severe cold the last of April of the present year, which brought on a hard cough, with severe pain in the left side. After some slight homœopathic medication, for about two weeks, he was under allopathic treatment, during which last time he rapidly failed, and as his case seemed hopeless, I was called, for the first time.

May 4th.—The father of the young man gave me an account of the case, as stated above, and said that he had discharged his physician, and wished me to take charge of the case. I found the patient lying on his back, inclining towards his left side; much emaciated; suffering great dyspnoea; left side of the chest largely dilated; intercostal spaces effaced; the heart pressed over to the right side of the sternum. The left side did not move during respiration; entire dullness of the left chest; percussion was not admissible, on account of the extreme tenderness produced by previous blistering. The pulse was 130 per minute, and intermittent; the tongue slightly coated, and very red; skin hot and dry; urine scanty, and high colored; bowels costive.

I will not enter into the details of the remedial treatment of the case, as I believe it had no other than a palliative effect, or, at most, only arrested the progress of the disease. I used

perseveringly, for three weeks, as symptoms seemed to indicate, Ac., Arn., Ars., Aurum., Merc., Juglans, Cinera., Sulphur, Hepar, Digitalis, and Phosphorus.

A hectic fever now set in, and suffocation seemed inevitable. I resolved upon the operation of paracentesis, and made a puncture with a common bistoury between the third and fourth ribs, (this being a dependent point,) which discharged rapidly, to the amount of three quarts of purulent matter; when the patient evinced signs of syncope, the aperture was closed and stimulants administered. The chest gradually contracted as the fluid discharged, the breathing became freer, and the patient expressed himself as greatly relieved.

Four days from the time of the above operation, a similar opening was made between the sixth and seventh ribs, which discharged about the same quantity as the first. This was allowed to remain open, and has continued to discharge till the present time, but has gradually diminished from sixteen ounces, to one-half an ounce, in twenty-four hours. The patient rapidly gained in health and strength, rode out in about three weeks from the time of the first operation, in six weeks was able to attend school, and is now doing business as a clerk.

The heart still remains on the right side of the sternum; the left side of the chest is much contracted, producing considerable deformity. I think the upper lobe of the lung has partially expanded, but the larger portion of it is held down by adhesions and false membranes.

The treatment since the operation has been, Sulphur, Hepar, and Silicea.

The case resulted in a complete cure. The purulent discharge gradually became less and watery, till January, when it entirely ceased, and the aperture healed. The lung has expanded to nearly its normal size, the heart has got back into its natural position, and now (Sept. 1859,) there is but very little deformity.

ARTICLE XXII.—*On the Essential Character of Typhoid Fevers.*

By LEWIS DODGE, M. D., of Buffalo, N. Y.

In the essential or idiopathic forms of fever, it is evident that some great change has been induced in the system by the introduction of foreign matters.

The proof of this consists in the following facts: 1st. That diseases analogous to these fevers have been induced by the introduction of animal poisons into the blood, as in the case of small-pox, measles, &c. 2d. These poisons are known to operate through the medium of the air, thus gaining access to the blood through the lungs. 3d. The non-contagious fevers, such as intermittents and remittents, are also admitted to depend upon a contaminated or changed condition of the atmosphere. As far as the general fact is concerned, that all foreign matters, when introduced into the blood, necessarily change either its physical, chemical, or vital properties, all essential fevers may perhaps be transiently regarded as a unit. But observation abundantly establishes another fact; viz.: that different poisons act differently on the human constitution, and upon the peculiar and specific character of each depends not only the alterative or destructive effect on the blood, but the varying local lesions that ensue.

Thus, urea and its compounds, if retained in the blood, often affect the brain and nervous system, and are apt to give rise to a low grade of inflammation in the serous and sero-fibrous tissues, while mucous structures will often suffer but little. But the small-pox virus, when introduced into the system, spends the major part of its force upon mucous and cutaneous structures, and frequently leaves the serous and fibrous tissues comparatively unharmed.

There can be no other explanation given of this than the statement of the general fact, that the tissue or viscus affected seems to be that which has a special affinity for the poison which has to be eliminated from the blood. In this process of elimination, irritation or inflammation and its sequelæ, are often excited, and local disease then becomes manifest. Hence all essential fevers may be regarded as distinct in

species, according to the peculiarities of the primary pathogenetic impression.

This is the basis of the only rational classification of fevers, viz., that each specific miasm has its own peculiar and distinct laws of origin and development. And in this principle we may also find the applicability of the law, expressed by "*Similia Similibus Curantur.*"

Many who profess to understand this law, have very indefinite ideas of its principles, some few thinking that it teaches that what causes a disorder will cure it: thus confounding *similis* (like) with *idem* (the same). Many more suppose that, in selecting a remedy, they should always try to find one that produces effects identical, instead of merely similar to the effects of the disease.

If a person suffers with a bruise, he should not be supposed to require a second blow to cure him, but some medicine is to be sought for, which, when taken in health, will produce pains and sensations *similar*, but not identical with those of the bruise.

It is not necessary that the symptoms produced by homœopathic medicines, when taken in health, should be absolutely identical with those manifested by the diseases for which they are given; for instance, Belladonna need not produce a true scarlet fever. But the law of affinity above referred to throws light on the action of specific medicines. Thus, if a medicine given to a healthy person calls out a certain train of symptoms, and a disease invading the system induces a similar train of phenomena, it does so by affecting the same or similar organs, systems, or nervous centres; hence, the properly selected similar medicine often operates directly on the seat of disease, and the increased susceptibility to its action, when thus affected, explains the efficacy of comparatively small doses. The eminent success of intelligent physicians often arises from their due appreciation of this law, by their skillfully adapting the remedy to the disease, and taking care not to produce severe disturbing or aggravating effects, by excessively large doses; while, on the other hand, they are not so completely given up to visionary ideas as to be afraid of giving sufficient medicine to meet the disease on its track and

promptly stay it, or conduct it to a safe termination, and thus restore the patient to health. Mercury will excite an irritation or inflammation of the salivary glands; Arsenic of the mucous structures; Belladonna of the skin; Ergot of the uterus, &c. But why they do so is just as obscure as the reason why the typhoid poison should select for its destructive action the glands of Peyer, or that the small-pox poison should spend the greater part of its influence upon the dermoid structures.

The drugs of the *materia medica* furnish a perfect illustration of the action of many foreign substances or animal poisons in the production of disease. Mercury, or Arsenic, or Croton-oil, if uncontrolled by the judicious skill of the physician, are capable of giving rise to diseased action, with as much certainty, and as varied in its manifestations, as either of the animal poisons to which I have alluded; and analogy would lead us to suppose that, if we could control the one as we often can the other, miasmatic and other vegetable and mineral poisons might be used as therapeutic agents. That all substances, that affect the vitality or composition of the blood bear certain general pathological relations to each other cannot be doubted, but that by no means proves the doctrine of identity nor isopathy. As well might we assert the identity of small-pox and typhus fever, from the fact that the blood is diseased, and the fibrin of the blood is found defective in both.

The distinguished Liebig, in his "Animal Chemistry," calls attention to the fact, that no other component part of the organism can be compared to the blood, in respect to the feeble resistance it offers to exterior influences, and the reason assigned for this is, that "It is not an organ which is formed, but an organ in a state of formation." The following quotation embodies in a few words the leading thought of the author on this subject: "The chemical force and the vital principle hold each other in such perfect equilibrium that any disturbance, however trifling, or from whatever cause it may proceed, effects a change in the blood." This is an important starting-point in our reasoning; for, if the blood really possessed only a low vitality, we may logically arrive at the con-

clusion by an *a priori* argument, even if we knew nothing of the facts in conformation of it, that all fevers produced by endemic, epidemic, or infectious causes evince their origin in an early or primary diseased condition of the blood.

A zymotic change in the blood may be caused, according to Liebig, by a decomposing organic molecule in the interior of the human body.

This molecule, by a law of catalysis, induction, or contact, has the power of imparting its own metamorphosis to another molecule, with which it may come in contact.

Hence, chemists have defined this process to be "decomposition by contact," or the "action of presence."

We have illustrations of this law in the power which small quantities of substances, when in a state of transition, possess of causing unlimited quantities to pass into the same state, and it is an interesting fact, worthy of note in this connection, that all substances which readily suffer this transformation, are, without exception, bodies which contain *nitrogen*. A large portion of the blood being composed of this element, we might readily conclude that it is the vital principle alone that keeps it from spontaneously passing into this condition of transformation, metamorphosis, or decomposition; for, if the catalytic force be greater than the resistance offered by the vital principle, the blood must necessarily pass into a condition of decomposition.

It is a well-known fact, that subjects in anatomical theatres often pass into a peculiar state of decomposition, which may be communicated to the blood of a living person. Numerous experiments have also demonstrated that putrid matter, injected into the blood of healthy animals, will give rise to a set of symptoms which are very analogous to those of typhus fever.

"If a small portion of putrid matter," says Armstrong, "be accidentally introduced into the blood during a dissection, or if the experiment be made upon the lower animals, it produces a fever having exactly the characters of typhus under its continued form, and no one could confidently pronounce that it differed materially from it." Bernard has also shown that, by injecting yeast or sugar into the circulation, many of the ordinary kinds of fermentation may be excited, giving rise to

a disease very analogous to typhoid fever, and accompanied by prostration of strength, bloody fluxes, ecchymosis, and a black and uncoagulated condition of the blood. Lastly, it is, says Liebig, a universal observation that the origin of epidemic diseases is often to be traced to the putrefaction of large quantities of animal and vegetable matters. That miasmatic diseases are endemic in places where the decomposition of organic matter is constantly taking place, as in marshy and moist localities. That they are developed epidemically under the same circumstances, after inundations, and also in places where a large number of people are crowded together with insufficient ventilation, as in ships, prisons, and besieged places. It is also worthy of note that these factitious fevers produced by the introduction of deleterious substances directly into the blood, are analogous, both in their symptoms and pathological lesions, to those produced by the sting or bite of certain animals. They present, also, the same general class of symptoms that are present in small-pox, malignant scarlatina, and other eruptive diseases. Putrid animal exhalations have given rise to diseases that have raged like pestilences or epidemics. Thus, a sexton, at the parish of St. Saturnine, in Burgundy, while letting down a corpse into the vault, accidentally broke a coffin which contained the body of a fat man that had been buried twenty-three days; the odor greatly annoyed all present, and of one hundred and twenty persons, all but six fell dangerously ill. The disease spread to many more, and is described as a putrid fever, accompanied with hæmorrhage, eruption, and inflammation.

Dr. Francis Home once communicated measles by means of a drop of blood from a patient affected with the disease. A man who had been skinning a diseased animal was seized with a putrid fever, attended with an eruption of sloughing pustules; some blood from this man was injected into the cellular texture of the brain of a cat, and the poor animal was soon after seized with vomiting of bile, dyspnœa, frequent, small, and irregular pulse, dry and brown tongue, slight convulsions, and it died seven hours after the injection. Other cases might easily be cited.

May we not infer, from these facts, that the blood is often



the hot-bed in which many malignant diseases are propagated, whether by ova, parasites, fungi, cell-germs, or zymotic action? Clinical observation has long since established the character of the alteration of the blood in some of the diseases which are termed putrid; this fluid appears to be in a partial state of dissolution: its vitality is destroyed, and its fibrin either not elaborated, or is dissolved, or is somewhat advanced in the process of putrefaction. As a result of this decomposition, an increased quantity of *hydro-sulphate of ammonia* has been found in the blood of patients suffering from typhus and other malignant diseases, and hence, perhaps, the alkaline reaction of the urine, that is so often observed to be present in these fevers.

In a subsequent number, I propose to give the treatment of this class of febrile disease.

### Reviews and Bibliographical Notices.

1. *Digestion and its Derangements.* By THOMAS K. CHAMBERS, M. D., 1856.
2. *Homœopathic Treatment of Diseases of the Sexual System.* Being a Complete Repertory of all the Symptoms occurring in the Sexual Systems of the Male and Female. Adapted to the use of Physicians and Laymen. Translated, Arranged, and Edited, with Additions and Improvements. By F. HUMPHREYS, M. D. New-York, 1850.

By S. M. CATE, M. D., of Augusta, Me.

We place the titles of two books at the head of our article—not that we intend to bestow much mention upon the second one, but that, while it affords a convenient contrast to many of the good points of Dr. Chambers' work, it will afford us an opportunity of making a passing remark upon one of the most glaring sins of homœopathic literature.

The work of Dr. Chambers is one of importance to the profession, because it exhibits the labor of one who has toiled joyfully at his task, and the fruits of his labor have a ripeness and a personality that is always attractive; and also because the best materials connected with the subject, according to his judgment, are gathered, arranged, digested, and the result put before us in a very clear and vigorous English.

The volume of four hundred and thirty-four octavo pages, is divided into two books, each containing about two hundred and twenty pages. The

first book is occupied with the normal, and the second with the abnormal digestion. Or rather, the first book treats of the organs concerned in digestion, views them, to as large an extent as he can, as they are in their vital play, and thus endeavors to find the office of each organ, and the function of each tissue. In his own words, "In this first book 'On Digestion', a sketch will first be given of the several parts concerned in that function which are common to the whole alimentary tube; then the several portions will be examined, connected with the several peculiar solvents which they possess, and then the substances which these parts are designed to receive."

"A similar plan will be followed in the second book, 'On the Derangements of the Digestion,' so that the several chapters may be, as it were, complementary to each other: the organ being exhibited in the first book in its typical state; in the second, in its deviations; both being, in fact, equally manifestations of physiological law."

The labors of Professors Bidder, Schmidt, Kölliker, and Lehmann are laid under frequent contribution, while the works of English and American authors are also pressed into service. The refreshing feature of it is, that the business is done with other tools than a scythe and rake. On the contrary, the works that have reference to, or good material bearing upon the subject, have been studied by our author, and then the digested extract placed before us in a form that is both palatable and wholesome. And more, the work is done in right good earnest, with a firm desire to produce a book that shall render efficient service to his medical brethren.

How unlike is it, in this respect, to the work of Dr. Humphreys, which also stands at the head of this article. Dr. Humphreys' work is one of the scythe and rake type, from which, in the language of the litany, beside the other evils, viz., the plague, pestilence, and famine, may we always devoutly pray, "Good Lord, deliver us!" This is a species of literature which I hope soon to see consumed. To commence with a high-sounding title, and begin and finish with the sweeping together of what could be found within eye-shot, and then call it a "Complete Repertory of all the Symptoms of the Sexual System," is too much for human patience. We have become so much accustomed to this kind of *homœopathic* labor in certain minor books that grace the catalogues of the homœopathic booksellers, that some may deem it fruitless labor to protest, yet we cannot refrain. Instead of a complete repertory of all the symptoms of the sexual system, Dr. Humphreys chops out the symptoms from the various provings at hand, strings them together without any exercise of the judgment, or any digestion of the statements in such provings. In fact they are strung together in the most school-boy fashion, not according to groups by organ and tissue, but according to the words that have a sound with the next nearest jingle; so that, in fact, the blindness and fragmentary character of our *materia medica* is all the worse for his sawing and arranging.

For instance, let any one try with Dr. Humphreys' work to find the remedy for a true Hunterian chancre on the scrotum, and he will look in vain for it in the book. He will, indeed, learn that Acid-nit., and Thuja, produce small pustules on or in the prepuce, and that the statement is preceded by a heading of "Ulceration and Chancres;" but the reading shows that Acid-nit. produced a kind of ulceration of the prepuce, but that Thuja produced only a pustule, and that neither produce or correspond to the true chancre in any part according to this very thorough author. If the matter is followed further, under the head of ulceration, it will be found that Mercury has "ulceration of the glans and prepuce, with cheesy, lardaceous base, and hard borders;" truly, a pretty good picture of a Hunterian chancre, but not classed as a chancre at all, and thus would he not only look in vain for

any chance at all on the scrotum, but would miss the Mercury by following this full and complete guide. We take this instance at random, on opening the book, and will add our testimony of its practical working with us; namely, that we never took it and relied upon it in selecting a remedy but it betrayed us into a selection that was wrong and useless. So we regard the work of Dr. Humphreys, not only as good for nothing, but absolutely so much dead weight tacked on to what ought to be a living body.

We are not surprised that one whose easy professional virtue should allow him to produce such a work, with a title that was belied by every page of the book, should go on other voyages, equally removed from the demands of a good conscience and the usages of all respectable professional life. We were not disappointed, then, when this same Dr. Humphreys began to advertise and vend his "Specific Homœopathic Remedies," with as much skill as his more renowned predecessors in a kindred line, Drs. Morrison, and Holloway, or Drs. Townsend, Sand, and many others that might be named in this country.

It has often been remarked by moralists that the descent in virtue and self-respect is by progressive steps; so that, at the last, one comes to do unblushingly what he would deem impossible at first.

We hope that it does not equally follow that all who commence the easy sways and first steps in these medical sins, will at last come to the same shamelessness that Dr. Humphreys can claim in this country, as all his own. For think of it, if all who write books for us, or especially many who write a "Domestic Practice,"—not because they have something to utter that must come out, and they be in travail until the world can partake of the blessings they must be delivered of, but because they want to procure some celebrity by the fact of authorship, and thus write for their own credit and profit—should go to filling the papers with their infallibilities after the fashion of Dr. Humphreys, the thing would prove too much for even his well-trying nerves. The war that would follow would contain as few of the heavenly elements as that between old and young Drs. Townsend; for how could each claim to be the best cheat, or, in their more indirect way, to be the oldest or youngest, the highest or the lowest preparer of the incomparable mysteries of secrecy and darkness, not even blessed with the grace of a "patent-right."

But, in all earnestness, we must protest against the annual spawn of books that are made by carrying a drag-net through all preceding books of the same kind, and the homœopathic repertories and materia medica, and hauling in what few fish there may be in the waters in which they drag, but also carts-full of weeds, sand, mud, clam-shells, drift-wood, and all sorts of irrelevant, crude, and false statements, for the very reason that they are mostly made on this scythe and rake principle; slashing and gathering, without winnowing or judgment, but with the solacing thought that the more the chaff the bigger the book. In taking up the best domestic treatise, as we think, the last edition published in 1858, we find, under the treatment of rheumatism, Pulsatilla put down to cure cases where the pains pass rapidly from one part to another, after the fashion of every book that has preceded on the homœopathic plan. The why of it, we apprehend, is only found in the fact that the transcribers have always found it, and so raked it in. We have used Pulsatilla in rheumatism many times, where the pains had the moving character called for by these books, and never found this indication verified in practice; and this has been the experience of all we ever questioned on this point, while Bryonia, Rhus, Colchicum, Sulphur, and others we could name, were useful in such cases. This illustrates the whole trouble of which we so loudly complain.

We hope it will not be thought that we are utterly condemning all the books that have this fault; for there are some that, despite this fault, have very great merits drawn from the experience of the writer.

If Dr. Chambers had pursued the plan adopted and acted upon by Dr. Humphreys, he would have brought us some ten or twelve big volumes, of eight hundred or one thousand pages each, instead of the present one of four hundred and thirty-four pages; so we should then have found it necessary to sit down to the lignous feast, and chew away as well as we could upon the cellulose, straw, chaff, and grit, with the comforting assurance that, if our teeth held out, and our solvents were equal to the task, we should ultimately extract the nutriment diffused through the bulky mass.

Chambers first book is of great importance to homœopaths, and one that the highest or purest Hahnemannian can study, without any fear of coming down from his land of dreams by force of the knowledge thence derived, for it has only to do with physiology.

The Canadian voyager, who enables Dr. Beaumont to bring so much light upon the digestive process, has the gist of his facts incorporated into the first book; but the wider and more varied experiments of Drs. Bidder and Schmidt, in their laboratory at Derpt, together with Professor Lehmann, and others, bring out principles and laws that modify very many of the conclusions and statements of Dr. Beaumont. Though this is but an exhibition of normal life, and, to those extemporized doctors who need to know nothing more than the list of symptoms from the patient, and a corresponding jumble from the materia medica, of no moment; but, to all rational men, who pursue homœopathic science in its spirit as well as its letter, it will be deemed of great interest. To the latter men, a correct understanding of the morbid phenomena, in any given case of disease, is of the first necessity, because it is only from such knowledge that a rational analysis of the case can disclose *which of the symptoms are most prominent*; and who can select a remedy that corresponds to the most important symptoms without first determining which *are* the most important. The relative importance is clearly seen when the normal action is first well understood, and, by a rational comparison, the physician can determine which tissue and organ is first and principally affected, so that the symptoms may fall into a kind of natural order, and then the drug-symptoms will be studied under some similar mental rectifier.

And, again, drugging is not the all of medicine. It is not always necessary, on the application of a patient, to advise him to take so many doses of some "potency" within a given time. For, suppose our applicant for relief has indigestion, and from a history of his habits, and a view of his physical parts, we conclude he has only a moderate secretion of gastric juice, and hence only a limited capacity for digestion. Add to this the fact that his business habits keep him a long time fasting, and that he then gorges his stomach with a meal that it can but poorly manage—worrying a part of it through its appointed changes, while the balance is left to go through a sort of putrid fermentation, evolving gases, and doing mischief in various ways. If, in such a case, some drug is given corresponding to the gastric disturbance, without correcting the habits that have produced it, little good will come of our labor. But, if we correct the habit, by pointing out the wrong management, and showing our patient that Dr. Beaumont's experiments do not touch his case, and that, instead of such long fasts, he must eat little at a time, but often, and thus coax the stomach, with gentle auxiliaries if necessary, to furnish as much as the labor compels to consume, very likely, under the rational change, the health will come right without any medicine at all.

The first book is divided into nine chapters, besides the "Introduction;" the second chapter treats of the "Parts of the Organism concerned in Digestion, which are common to the whole Alimentary Canal;" the third is upon the "Mouth and Gullet;" the fourth upon the "Stomach;" the fifth upon the "Small Intestines;" the sixth upon the "Pancreas;" the seventh upon the "Liver as an Organ of Absorption and Blood-making," under which the office of the bile is well discussed; the eighth is upon the "Large Intestines and Succeeding Parts;" the ninth is upon the "Gases of the Alimentary Canal," and the "Physiological Action of Substances submitted to Absorption in the Alimentary Canal."

Each of these chapters are divided into sections, the better to facilitate his statements. It is not within the design of this paper to present an abstract of this part of the book, for thus we should occupy more space and consume more time than would be wise; but we would so urge the claims of the work as to induce all to study it for themselves.

In the last chapter of the first book, some matters are stated that will hardly be accepted by the stereotyped edition of my medical brethren. Such men will roll their eyes in astonishment to see Chloride of Sodium, water, soluble Phosphates of Soda and Potash, Sulphates of different kinds, Phosphates and Carbonates of Lime, oleaginous substances, sugar, starch, kitchen salt, and alcohol, beer, wine, tea, coffee, and chocolate, classified as, in some way or other, either "complimentary" or "accessary foods." Many of these are held to be increasers of metamorphosis, and a few to arrest the atomic disintegration, of which last, sugar and alcohol in various forms, and coffee and tea are the principal.

The principles of this chapter are most intimately connected with the daily and hourly advice we are accustomed to dispense to our patients. Some perception of the wants of each individual case that calls for our management, will put us in train to point out the means of meeting the wants or removing the difficulties. For instance, if we have a patient that has passed through a severe and protracted acute disease, during which most of the material of his body has become effete and almost lifeless, so that, with the returning recuperation, the process of disintegration and casting-off commences in good earnest, thus removing the bad before the new atoms could take their place, we may find that the waste is proceeding with a pace that is rapidly outstripping the supply, and that, under the continuance of the same process, the patient will soon be most truly "desolate!" We may give our China (truly an arrestor of metamorphosis), or any other drug, in high or low dilutions, but will fail, in certain conditions, unless we take into consideration other forces that are not fully within the operation of the law, "*Similia*." In such a case, who would fail to administer some form of stimulus, selected according to the requirements of the individual case.

It must be more constantly kept in mind, that medicine is neither the steam or the sail; not the propelling, but the guiding power. How clearly will it then be seen that no accuracy of the helm can tell upon the ship while it rolls becalmed; so, when there is no vital progress, there is no office for medicine to fill. And this is a sufficient answer to the oft-twisted saw, "Why don't you take your steaks, and manure your garden in the infinitesimal way?" Nutrition belongs to the propelling department of life, and is not subject to the same conditions or management that pertains to the guiding forces alone.

But what commander would feel that he was discharging the duties of his office by directing the position of the helm without ever troubling himself about the amount of sail or steam his vessel carried? Who would

not smile on reading the proceedings of a convention of nautical captains, who should bravely *Resolve*, "That their 'New, Improved, Incomparable, and Universal Steering Apparatus,' was equal to any emergency, applicable in all cases, and contained the all of navigation from Alpha to Omega, and only needed to be applied in its purity to double the longest cape, or compel the outriding of the roughest sea !"

Such *resolves* would not have much practical effect. Sail and steam would do their work as usual. Our brethren of the regular school understand this ; for, though some things that are sometimes used as medicines act only as food, yet they belong to a distinct class of agents, and then are not quite nutriments of themselves. In the main, they are quite as far from using their drugs as food as we are. Who ever heard of a prescription of an Opium pudding at noon, or Calomel biscuit at night ? It is not with them as with us, in the use of medicine, the greater the force the greater the speed ; but only in attempt, at least, to apply so much as will, to again press our nautical simile, keep the course laid toward the haven of health.

When laid upon the right course, the other points claim our attention, and we are no true masters of our art till we have not only given the right remedy, but arranged all the circumstances, so as to give our remedy good facilities to act.

The first book, then, of our author, on digestion, though not of the drug-giving kind, is of the life-sustaining department, and as such recommends itself to the careful attention of the whole profession. We will not vouch for the accuracy of any of the author's deductions, but his facts are so fully stated that, if we do not agree with his conclusions, we find the mind highly stimulated with his reasoning, and many other matters come to the attention, suggestive of other and fuller labors ; while we have fair chance to try our own hand at construction in all cases where we reject his deductions.

We were struck with the suggestive nature of some of his facts when reading his statement on "The Liver as an Organ of Absorption and Blood-making," chapter seven. We thought we could see there some glimpses of the true pathology of diabetes-mellites, on which idea we hope to bestow future attention.

The different constitutional states also shine through, or are seen, by the light of the facts of this first book, in such a manner as to have influence on our practice. It compels to an individualization in the management of each case, much in accordance with the demands of the homœopathic law. It seems strange that principles are so slow to spread and pervade the whole medical body. With individualization, as a cardinal principle in the homœopathic system, is it not passing strange that, in diet, the whole question has been made into one batch of generalization, so that the diet papers, or dietary directions, have become stereotyped with us—each edition, in many respects, answering to all the cases ? Thus, coffee is always prohibited, no matter whether the demands of the system will permit it or not. If we have one to treat, with some chronic ailment, whose daily supply of food is less than his labor compels to waste, shall we forbid the accustomed coffee, knowing that he must loose flesh and strength under the prohibition ? Surely, it would be a purely personal question, as involving the cure, and not a matter resting on the authority of a diet paper. With some persons there is so slow a waste from the system that any thing that retards it causes disease. With such there would be no occasion to prescribe coffee ; but, on the other hand, to so order the food and conduct as to accelerate transformation of tissue. Without going into a statement of the question of diet, even so much as an abstract, we yet loudly claim that the question

is purely an individual one, to be decided according to the demands of each case, and not in accordance with rules that have no rational bearing upon the individualities in hand.

Latin made easy, Greek in twelve lessons, or a set of rules in the practice of medicine by which we can extemporize doctors *ad libitum*, are not among the things of real life, and as little are any dietary rules adapted to all diseases and all constitutions. We hope some one will give us a rational list of hints in this direction, to be used under the law "*Similia*"—rules or directions to meet the individual needs we want, adapted to each peculiarity; but this saying grace in the gross, or repenting in the lump, is hardly the thing. We should be thankful for the hints first, hoping the rules will come afterwards. Dr. Peters has made a good beginning in our Journal. Vol. IV. & V., pp. 549 & 432.

But we must pass from this first book, not because we have said all we wished, but because as much space is consumed as need be on this part of the subject. In calling attention to the second book, we cannot refrain from quoting a part of the chapter on "Health and Disease." "What, then, is disease? Its etymology best explains: it is a state of things in the body, which produces a want of comfort to the mind, renders it inefficient for the mind's purposes, or shortens the connection of the two—the material life. This inefficiency, this want of power to do what the sane mind thinks it has a right to require of it, may be referred, in some examples, wholly to *external causes*; in some, wholly to original formation of the body; in an overwhelming majority, to a *combination of the two*. But what happens, in every instance, is in obedience to the ordinary laws of physiology—chemical, mechanical, mixed, or unassignable (commonly called "vital"), as the case may be."

"In the *first* category, may be included all mechanical injuries and poisons with their consequences. A man had his skull fractured; a piece of bone presses in upon the brain; he lies in a state of coma: you raise the piece of bone, and he revives. Now, a coma is certainly a diseased condition; yet it is as much a part of man's nature—as truly physiological that he should be comatose when his brain is pressed upon, as it is that he should be hungry when he has been long without food. Or, in obedience to the calls of philanthropy, a healthy individual visits the putrid miasm in the sinks of a crowded city, and has a typhus fever in consequence. His sickness is more directly in accordance with physiology than the half-health of the sallow inhabitant of the place, whom long habituation has deprived of the vigor sufficient to develop the acute attack."

"Under the *second*, may be classed, not only what are ordinarily termed malformations, but also cases of imperfect balance between the organs, though in shape, size, and development they may be separately efficient, and all the obscure congenital tendencies which become developed as life goes on, probably in consequence of this imperfect balance. The machinery of the human body is not constructed to last forever, and some of its parts are so made, in some individuals, as to wear out sooner than others. Hence we have various degenerations, of a general or partial character, by which the man, even without any external influence, falls like ripe fruit into his mother's lap, sooner or later than the completion of his three score years and ten. If the degeneration is general, it is called "decay of nature"; if partial, the balance of health is more disturbed, and it is disease of the heart, kidneys, &c., thus forming a class by which the category slides into the following one. But here no new phenomena are brought to view. The same continual change of tissue, which, in the exactly-balanced organism, goes on slowly wearing it out from birth to ninety, consumes it at fifty, where the heart is so constructed originally that the hardening of its valves

and thickening of its walls, usually developed in old age, come on earlier in life; or where the arteries, kidneys, stomach, or other viscera become thus anatomically altered. Or the provisions for metamorphosis may have been so arranged as to get less and less equal to their task for a series of years; till, at last, they are unable to do it, and instead of fibrous tissue of definite shape, there is developed formless tubercle."

"But, in strict truth, it is very rare that pure cases of disease arising solely from original structure are found. Persons of imperfect frame are naturally more liable than others to external injuries: the unqually balanced organism is more easily deranged by cold, heat, excesses, blows, &c.; and, hence, almost all our patients suffer from the physiological phenomena consequent on a combination of their special form of body with external circumstances.—Three persons are equally exposed to the poison of scarlet fever: one, having had it before, or from some other unexplained reason, is unaffected by it; another, being so formed that his kidneys are easily deranged, has the disorder, followed by albuminuria and dropsy; the third, whose weakest point is the metamorphosis of tissue, has that function so thrown out of work by the poison that in future he grows tubercle instead of fibre in some part.—Four men are working together in one well, exposed to cold, wet, and impure air: one, who has long had slight renal derangement (whose kidneys are, in fact, older than the rest of his body), gets anasarca; another, who from his birth has found a little difficulty in converting uric acid, accumulates it in his blood, and is laid up with gout; the two others are able to resist all the noxious influences. In point of fact, the failing function becomes itself a foreign power, which, united with the terrestrial ones, is the formal cause of the disease, and it would have been a departure from the observed laws of physiology if these events had not happened."

"Diseases, therefore, and more especially chronic diseases, must be treated, not in lots, according to their nomenclature, or as if they were the progeny of some evil power, but according to the mode in which each individual is affected by the union of outward circumstances with the peculiar form of his body. We must treat the man, and not the ailment, or we are nearly as likely to make matters worse as we are to make them better. And we must act with the conviction that everything happens, both as respects the patient's body and the drugs or discipline which we adopt, according to identically the same laws which are to be observed in health." (See pages 223 to 225.)

Chambers then notices the value of the signs that indicate certain organic preponderances and defects, as a knowledge of them enables us to keep, for instance, the one with organic defects of the kidneys clothed in flannel, to keep him in a warm dry air, and thus to ward off the dropsies, &c., that belong to such bodily structures; and so also to send the lad with a tubercular tendency on a sea voyage as a whaler, where his habits and food develop other results, while his brother dies of consumption at twenty, as a tailor's apprentice; or we see the "languishing eye and dilated pupil" indicating the state of the nervous system known as hysteria; but a sane physician would sooner talk of curing short legs or an ugly nose than these habits of body. "What he has to do, is to regulate external circumstances so they may not develop themselves into disease, or, when diseases do arise, to take the constitution of the individual into account in diagnosis and treatment."

After discussing other interesting matters in this chapter, he comes to the following definition of disease: "How, then, is a boundary to be drawn between health and disease? Simply by looking at the moral or non-material relations of the individual. When able to carry on the duties its



original structure fitted it for, and not tending to dissolution earlier than the average, it may be said to be in health; when the contrary is the case, it is diseased. When a man's body is no impediment to the mind's performing (as Milton says) "justly, skilfully, and magnanimously all the offices of peace and war," and is not abridging its usefulness to mankind by premature decay, he is "well;" when otherwise, he is so forth "ill." I can find no other definitions of health and disease, though more apparently philosophical, which are not impracticable, partial, and untrue."

We think the above statement is in the main true, when applied to the physical side of animal life, and the last sentence has some light from the spiritual forces that are constantly both causative and sustentative. On this physical side, as seen by the light shining on it from the "non-material," the changes are, no doubt, much as stated in the positions taken. So far, then, the decision is both natural and useful. But when it is seen that, in all the cases taken, there were influences that powerfully modify this hereditary strength and weakness coming through the mind and higher nature, by means of the various civil, social, moral and religious formulas about us, and that, even by the working at our daily callings, with good purposes of usefulness, we are calling in a stimulus or force from the realms above the physical, that acts to modify both the bulk and force of organs, the modifications coming from this other will be acknowledged also.

And it is not of these only that we may expect similar results. For there is a whole class of agents which have certain modifying powers, somewhat after the fashion of these mental influences. Drugs, as seen under the allopathic formula, are mostly apprehended as chemical or nutrochemical powers, whose force can be measured, added, or subtracted; but within this is another and the real dynamic power of the drug. For instance, if the blood is in an acid state, so that the kidneys are eliminating free uric acid, it is easy to be seen that some alkali will change this state if it can be introduced to the blood, and the act of introducing do no violence to the system. But it may still be found that the neutralization of the acid is only temporary in result; but, if it proves to be permanent, there is also another effect at the same time; namely, such impression upon the higher and controlling forces of the system that there is a change from this introduction by which the production of acid in the blood is prevented. But, to take a more surface and apparent example: a patient has a vomiting of bile and other vitiated secretions, and takes an emetic of Ipecac, thinking to clean the stomach, and thus remove the difficulty. Sometimes the effect is temporarily, and sometimes permanently good; and why? In the former case, it only cleanses the stomach; in the latter, it so acts upon the stomach and liver, through higher parts of the organism, or the nervous system, if that expression is preferred, as to change the secretions there into their healthy character, and then the cure is accomplished. Homœopaths well understand that the vomiting is quite an unnecessary part of the process, as the daily cure of such cases with Ipecac., Tart.-emet., Veratrum, or some remedy in very minute quantities, is often accomplished without any increase of vomiting, and sometimes from the first dose. Our brethren of the heroic doses ought to understand this when they see one after another emetic substance fail in some cases; but, at last, one that has the right vital impression succeed at once.

It is the changes wrought by means of powers acting upon the more imponderable or highly organized portions of the system that the user of minute quantities of medicine is accustomed to estimate. The action of remedies in a crude or chemical way cannot be borne long enough to work such slow changes as must be accomplished by the repression of the over-

action, or the excitement of a torpid action in some organ, or both, in cases where the organic fault is constitutional, without doing so much more in some other directions as to quite defeat the purpose. A gentle action of Mercury on a liver of inherent weakness, would quite illustrate my meaning. No such action could be kept up, with doses of the crude drug, for a length of time, sufficient to work a permanent change in the liver, without disturbing other parts of the system to an extent that would provoke reactions, and work other organic changes incompatible with the integrity of the system.

While, then, these inherited defects and weaknesses are truly beyond the scope or reach of allopathic medication, they are somewhat amenable to the action of remedies used under the homœopathic formula; for here the effect may be maintained a long time without exciting other disease. This, in childhood, or before the decline of life, is of great importance. But there comes a time, no doubt, when *palliation* is the only resort; and the point, when it has come, is not to be measured by years, but by the changes to be found in the system. The tendencies to disease may be either developed or repressed, and are not, like noses and legs, wholly beyond control; in fact, we have such numerous proclivities to disease that very many of them may be brought into action by the practice of the particular evil course by which it is nurtured. Then, while we claim that we have no power to work miracles, we do hold that there are many weeds and false principles to be pulled up ere the seed of true physical development can grow unobstructed, and that this is an individual work, never to be done in the gross.

Another thought comes in connection with this, showing that all we accomplish is only as a means, and never as an end. Man, in his perfection, wears out all his parts together; and when the spirit is ripened for its future life, casts off his outer covering, and enters upon a life for which this is only a preparatory process; or, in other words, this world is not the end of existence, but the seminary where life commences; and by the commencement here, the life of a higher world follows. As a necessity, then, the standard of cure can never become absolute, reducing the per cent. to 0; for, were such attainment possible, man would have the very end of his creation reversed, and matter, instead of spirit, would become the goal in which his hopes would centre—the end of his existence.

Dr. Forbes practically reverses the issue when he denies the validity of the homœopathic statistics, and dooms us to cure all, or denies all existing standards of comparison, which comes to the same practical result, before he will recognize our claims. To do better than the old system, is glory enough to begin with; but we must not rest here, nor stop until man can have the use of his body long enough for his mind to find its orderly development, and his affections their purification. But we have tarried so long on this part of our subject that we must hasten to the conclusion.

The second book is divided into chapters that correspond with those in the first book. As, in chapter second, he commences with "Changes in the Parts and Organism concerned in Digestion, which are common to the whole Alimentary Canal;" and the subdivisions are into "Section A.—Changes in the Epithelium of the Alimentary Canal:"

- "1. Paralyzed or arrested Secretion;
- "2. The Catarrhal State (Acute);
- "3. Mucus Flux (Chronic);
- "4. Excess of Epithelium (Chronic);
- "5. The Inflammatory State;
- "6. The Anemic State; General Remarks;

" Section B.—Changes in the Blood-vessels of the Alimentary Canal ;

" Section C.—Changes in the Mucus of the Alimentary Canal ;

" Section D.—Changes in the Water circulating through the Mucous Membrane ;

" Section E.—Morbid Affections of Digestion traceable to Nervous Influence ;

" Section F.—Morbid Affections of the Muscular Coat of the Alimentary Canal ;

" Section G.—Changes in the Media of Solution, and General Remarks."

After this, the organs are taken up separately : as, the mouth and gullet ; the stomach ; the small intestines ; the pancreas ; derangements of the liver as affecting digestion ; and the colon ;—and each of these has all the attention bestowed that we could expect, and many of them have a series of subdivisions, going into a detail mostly founded upon the tissues, that is highly useful in the elucidation of the subject. It is here that the work becomes useful to the homœopath, by helping to the separation and classification of the phenomena that have their origin from various tissues and organs, so we shall be able to assign each to its place, and estimate its importance. When this is done, and not till then, do we have a true mental picture of the disease. With such picture, the mind takes a survey of the drug-symptoms, and much more readily selects the proper remedy.

The suggestions of our friend Dr. W. E. Payne, of Bath, on a new arrangement of our materia medica, stand on this same basis. He boldly opens the ground to the highway of success. No true progress in that direction will ever cheer us, but through the working of this very plan. And this work of Dr. Chambers, as treating of the " Derangements of the Digestion," on this plan, brings so much rough stone for the homœopathic building of the future. All due honor to each workman, whether in the quarry, or with the final graver ; and all cheer to the promise of real improvement in science. Disease must be studied according to tissue and organ, and medicines also, with like reference. The best success is now only obtained in this way. The mind becomes schooled, till it gradually looks through the external appearance on to the internal reality, and there determines which tissue and organ is first and principally affected, and then, in the homœopathic method, from a knowledge of the relations of drugs to tissues, selects the one most appropriate to the requirements of the case. We think the practical working of these principles upon the mind of Dr. Payne has opened to him many of the principles stated in his paper ;\* and that thus he has acquired that skill in practice of which the writer hereof is a living testimony.

How this work will help to a better understanding of the tissue and organ, in any given case, some glimpses may be gathered from what has been said ; for more inquiry, the book will need be consulted.

With us, this has not been all. Many perplexing and dark things have light poured upon them, and the whole is suggestive of treasures that lie hid all about for us. For instance, his treatment of the morbid conditions of the mouth and gullet suggest the thought whether the disease known as " cribs " or " cribbing," in horses, be not a disease of the gullet ; and the statement that certain diseases of the small intestines are much easier cured when the patient has an extra portion of sleep, is as important to us as to anybody ; and further, that a peculiar kind of loss of power of the

\* " Suggestions relative to a Scientific Arrangement of the Materia Medica." N. A. JOURNAL OF HOMŒOPATHY, vol. v. page 328.

legs has its origin in a diseased condition of the intestines, "is important if true."

Of his remarks upon diet, and upon the use of alcohol, wine, and beer in disease, time and space will not allow mention.

In an examination of the remarks upon the treatment of the derangements of digestion, a homœopath is struck with the limited number of remedies, while he must admire the sharp angularity of indication as compared with the great number given in any elaborate homœopathic work; and with many of their confused, prosy, and senseless indications. Among the remedies recommended for ulcer of the stomach, and for certain sensitive states of the gullet, that produce what some term heart-burn, is Tris-nitrate of Bismuth. We think the remedy deserves more attention than we previously supposed.

We pass the questions that naturally arise out of the statement of the atonic degeneration of certain tissues, with a host of other interesting matters, as space will not allow any adequate mention.

Thus we pass the work along to our medical brethren, only remarking, in the general *resumé*, that Dr. Chambers writes a speciality that must needs partake of the faults of all such works; viz. : the kind of special pleading by which, for the time, the mind loses sight of all other organs and their diseases. With this deduction, we can say that he writes on a speciality, because he has something to say, and says it. In this respect, it is a great contrast to the work of Dr. Humphreys.

We see men advertise to make some particular branch of medicine a *speciality*;—when it is after making such branch a special study, and there is a special fitness for the treatment of such department of disease, there would be a coincidence with Dr. Chambers; but, where he speciality is arrayed before the public because the advertiser has leisure for a special instalment of patients, while he has no special knowledge of the particular disease in which he would have the public believe he was able to excel, the pattern is very much after Dr. Humphreys' style and management.

The desire has been present with us, through the perusal of Dr. Chambers' work, that his great powers may be working under the guidance of fixed law in the selection and dispensation of medicine; for then would the field of therapeutics find enlargement at his hands, and, though remedies would not find, through him, any specific relation to the names of disease, he would find specific applicability of remedies to given diseased states.

If it should be our pleasure to meet Dr. Chambers again, in his labors, from his present stand-point, he shall have a hearty greeting; but how much more delightful to know that, though separated by an ocean, yet in science we were treading, shoulder to shoulder, in the new dispensation of medicine.

S. M. CATE, M. D.

### 3. *Our Literature*—A Review. By JOHN FITZGIBBON GEARY, M. D. (Continued from page 103, Vol. VII.)

*The Science and Art, or the Principles and Practice of Medicine.* By J. C. PETERS, M. D. New-York: Wm. Radde, No. 300 Broadway.

He who has never travelled beyond the boundary of his native home, must have but contracted views of other lands and other people. He who knows but a single creed, must needs be a bigot. He who has studied but a single branch of science or art, can never be a fair exponent of the wide

range over which that art or science expands its discoveries. To the first of these, his own land and its inhabitants—their habits, manners, and institutions—are beyond and above all; and the little which his feeble glimpses have embraced of other regions and other men, serves only to convince him how greatly is every advantage in his own favor. The second, deeming himself the special favorite of heaven, thinks he is justified in supplying, by positive infictions, those defects of the Supreme Ruler through which the “unbeliever” enjoys an immunity from deserved and special suffering. To the third, every new light that glows on the path of science is but an *ignis fatuus*; every news of discovery from the hands of art but a false report; every trial but a failure; every convert but a dupe. And, although the fact itself be patent, and the results to be seen over the way, he, with characteristic determination, keeps to his own side, and refuses even to be convinced of the errors of his judgment by the testimony of his senses. But when, upon the strength of the little they do know, and the stubborn determination with which they maintain that they only are right, these obtain a certain amount of influence—since they have most affinity with the masses—their opposition to the march of truth and the progress of discovery becomes truly formidable. They become dogmatic and dictatorial; and he who refuses to receive the law, as laid down by them, must tread his way through persecution and neglect, through discouragement and disdain, supported only by the consciousness of noble aims, the sense of inward rectitude, and an unwavering faith in the final triumph of truth.

What is here stated as generally true, over the wide range of all truth and knowledge, is no less so in any special department; and in none more strikingly so than in that particular division in which we, as medical men, labor. That “doctors differ,” has grown proverbial. By one we are assured that disease can be successfully met only by “antagonistic treatment;” by another, that “the alterative method” is the only system to which we can trust, and by a third, that an unappreciable dose, administered according to “the law of similitude” or “similars,” is nature’s own plan, and the last link that can ever be added to the chain of medical facts. Each swears by his dogma, and tries to sneer down or persecute his brother of the other creed; each holds that he has all truth, and that the other has none at all; each declares that he, himself only, can save men, women, and children alive; while the other only quietly hurries them into eternity according to the rules of his system. But we trust there are those who have never bowed the knee at these exclusive shrines, and who feel inclined to say, with ourselves, to all those who would thus place themselves as obstructions in our field of view: “Stand out of our sunshine, let us see beyond you! Stand off the road, we seek regions beyond your narrow territory!” Is not the whole field, from Hippocrates to this day, open to us? Has it not been sown with truths and errors? Have they not borne an abundant crop; and may we not now select for ourselves that portion of the fruit which has proved itself wholesome and nourishing? Cease, then, to ply us with your huge boluses of deadly poison; do not point your lancet at our veins, nor spread your blisters on our breasts; urge us not to spell our way through your interminable symptom-lists, nor cause us to stumble over your single globule of the 30th or the 8000th dilution. With you, as dogmatists, we have no sympathy, nothing in common. Each of you may possess an atom of truth, if you know how to evolve and use it; for this we thank you, but the rubbish with which you have overlaid it we totally reject. Whoever has discovered a single fact, or spoken a single sound maxim, is so far our master. And if, under our peculiar circumstances, we are obliged to move under the flag of either sect, it is because the creed of that sect has a greater number of

elementary atoms of truth than any of the others; not because we think that they have reached the ultimate boundary of all medical truth. And who that does not know that this will be reached only when the last patient that shall languish on this globe shall manifest only a single new feature in his disease, that shall require the last physician that shall prescribe by that solitary bed to make a new demand on the appliances of his art and on the resources of his genius? Then, and then only, shall medical science be complete, and medical dogmatism silenced, and medical persecution at an end.

With such considerations before our minds, let all of us who can rise above narrow views and petty prejudices sink unimportant and minor differences; hold a single command only, as our motto: "Heal the sick." Let the hallowed influence of true science inspire us, the powers of all prevailing art assist us, and pity to suffering humanity overcome every other motive in our hearts!—In such a spirit would we approach a new intruder upon our notice, a new candidate for our suffrage; coming as a new exponent of our principles, and assuming to be a safe guide in our practice. Our task shall be performed in no party-spirit but in that of the doctrines we have indicated.—We labor under some disadvantage in not having the whole work before us, the first four parts only being yet published. It has, however, reached a point at which it may fairly stand challenged on its merits, and which it should not be allowed to pass without some public strictures. Some will doubtless denounce this work on the very threshold, as latitudinarian in opinion and heterodox in principle; as neither strictly homœopathic nor allopathic in its creed. This is likely to be the opinion of such as are bound to some theory or opinion laid down by others, which opinions they embrace without question, and are merely truth to themselves. It should not be forgotten, however, that medicine, like Christianity, has no creed. Those who hold this view—who have found that laws laid down in past ages as universal, have been proved, by later experience, to be but partial and imperfect in their application, and who think it neither sound philosophy nor safe practice to tie themselves down to a single rule, or to follow, in all cases, any set rules of practice, may think this work just such a one as they require, and such as the present necessities of our science demand. Irrespective of the views of individual or party, we will treat of these numbers of the work as they commend themselves to our own views, leaving our opinion to each party to justify or condemn, as they will the subject under consideration.

Dr. Peters does not claim his work to be the original emanation of his own or any other single mind: as such it would be worthless; but the combined embodiment of all that the writer believes to be good and useful in the works of the best ancient and modern authors. And this he has so far, at least, placed before the reader in a clear, condensed, and practical shape.

We can hardly conceive any one so indifferent to his profession or calling as not to feel an interest in its history; and it may not be uncharitable to assert, that he who is ignorant of the one, merely follows the other "as a business"—for what it produces, and not for any enthusiasm which he feels drawing him towards it for what it is in itself. But to the student or practitioner who loves his profession, and delights to live among its ancient and valuable monuments and records, its hoary dogmas, and long-forgotten modes of cure, as well as among its modern developments, we heartily, and without reservation, commend the first and part of the second numbers of this book, as the most important sketch of the history of medicine which we know. Its arrangement into "periods," according to the date of the prominent systems and changes of our art, will make it very useful for reference, and its conciseness increases its value to those whose time is generally fully

occupied, as well as to the student, to whom a *multum in parvo* is always, if reliable, a great boon on every subject, as well as on this.

In the first and second sections, "Medicine as a Science and an Art," and "Morbid Anatomy and Pathological Histology," are treated of. These subjects are brought down to the present state of advancement in medicine, and collated with the most scientific works on each of the branches. They cannot be otherwise than well received by all who have studied, or wish to study their profession as a science and an art. And it is quite time that our side of the house should have an insight into something besides globules and symptoms, and that a treatise of this kind should be even forced on their attention; whilst some among us are making efforts—feeble it is true—to impress the idea that a departure from high potency, globulism, and symptomatology has already lessened our utility by the bed-side of the sick. But it is not the least remarkable, perhaps, that those who try to enforce these principles have, in a sort of small imitation of Hahnemann's last days, taken to the exclusive treatment of chronic diseases,—a safe mode, it must be confessed, of testing the efficacy of "a globule of the 30th dilution in a trough of water!" But he who can afford to be unacquainted with the subject of these pages is only a little less the object of pity or blame than those whose lives are entrusted to his care. A great deal more of anatomy, pathology, &c., and a great deal less of silly experiments in "bottle-shaking," "cork-smelling," &c., will certainly raise us in our own estimation as well as in that of the public, make us feel that we are worthy of confidence, and secure the confidence which we merit. We trust and hope that this part of this work, at least, may become a text-book of indispensable necessity to our students.

In the third section, Dr. Peters gives us an excellent review of "The late Reforms in Pathology and Therapeutics," and all who are competent judges must not only approve, but commend the careful and candid manner in which the subject is laid before them. Yet there is probably no part of the work that will call forth so strong and sudden an opposition from certain quarters for what will be pronounced the author's allopathic tendencies; and we must say for ourselves that, if a careful perusal of this section had produced such an impression on us, no one would be more ready to deal out merited chastisement. The attentive reader will, however, soon find that the real object is not to weaken his faith in the great law of our school, nor any of our minor fundamental principles. The writer seems to us only anxious to prove how closely the three great systems: the antipathic, the allopathic, and the homœopathic approximate, at their very foundation; the difference being one only of *degree*, not of *kind*, a point no one who would take the trouble to look deeper than the surface, will feel inclined to question. The greatest concession which he makes is his declaration that he sees "some good in all," and some special point of advantage peculiar to each system, while none can arrogate to itself perfection. Every one who has studied his profession, in all its branches, must feel with Dr. Peters how much he owes to the practice and literature of the old school, and no honorable man will for a moment deny that, without what it has taught him, he would be no physician, and to us there can be no more certain signs of a man's ignorance of all that should constitute a medical man than the unqualified denunciations which are often launched forth at the principles and practice of the old school. We are not behind any one in resenting and chastising the arrogance and assumptions with which they occasionally attack homœopaths and their system; but as all who are really great among them have become ashamed of this kind of vulgar abuse, and have left it to a few of those small creatures who merely vend drugs for the apothecaries,

we are no longer called in to notice, or to waste time or words on it. Nor is it any reason why we should deny the highest order of genius, industry, and scientific acquirements to a large mass of its members, nor the real value of some, at least, of their therapeutic appliances. This, in all fairness, seems to be all Dr. Peters pleads for, and we must say for ourselves that we are willing fully to concede all he demands. On the other hand, it is certain that Dr. Peters gives to our own system the highest place, as the safest and most reliable mode of treatment, as well as the last and greatest stride in medical reform; but neither he nor any one else has the right to deny that there is nothing good in any other; nor the right to assume that nothing better shall follow. In the treatment of disease, he does not in any way depart from the strict observance of our great law of cure, nor does he find many occasions in his practice, as laid down in the work before us, where he is obliged to call in the aid of the objectionable appliances of the other systems, although there are few experienced men who can deny that cases may occur, and do often occur, which baffle their efforts and defy their treatment, whatever mode of cure they apply. We must say that we have not in any case found it necessary to depart from the law of similitude in our practice; but, should a case occur to-morrow, where experience, common sense, and the rules of the medical art should warrant such deviation, we should not for a moment hesitate; and those who feel inclined to quarrel with Dr. Peters for such just distinctions and qualifications may be allowed by our side to take their place with that small fry of bigots we have referred to above, and as extremes are always sure to meet, they will form a school of their own; but we must denominate it, in reference to its intellectual and scientific standing, the "medical ragged school;" an object for the charity and indulgence of the whole faculty. The fourth section introduces us to "Dr. Bennett's Examination of the Sick," to which Dr. Peters has added such portions as are not included by Dr. B., especially the important one of the ganglionic system, drawn from the works of such men as Draper, Carpenter, Davy, &c., &c.; we have not yet met with anything so really useful, as this part of the work. The "remarks" made on each paragraph of this "examination," and the treatment suggested, should receive nothing but praise at our hands, and the author has our best thanks, as he will have those of every physician who reads them. We reserve for a future paper our review of other portions of this treatise.

---

4. *Championnière's Journal of Practical Medicine and Surgery.* Vol. I. of the American Edition from Vol. XXX. of the French Edition. D. Williams & Co., Boston. 1859.

This journal is a literal translation of Championnière's monthly periodical, published in Paris. It contains the contributions of some of the ablest and most noted of the French physicians and surgeons; in fact, may be looked upon as a fair exponent of French practice at the present day, both in the hospitals and in private practice. It will be found a most readable and interesting little journal. It appears monthly, somewhat later than the other medical journals, in consequence of the time required for translation.

As a specimen of the articles which will be found in its pages, we give below an article on biliary calculi, from the able pen of Dr. Trousseau, as being a subject of much interest, and it will be seen, by the way, that Dr. Trousseau fully agrees with Dr. Peters in his view of the fatty origin of gall-stones and the formation of liver fat and cholesterine; views which are so strongly objected to by Dr. Hempel in his "Materia Medica."



## HOTEL-DIEU.—(Professor Trousseau's Wards.)

*Hepatic Colic simulating Cramps of the Stomach. Examination of the Excrements; Gall-Stones; Remarks on the Palliative and Curative Treatment of the Disease.*

Hepatic colic, in its more violent form, is a disease practitioners are well acquainted with; but, in its milder shape, which is more especially observed in women, it generally escapes detection. Not a week elapses but Mr. Trousseau is consulted at his own home, or in Paris or the provinces, by fellow-practitioners, for undetected hepatic colic. This is due to the fact that *small hepatic concretions give rise to pain chiefly in the epigastric region*, whence it spreads right and left in the abdomen, the chest, back, and even sometimes the thighs. It is therefore natural that such pains should be referred to other viscera than the liver, and should more particularly receive the name of *cramps in the stomach*. In many instances, this view seems to receive additional confirmation from the presence of vomiting, the significant character of which is misconstrued by an erroneous interpretation of the functional disturbance. As we have stated above, such mistakes are far from uncommon, and recently two cases of this description occurred in Mr. Trousseau's wards, which afforded the professor an opportunity of presenting some important remarks on this deceptive form of hepatic gravel.

The patients were two women of sedentary habits, between forty and fifty years of age. The first had complained of pain in the epigastric region and vomiting of mucous matter, two days before her admission into the hospital: a very distressing exacerbation took place, and the pain subsequently ceased, leaving a sense of local fatigue and aching. These violent colics had been designated under the hackneyed appellation of *cramps in the stomach*. In this case, the excrement having been collected, washed, and carefully inspected, a mulberry-shaped calculus, of the size of a pea, and consisting of cholesterine, was discovered in the evacuations. The second case was equally interesting. The patient was one of the women attached to the linen department of the Hôtel-Dieu; menstruation had ceased for eighteen months, and, like the former, she had suffered for seven years from *cramps in the stomach*. These *cramps* had, from the year 1852 to the year 1857, been treated without any success. She then had a respite from her sufferings; but, in December last, fresh paroxysms appeared, lasting four or five hours, and returning at uncertain intervals. Finally, eighteen days ago, twice or three times in the twenty-four hours, she experienced in the pit of the stomach very acute pains, which extended to the right side, the back and the abdomen, and lasted from half an hour to two hours and even more. On March 12th these pains lasted five hours, on the 13th eleven hours, and were attended with vomiting of mucous matter; on the evening of the 13th they suddenly ceased, and were followed by shivering and marked jaundice. From the 13th the bowels had not been moved, and on the 16th an aperient was exhibited. The fecal matter was carefully washed, and five prismatic concretions, with flat polished surfaces, were found, a circumstance which would sufficiently prove the existence of several calculi, even in the event of a solitary gall-stone being discovered.

Before entering upon the treatment applicable to the disease, it is proper to revert to some of its symptoms. When, *concomitantly with the pains above described, vomiting occurs, not of a bilious character, you may assert, said Mr. Trousseau, that the case is one of hepatic colic, occasioned by the presence of a gall-stone in the cystic duct*, and, in ninety-nine instances out of a hundred, unmistakable evidence will be found, the very next day, of the accuracy of the diagnosis, in the *yellow color of the urine*. It is, however, well to bear in mind that, although the absence of bile in the matter rejected from the stomach and the subsequent appearance of jaundice are sufficiently characteristic of the disease, the opposite phenomena, namely, vomiting of bile, and the absence of icterus, do not authorize the physician absolutely to deny the existence of hepatic colic.\*

In the usual form of the disease, icterus is so trifling that it always escapes the patient's attention. The physician is accidentally consulted by a woman, who complains of some epigastric pains; she describes them as cramps, which do not constantly return after meals, but reappear every fortnight or every month, without any obvious connection with the ingestion of food, and the symptoms altogether seem so unimportant that the patient feels but slight anxiety on the subject. These cramps, referrible to no tangible cause, spontaneously yield after having occasioned some amount of nausea, discomfort, and loss

\* In a former number of the present periodical (Art. 3931) will be found the case of a patient of the late Professor Chomel, at the Hôtel-Dieu, who was only three times affected with jaundice during thirty-four attacks of hepatic colic, which occurred in the lapse of fourteen weeks, a singular phenomenon, which Mr. Chomel accounted for by the comparatively short duration of the paroxysms. For the production of icterus, he considered that several days' continuance of the obstruction was necessary. This patient had three paroxysms only, which lasted more than twenty-four hours; all the others having, on the average, not extended beyond three hours.

of appetite. In three cases out of every four, these trifling symptoms are due to hepatic colic; but the true nature of the disease is very seldom pointed out by the jaundiced hue of the skin: it is only indicated by the icteric appearance of the urine, which assumes the color of beer, and stains the linen yellow.

The pains, vomiting, and icteric urine lead the practitioner to suspect the presence of hepatic colic, but the examination of the excrements supplies him with another element of accurate diagnosis. This examination requires great attention and some self-denial. In the first place, the evacuations may be preserved during three or four days from the beginning of the attack, as the concretions may require that space of time to travel from the duodenum to the rectum, and an aperient may be exhibited for the purpose of softening the feces. They should then be repeatedly stirred, and abundantly washed on a horse-hair sieve, so as to remove entirely all the liquid matter. Without all these precautions, the corpus-delicti will escape detection.

The patients do not always, it is true, pass the concretions of cholesterine which have caused their sufferings. Indeed, this is not unfrequent, and we have it on the authority of Morgagni, that, in old women, calculi very often remain in the gall-bladder, as large as almonds, pigeon's eggs, or even hen's or turkey's eggs. Concretions of this size cannot, of course, descend through the cystic duct: they penetrate partially into its cavity, but soon retrograde, and the pain ceases as completely as if the stone had been propelled into the duodenum. In these patients, hepatic colic is therefore indicated merely by the suddenness of the invasion and by the cessation of the symptoms, taken into conjunction with the absence of any positive signs of disturbance of the other functions.

We will not dwell on the pathology of the disease. Our purpose is merely to call the attention of our readers to a form it assumes more frequently than is generally supposed, and we shall now enter upon the question of treatment, which Mr. Trousseau described on the occasion of two patients then lying in his wards.

One of these patients, said the professor, has passed five concretions, and, on the next reappearance of the colic, she may pass as many as fifteen. We are powerless over the calculi remaining in the biliary ducts, but it is not impossible to prevent the further formation of gall-stones. It is with hepatic as with renal gravel: a patient, who once has been attacked with it, may be subject to it all his life; he should be warned of the circumstance, in order that he may take the measures best calculated to obviate the return of the symptoms. The treatment of hepatic gravel should therefore be considered in reference to the paroxysms, or the colic in *actu*, and to the prophylactic measures destined to prevent its reappearance.

The treatment of the attack is anything but satisfactory, and is often, indeed, more injurious than useful. Thus, many practitioners prescribe Opium in such cases; but, as Opium checks all secretions, with the exception of perspiration, and therefore prevents the accumulation of bile in the gall-bladder, the calculi remain a longer time, their expulsion not being assisted by the presence of that fluid. The patient, it is true, suffers somewhat less, but this alleviation of pain is more beneficially procured by the internal exhibition of chloroform or ether, at the same time that embrocations are made on the seat of the disease with:

R. Extr. spirit. Belladonnæ, 4 dr.  
Aqus, - - - Q. S.—for a liniment of sirupy consistency.

This solution should be spread over the skin, and a poultice applied. Mr. Trousseau also prescribes capsules, containing eighteen drops of sulphuric ether, a remedial agent which, thus administered, produces considerable anæsthetic action, besides its solvent power on cholesterine. By the association of these two sorts of measures, the disadvantage of checking the secretion of the bile is obviated, and, at the same time, pain is relieved or alleviated, and the spasmodic action of the ducts, and especially of the duodenal extremity of the ductus choledochus is mitigated.

Prolonged baths may also prove beneficial, but, in general, they are not very efficient. Manipulation and gentle chafing with the hand have also been recommended. In 1854, Mr. Barth read to the Academy of Medicine a memoir, in which, after enlarging upon the advantages to be derived from abundant diluents, aperients, ether, turpentine, both internally and externally, he recommended, in order to bring about the division of the calculi, shampooing and powerful douches upon the hypochondrium. Mr. Trousseau, without altogether rejecting this practice, thinks that the patients, who suffer much, seldom submit to its application, and that it then proves unavailing or even impracticable.

The attack once over, when nothing remains to be contended with but the disturbance consequent upon the colic, the digestive functions may be assisted by the exhibition daily of seven or eight of the following pills:

R. Fel. tauri inspissat, ʒj dr.  
Glycyrrhizæ, - Q. S.  
M. Divide in pilulas 50.

We now turn to the real, rational treatment of the disease, that which, removing the cause, may prevent the return of the symptoms. If forty or fifty concretions have to be evacuated, the physician must patiently await their expulsion. One day three may escape, the next day eight, on the morrow two, and so on. We have scarcely any means of action upon concretions which have formed, although Mr. Barth, in the memoir mentioned above, asserts that, under the influence of vegetable diet, alkaline medicines, and turpentine, gall-stones had become disaggregated. Mr. Trousseau does not believe in the possibility of their dissociation by such means. All that can be hoped for is, in his opinion, an arrest of their increase, and the prevention of further concretions by checking the production of cholesterine.

*Now cholesterine being a fatty, crystallizable product, it is necessary, in order to diminish its quantity, to reduce in amount all the fatty structures of the system.* For this purpose the practitioner must resort to alkaline drugs, which saponify these fatty products, and render them more soluble; to physical exercise, by which their combustion is promoted; and to the articles of food, which contribute least to their production. The first Professor of *Materia Medica* of the School of Medicine of Paris, Peyrilhe, remarked that, in the larger herbivorous animals, oxen, for instance, which are very liable to hepatic gravel, the gall-bladder is filled with calculi from April to June, and that, from September to December, it contains none. He concluded, from this fact, that the production of cholesterine is promoted in these animals by dry food, consisting partly of oleaginous grain; and that, on the contrary, chlorophyl, the green matter of the leaves of vegetables, is a solvent particularly calculated to obviate the formation of that fatty substance. Peyrilhe was right; but another influence, most important in the question, that of prolonged repose, had escaped his notice. In the human subject, a sedentary life acts much in the same manner as stabling on cattle, and this reason accounts for the greater frequency of hepatic concretions in women. Now green vegetables, although acid, cause the urine to assume an alkaline reaction; they saponify fatty matter, and we thus possess, in muscular exercise, on the one hand, and in green vegetables or alkaline nutriment on the other, the principal elements of the preventive treatment of biliary gravel.

Patients afflicted with this disease should be recommended to take walking exercise, and a diet chiefly consisting of green vegetables, together with lean meat and ripe fruit in the season. Greasy substances of all kinds, such as the fat portions of meat, butter, oil, and milk, should be strictly prohibited, and likewise watery nutriment, farinaceous or gelatinous food, which, from the amount of carbon and hydrogen they contain, are closely analogous to fatty matter. At the same time the mineral alkaline waters of Vals (Ardeche), Vichy, Pougues, Mont-Dore should be prescribed; not for the purpose of saturating the system with their mineral ingredients, but in order to place the constitution in such a favorable condition as to allow of the interruption of their use for three or four months. They should not be continued for an unreasonable length of time. They must be used as tonics, sea-baths, or others, and may be stopped and resumed every two or three months.

It is in the same manner that ether and essences of turpentine, the elements of Durande's remedy, should be exhibited for the treatment of hepatic gravel. Instead of his mixture, which was recommended by the Dijon physician, Mr. Trousseau prescribes the ether and turpentine in gelatinous capsules, containing, as we have stated, eighteen drops of the remedial agent. During the first week, the patient should take, the first two days, three doses daily, each of one capsule of ether and one of turpentine, altogether six on the third and fourth days, two capsules of each kind, three times, viz., twelve capsules; and, during the ensuing four days, three capsules of either sort, three times, altogether eighteen. The medicine is then interrupted for a month, and, at the end of that period, resumed as before. Again the remedy is suspended for two months, and, at the expiration of that interval, the treatment is instituted for the third time, when a further interruption of three months takes place, and so on. Such is a summary of the medication recommended by Mr. Trousseau in the case of the two patients lately undergoing treatment in his wards.

5. *Consumption, its Nature, Prevention, and Homœopathic Treatment*; with Illustrations of Homœopathic Practice. By WM. HITCHMANN, M.D., F.L.S. Wm. Radde. 1859. pp. 184.

This capital little work on Consumption, commends itself to all classes of readers, and to the busy and practical physician most of all, for the clearness of the descriptions and treatment; also to the high dilutionist for the explicit-

ness of its indications, and to the low dilutionist for the thorough way in which the disease itself is treated of. We can commend it also as regards the home management of phthisis, and its domestic hygiene. This is one of the most important points to be looked to in the treatment of the tubercular dyscrasia, for it should never be forgotten that, under every variety of treatment, more cases of consumption are prevented than cured.

We cordially welcome this book, as an attempt to grapple fairly with disease, and to place before the profession a monograph which is thorough and scientific in its basis, and calculated to elevate the character of our school. Its style and diction are remarkably smooth and scholarly, and we miss those crudities of grammar, inelegancies and vulgarisms, which so painfully disfigure the writings of many of our clever men. There is no fault so reprehensible in a grave medical work as careless grammar, or the introduction of local "*slang*" expressions, though they may pass comparatively unchallenged in the immediate locality of the publication, from their very familiarity and ubiquity; but to a stranger, reading the book in a distant province, or in a foreign country, they are simply meaningless vulgarisms, stamping the work as thoroughly local and provincial.

We cannot refrain from adding a word upon the culpable carelessness, and even actual slovenliness of many of the writings of medical men. We cannot believe (what has been slyly insinuated into our unwilling ear), that there are some of our brethren who do not know how to spell.—No! We prefer to believe it (and to animadvert upon it) as *carelessness*, and we wish to be distinctly understood as deprecating it upon that footing in the strongest manner. What would any physician say if his communication were to appear before the profession with wholly, spelled "holy,"—separate, "seperate,"—operation, "opparation,"—severe, "sevear."—Yet such things are.

However, the careless ones have high precedent for their lapses; for, if I mistake not, no less a personage than the recent head of the Foreign Office, Lord Malmesbury, has been called to account by "*Punch*" for similar offences. And, on his leaving office, "*Punch*" proposes, among others, the following questions to candidates for examination. Perhaps they might be adopted in our medical colleges, without being regarded as superfluous:

"In spelling the word 'kollonies' do you generally begin with a 'c' or with a 'k,' and do you prefer using three 'l's; two, or one?"

"How is the word 'goverment' usually spelt now? and in how many distinct ways can you remember to have seen it spelt?"

"What do the three letters 'c,' 'a,' and 't' stand for? and can you suggest any variation in the spelling?"

"In what number of wrong ways can you write the phrase, 'In toetal vialation of our treatise?' Mention, if you can, a Foreign-Office precedent for each.

"How is the word 'erthkwake' written in your office, and do you recollect ever seeing it spell 'earthquake'?"

"Do you know how Dr. Johnson spells the word 'orthoggggraphy?' Mention your authorities for the use of the three 'g's.'

"'At the cieling of these presence.' Is this phrase correctly spelt? and, if you think not, how would you proceed to alter it?"

"When writing a letter on the third day of the week, do you, in general, head the sheet with 'Twosday,' or with 'Toosday?' State which of these you think is most correct, and which of the two you, in your mind, *fancy looks best.*

"If you were in a hurry, how would you contrive to write the word 'inalienable,' so as to be understood?"

"With how many wrong letters could you spell the word 'kauphy,' if you gave your mind to it?"

"'Obstreperous,' or 'obstropolous?' Which of these is commonly adopted in the Foreign Office, and which do you consider the most gentlemanly spelling?"

"Did you ever write the word 'yatch' right at the first shot? and have you never in despair been induced to write it 'yot?'"

"Nunquam nimis decitur, quod nunquam satis discitur!" "Absit invidia."

#### THEORY OF TUBERCULIZATION.

There may be said to be, at present, among well educated physicians of the dominant school, three prominent modes of treating phthisis, all attended by a certain amount of success. The first is the treatment by alcohol; the second that by fatty food; and the third that by Phosphorus, and its compounds, or, in other words, "the Hypophosphites." The second is founded upon some new ideas concerning the pathology of phthisis. It is held, that it consists of a particular form of indigestion, characterized by a peculiar acidity of the *primæ-viæ*. This acidity hinders the digestion of the fatty portions of the food, while it favors an inordinate digestion and assimilation of the albuminous particles. The blood, thus loaded with albumen, possibly of a deteriorated quality, circulates through the lungs, where the imperfectly elaborated albumen, having some mysterious affinity for their texture, is deposited in a caseous form.

That by Phosphorus, or its compounds, aims to supply to the tuberculous patient, the *former* (Phosphorus), or such of the *latter* (compounds) as may seem to be wanting in the blood; and thus, while stimulating the nervous mechanism, restoring the healthy equilibrium of the blood. It is founded upon the fact that many of these salts exist in the blood naturally, and that the peculiar fault of nutrition or defective elaboration of the albumen depends upon this error in the constitution of the blood.

All of these plans may be said to be comparatively new, (and also encouragingly successful,) with most of the members of the profession; yet the persevering and astute translator of "Rokitansky's Pathological Anatomy" not only wrote, and published, and urged these modes of treatment many years since, but was the first to notice and *prove* the alcoholic treatment. He had been led to these results by some original researches which he had undertaken for the express purpose of elucidating the pathology of phthisis and other diseases; but he did not stop here, where many physicians now halt—*short of the truth*, in fact.

He argued that, the stomach being in an acid condition, and the assimilation of carbonaceous and fatty food deficient, while the digestion of the albuminous portions was unduly great, and tubercle being proved to consist of albuminous or caseous matter, he conceived that, while fatty and carbonaceous (alcoholic) nutriment was liberally supplied, and the albuminous matters withheld in a measure, that we

should not stop here. He regarded it as worse than useless to load the stomach with uncongenial food, which it was already indisposed to appropriate, in the vain hope of *compelling* it to assimilate a portion, and thus increase the faulty digestion, and add to the discomfort of the patient.

To Dr. Bennett, of Edinburgh, belongs the credit of introducing Cod-liver oil to the profession as a remedy against consumption. The easiest and best way to administer it is to give it in wine or spirits; these remove or prevent the unpleasant taste of the oil, enable it to sit more lightly upon the stomach, at the same time that the specific effects of the alcohol are obtained. A New-Orleans physician has given Phosphate of Lime in Cod-liver oil. A combination of Phosphate of Iron, or Phosphate of Soda, or Phosphate of Lime, singly or combined, may be given in Cod-liver oil and alcohol, with greater advantage than either of them without the alcohol. Those physicians who cure all their cases of consumption without a single failure, or have cured four hundred cases with Aconite alone, may sneer at this treatment; those who occasionally lose a case, may be glad of some one of the above suggestions.

He determined, therefore, to administer *alkalies*, to remove the disordered and acid condition of the *primæ-viæ*, while he supplied the patient with the fatty food, which then (since the alkalies digest the carbonaceous materials, as is well known,) the small intestines could easily manage. For this purpose, he instituted a series of inquiries, as to *what elements were deficient in the blood of phthisis*, and, this point being determined, he administered them in an *alkaline state*.

With this little preface, it is proposed to trace out succinctly the *rationale* of these theories and modes of treatment, stimulated thereto by notes from various quarters calling attention to the subject, such as the following:

Dr. PETERS, Dear Sir:—Permit me to call your attention to *Art. 20*, in No. 26 of the "Abstract," entitled "The Proximate Cause and Specific Remedy of Tuberculosis." It struck me as rather a remarkable article, and I should *very* much like to see it copied into the JOURNAL, with some criticisms and remarks added by you. I believe such remarks as you only *can* make, would please and edify all your readers. E. M. HALE, M. D.

In order to do this, it is only necessary to quote from Dr. Peters' previous writings.

We find the following at page 27 of his work on "Diseases of the Brain," published in 1855, and written long prior to that, showing that the matter had been fully elaborated by him long before the suggestion of the new treatment:

"The physical description of tubercle is well known to every physician; the *chemical* is not so. According to Hasse, who drew his conclusions from numerous analyses, carefully compiled from Cerruti and Vogel, the organic component parts of tubercle are principally *caseine*, with some fat, and a little albumen. According to Preuss, the animal portion of tubercle is principally made up of *caseine*, with

some fat, in the form of cholesterine, and a trifle of phymatine. Güterbock found much *caseine*, some albumen, phymatine, and fat.

“Less accurate observers, such as Thenard, found *albumen* in excess, while Hecht and Scharlau, who probably did not separate the cellular and other tissues or products of inflammation, found, intermixed with the surrounding tuberculous masses, nearly equal proportions of gelatine, albumen, and fibrine in their analyses of tubercular substance.

“Ancell justly says, if we admit that tubercle is a definite chemical compound, which is very probable, then this compound must be subject to changes, and to intermixture with numerous extraneous and accidental materials, as with those composing the tissues in which the tubercle is deposited, and which, by pressure and otherwise, become disintegrated, and blended with the essential constituents of tubercle, or with the products of inflammation, such as coagulable lymph, or fibrine, or pus, from inflammation of the substance of the tuberculous organ, or with mucus or pus from the mucous membrane of the lungs, or with blood itself. It is always difficult, and frequently impossible for the chemist to separate these different products, or to estimate their different proportions. Tubercle must also, from the same causes, exhibit differences, according to the nature of the tissue in which it is situated. Still, he says, chemical analysis leaves no doubt that tubercle contains a *protein* compound as an essential constituent, which appears to bear a close analogy to it, if it be not identical with *casein*. Tubercle has a decidedly *cheesy* appearance to the naked eye, and tuberculous pus resembles a mixture of *soft cheese* and water, both in color and consistence. Ancell repeats that the *caseous* quality of tubercle and scrofulous pus indicates the presence of a *nitrogenous* compound, of a caseous nature, in the liquor-tuberculi, showing that from the liquor-sanguinis of tuberculous blood, a *caseous blastema* is exuded, differing from the ordinary healthy blastema. Its *caseous* quality renders it unfit to nourish the tissues, and gives it a tendency to solidification.

“Another large class of medical chemists think that tubercle is essentially *albuminous* in its nature. Thus Hecht found, in crude tubercle, fibrine, thirty parts; albumen, twenty-three parts; gelatine, twenty-seven; water and loss, twenty-seven. Boudet found caseine, gelatine, and a considerable quantity of cholesterine; when tuberculous substance was treated with cold water, it yielded albumen, a substance resembling caseine, and a fibrinous residue. Güterbock found pyine, phymatine, albumen, and fat. Scharlau: albumen, gelatine, fibrine, fat, and water. Vogel: fibrine, albumen, and caseine, with fat, and a material analogous to pyine, &c. Grover: pyine, albumen, but no caseine, fat, &c. L’Heretier found softened tubercle to consist of albumen, very soft fibrine, fatty matter, and lime.

“It is easy to account for many of these discrepancies; thus Preuss, in the most complete chemical analysis of crude, tubercular, pulmonary substance which has yet been furnished, found gelatine in the

residue of the pulmonary tissue, which he carefully separated from the tuberculous substance, but none in the tubercle itself. If other chemists had been equally careful, they probably would not have found much or any gelatine in tuberculous matter. Again, Ancell says that pyine is by no means a constant constituent of tubercle; it is a trit-oxide of protein, the result of inflammatory action on tuberculous blood, resulting in the super-oxidation of the protein compounds, such as caseine, or possibly albumen or fibrine, which make up the bulk of tubercle. The fibrine is also probably the result of inflammation; hence we can easily narrow down the essential constituents of tubercle to *caseine* and *albumen*.

"*Caseine* and *albumen* are analogous substances; both are compounds of protein; albumen consists of ten atoms of protein, two atoms of sulphur, and one of *phosphor*; while casein consists of ten atoms of protein, one of sulphur, and *none* of *phosphor*. Hence, it is very easy for careless or not very expert chemists to mistake one for the other.

"As tubercle is evidently derived from the blood, we have next to examine the character of the blood in tuberculous subjects. According to Ancell, tuberculous blood is defective in vital properties; the red globules are *deficient* in number, and defective in structure; the globulin, hæmatin, and iron are all *deficient*.

"The *serum* of the blood is vitiated in quality; the water, albumen, and *lime* are in *excess*, and the albumen also defective in quality. Caseine does not exist normally in the blood, and hence the defect in the albumen may consist in its tendency to be converted into casein.

"The fibrine is rather deficient in quantity and defective in quality, the fats probably deficient; the alkaline and earthy salts, especially the chlorides and phosphates of soda and potassa, are decidedly *deficient*.

"Hence, the indications for the improvement of the quality of the tuberculous blood are: First. To increase the quantity of iron, fat, alkaline, and earthy salts and fibrine, and to improve the quality of the latter. Second. To diminish the quantity of water, lime, and albumen, and improve the quality of the latter."—Peters' "Diseases of the Brain," p. 27, *et seq.*

"When deposits of tubercle have actually taken place, they cannot be removed by any known solvent. Still, trials may be made with a shadow of a hope of success. Thus, if we admit, with Hecht and Scharlau, that tubercle contains thirty per cent. of fibrine, the solvents of fibrine may be used. According to Denis, if moist fibrine be digested in a solution of Nitrate of Potash containing a little Soda, it gradually becomes converted into a substance in almost every respect identical with albumen—being soluble in water, and coagulable by heat. Again, the alkalies, and their carbonates and acetates, entirely prevent the coagulation of fibrine; and tolerably strong solutions of Nitrate of Potash, Nitrate of Lime, and Muriate of Ammonia, retard it



for a long time; the Muriate of Ammonia, indeed, gradually dissolves fibrine after it has been allowed to coagulate.

"If we assume that tubercle consists in an excessive formation and deposition of albumen, the solvents of albumen may be tried. Hepar-sulphur has already been alluded to. Coagulated albumen is also readily soluble in Potash and other alkaline solutions; the Phosphoric, Acetic, and Tartaric acids also appear to exercise a direct solvent action upon it, and, when present, even prevent its coagulating on the application of heat. On the other hand, the Nitric and Muriatic acids, the Bichloride of Mercury, and Ferrocyanide of Potassium coagulate and precipitate albumen, and hence may be more homœopathic to albuminous tubercles.

"Finally, if we assume that tubercle consists merely of *caseine*, we may be obliged to resort to Acetic, or some other acid; for, although caseine is precipitated and coagulated by Acetic, and nearly all the acids, it redissolves in a considerable excess most of them."—*Peters' "Diseases of the Brain,"* p. 76.

As regards the treatment with the phosphates, the homœopaths had used Phosphorus and Phosphoric-acid for many years; also Calcareæ, and occasionally the Phosphate of Lime; lately, the use of this remedy in a different form has been almost, or quite, quackishly urged by an old-school physician. (See below.)

"ON THE PROXIMATE CAUSE AND SPECIFIC REMEDY OF TUBERCULOSIS. By DR. JOHN FRANCIS CHURCHILL.—*Dublin Hospital Gazette*, Aug. 15, 1857.

"The following is the abstract of a paper which was laid before the Academy of Medicine at Paris, on the 21st of July, 1857:

"The total number of cases of phthisis treated by the author amounts to 35. All were in either the second or the third stage of the complaint—that is, they had either softened tubercles or cavities in the lungs. Of these, 9 recovered completely, the physical signs of the disease disappearing altogether in 8 out of that number; 11 improved considerably, and 14 died; 1 still remains under treatment.

"The proximate cause, or, at all events, an essential condition of the tubercular diathesis, is the decrease in the system of the phosphorus which it contains in an oxygenizable state.

"The specific remedy of the disease consists in the use of a preparation of Phosphorus, uniting the two conditions of being in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxydation.

"The Hypophosphites of Soda and Lime are the combinations which hitherto seem best to fulfil these two requisites. They may be given in doses varying from ten grains to one drachm in the twenty-four hours. The highest dose which I have been in the habit of giving to adults is twenty grains.

"The effect of these salts upon the tubercular diathesis is immediate, all the general symptoms of the disease disappearing with a rapidity which is really marvellous.

"If the pathological deposit produced by the dyscrasia is of recent formation, if softening has only just set in, and does not proceed too rapidly, the tubercles are absorbed and disappear; when the deposit has existed for a certain time, when the softening has attained a certain degree, it sometimes continues in spite of the treatment, and the issue of the disease then depends upon the anatomical condition of the local lesion, on its extent, and upon the existence or non-existence of complications. The author has made numerous attempts to modify the local condition of the lungs by the inhalation of different substances, but has never obtained any satisfactory result independent of what was to be attributed to the specific treatment. The Hypophosphites of Soda and Lime are certain prophylactics against tubercular disease.

"The physiological effects which he has observed to be produced by the use of the Hypophosphites of Soda, Lime, Potash and Ammonia, show these preparations to have a two-fold action. On the one hand, they increase the principle, whatever that may be, which constitutes nervous force; and, on the other, they are the most powerful of hæmatogens, being infinitely superior to all medicines of that class hitherto known. They seem to possess in the highest degree all the therapeutical properties formerly attributed by different observers to Phosphorus itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medical agent. The different preparations of Hypophosphorous-acid will, according to these views, occupy one of the most important places in the materia medica."—*Ranking's Abstract*, p. 47., Art. 20, No. 26.

On page 74 of "Peters on Diseases of the Brain," we find the following, which reads as if it might be, in fact, the basis of the foregoing extract from Ranking. It was written about the year 1854:

"As the Chlorides and Phosphates of Soda and Potassa are deficient in tuberculous blood, it might be advisable to use these salts

• • • • • As Iron is decidedly deficient in the blood of tuberculous patients, I have long been in the habit of using a combination of equal parts of Phosphate of Iron and Phosphate of Soda, thoroughly triturated together, and mixed with double its weight of sugar, in order to prevent acidity of the stomach, and to supply the requisite quantity of iron to the system. Phosphate of Lime ought also to be an excellent dietetic and preventive, if not curative remedy against tuberculous acidity. According to Ancell, crude tubercle contains but a very small proportion of Phosphate and Carbonate of Lime—say one per cent.; whereas, chalky tubercles frequently weigh ten, twenty, or thirty grains. Hence, in order to form chalky concretions, the deposition and resorption of animal matters, such as albumen and caseine, must have taken place to a very great extent, or for a considerable period. It appears to Ancell, that when the tendency to cretaceous aggregation has existed in the highest degree, the blood must have wholly or partially lost its tuberculous qualities; and that,

after having secreted intractable tubercle, owing to this favorable change, it pours out a blastema, which, depositing its earthy salts, is in the main susceptible of resorption, and is actually absorbed, the earthy particles gradually accumulating in the tuberculous cavity. That some such process as this occurs, he thinks, follows from a consideration of the whole series of chemical facts. Supplying an excess of phosphate of lime to the system may, perhaps, favor and hasten these beneficial changes."—"Peters on Diseases of the Brain," page 74.

This was written long prior to its being printed, and it was published in 1855, three years before this subject began to be agitated in the medical journals, or prominently to attract public attention.

The discovery of the efficacy of alcohol arose in this wise: Dr. Peters, being in 1842 one of the original and most active members of the Pathological Society of this city, was naturally anxious to supply the society with as many specimens for consideration as possible; for this he had unusual facilities, as he was in the habit of making post-mortems for the Coroner. While endeavoring to obtain a sufficient number of specimens of tuberculosis, he noticed that but rarely could one be found in his examinations, and never in those who had died from the effects of alcohol. This led him to investigate the fact and he soon verified his conclusion.

Ancell, in his huge treatise on tuberculosis, published in 1852, quotes at page 457, an article on this subject published by Dr. Peters, in the November number of the *New-York Journal of Medicine*, sixteen years ago, in 1844, page 335:

"Dr. Peters," he says, "an American physician, made an accurate examination of the necroscopic appearances in the bodies of nearly seventy persons who had died from the excessive use of ardent spirits. In no one instance did he meet with a tubercular abscess, even of the smallest size, while a small number of chalky tubercles were frequently noticed. Cicatrices were also frequently met with, marked by the presence of a puckering of the surface of the lungs, and the existence of solid bodies, readily felt before the substance of the lungs was cut into, which proved to be lumps or stræ of callous fibrous tissue, around which were rarely discovered a few discrete, grey, crude, small tubercular granulations; these appearances, in many instances, being confined to the upper third of the superior lobes and the rest of the lungs entirely free from either old or recent tubercular disease. Dr. Peters remarks that, according to Rokitanski, Andral, and Engel, the blood in the tubercular cachexia is arterial and rich in albumen, &c."—Ancell's "Treatise on Tuberculosis," page, 457, *et seq.*

"This experience led to the methodical use of alcohol in consumption, not merely as an auxiliary, but as an antidotal remedy to the tuberculous diathesis; of course, beef-steaks, and porter, and wine, and spirits had been given before on theoretical grounds, but never on such rational and methodical principles."

Dr. Cotton, in his work on consumption, corroborates this in a clinical point of view. "Unless," he says, "there should exist some inflammation, complication, or urgent dyspepsia, every one at this stage of phthisis needs support, and should live generously, taking a full amount of animal food, as well as ale, porter, or wine. Such a system of diet, far from aggravating the cough, generally lessens it; and although it may at first induce some slight feverishness and discomfort, these will commonly subside under its continuance. Should the alcoholic stimulants be too exciting, they may be given in small quantities and diluted; but there are few cases in which this is necessary, and the heat or 'flushing,' which they may at first occasion, is productive of no harm, while the benefit consequent upon their judicious employment is oftentimes very marked."

These extracts are all taken from books which have been in print many years, and prove beyond the shadow of doubt that, whatever may be due to others for the suggestion and administration of a successful remedy or remedies in phthisis, a more complete course of reasoning had been worked out, and a better treatment pursued long prior to this.

- 
6. *Nature in Disease.* By JACOB BIGELOW, M.D. Boston.
  7. *Nature and Art in the Cure of Disease.* By SIR JOHN FORBES.
  8. *Letters to a Young Physician just entering upon Practice.* By JAMES JACKSON, M.D. Boston.
  9. *Art vs. Nature in Disease—A Refutation of Naturalism.* By A. HENRIQUES, M.D. London. (From the Author).

The first three of these interesting little books are doubtless familiar friends with most of our readers. The latter work is written as a refutation, more particularly of Sir John Forbes' positions; but, of course, is applicable also to those of Bigelow and Jackson. We can cordially endorse the opinion given of it by the *British Journal of Homœopathy*, "as a very masterly and philosophical treatise, and by far the most creditable theoretical production from the pen of a homœopathist which we have seen for a very long time. It will at once be seen that it is the performance of a profound and philosophical thinker, and one well read in ancient and modern medical literature. The work is replete with information of the most varied description, showing its author to be an accurate observer, as well as an original thinker." The little treatises of Forbes and Henriques are far more complex and scientific than those of Bigelow and Jackson, but the latter have peculiar charms to the practical physician; there is a simplicity, directness, truthfulness, modesty, and almost homeliness of practice, given in the clear, correct, and even polished diction of the former writers. Mere druggery is stripped bare of all its pretensions; nature is regarded as the great physician; the physician is assumed to be but the minister and servant of nature; the practice of medicine is decreed not to be the art of absolutely and inevitably curing diseases, but the art of *understanding* diseases, and of curing or relieving them when possible. Bigelow cordially endorses the assertion of Sir Gilbert Blane,

that the benefit derivable to mankind at large from artificial remedies is so limited that, if a spontaneous principle of restoration had not existed, the human species would long ago have been extinct.

1. Diseases are divided into "*self-limited*" affections: like chicken-pox, measles, whooping cough, typhoid and scarlet fevers, &c., which, having once obtained a foothold in the system, cannot be completely neutralized or eradicated by art, but are followed by a certain succession of processes, which can only be completed in a certain period of time.

2. *Curable* diseases: like fever and ague, syphilis, itch, &c., &c., which are completely under the control of medicine, the attending circumstances and condition of the patient being favorable.

3. *Incurable* diseases: like cancer, advanced phthisis, and a long train of morbid degenerations, either malignant or stubbornly progressive, causing atrophy, hypertrophy, softening, or induration, permanent contraction or dilatation, ossification or contamination, by which important organs are absolutely disabled, vital functions are destroyed, and life itself rendered incapable of continuance.

In the self-limited diseases, the treatment, it is decreed, should be mainly "*expectant*" in its character, but the physician should not idly fold his hands and look passively on the progress of a disorder which he cannot certainly and absolutely interrupt; he must do what he can for the comfort and safety of the patient, avoid useless and troublesome applications, watch against accidents and complications, alleviate pain, procure sleep, regulate the diet, gently and carefully promote the regular and efficient action of the skin, kidneys, liver, bowels, and other emunctories of the body, and thus hasten the elimination of the morbid poison, while he cautiously observes, and often somewhat patiently waits for the salutary operations of nature. The mildest of these cases may often be safely left to themselves, or treated with the gentlest remedies and cautionary measures; in the severer ones, the opportunities for doing good may be as great as in the strictly curable affections, a tendency to death may be warded off, the patient may be sustained while the disease runs its course, some obstacle to a recovery may be removed, and nature left to complete the cure. He will interfere wisely for a time, then wait patiently for a longer or shorter season; he will act promptly, or forbear astutely, as only he can who knows the immeasurable good or harm which hangs on either active or passive medical practice. The true physician faces the case of his patient in all its bearings; he will frankly and publicly admit that many diseases may be controlled by nature alone, in many others he can do little more than follow faithfully in the train of the disease; now aid nature in her salutary intentions, then remove obstacles from her path, and constantly acknowledge how little he could accomplish without her aid.

In *curable but not self-limited* diseases the remedial measures should be prompt and energetic in proportion to the emergency of the case, and the certainty of benefits which are well known to follow their employment. In these cases the physician has a right to assert the usefulness and supremacy of his art.

In those maladies which are in their nature incurable, we are obliged to confine ourselves to the palliation of suffering, the maintenance of the strength and integrity of healthy portions of the body, as far as possible, and the removal of causes which aggravate the disease. Bigelow says when we consider that most diseases occupy, from necessity, a period of some days or weeks, that many of them continue for months, and some for years, that many are self-limited, and some are incurable, and, finally, that a large portion of mankind die of some lingering or chronic disease, we shall see

that the study of *palliatives* is not only called for, but really constitutes one of the most common, as well as one of the most useful and beneficent employments of a medical man. But he should *not* regard Opium or Codein as the only palliative.

The means of acquiring a knowledge of useful medicines or remedies are manifold. The first and most obvious method is that of simple experience; the "*experiential*" method is commonly, though erroneously, called "the empirical," and this is often defined as the "experimental mode." An experiment is the result of a single trial; experience is the result of a *series* of attempts or of many trials. An experienced physician is one who has been taught by practice or repeated observations, and has become skilful and *wise* by means of much observation, many trials, and careful *reflections thereon*; or has gained knowledge and skill by careful practice and an extended series of observations and sage and honest reflections. An *empiric* is literally one who is constantly making experiments; one who has not preliminary knowledge sufficient to convert his gross experiments into astute experience. A mere or crudely empirical physician is one who enters on the practice of medicine without a regular medical education, and relies on the success of his own experiments, which can scarcely ever rise to the dignity of true experience, for he is generally incompetent to discriminate one disease from another somewhat similar one; thus, to a mere cancer-doctor, almost all sores and tumors are supposed to be cancers. A *crude empiric* is an ignorant pretender to medical skill; a *dishonest empiric* is a quack or charlatan; an *ordinary empiric* is one who practices without science; but an *educated, wise, and honest experimentalist* may gradually convert his experiments into true experience, and finally become an experienced, skilful, and wise physician. In ancient times, as is well known, there was a sect of physicians who rejected all theory and took for their guide in practice sound experience alone; they occupied themselves much with discovering the properties of drugs, and did important service in this manner to medicine. The ancient cultivated empiric was not a quack, but an experienced physician; he confined himself entirely to the results of experience and observation; his examinations of the sick and dead were made with the greatest care, and, in order that errors in observation might be avoided, it was regarded as necessary that a given disease should have been carefully watched under every complication and circumstance, and an approved method of medical treatment, carefully and repeatedly followed, before the knowledge of that disease and its treatment was considered complete. The practitioner who had thus minutely observed a disease, and preserved a perfect record of its course, termination, and treatment, was said to have arrived at a *theorem*, and he who had accumulated a sufficient number of theorems was then only regarded as an *experienced* or cultivated empirical physician. They were the truly rational practical men of the day.

The greater part of ancient and modern empiricism is not thus elaborate and wise.

Thus the discovery of the benefit of Peruvian Bark in intermittents is supposed to have arisen from the accident of a South American Indian being cured of an ague by drinking at a pool into which some cinchona trees had fallen. By innumerable careful and careless experiments, it is now well known in which forms of fever Bark is beneficial or injurious.

*Apis*.—Again, the North American Indians have long been in the habit of using an infusion of the honey bee (*Apis mellifica*), and give a gill of it every half hour, in stranguy and suppression of urine; they and the botanic doctors recommend it highly in many diseases of the bladder and kidneys, and some uterine affections. The first reported case of cure of dropsy with this remedy is said to

have been effected by a Narragansett Indian woman; and, on the strength of this and similar crudely empirical facts, it was introduced into homœopathic practice. The Indians, although ignorant, were doubtless simple-minded and honest, and capable of making as correct observations as any illiterate lay persons could be.

By the bye, this so-called first reported case of cure of dropsy by Apis has another peculiar feature about it; in our materia medica, one whole honey bee is said to have been administered every night and morning; in another publication, the same case is said to have been cured by a homœopathist, with the third dilution, or one-millionth of a grain per dose. This effecting cures with crude doses of Indian remedies, and then reporting them as effected by the third, sixth, or thirtieth dilution, should not be countenanced. Only Signor Blitz, or Anderson, or the Wizard of the North, could convert whole honey bees into the third dilution by a word or stroke of the pen. The rapid conversion of a straight-haired, eagle-nosed, brown-skinned, parrot-toed old Indian woman into a curly-pated, light-haired, little-eyed, small-nosed, short-sighted little doctor, is also worthy of the Wizard of the North. Apis was then used in a crude and empirical manner until the New-York State Homœopathic Society, and Dr. Hering, of Philadelphia, instituted provings on the healthy with it; and in these provings, fortunately, neither Signors Blitz and Anderson, nor Drs. Munchausen or Machiavelli took any part.

CEDRON.—Again, we find in "Teste's Materia Medica," Cedron has long been popularly supposed, at Panama, to be an infallible remedy against the bites of poisonous serpents; and Hellert employed it several times on himself and others, for the endemic intermittent fevers of Panama, and always with some good success; whereas, Quinine sometimes remained unattended with good results under similar circumstances. Teste says, it was on the faith of these simple data that Dr. Petroz and himself have empirically given Cedron in some cases of intermittent disease. Robinson Warren says, the cedron tree flourishes in Panama, and has a world-wide celebrity, from its possessing certain properties which cure the bites of serpents. The natives greatly esteem it, always carrying with them a piece of its seed; when any one is bitten, a little mixed with water is applied, or a few grains in brandy are often taken internally, with great success. Hempel says, reliable provings of this drug are still wanting.

In a work called the "Deutschen Klinik," Dr. Bernhard says: Cedron contains an intensely bitter principle, which closely resembles Quinine, and which is regarded as a specific against snake-bites. From one to three grains are given two or three times, the wound to be also cleansed, and some powdered Cedron scattered upon it; although signs of decomposition of the blood, and symptoms of paralysis will occur, still, in the course of one or one and a half hours, a cold, offensive sweat will break out, which changes into a warm, profuse perspiration, when all dangerous symptoms will subside, although a badly suppurating wound will remain for a long time. Dr. Bernhard treated five snake-bites thus with success. In fever and ague, he gave it in doses of two grains every two hours, and, as a rule, six or eight grains sufficed to effect a cure. In large doses, vertigo, noises in the ears (like Quinine), frightful congestions to the head, vomiting, hæmatemesis, and apoplexy were apt to occur, so that it is a much more dangerous remedy than Quinine. Drs. Teste, Petroz, Fullgraff, and Marcy, still use it in a crudely empirical manner, they having instituted no provings with it.

It is quite amusing that one of the most strenuous advocates for the use of Cedron, galvanic baths, Codein, inhalers, and Apis, wrote a tirade in a memorial to the American Institute of Homœopathy, against those whom he knavishly accuses of striving, by every available means, to merge our heaven-born system into the pernicious mazes of eclecticism and other empirical schools; against the open (not the secret) advocating for an amalgamation of homœopathy with the empirical systems of the day; against the advocacy and adoption of allopathic measures; about the pernicious tendencies, and the anti-homœopathic influence of these so-called eclectics in our ranks; with much stuff about a hypothetical system of empiricism, and trusting to any stray plank which the waves of empiricism may bring to hand; with twaddle about mongrels, eclectics, empirics, &c. With some persons it seems more allowable to rely upon the experience of old Indian

women, and other ignorant and designing persons, than upon that of well educated and truthful physicians; that any crude mode of medication by an ignorant person may be adopted as homœopathic, but every well tried means emanating from sound physicians is contamination.

**GALVANIC BATHS.**—Thus, Vergnes was a French school-teacher; he had his attention called to the galvanic baths, began to use them, and mentioned them to a well known physician in this city long before Drs. Munchausen, Machiavelli, and their hangers-on thought of using them.

**INHALATION.**—Inhalations were first introduced by a run-away English physician, who was obliged to change his name, and practice under an assumed one; yet one of the signers of the memorial has made quite a trade in the sale of inhalers.

**CODEIN.**—Lastly, there has been no thorough proving of Codein; a large portion of a former article on Codein is taken from "Dunglison's New Remedies," "Wood and Bache," and other allopathic authorities; a large portion of the cases are abstracts from allopathic experience, and the so-called homœopathic cures were merely suggested by their allopathic precedents. Pereira says, the effects of Codein have been imperfectly examined by Kunkel, Gregory, Barbier, and Magendie—all allopathic authorities, quoted as homœopathic. Kunkel says it is a local irritant, which excites the circulation, and produces convulsions. Magendie regards one grain of Codein as equivalent to half a grain of Morphia; in large doses, it acts as a poison, like Morphia; Gregory says, five or six grains cause an intoxication, followed in a few hours by depression, *nausea*, and sometimes vomiting, like Morphine. There is no objection to the use of Codein, only one must not pretend that it is a homœopathic remedy; and those who claim to be pure and strict homœopaths, should not, knowingly, "whip the devil around the stump" with it. To openly and avowedly use empirical, allopathic, eclectic, and other remedies is one thing; to use them secretly, and pretend they are homœopathic, not only to laymen, but even to physicians, is another. PETERS.

## General Chronicle of Medical Science.

### MATERIA MEDICA.

#### *Epitome of the Foreign Homœopathic Journals.*

Prepared by H. L. H. HOFFENDAHL, M.D., of Boston.

#### I. ON THE ACTION OF SUGAR OF MILK. By Prof. J. HOPPE, of Basle.

Prof. Hoppe instituted the following experiments with sugar of milk. *First*, twenty-four grains of sugar of milk, in divided doses, were introduced into the stomach of a frog of medium size, in the course of twenty-six hours. In twenty-eight hours from the beginning of the experiment the animal was dead, and examination revealed great congestion of all the important internal organs, of the muscles, nervous centres, &c. *Second*, sixteen grains of sugar of milk were sprinkled upon the denuded dorsal muscles of another frog, in two doses of eight grains each, and at an interval of sixteen hours. In twenty-four hours the animal was motionless, except when touched, and was quite dead in forty hours. The post-mortem appearances were similar to those of the first case. From these experiments Prof. Hoppe draws the conclusion that sugar of milk is by no means an indifferent substance, without any effect upon the system, and that, therefore, it can no longer be used by homœopaths as a vehicle for the administration of their remedies.

In an article by Dr. S— s, of Magdeburg, contained in the *Hom. Klinik*,



it is denied that sugar of milk is a poison, as implied by Prof. Hoppe. The deductions from his experiments are considered erroneous, because he confounded the simply *physical* with the *pharmacodynamic* effects.

In these cases the sugar of milk exerted a merely physical action. Animal substances sprinkled with sugar of milk are dried and deprived of their fluid, partly by the porosity of the mass, and partly by the tendency of the sugar to dissolve and to induce endosmotic processes. Sixteen grains of sugar of milk take up a considerable space, and require for their solution about half an ounce of water. This is a large quantity of liquid to be abstracted from the mass of the frog's blood. The action of the sugar of milk in Prof. Hoppe's cases was therefore merely to abstract a large quantity of the water, and to cause thickening of the blood. That thickening of the blood causes congestion is a well known fact. But, if sixteen to twenty-four grains of sugar of milk are necessary to disorder the circulation of a frog, it would require a very substantial meal of the same article to affect the human system injuriously. Sugar of milk may, therefore, still be used in the usual quantities as a vehicle for the introduction of remedies.—*Hom. Klinik*, Feb., 1859.

## II. ON THE ORIGIN OF ERGOT. By Dr. FISHER, of Weingarten.

For a long time there was a great difference of opinion as to the mode of origin of *Ergot*; but, of late, scientific men have generally come to the conclusion that it is a parasitic fungus. Observations made by Dr. Fisher have led him to believe that the diseased state of the grains of rye are caused, not by a fungus, but by a species of beetle, not very well known, but described by Prof. O. Heer, of Zurich, as *Cantharis-melanura*. This discovery was first made during the summer of 1857 by Dr. Pauli, a friend of the writer. Subsequently the truth of the observation was abundantly verified in 1858.

The *Cantharis-mel.* inhabits low and damp places. This explains why *Ergot* is most plentiful in damp seasons, and on the edges of fields of rye which border on streams or brooks. The *Canth.-mel.* is at first generally found on the broad tops of the *heracleum sphondylium*. When the rye has finished blooming, but the grains are still soft and juicy, then the beetle flies into the rye-fields. It generally remains on the borders of the field, settles on an ear of rye, and gnaws off a portion of the top of a grain. The grains that have been thus injured at once undergo various changes, and in a few days become what is called *Ergot*. This whole process was carefully watched by Drs. Fischer and Pauli. Grains that had been attacked were carefully marked, and it was found that these, and no others, were changed into *Ergot*. In 1858 the rye ripened earlier than usual, and had mostly become hard by the first of July, when the *Canth.-mel.* first appeared. On now applying the beetles to the rye, it was found that they could make no impression upon the more forward ears. But some of the more backward ones, which still contained soft grains, were attacked by the beetle as before, and speedily became transformed into *Ergot*.

In what manner this transformation takes place is not yet precisely determined, but there is but little doubt that a secretion from the beetle is introduced into the grain of rye and induces the subsequent changes. This supposition is supported by the fact that a tincture made from the *Canth.-mel.*, has precisely the appearance and the peculiar odor of tincture of *Ergot*. It has not yet been ascertained whether the physiological effects of the two tinctures are identical.—*Transactions Hom. Central Society, Allg. Hom. Zeit.*, Dec. 20, 1858.

## III. PREPARATION OF THE TINCTURE OF APIS-MEL. By Dr. BUCHMAN, of Alvensleben.

To explain the ill success of many physicians in the use of *Apis*, it has

been asserted that reliable preparations have not been used. The writer offers the following mode of preparing the tincture, producing an article which he has always used with success:

Fill a two-ounce vial, having a wide mouth, with half an ounce of diluted alcohol (forty per cent.) Introduce living, adult, irritated bees, until they reach the surface of the liquid; pour all the contents of the vial into a pestle; cut off the posterior half of the bodies, and triturate them with the alcohol until they emit an odor resembling *Cantharides*. Then pour the mass into a vial, cork it up tight, and let it stand until the supernatant fluid has become clear. Of this liquid, add ten drops to ninety of dilute alcohol, to form the second decimal dilution. In the same manner prepare the third dilution, which is the one generally used by the writer.—*Allg. Hom. Zeitung*, Jan. 3, 1859.

#### IV. A PROPOSAL CONCERNING HIGH POTENCIES. By Dr. V. MEYER, Editor of the *Allg. Hom. Zeitung*.

The editor of the *Allg. Hom. Zeitung* has, of late, shown considerable partiality for the high potencies. Our readers may therefore be interested in learning what is his proposal with regard to them. Dr. Meyer, in his editorial, refers to the abuses which have crept into the mode of preparing these hypothetical remedies, and speaks particularly of the well known fraud by which low dilutions are pretended to be transformed into higher ones, merely by from one to ten shakes for each potency. As a remedy he proposes, not as might be supposed, to refuse to publish all unreliable cures which are effected with unknown quantities, but to *speak of the remedies merely as high potencies, without any reference to their real strength*. We are thus to remain in ignorance, not only of *what the remedies are*, but even *what they pretend to be*. This is reform with a vengeance.—*From Allg. Hom. Zeitung*, Feb. 21, 1859.

#### V. ON THE EFFECTS OF IGNATIA. By Dr. HILBERGER, of Trieste.

The principal sphere of action of *Ignatia* is in the nervous system, particularly in the region of the spinal nerves, with particular reference to the genital system.

This remedy is indicated in nervous diseases originating in disordered functions of the uterus; also in most disorders of the reflex system of nerves, as long as there are no important changes in the circulation. Most of these appearances, generally known by the name of hysteria, are not immediately dangerous, but they are a source of torment for the patient, and sometimes cause alarming phenomena, such as convulsions, epilepsy, &c.

Irregular menstruation, especially dysmenorrhœa, originating in irritation of the nervous system, and not in uterine congestion, is often cured with *Ignatia*.

An interesting case is reported of a lady, twenty-six years old, married, but childless, and of a very excitable temperament. From the very commencement of her scanty menstruation she had been attacked, at every period, by violent spasms and pains, lasting several days, and resembling the pains of parturition. These scenes had been repeated every month, for fifteen years, and left the nervous system in a very excitable state. Various remedies—narcotics, baths, abstraction of blood—had been tried without effect. *Ignatia*, 6, was given, three globules twice a day. To the writer's own astonishment, the patient was free from pain at the very next period, and has, since then, had no disturbance of her menstruation. Some time later, the same lady was attacked by a cough, having a spasmodic character, and this was also cured by *Ignatia*.

A sister of this lady had, several years ago, suffered from spasmodic ructus and singultus, occurring periodically every afternoon, and lasting for hours. She was cured at that time by animal magnetism. Last winter she had a return of this trouble, caused by violent mental excitement, and was also cured in a few days with Ignatia.

A girl from Dalmatia, eighteen years old, of the real Italian type, commenced to menstruate at twelve, and suffered from spasms and pain at every period. Four years ago, in consequence of fright, she had a cataleptic attack, lasting several hours, and afterwards returning regularly every two months. Gradually these cataleptic attacks assumed an epileptiform character, with violent convulsions and loss of consciousness. The attacks also became more frequent, occurring every month, just before or just after menstruation, and finally occurring after any accidental excitement. She had been treated with venesection, Valerian, Zinc, Iron, and Nitrate of Silver, in pretty large doses, without effect. The writer prescribed Ignatia, 6, three globules every evening, and in two months the patient was permanently freed from her attacks until her death, by consumption, three years later.—*Hom. Klinik*, Nov. 15, 1858.

#### VI. ON LYCOPODIUM. By Dr. GOULLON, of Weimar.

From the fact that the use of Lycopodium is but rarely mentioned, it may be inferred that this remedy is not much relied upon by practitioners. This was the state of the writer's feeling until he had occasion to use it for himself, some thirty years ago, when suffering from an attack of influenza. The remedy relieved the disease, and, on being continued, produced so many other symptoms that the writer was induced to employ it in a number of diseases, and generally with success. The following are some of the principal disorders in which Lycopodium proved effectual:

1. *Gastralgia* and *chronic gastritis*, generally occurring in peasants, who subsisted mostly upon heavy bread, sour small-beer, and coffee adulterated with carrots and chicory.

2. *Chronic pain* over the region of the *liver*; also irritability and inflammation of that organ.

3. *Enteralgia* and *colic*, accompanied by accumulation of gas in the intestines; eructation and desire, but inability to go to stool; also colics accompanying the passage of gravel or calculi. The writer says that, if the remedy is administered to elderly people, it almost invariably causes the passage of gravel or uric acid deposits in the course of two or three days. It is therefore indicated in some diseases of the urinary system, especially in irritability or spasm of the bladder, caused by the presence of gravel.

4. The remedy was also used in (probably) inflammatory diseases of the brain, terminating in a state of sopor. Also in several cases of neuralgia of the extremities. Its use in pustular eruptions with the formation of crusts, is too well known to need further mention.—*Allg. Hom. Zeitung*, Dec., 1858, and March, 1859.

### PATHOLOGY AND THERAPEUTICS.

#### VII. ON WHOOPING COUGH. By Dr. ROTH, of Paris.

The usual division of whooping cough into three or five stages is useless and incorrect. Simple, uncomplicated whooping cough *has no distinct stages*.

I have never been able to observe the first stage, of *incubation*, which is said to extend over five or six days. The second or *catarrhal* stage is not necessarily present. If bronchial catarrh appears, it is a disease by

itself, which may or may not be followed by whooping cough. But, as the latter occurs without any preceding bronchial catarrh, we may draw the logical conclusion that these two diseases often follow each other, but are not stages of one and the same disease. The same applies to the fourth stage, of *decrease*. As to the stage, of *recurrence*, I have found that whooping cough does not recur any oftener than other diseases.

It was not found that the time of day exerted any influence upon the cough. The same child will, for a time, cough more in the morning, then for a few days more at night, &c.

As to the treatment, every honest observer knows that we have not yet arrived at certainty in the choice of the remedy. Fifty different remedies have been recommended by homoeopaths in whooping cough. Nearly one-half of these have never cured this disease, although they may have benefitted a concomitant catarrh. Other remedies have been recommended without any proof of their efficacy. Another class, including the much discussed *Drosera*, have done wonders in the hands of some, and proved totally inefficient in the hands of others. They may modify certain symptoms, but have no effect upon the duration or frequency of the attacks.

The writer uses but four remedies: *Arsen.*, *Bellad.*, *China*, and *Cuprum*. In former years, when using the thirtieth dilution, *Bellad.* and *Cuprum* had no effect. Of late, the third and sixth dilutions were used, but the experiments are not yet finished. The author relies, then, upon only two remedies: *China*, 6, is given, two or three times a day in mild cases, and in severe ones, *Arsen.* is used. Other remedies are used for complications; when they are removed, the use of *China* or *Arsen.* is resumed.—*Hom. Klinik*, August 15, 1858.

#### VIII. ON DISEASES OF THE MUCOUS MEMBRANE OF THE MOUTH. By Dr. ROTH, of Paris.

The collective term, *stomatitis*, has been used to designate a variety of diseases affecting the cavity of the mouth. So many synonymous terms have been applied to these diseases that great confusion has been created. To arrive at a clear result, it will be necessary to drop entirely the old, confused terminology, and to undertake the investigation of the different diseases, and not of their names.

The following nosological descriptions have been made as brief as possible, and only those points have been considered which were indispensable for a comparative diagnosis.

1. *Simple Erythematous Stomatitis*.—This disease appears either as a diffuse, smooth redness, or in scattered, slightly elevated spots. There is also swelling, especially of the gums; a feeling of warmth and burning; pain, when the affected part is touched by the tongue, by food, or by the fingers, or when it is subjected to cold. At first, the buccal cavity is dry; later, there is an increase of the salivary secretion. If the internal surface of the cheeks or lips are affected, the impression of the neighboring teeth will be noticed.

The disease generally ends by resolution, in from three to six days. Rarely, at the most inflamed points, the epithelium is exfoliated, leaving painful excoriations, which heal very quickly.

This simple disease is never accompanied by fever. If there are feverish symptoms, they are caused by complications with dentition in children with measles, scarlatina, or variola.

The disease may appear without any appreciable cause, or after the introduction of hot food. It may also be caused by caustic substances, or by carious teeth.

2. *Ulcerative Stomatitis* is characterized by the appearance of ulcers, which are *always* preceded by erythematous inflammation. Further on we speak of another form (follicular or pustular), which is *never* preceded by erythema.

This disease generally commences on the gums, and then spreads over the internal surface of the cheeks and lips. First there appears an erythematous redness, over which are scattered yellowish-white, *flat vesicles*. These vesicles burst, and are changed into small ulcers. These ulcers have various shapes. Those on the gums are lengthened, those on the cheeks and lips are round. The edges of the ulcers are spongy and raised, red or bluish-red, and bleed easily when touched. The teeth become loose. The base of the ulcer consists of a thick, pultaceous mass, which is separated *with difficulty*, and under which the mucous membrane is destroyed. The subjacent tissues are sometimes indurated.

The submaxillary glands are swollen, hard, and painful. Saliva is secreted in large quantities, and, like the breath, exhales a disagreeable odor. The lips are opened wide, and give a peculiar expression to the face. This affection either always precedes, or is accompanied by intestinal disease. The cause cannot be determined with certainty. It may be ulceration of the maxilla, or merely bad constitution, poor nourishment, damp habitation, and such like influences. The disease is contagious, and may be communicated by a spoon or glass, or contact with the saliva of an affected individual.

3. *Croupous Stomatitis* is characterized by whitish-grey, pseudo-membranous formations, of various sizes and shapes, consisting of layers of plastic fibrin. The subjacent mucous membrane is reddened, while at the edges it is spongy, swollen, and bleeds easily. This disease, like the last one, is preceded by an erythematous redness, but it has no flattened vesicles. It first appears on the gums, and thence spreads to the internal surface of the cheeks and lips, especially the lower ones. Sometimes it extends back to the fauces and larynx, but only on one side. The submaxillary glands are swollen, and the external surface of the lips and cheeks distended, but without compressive pain or burning. Copious salivation, and fetid breath. (Gingival diphtheria?)

The layers of exudation become more dense, dark-colored, and friable; they fall off, and are speedily reproduced. When a cure is effected, the new formation ceases, and the mucous membrane returns to its normal condition.

Recovery takes place in from five to eight days, unless there is a croupy affection of the fauces, larynx, or lungs. The ætiology is obscure. This disease appears epidemically, and is spread by contagion.

This disease is often confounded with the preceding, ulcerative form. But the diagnosis is easy, if we watch the course and morbid products of the two affections. Both forms are preceded by erythematous redness, but the ulcerations follow flat vesicles, which are absent in the croupy form. The grey, pultaceous mass of the ulcerative disease is separated with difficulty, while the croupy exudation is easily removed and rapidly renewed. The ulcerative form may pass into gangrene, as will be seen below, but the croupy form never undergoes this change. Finally, the croupy disease generally attacks only one-half of the mouth, and extends to the fauces and larynx, while the ulcerative form affects the whole mouth, and never extends further.

4. *Apthous Disease of the Mouth* appears as small, white, or yellowish-white spots, resembling mould or curdled milk, attached to the mucous membrane of the mouth, in small or large quantities. This disease is not the product of abnormal secretion; it is a true cryptogamous formation of the genus *sporotrichium*.

It begins with pain, heat, and redness; the epithelium becomes smooth and shiny, and in one or two days the cryptogams appear, as small, white granules, which coalesce and form spots of various sizes. The subjacent mucous membrane is never affected; it is reddened, but not eroded or ulcerated. This disease often attacks healthy children, without well known cause, remains for three or four days, then disappears for ever, or reappears from time to time for months. The spots often coalesce to such an extent as to cover the whole cavity of the mouth; but this is only the case when there are complications, the most frequent of which is erythema with enterocolitis, in children.

It is almost impossible to confound this disease with the preceding. If any one should confound large flakes of aphthæ with croupy disease, it is only necessary to remember that fetid breath and salivation do not exist in the aphthous affection.

5. *Follicular or Pustular Stomatitis* is characterized by the *absence* of the erythematous redness which precedes all the forms already described. Upon the mucous surface *not reddened*, transparent, elevated vesicles (*not flattened* as in the ulcerative form) appear, which are soon surrounded by a hard, grey edge, and are changed into pustules. The pustules change into small ulcers, which bleed easily, and have a hard, red border. These ulcers remain stationary for a time; then they either enlarge or diminish, cicatrize, and leave a small bluish-red mark, which soon disappears. The duration of the disease is from four to eight days. It has not been proved that it appears also in the intestinal canal.

When discrete, it appears idiopathically, both in children and adults, but in children only after dentition has commenced. The confluent symptomatic form *does not* occur in children. All reported cases of this kind were unrecognized cases of ulcerative or croupy disease. In adults, the confluent form is always a concomitant of severe general affections, such as pulmonary consumption or epidemic puerperal fever. Sometimes, without any known cause, single discrete, follicular ulcerations become gangrenous, and destroy the whole thickness of the cheek.

The diagnosis of this form is not difficult. The mucous membrane is not reddened, while the other forms are preceded by erythematous inflammation. The vesicles are elevated, while they are flattened in the ulcerative form. The edges of the ulcers are hard, while they are spongy, elevated, and soft in the ulcerative form.

6. *Gangrenous Disease of the Mouth*.—Gangrenous destruction, progressing from *within outwards*, and never from without inwards, is the characteristic sign of this disease. It attacks, exclusively, the children of the poor, who live in a damp, impure atmosphere, who are filthy, badly dressed, and poorly nourished. It generally follows other diseases, occurring during convalescence from rubeola, scarlatina, variola; after obstinate diarrhoea and chronic affections of the head and scalp. It is never epidemic or contagious.

The disease commences with a thin, grey scab, which is thrown off, and exposes the ulcerated surface of the mucous membrane. The tissues inflame, and an indurated core is formed in their inner layer. The breath and saliva are insufferably offensive; the submaxillary glands are swollen.

The hardened core increases in size, serous infiltration extends over the external surface of the cheek, and invades the eye-lids. Bluish-red, and, finally, black phlyctenæ are formed; the gangrene takes its well known course, and finally destroys the cheek. Through the cavities the loose teeth and exposed maxillary bones can be seen. This process extends over from five to ten days. It is accompanied by vomiting, diarrhoea, and lobular

pneumonia, and death generally finishes the scene about the twentieth day. A cure is very rare; never seen by me, and is said to occur after the gangrenous mass is thrown off. This disease only resembles malignant pustule; but there the destructive process proceeds *from without inwards*.

For the cure of these six diseases, twenty-five remedies have been recommended by homœopathic physicians. Of these remedies, eleven have been discovered at the writing-table. Argilla, Ammon., Bell., China, Gran., Hepar, Iod., Laches., Nux-mosch., Sepia, Silic., cannot be counted among the remedies for affections of the mouth.

Capsic., Carbo-veg., Nux-vom., Natrum-mur., belong among the remedies for *scurvy*.

Calc.-carb. and Ac.-nit. are indicated in mercurial disease. Phosph. will be spoken of when on the subject of angina. Kali-chlor. and Ac.-sulph. are external remedies, taken from the old school.

Arsen., Borax, Dulc., Merc., Staphys., and Sulph., with the addition of Acon. and Brom., are the only remedies I have used for years, and with the following results:

In the erythematous form (1), Acon. was the only remedy needed, and generally reduced the duration of the disease to twenty-four hours.

In the ulcerative form (2), Arsenic was the only efficient remedy. Neither Dulcamara or Staphys. were ever found to shorten the duration of the disease. With Arsenic the disease was cured, on an average, in six days.

The pseudo-membranous form (3) is treated with Bromine, although the results are not yet decided enough to enable us to say that Bromine cures the disease.

Idiopathic aphthæ (4) are quickly removed by touching with dilute Acetic or Sulphuric-acid. For the symptomatic form, Borax is used.

The follicular form (5), if idiopathic, is treated by the application of Alum, one grain to three ounces of water, several times a day. Merc.-sol., Helleb.-niger, and Sulph. never produced decided results.

The gangrenous form (6) was never cured by the writer (he lost six cases), and he never saw it cured by others. A case was reported by Laurie, in 1853, which was cured by Kali.-chlor., first, one grain three times a day.—Hom. Klinik, Sept. 1, 1858.

#### IX. FIBROUS POLYPUS CURED WITH CALCAREA-CARB. By Dr. GROSS.

The patient was a farmer's son, twelve years old, of lymphatic constitution, and subject to scrofulous affections. During the previous winter he had suffered much from cough, hoarseness, and nasal catarrh, followed by chronic coryza. The nasal passages gradually became dry and painful, and impervious to the passage of air, swallowing became difficult, and liquids were expelled through the nose. There was difficulty of articulation, and finally the speech became so indistinct that the patient had to be sent away from school. After six weeks of allopathic treatment, it was represented to the parents that an operation was the only resort.

The patient was first seen by Dr. Gross, on June 6th, 1858. The introduction of Kramer's nasal catheter, and of an elastic bougie, soon met with a firm obstruction. Forcible effects were followed by copious bleeding. On introducing the finger behind the soft palate, a firm, immovable, lobulated tumor was found, which was covered with a dark-brown bloody mucus, and on pressure exuded a few drops of blood.

There was no doubt about the presence of a polypus, and it was high time to attempt a cure, as the patient had been much reduced by several profuse hæmorrhages.

Calcareo-carb., fourth decimal, was given in diluted Alcohol, two drops daily, on an empty stomach.

On June 19th, thirteen days later, it was reported that nearly all the troublesome symptoms had disappeared; the speech had improved very much in three days, and the boy again went to school; Calc.-carb. was continued twice a week. On July 10th, Dr. Gross made a careful examination of the patient, but could find no trace of the tumor. All the other objective and subjective symptoms, had also disappeared entirely.—*Allg. Hom. Zeit.*, Sept. 27, 1858.

#### X. DISEASES OF THE URINARY ORGANS. By Dr. STERN.

1. *Cystitis*.—A lieutenant in the army, twenty-three years old, of weak constitution, and sanguine temperament, who had never suffered either from scrofulous or syphilitic affections, had a severe attack of influenza, for which he finally used vapor-baths. Having probably taken cold after one of these baths, the symptoms of influenza suddenly ceased, while urinary difficulties appeared, which soon became very violent.

The writer was then called in, and found the patient in the following condition: A turbid, and sometimes bloody urine, depositing a mucous sediment, was passed four or five times an hour; and at the same time there was violent pain over the region of the bladder, in the perineum and the course of the ureters. A discharge of mucous or bloody fæces also took place, accompanied by tenesmus and violent pains in the rectum and back. External pressure increased the pain and tendency to excretion. There were also severe constitutional symptoms, and there was aggravation at night and on motion.

Aconite, 2, half a drop in water every two hours, was given for three days. At first there was copious perspiration, followed by cessation of the fever, and the reappearance of the catarrhal symptoms. The urinary troubles were also alleviated for a time, but they soon became as violent as ever.

Cantharis, 4, was now prescribed, half a drop every two hours. In the course of six or eight hours, the patient was so much relieved that, during the following night, he enjoyed a few hours of quiet sleep, for the first time since the beginning of his sickness. In a few days, the patient complained of pain along the whole length of the urethra. This symptom finally became so troublesome that Canth., 12, was substituted, half a drop every six hours. The patient now improved steadily, and was entirely cured on the twelfth day of treatment.

2. *Hæmaturia*.—The patient was a married lady, thirty-two years of age, and mother of two children. She had generally enjoyed good health; but eight months ago she was affected by leucorrhœa, accompanied by violent dysuria; this trouble soon disappeared without medical aid. Recently she again had an attack of dysuria, with incontinence of urine. The desire to urinate was accompanied by burning and cutting pains in the urethra and bladder, extending up into the abdomen. The urine was passed in drops, and was at first sometimes clear, and sometimes mixed with small, mucous, bloody coagula; but in a few hours the discharge consisted entirely of blood, partly liquid, and partly in clots. These troubles were increased by standing or walking, and diminished on lying still.

The patient was first seen on the fifth day of the disease, and was found to be considerably debilitated. There was pain on pressure, over the lower part of the abdomen, but not over the kidneys, showing that the hæmorrhage did not proceed from these organs.

The patient received Canth., 4, half a drop every three hours. Three



drops had scarcely been taken when all the morbid symptoms had nearly disappeared. The desire to urinate became less frequent, while the urine became more copious, was partly clear, and partly mixed with small coagula. There was also a satisfactory evacuation from the bowels, and the appetite improved. On the fourth day of treatment, the patient had entirely recovered from the urinary disease, and only needed a few doses of China for the remaining weakness.

3. *Nocturnal Incontinence of Urine.*—A girl, thirteen years old, showing marks of approaching puberty, had been troubled with nocturnal incontinence of urine for several years, and had been treated in vain by several renowned physicians and professors. Manual and subjective examination revealed no organic disease. There was slight pain over the liver, and want of appetite, probably caused by the quantity of medicine the patient had consumed. In early childhood, the patient had several times been affected by an eruption of the scalp, which yielded readily to careful washing of the part.

Sulph., 3, was prescribed, one drop every day. During the first month, there was no satisfactory progress; the trouble ceased for one or two nights, but this had already occurred several times before. Sulph., 1, was now given, two drops every day, and in six weeks the mother reported that, two weeks ago, after violent pains in the abdomen and back, the child had begun to menstruate, and since that she had been entirely free from her chronic complaint.

The family physician declared that incontinence of urine generally ceases when menstruation sets in, and that homœopathic treatment had contributed nothing to the favorable result in this case. To test this question, it was determined to leave the case to nature for a time. In a month, the girl having in the meantime undergone an attack of measles, the old disorder returned in its usual shape; Sulph., 1, was now again prescribed. During the next fortnight, a few papules and scales appeared upon the scalp, and there was itching at night of the limbs and back. At the same time the incontinence gradually disappeared, and has not shown itself now for over a year.—*Hom. Klinik*, Sept.—Dec., 1858.

#### XI. PARALYSIS AGITANS. By Dr. PAYR, of Burghausen.

The patient, a man of forty-five, had been employed as nurse in a Bavarian hospital. He was small and thin, and of choleric temperament. When first seen, in the winter of 1855, he was found sitting near a window, and keeping his chair and himself in perpetual motion. Head and chest hung over forwards, the former oscillated continually, while the limbs also trembled violently. The patient could not sit straight, remain quiet for a second, or hold any object, wherefore he was obliged to be fed. Walking was almost impossible, as there was so little command over the legs that the patient had frequently fallen when not watched.

When the patient was in a horizontal position, the trembling diminished, and it ceased entirely during sleep, when there was instead frequent jactitation. Examination of the body only revealed great emaciation, and a relaxed state of the muscular system.

In September, 1854, the patient had nursed some cases of typhus. Soon after he took this disease himself, and was treated in the hospital for seven weeks. At the end of this time he was discharged, being told that he was no longer a subject for medical treatment, and that his great debility would be remedied by rest and an appropriate diet.

At the beginning of the period of convalescence, the patient had already felt a slight trembling of the arms, and a sort of electric succussion through

the body, but his complaints were not regarded by his physicians. In spite of rest and diet, this anomalous state of the motor nerves increased from day to day, until the disease arrived at the present state, in the course of ten weeks. The use of baths, inunction of Strychnine ointment, and a liniment containing Phosphorus proved inefficient.

There could be no doubt that this was a case of the peculiar form of disease of the motor nerves first described by Parkinson, and known by the name of paralysis-agitans. It was more difficult to determine whether the disease was caused by a hæmorrhagic or typhoid infiltration; whether it was owing to insufficient nutrition of the nervous system or to a genuine disease of the nervous structures.

As neither of these diseases contra-indicated the use of Rhus-tox., this remedy was given in the third decimal dilution, three drops to be taken mornings and evenings. The probability of relief appeared so slight that the writer was much surprised when he received tidings of great improvement at the end of a fortnight. The trembling had almost left the lower extremities, and only returned to a slight extent after considerable exertion; the motion of the arms had also diminished considerably. As the patient had taken his remedy in larger doses than had been ordered, Rhus-tox., 10, was now given. Nothing more was heard from the patient for two months, when he appeared at the writer's office, having walked on foot from his own home, a distance of two and a half leagues. All the paralytic symptoms had disappeared, with the exception of a slight inclination of the head forwards. He had also gained considerably in flesh. Two years later, there had been no return of the paralysis, and the patient was working vigorously as a mason.—*Hom. Klin.*, Sept., 1858.

#### XII. RED OXIDE OF MERCURY IN SYPHILIS. By Dr. GAUWERKY, of Soest.

European practitioners have observed that, during the last ten years, syphilitic diseases have become much more obstinate in resisting treatment. Some have thought that this change occurred after the campaign in Schleswig-Holstein. Whatever may be the cause, it appears that, of late years, the milder mercurial preparations, such as Merc.-sol., Merc.-dulc., and even Merc.-corr., seem to have lost their efficiency, and do not protect from secondary symptoms, whether given in homœopathic or allopathic doses.

It is well known that formerly the Red Oxide was feared for its violent action, and only employed after the prescription of BERG, in doses of from one-eighth to one-half a grain, twice a day, in obstinate cases affecting the fibrous tissues and periosteum.

For the last five years the writer has employed the Red Oxide in the third trituration, three grains mornings and evenings, in both primary and secondary cases. The cures were prompt, and the result in every way more satisfactory than when any other mercurial preparation was used.—*Trans. Central Society*, *Allg. Hom. Zeit.*, Oct., 1858.

#### XIII. CONDYLOMATA. By Dr. SCHNAPPAUF, of Dresden.

The writer treated a patient for acute gonorrhœa, and soon cured him. Five months later, the same man returned and exhibited sixteen or eighteen condylomata about the anus. They were partly of the broad, and partly of the flattened variety, and varied in size from that of a grain of wheat to that of a cherry. Thuja was used for some time, both externally and internally, without effect. Led by the success of an allopathic authority, the writer then used the tincture of the Acetate of Iron. This was applied to the condylomata with a camel's hair pencil every day; they soon became brown and dry, and at the end of eleven days had entirely disappeared.

Dr. Hirschel, the editor of the *Hom. Klinik* confirms the success of this treatment from his own practice.—*Hom. Klinik*, Dec. 15, 1858.

MISCELLANEOUS. NEW REMEDIES.—In a review of the past year, the editor of the *Hom. Klinik*, gives the following list of remedies, in part new, and in part freshly recalled to memory: *Alum.-met.* in a hysterical spinal affection "called" tabes-dorsalis, by Boëninghausen, also in paralysis. *Arsen.* and *China* in whooping-cough. *Apis* in intermittent fever, measles, and diseases of the eye. *Arn.* and *Ars.* in aneurism of the internal carotid. *Astra-montana* for snake-bites. *Calc.-carb.* and *Iod.* for osteomalacia. *Canth.* for burns. *Caust.* in fistulous ulcers and paronychia. *Coloc.* in neuralgia. *Ol.-crot.* in eczema. *Euphorb.-pal.* for sun-stroke. *Ferr.-ac.* for condylomata. *Hamm.-virg.* for hæmorrhoids, gonorrhœa, and orchitis. *Ignatia* in irregular menstruation. *Iodine vapors* for croup. *Ipecac.* in choroiditis. *Lycop.* in catarrh of stomach, liver, and urinary system. *Manganum* in diseases of the skin. *Nux.-vom.* in alalia. *Pepsin* in digestive derangements. *Rana-buss.* and *Salamandra* in epilepsy and disease of the brain. *Selen.* in chronic prostatitis. *Stannum* in neuralgia.

QUACKERY IN AMERICA.—*Humphrey's Journal* receives the following "first-rate notice" in the *Allg. Hom. Zeitung*: "A few days ago we received a copy of *Humphrey's Journal of Specific Homœopathy*. It appears in New-York, and gives a good idea of the manner in which charlatanery is carried on in America, even among homœopaths. The greater part of the *Journal* is filled with praises and recommendations of Humphrey's so-called homœopathic preparations. There we have fever pills, baby pills, diarrhœa pills, cough pills, headache pills, whooping-cough specific, &c., &c. But we cannot understand how American homœopaths can suffer these quackish proceedings, and why they do not use every means to repudiate such charlatanery".—HOFFENDAHL.

### *Minor or Medical Surgery.*

BY F. G. SNELLING, M. D.

It is proposed, under this head, to institute a series of articles (as has been done heretofore, from time to time,) detailing such of the novel surgical expedients and operations as any physician may perform for himself, without the aid of the surgeon; thus, perhaps, enabling him to retain the charge of a patient whom, under other circumstances, he would have been forced to resign to a surgeon. The articles will not be confined to trivial disorders, but it will be found that some very formidable surgical diseases are capable of relief by novel, but simple mechanical and surgical appliances.

POPLITEAL ANEURISM TREATED BY FLEXION OF THE KNEE.—It has been proposed to treat this affection when favorably situated—i. e. at the lower part of the popliteal space—by acute flexion of the leg upon the thigh, and, indeed, I cannot see why it may not be tried also when the aneurism is at the upper part of the space, on the principle of the distal operation.

CASE 1.—J. S., aged forty-one, applied to Mr. Ernest Hart for relief, having a *popliteal aneurism* in the right arm. It was globular, the size of a small apple, and situated at the lower and outer part of the popliteal space. It had a full beat, but was not very near the surface. In making the examination, it was found that its pulsation was affected by the position of the leg, and that, when the leg was bent completely upon the thigh, its thrill had almost wholly ceased. Concluding that, in this position, the course of the blood through the artery was greatly retarded, he conceived the hope of effecting the cure of the aneurism by the deposition of active clots, if the leg could be retained for a sufficient length of time in the bent position. After a week's preliminary rest, treatment was commenced by bandaging the leg from the foot to the knee, not covering the tumor, thoroughly flexing the leg on the thigh, and retaining it in that position by the application of a stout roller. He was a thin, wiry man, and the flexion produced no inconvenience to him at the time. He passed a better night than at any time during the previous week, severe pain having then been present in the aneurismal tumor. What pain or annoyance were complained of were referred to the knee-cap, but its amount was very trifling, and "hardly deserving the name of pain." The tumor was examined on the morning of the third day, about forty hours after flexion had been made, and considerable solidification had occurred. On the fifth day the tumor was hard and solid, and neither pulsation nor thrill could be detected. The leg was lightly attached to the thigh, at a right angle. On the seventh day the patient was allowed to move about, the foot being slung. On the twelfth day the leg was completely straightened, and the patient walked on it with ease, limping from stiffness at the knee-joint, consequent on confinement. Six weeks subsequently the tumor was hard and firm, and much smaller. After three months it was hardly perceptible, and there was pulsation in that part of the artery. The case was completely successful, and followed by none but the most satisfactory results, though, to be sure, it was one particularly well suited to the plan of treatment pursued. The patient was not stout, which renders flexion difficult, nor aged, which renders it painful. The tumor was of average size and prominence, and, when the knee was bent, the aneurismal sac was below the line of flexure.

CASE 2.—The patient, aged thirty, first perceived a *pulsating tumor* in the left ham a week before his admission into the Middlesex Hospital. It was of the size of a lemon, occupied the centre of the popliteal space, and was easily compressed; the pulsation was strong, and there were other signs of its being a recent aneurism. On December 1st, the knee was secured in the bent position by a band brought round the foot and thigh, and fixed near the hip. Its immediate effect was the cessation of the pulsation. On the fourth day, when the limb was unbound, the tumor was found to have lost about a third of its original size; its walls were thicker and denser, the force of the pulsation was considerably diminished, and the sac had receded more

deeply into the popliteal cavity. Between the third and fourth week the sac had become greatly reduced in size, and the pulsation was so faint that, at each visit, it was expected to find it extinct. The treatment was varied by occasionally undoing the strap which confined the knee, for several hours together; but, owing to the stiffness caused by the long continuance of flexion, the position of the joint was not much altered by the relaxation. It was not until the thirty-eighth day that the pulsation in the tumor altogether ceased. The sac was, at this time, about the size of a walnut. The patient gradually recovered the power of extending the joint, and on the fiftieth day he could walk with only a slight halt, and on the fifty-sixth day he was discharged. During the first ten days he complained of the pain as well as the irksomeness, but afterwards he made light of the inconvenience, and never asked to have the belt relaxed. A lead lotion was applied for a slight swelling of the joint.

Mr. Ferguson mentions a case in which it was unsuccessful, but he speaks of the impatience of the man, and probably its failure was in some degree owing to this cause.—*Braithwaite and Ranking*.

WOUNDS OF THE PALMAR ARCH TREATED BY FLEXION OF THE ELBOW.—The foregoing recalls to my mind a similar expedient for controlling hæmorrhage from the palmar arch, which I met with some time since, and it is most invaluable in those cases so often happening among the laboring classes in country neighborhoods, where the means for ligation of arteries are not always at hand.

CASE.—A woman fell from a ladder, having a glass bottle in her hand, inflicting a deep wound in the palm. Monsieur Durwell, on arriving at the house of the patient, found the palmar arch wounded, but had no means of securing the artery. He recalled to mind a sentence in Malgaignes' "*Anatomie Chirurgicale*," stating that "the only points at which obliteration of an artery can be obtained by position alone, without the aid of external compression, are at the bend of the arm and knee;" acting upon this statement, Mr. Durwell immediately bent the arm, on the fore-arm, at an acute angle, and the hæmorrhage was instantly arrested. Advantage was taken of the circumstance to affect a definite cure. The arm was retained in its flexed position by bandages, so that the pulsation of the radial artery was completely intercepted. The wound of the hand was treated as an ordinary wound, and, for the sake of precaution, compresses were laid over the course of the arteries of the fore-arm. The cure progressed favorably. On the third day, as the patient complained of the restraint of the posture, the arm was slightly extended, and it was noticed that a small portion of thin, florid blood oozed from the wound. The arm was restored to its flexed position, and in a short time the vessels and the external wound had perfectly healed.—*Huyes' Journal*, 1851.

I should advise its being tried in every case in the first instance, unless complications exist, rendering it unadvisable or impossible.

NEW OPERATION FOR FISTULA LACHRYMALIS.—The new operation

proposed by Mr. Bowman, of slitting up the canaliculus, and dilating the stricture, is founded upon the anatomical relations of the parts, and my only surprise is that so simple and useful an expedient was not long since adopted in this country. The two puncta, upper and lower, at the inner canthus of each eye, communicate, as is well known, with the canaliculi leading into the lachrymal sac; each canaliculus penetrating the substance of the eye-lid for about a line, more or less vertically, and then turning inwards for one or two lines along the border of the eye-lid, thus embracing the canthus, as it were, like a forked stick. This arrangement of the canals alone would render their catheterization a matter of some nicety, apart from the very minute size of the orifices of the puncta, which will admit only the finest probe. The rule has generally been to select the lower punctum, which is usually the largest, and, by drawing inwards the inner canthus of the eye, and bearing in mind the course of the canals, an instrument may generally be inserted. But, in consequence of the relative disproportion between the opening of the punctum and the calibre of the canal, only a very small and inefficient instrument can be used, and, to obviate these objections, and to facilitate the dilating of the stricture without opening the sac upon the cheek, Mr. Bowman proposes to slit up the canaliculi upon the free borders of the eye-lids. I look upon it as a most important improvement in every respect, and it will undoubtedly tend to remodel the treatment of all varieties of lachrymal derangements. Mr. B. Bell says that a great advantage is the comparative ease and certainty with which we can ascertain the real seat and degree of any obstruction external to the lachrymal sac, whether it be near the punctum, in the intermediate portion, or at the farther extremity of the canaliculus. The obstruction, wherever situated, then admits of being treated on the same principle as strictures of the urethra, with silver probes of uniform thickness throughout, and of different sizes. The canaliculus is slit up on a grooved probe, as far as the caruncle, and it then becomes an easy matter, in most instances, to convey an instrument of considerable size into the nose, through the lachrymal sac and duct, if we are guided by the natural relations of the parts. When once in the lachrymal sac, the probe is readily passed into the nasal duct, by simply elevating the handle. If the probe thus introduced meets with resistance or obstruction, a smaller one may be used.

When cases of distended lachrymal sac, or mucocele occur, which would probably inflame, suppurate, and become fistulous, if treated in this way, they will generally get well without the old operation of introducing a style. The mere slitting up of the canaliculus, will, in milder forms of the complaint, be of great service, by permitting the lachrymal sac to be more readily emptied, from time to time, by gentle pressure with the fingers, and thus favoring the subsidence of inflammatory action. But, when the stricture exists, as is sometimes the case, close to the lachrymal sac, the contents of the latter, when it is thus compressed, will escape through the upper punctum, even after

the lower canaliculus has *apparently* been slit up along its whole extent. Under these circumstances we must reintroduce the grooved probe, and, carrying it fairly into the lachrymal sac, divide the stricture thoroughly, otherwise the subsequent process of dilatation will be slow and unsatisfactory. After this it will be sufficient, usually, to pass a probe into the nose once in two or three days, for some little time, the intervals being lengthened as the cure proceeds.

Several recent cases encourage Mr. Bell to think that hereafter an opening through the skin, and the permanent deformity of a metallic button at the corner of the eye, will seldom be necessary; and he has met with one case in which the patient, after wearing a silver style for a good many years, has been enabled to dispense with its use, the passage being kept permeable by the occasional introduction of a probe into the nose through the lower canaliculus. Another writer says that the slit-up canaliculus remains permanently open, with very little trouble, without either disfiguring or even inconveniencing the patient, and the use of the probe may be continued at intervals, as long as may be necessary. He has seen several very threatening cases of lachrymal abscess wholly cured after two or three dilatations; but, as a rule, so few will not suffice. The intervals should be from four days to a week, or even less, in many cases, and on each occasion the probe should be allowed to remain in for half an hour or so. The principle of cure is precisely similar to that of strictures of the urethra by the bougie.

Mr. Crichton proposes a modification, or rather an addition to the plan, which seems very rational. The lower lid having been subjected to the operation, he then seizes, with the forceps, a small portion of the posterior lip of the wound near the caruncle, and removes it with the scissors. In three classes of cases he thinks this additional procedure advisable: *First*, In those in which there is much thickening of the lower lid, and eversion of the punctum, with consequent lachrymation, without any other lachrymal obstruction. Although the canaliculus may have been opened, the passage is not sufficiently near to the eye to receive the tears; and in all cases the tears are more conveniently received by the larger orifice made by the scissors. *Second*, Those very timid patients, to whom it has been necessary to give Chloroform, and when, after interference with the part (in the way of separating the lips of the wound with a probe occasionally, to prevent union, as recommended by Mr. Bowman) would be a matter of difficulty. *Third*, Those in which there exists no lachrymal obstruction beyond the punctum, and, on account of the circumstances of the case, no opportunity of treatment can be afforded after the operation is performed.

In epiphora from an everted state of the punctum, there is no treatment that will compare with Bowman's treatment, modified by Crichton.

It is also proposed to use a pair of scissors, curved on the edge, for the purpose of slitting up the canaliculus.

*The Ophthalmoscope.*Translated from the French *Art Medical*, June, 1859. By F. G. SNELLING, M. D.

The interior of the eye receives but little light, and, when examined, since the head of the operator intercepts a great part of what would otherwise find access to it, the cavity appears completely black to us. It became a desideratum, therefore, to invent an instrument which, while thoroughly illuminating the interior of the eye, would allow the operator to stand full in the track of the returning reflection without intercepting the light. To Helmholtz, of Heidelberg, is due the honor of having first satisfactorily solved the conditions of this difficult problem. His work appeared in 1851; but, since that time, ophthalmoscopes of every description have appeared, and had their advocates and supporters. In this article, however, we propose only to describe that of M. Follin, whose writings have conducted more than all others to popularize in France the use of the ophthalmoscope.

His instrument is a concave glass mirror, two inches in diameter, with a six and a quarter inch focus, silvered upon its posterior surface, except at a small point in the centre, intended for the eye of the operator. This instrument, mounted upon a handle, is easily managed, and casts into the eye a bright light; but the images which it gives are confused. For the purpose of increasing their distinctness, a small convex or concave lens is interposed between the mirror and the eye, and thus is obtained a view of the interior of the eye—in the first case reversed, and in the second (with the concave lens) *direct and enlarged*.

To insure the full effectiveness of the instrument, there are one or two precautions to be taken. The examination should be made in a perfectly dark room, and the pupil should be previously dilated by means of Belladonna. One of the best preparations for this purpose, is the following solution :

Neutral Sulphate of Atropine,	gr. ʒʒ
Distilled water (by weight),	ʒiij.

A few drops of this, placed upon the eye-ball, causes no pain whatever, and soon produces the desired effect. The light should be furnished by a good lamp, placed on a level with, and a little behind the eye to be examined, which should also be protected by a screen, thus cutting off all light save that reflected by the mirror.

The surgeon, seated before the patient, holds in his right hand the mirror, directed towards the eye, while with the other he interposes the lens, regulating the distance between them to suit his eye.

Thus arranged, if a healthy eye be examined, a luminous ray is directed through the transparent media of the eye, and impinges upon the retina of the posterior portion, which presents a reddish tinge. The point of entrance of the optic nerve should then be sought for. It will be found a little below, and interiorly as respects the centre of the eye, presenting itself in the shape of a round spot, of a dirty white



color, some few millimetres (or one-tenth to one-twentieth of an inch) in diameter. From its centre, or from its circumference, emerge veins, arteries, and vessels, which, after having reached the surface, ramify in all directions over the retina. The veins present sometimes, at short intervals, alternate turgescence and emptiness. This phenomenon seems to hold some relation to respiration, but it is not constant; it is only seen when some exertion or a quick walk has accelerated the circulation; but it may be caused at will by slightly compressing the globe of the eye. If the pressure be severe, the sight is obscured and lost; and, at the same time, we may perceive in the retinal arteries a pulsation synchronous with the pulse. The red coloration of the depths of the eye is due neither to the retina nor to its vessels, it being, in the living eye, quite transparent; but rather to the choroid coat, and more particularly to its vascular layer; for the pigment which one sees, in the form of black points deposited in the meshes formed by the vessels, tends greatly to diminish the vividness of the color. It is more sombre in brunettes than in blondes, and in albinos least marked of all.

It remains now for the observer to seek the yellow spot of Sæmmering, and the fold of membrane which sometimes obscures it. However, it is difficult, and oftentimes impossible to recognize it.

**EXAMINATION OF A DISEASED EYE.**—For lesions of the *cornea*, *iris*, and even of the *capsule of the lens*, the assistance of the ophthalmoscope is not absolutely necessary; but it will be found very useful, especially if it be employed with the oblique light; that is to say, if there be directed by the aid of the mirror, an oblique ray upon the diseased surface, the eye of the operator being placed, not behind the mirror, but in the track of the reflected ray. This method of illumination has the advantage of displaying in their true colors those lesions which, with the direct ray, merely appear as black points upon the red surface of the "*fond*" of the eye. The oblique light allows of a ready recognition of ulcers of the cornea, foreign bodies imbedded in the cornea, or effusions into the anterior chamber. It is particularly adapted to disclose a certain lesion of the cornea which may have escaped an examination by the eye, or even with a lens, viz., a lesion of nutrition. The cornea appears to have lost its polish; it seems less firmly convex, and has a dotted appearance, as if the surface were covered with a series of dotted depressions made by a graver's tool.

*Lens.*—There may be deposited upon the surface of the lens, especially after iritis, either a pigmentary deposit or false membrane; the oblique light permits these deposits to be easily seen and recognized in their true tints. It is the same with capsular cataract, which appears in the form of greyish spots, rough and somewhat salient. Old lenticular cataract can be distinguished at once without the aid of the ophthalmoscope, but in its outset its diagnosis is difficult; by the use of direct light all doubts are removed at once. Black streaks,

radiating from a centre, or, what is quite as frequent, an indeterminate number, radiating from the circumference to the centre, are revealed to the eye, removing all doubt. Complete dilatation of the pupil, however, is necessary. The light, also, should not be strong, so that the feeble opacities of the cornea may arrest it, and thus become visible.

*Vitreous Humor.*—The ophthalmoscope cannot disclose liquefaction of the vitreous humor. Quivering of the iris is the pathognomonic sign of this lesion. But, very often, there are formed during this disease, fibro-membranous corpuscles, which appear as black points floating in the liquid. Sometimes these corpuscles are crystals of cholesterine, whose crystalline aspects render them easy of recognition. Sometimes the transparency of the vitreous humor is altered by a sanguineous effusion; the ophthalmoscope enables us, not only to appreciate the nature of the effusion, but also to follow the process of its resorption. Lastly, those cysticerci, which are often developed in the vitreous humor, are easily discerned, as well as their characters, and oftentimes their movements.

*Choroid Coat.*—Aside from all the lesions of the *media* which we have noticed, although the light may arrive unobstructed at the sensitive surface of the retina, vision may still be oftentimes obscure, and occasionally lost. This state, which constitutes the *amaurosis* of authors, was long attributed to paralysis of the optic nerve. More lately, however, they have distinguished the *amaurosis* dependent upon cerebral lesion from that arising from alterations in the ocular apparatus. Pathological anatomy has even succeeded in demonstrating this difference—but only as a post-mortem result; in the living eye, the same uncertainty remained. Thanks to the ophthalmoscope, this confusion has been removed, and we are enabled to follow, step by step, the development of the lesions of the choroid and retina resulting in more or less complete loss of vision.

Inflammation of the choroid plays a more important part than that of the retina itself in the production of *amaurosis*, and should be studied with care. M. Follin describes three forms, or, more properly, three periods—*e.g.*: 1st. *The congestive state*, characterized by a vivid injection of the choroid vessels, which are swollen and tortuous; 2d. *Exudative choroiditis*, a consequence of the preceding state. It often presents itself in the form of a whitish layer, which encircles the pupil. (?) Its consistence may even show an approach to ossification—often taking the form of isolated papillæ, or greyish tracks bordering the blood-vessels; 3d. *Atrophic choroiditis* (posterior choroiditis), appears as a white spot, embracing the external half of the pupil (?), upon which the retinal vessels are seen to ramify (?) This spot extends gradually in the form of a core. Later, a similar spot forms at the internal side of the pupil (?); this spot is nothing else than the sclerotic, which is seen through the atrophied choroid, and adherent to it.\*

\* Either our author here uses the word "*pupille*" with some new and unusual significance, or else he is singularly infelicitous and obscure in his use of the words *internal* and *external*.—TRANSLATOR.

The choroid may be the seat of hæmorrhage ; in this case the observer will easily recognize the sanguineous effusion in the meshes of the vessels, or in the form of clots. This effusion is absorbed gradually, leaving a grey tint, surrounded by pigment, and quite indelible.

Latterly, the absence of the pigment in albinos has been noticed, and also a hitherto undescribed lesion in old persons, upon the nature of which pathologists are not yet agreed. It consists of a number of brilliant spherical bodies, single or disposed in groups, each surrounded by a deep circle of pigment. It is called colloid degeneration.

*Retina.*—Acute inflammation of the *retina* occasions a photophobia, so severe as to preclude all examination ; but, in the chronic form, it offers the following peculiarities : The pupil (*papilla*) is highly injected, covered with vessels, and sometimes completely red, so that it is impossible to distinguish the direction of the vessels, which all seem to have their termination here. This state, which is still compatible with vision, more or less distinct, may last for some time ; but, later, vision is lost, and there is found upon the *papilla* and the retinal vessels a grey plastic exudation, more or less thick, in which new vessels are sometimes developed.

The retina is sometimes the seat of hæmorrhages, which do not differ, except in their position, from those of the choroid. Here the *papilla* is covered with a sanguineous effusion, or there may be seen little isolated points, which resemble the granular hæmorrhages of the brain.

Albuminuria often accompanies amaurosis, coming on sometimes as an acute attack, and, at others, in a more gradual and chronic form. In this last variety, there may be observed at the outset a congestion of the retina and *papilla*, which is subsequently lost in an opaline exudation, which overflows it ; the vessels shrink, and are finally obliterated. Upon the disturbed surface of the retina may be distinguished little ecchymoses and brilliant yellow spots, distinctly circumscribed, slightly raised above the surface of the retina. Pathological anatomy has demonstrated these to be the nervous cells of the retina in a state of fatty degeneration.

Separation of the retina, whether by blood or serosity, may be recognized with the naked eye ; but the ophthalmoscope renders diagnosis still more easy, and permits the determination of the color of the liquid by which the retina is raised.

Finally, they are sometimes found beneath the retina, cysticerci. Diagnosis with the ophthalmoscope, in these cases, is difficult ; without it, totally impossible.

M. Follin has devoted a last chapter to glaucoma. This lesion, heretofore little known as to its seat, and which would seem to be an irido-choroiditis, is characterized by an internal hypersecretion of the fluids of the eye, and a compression of the globe from within outwards, hardness of the eye, dilatation of the pupil, and insensibility of the cornea ; all of which symptoms disappear, at least for a time, upon puncture of the eye and evacuation of the excess of fluid. The

ophthalmoscopic signs confirm this view ; for they detect the venous, as well as arterial pulse, in the vessels of the retina. When the patient has had several attacks, the pupil (*papilla*) becomes deformed, and assumes a concave shape.—SNEELLING.

**PNEUMO-GASTRIC NERVE.**—From the experiments of Pincus on the pneumo-gastric and sympathetic nerves, we learn that a section of both *pneumo-gastric* nerves, below the diaphragm, in rabbits, cats, and dogs, was not followed by loss of the motor power of the stomach ; but the gastric juice secreted was alkaline, and did not possess the virtue of digesting albumen and coagulating milk. *Congestion*, as well of the stomach as also of the upper part of the small intestines, was among the prominent appearances ; some small effusions of blood and ulcerations were found on the mucous membrane.

Long ago, Wilson Philip showed, by various experiments, that if the eighth pair, or pneumo-gastric, be divided in the neck, any food which may afterwards be eaten usually remains in the stomach undigested, and, after death, the coats of the stomach are not found dissolved by the gastric juice, however long the animal may have lain dead. These experiments agree in a measure with those of Pincus, at least as far as the gastric juice is concerned, for this fluid must have been deficient in quantity, less acid in quality, or even alkaline ; it is much to be regretted that Wilson Philip did not test it chemically.

Hence it is evident that debility or paralysis of the pneumo-gastric nerve causes indigestion, from deficiency, or even an alkaline condition of the gastric juice. As the food cannot be fully digested, it may undergo a putrefaction, or some other form of fermentation ; at the very least, there will be very great *slowness* of digestion ; and the food, instead of being completely digested, and passing out of the stomach in two or three hours, will remain undigested, or only partially digested, for a much longer time—it may be for twelve, or even twenty-four hours. The undigested portions of food remain in the stomach, and, during the slow process of digestion, there comes on a sense of weight or uneasiness at the pit of the stomach, which gradually lessens, and at length ceases as the food gets dissolved and passes out at the pylorus.

If any portions of the food remain solid, there is often, at the end of some hours, when the stomach is getting empty, a distressing feeling of *cramp* or *spasm* at the pit of the stomach, owing to the undigested portions of the food getting into the pyloric orifice of the stomach, just as severe after-pains are caused by a clot of blood detained in the mouth of the womb.

If portions of food remain undigested for many hours, they irritate the lining of the stomach, and cause headache, furred tongue, and general *malaise*.

Not unfrequently this secondary irritation of the stomach checks the secretions of the liver, so as to render the complexion sallow.

When, from permanent weakness of the pneumo-gastric nerve, and the consequent so-called weakness of the stomach, the digestion is

habitually feeble, the body, after a time, becomes imperfectly nourished; the blood is poor in globules, the circulation is feeble, the extremities are apt to be cold, the spirits are depressed, and the various powers of the body decline. Debility of the pneumo-gastric nerve, and the consequent great difficulty in the digestion of albuminoid substances, is often congenital; there is a large class of what are familiarly known as "poor creatures," who are always over-exerting themselves, and are unable to live like their neighbors; they cannot form gastric ferment enough to dissolve the usual quantity of food which ought to be taken at a meal, and for great continued exertion, whether of body or mind, there must be a strong stomach, and a comparatively large consumption of food.

**SOLAR PLEXUS.**—Pincus found that extirpation of the solar plexus was always followed by more intense alterations than are observed after section of the vagi. Samuel corroborates the experience of others, that a degree of congestion of the bowels, with increased secretion of fluid, diarrhœa-like contents of the intestines, are caused by extirpation of the solar plexus.

**MESENTERIC AND AORTIC PLEXUSES.**—The extirpation of these parts acts in a similar manner on the phenomena of nutrition of the lower part of the duodenum and upper part of the colon.—PETERS.

---

Dr. Baldwin, formerly of Rochester, and now of Ann Arbor, Mich., called upon us some time since, and, among other matters, called our attention to a remedy in chronic diarrhœa of long standing. He takes a fresh beef-gall, adds a pint of alcohol, puts it in a stone bottle, corks it, and puts it in a bottle of hot water, and lets it boil or simmer for a day perhaps; then lets it stand for a week, and then gives a teaspoonful morning and night. He says it is, in fact, a tincture of ox-gall, and that its taste is by no means unpleasant. He has used it in a number of cases, and says that he is well assured of its action. One case he had had under treatment for a year or more, and, though he had been able to check it by the appropriate homœopathic remedies, he was unable to cure it. This preparation, however, effected a cure in a very short time. He first heard of it from an old Quaker.

He regards, as specific for cholera, a preparation which he himself originated. He puts together two-thirds of tincture of Ipecac., and one-third spirits of Camphor, of which he gives one-drop doses, on a lump of sugar, every ten minutes. If it does good, it will be within an hour and a half. It may be increased to two or three drops.

In malignant scarlet fever, of that horrible type which is sometimes met with during severe epidemics, he has relied upon Cupr.-acet, first trituration. The first case (which he lost) was one of the-worst kind, accompanied with sphacelus of the throat, and terrible cerebral symptoms. In the second, the pulse, in one hour, was at 160, and, in three hours, convulsions set in, with dry and brown tongue, and he relied upon the Cuprum successfully.

## College and Hospital Reports.

### Second Report of the Northern Homœopathic Dispensary, No. 695 Sixth Avenue.

Under the Direction of Drs. F. W. HUNT and S. LILIENTHAL. From June  
1st, 1858, to May 31st, 1859.

Patients Treated.....	1399
Cured.....	1022
Relieved.....	114
Result Unknown.....	196
On Hand.....	63
Died.....	4
Total.....	1399

3 Children died from Cholera-infantum; 1 girl from Dropsy and Heart-disease.

#### DISEASES.

Wounds and Casualties.....	49	Cases.
Brain and Nerves.....	122	"
Generative Organs.....	80	"
Heart and Blood-vessels.....	16	"
Lungs and Throat.....	260	"
Stomach, Bowels, and Digestive Organs.....	269	"
Urinary Organs.....	10	"
Eye and Ear.....	48	"
Furuncular Diathesis.....	52	"
Fever, Typhus.....	5	"
"  Dentition.....	83	"
"  Intermittent.....	48	"
"  Eruptive.....	34	"
Rheumatism.....	110	"
Chronic Skin-diseases.....	124	"
Teeth Extracted.....	85	"

Total Prescriptions, 3185; or, about two and a quarter to each patient.

Aconite was given.....	495	times.	Ipecac. was given.....	69	times.
Bryonia ".....	367	"	Arnica ".....	66	"
Nux-vom. ".....	291	"	Chamomilla ".....	64	"
Belladonna ".....	263	"	Sepia ".....	64	"
Rhus-tox. ".....	253	"	Dulcamara ".....	60	"
Pulsatilla ".....	236	"	Tart.-emet. ".....	54	"
Sulphur ".....	224	"	Glanderine ".....	52	"
Mercur.-sol. ".....	219	"	Sulph.-iod. ".....	48	"
Hepar-sulph. ".....	188	"	Cedron ".....	48	"
Arsenicum ".....	128	"	Nitr.-acid ".....	42	"
Calcareo-carb. ".....	126	"	Stannum ".....	40	"
Stibium ".....	97	"	Spigelia ".....	36	"
Silicea ".....	95	"	Lycopodium ".....	32	"
China ".....	94	"	Calendula ".....	30	"
Colocynth ".....	82	"	Cina ".....	26	"
Merc.-corros. ".....	73	"	Graphites ".....	28	"

Kreosote was given	28 times.	Nat.-mur. was given	17 times.
Merc.-iod.	26 "	Causticum	16 "
Sabina	28 "	Iodine	14 "
Veratrum-alb.	26 "	Agaricus	14 "
Lobelia	24 "	Ignatia	14 "
Phosphorus	24 "	Ac.-phosphor.	14 "
Hamamelis	24 "	Apis-mel.	13 "
Lachesis	21 "	Collinsonia	12 "
Platina	21 "	Spongia	12 "
Aurum-mur.	20 "	Secale	10 "
Cannabis-sat.	20 "	Naja-tripud.	10 "
Euphrasia	20 "	Carbo-veget	10 "
Cuprum-met.	18 "	Staphysagria	10 "
Cantharis	18 "		

And other remedies for a few times.

Income \$89.50; or, one dollar's worth of charity gave relief to fifteen patients.

### *Tenth Annual Announcement of the Western Homœopathic College, at Cleveland, Ohio.*

It was by some supposed, from certain indications, that this institution was to be removed to St. Louis. It is true that, from disaffection, several of its prominent professors resigned, and connected themselves with the new College at St. Louis. But it is intended that this change shall in no wise impede the existence of the Cleveland College. The vacated Chairs have been promptly filled. Drs. Ellis and Blair will fill the two most important. They are pioneers of homœopathy: the former in Michigan, the latter in Ohio. Their reputation is too well known to need attention. Of Dr. Blair, however, I would speak in the most sincere manner. He was my beloved and kind preceptor, at a time when, to commence the study of homœopathy, was to meet the sneers of the public, and even of one's family, much more than now. He is a staunch admirer of Hahnemann; a conscientious homœopath: not stolidly conservative, but liberal and progressive enough to meet promptly all the exigencies of practice. As an exponent of our *materia medica*, the student will find in him a cautious, truthful, and thorough teacher.

The rest of the Faculty are young and rising men. We hope they will fill their places with due dignity and honor to themselves and the cause. But they will have to bestir themselves to compete with their cotemporaries in the younger institution. There is no occasion for *enviaus* rivalry; a "noble emulation" is all that is called for. The great West and South can support the two colleges amply. I do not concur in the Utopian views of a late "American physician," relative to the establishment of a great central university, because it would be neither proper nor practicable. I hope, during the next quarter of a century, to see a homœopathic college in New-Orleans, and one on the shores of the Pacific, in one of those growing cities whose greatness and wealth shall best deserve it.

HALE.

*Illinois State Homœopathic Medical Society.*

The Illinois State Homœopathic Medical Society meets early in the current month (November) at Jacksonville, Illinois; and we take great pleasure in announcing that the Annual Address will be delivered by Dr. R. LUDLAM, of Chicago.

In connection with Dr. Ludlam's articles on "Uræmic Convulsions," in the last and present numbers of the JOURNAL, we are impelled to remind our readers of two other remedies, which we wish strongly to impress upon their attention and recollection, and to beg the favor of such clinical experience with them as this suggestion may give rise to.

The first is *Phosphorus*; and the fact of its being capable of producing albuminuria was brought forward by Dr. Peters, in the November (1858) number of this JOURNAL, pp. 147, 150, 151, *et seq.*; and we refer our readers thereto for a description of the case.

The second is *Arsenic*—quite as striking and remarkable in its production of albuminuria, and the peculiar appearances of Bright's disease of the kidneys; and it will be found translated by the writer from the French of Dr. Quaglio, upon pages 660 and 661 of the "New Materia Medica," appended to this JOURNAL—article on "Arsenic."

The effects of these two remedies are so striking and unequivocal that we look forward with a good deal of interest to their development.

In the treatment of albuminuria Dr. Gray, of this city, relies greatly upon the acids—principally the vegetable ones, as Citric-acid, lemon juice, &c. (for the convulsions of pregnancy, *Zizea-aurea*). It has been pretty much proven that the disease depends upon the retained urea being converted into carbonate of ammonia in the blood. Now, carbonate of ammonia is decomposed and neutralized by most of the acids, and it is reasonable, therefore, to suppose that this is the way in which the Citric-acid of Dr. Gray, and the Cremor-tartar of the old school act—by neutralizing or decomposing the carbonate of ammonia in the blood. The old school generally rely upon one bleeding at the outset, and the subsequent exhibition of Jalap and Cremor-tartar. For chronic cases, they have recourse to Iron. SNELLING.

*C o r r e s p o n d e n c e .*

The following extracts will show that our labors for the JOURNAL, and in the cause of homœopathy, are not without appreciation throughout the country.

DR. JOHN C. PETERS, Dear Sir:—The enclosed circular, from Dr. Preston to me, and my answer to it, and that of Dr. B., will explain of themselves why I address you in this way. Let me only add that I sincerely hope that, whatever your decision as regards the future editorship of your JOURNAL will be, you, yourself, will continue to work for the further development of a rational, scientific, and progressive homœopathy.

With particular respect, I am yours, fraternally,

G.



[Copy of Answer to Dr. Preston.]

§ Dr. HENRY C. PRESTON, Dear Sir:—I have received your circular of Oct. 26th, 1858, and, acknowledging the importance of its object, I cannot answer it better than by giving you a short confession of my medical faith, from which you may derive, in a measure, an answer also to your specified questions. I believe in the *homoion* as a therapeutic guide, but not as embracing the whole healing art, or all medical sciences; for I believe also in other physiological, chemical, and mechanical laws of cure. Therefore, as a practical physician, I have always found myself to be standing on an eclectic platform, although I might be found to treat my patients—probably ninety-nine out of a hundred times, strictly homœopathically, and to have had, from infancy up, a great predilection for homœopathic treatment, imparted to me by the great master himself, the physician of my childhood, and by my father, one of the most zealous and active of his immediate pupils.

Honest and wise eclecticism I hold, in the *best* sense of the word, to be rational, and not to be taken for crude empiricism. It has been said that there could be no good and successful homœopathist but he who abhorred all other "pathy;" but I say that there can be no good and successful physician who does not make himself acquainted with all the rational laws and systems of cures known, old and modern. Nevertheless, I will admit that, as a science, *per se*, homœopathy is, and must be somewhat exclusive, and in its organs (journals, &c.) should be so likewise; having, at the same time, a critical eye upon the doings of the other schools. Purely allopathic articles do not consistently belong there; no more do hydro-pathical or surgical, valuable as they might otherwise be. Medical polemics, I think, should be avoided as much as possible in a homœopathic journal; its main work and purpose should rather consist in bringing up the homœopathic materia medica to the present standard of physiology and pathological anatomy, and to rid our hand-books of the encumbering nonsense in which they as yet abound. Contributions from trustworthy provers of new, and reprovings of the old remedies, I would consider the most valuable part of a homœopathic journal, because they are founded on facts, and not on opinions. Now, as regards your valuable and hitherto so ably-conducted JOURNAL, I cannot answer your questions in a personal way. I have rather liked to see various views represented in it. I must confess that, for the reasons of consistency given above, I might, theoretically or hyper-critically, object to a few heterogeneous articles, but I have been also much pleased with the liberal spirit which pervaded other articles coming from the pen of Dr. Peters. Should the JOURNAL, as you seem unjustly to apprehend, become entirely and avowedly eclectic and empirical, it would be, *eo ipso*, compelled to assume another name; but that alone would not prevent my still perusing it; while, on the other hand, miraculous stories of cures by "high potencies," and other productions of homœopathic fanaticism, would soon lessen my interest in any journal.

— Hoping that you will, together with the other editors of the JOURNAL, continue, as before, to contribute to it peacefully, each with the same love for the homœopathic cause, though, perhaps, with different degrees of faith, and that you will take kindly my frank reply to your letter, I remain

Yours, very respectfully and fraternally,

von G.

P. S.—An old friend, to whom I have communicated your letter and my reply, adds the following, which I shall copy below from his letter:

Although a strict adherent of "*similia similibus*," we do, nevertheless, believe homœopathy, in its present state, not perfect enough to be entirely independent of its old mother medicine, so-called allopathy; therefore, we would welcome anything, from any side, which might contribute to the ultimate perfection of our science; hence we considered many of Dr. Peters' articles in the JOURNAL valuable as scientific contributions. Extracts from all journals, under the head of "General Record of Medical Science," we believe to be, when properly limited, a necessary and admissible part. Yet, should these prevail, and become predominant in the JOURNAL, we should sincerely regret it, and no more consider the JOURNAL an organ of *our* school. We know well, as former editors, of a defunct

*Medical Journal* that, as long as the journalistic literature is in the hands of speculative publishers, their wants, and not the wants of our cause will be attended to. In regard to the specific questions in your letter, we must decline to go into details, as we do not wish to criticize the *JOURNAL*, or its editors and correspondents, in a private way.

J. B.

---

1427 ARCH ST., Philadelphia, 1859.

MY DEAR DOCTOR :—I thank you for the estimation you have set upon my poor efforts in the present and other cases, "to sustain," not you, but THE RIGHT. There is no man under the heavens for whom I would lift a finger towards any other end. But let me tell you that you need no props to sustain your present position, either from me or any one else. *Progressive truth* and right, in medicine, as in all things else, will and must stand. And it is because I feel, with my whole heart, that the contents of your works and journals now before me tend towards the full and free development of medical science, without partiality, narrowness, or "ism," that I felt, and do feel bound, in pure justice, to say my little word in their favor. You deserve to be sustained, and *shall be sustained* by every educated man in the country; and who, or what are the others? who cares for them? There is little force, to the general world of letters, in the opinion of a mere bigot—a mere man of the "thousandth dilution." You can afford to laugh at these men.

Is the science of medicine a mere thing of a single dogma, however true in fact, and founded on the nature of things? Is it to be confined within the narrow limits of a single globule of the two-thousandth potency? Is this one "eternal truth," and the other necessary fictions (necessary to establish a claim to originality, for it is the single point which the high dilutionists can claim as *solely their own*), to exclude all other truths, and to bind those who embrace it to embrace the fictions also? Because I believe "There is one God," must I needs make it also a cardinal article of my faith that "*Mahomet is his prophet!*" If these conclusions are to be forced on me, I declare at once to you, as I shall to all men, by and bye, that I am no longer a member of the homœopathic school in *this sense*. I stand upon the law of "*similia*," &c., in its true and simple acceptation, and hold myself free in all other regards whatever. You, then, stand on this ground, on *this* truth, and upon *all other truths* that the past ages have brought to light, and let them, as they thus far have been in your writings, stand in juxtaposition with the errors and follies that have sprung up with them, even from the same fountain flooded by their sides, in turbid currents, from age to age, even up to the present hour. We want medical *truth and science*, not symptom-lists, globuleism, and a dogmatic standard of dilutions (your writings promise this), and then see who they are that shall dare to stand in the way. We want to cure or relieve our patients by the *best and safest* means, which the whole field of knowledge, from *Melampus to Watson*, presents to our hand. Nothing less will satisfy the rising race of doctors, and nothing less should your *Journal* embrace.

Your friend, in a good cause,

J. F. GRAY.

---

NEW-YORK, September 30th, 1859.

DEAR DOCTOR PETERS :—I received your note yesterday; I was quite surprised to learn, for the first time, that I had signed Marcy's knavish "Memorial" against you and the *JOURNAL*. I am perfectly unaware of doing any such thing. I have always taken the *JOURNAL*, and expect to continue to do so. I certainly think you are under a mistake or I am; if you can enlighten me on the subject, I wish you would.

yours truly,

F. A.

DR. PETERS, Dear Sir:—You ask my opinion of the character of the various departments of the JOURNAL. It would not be strictly true to say that I have formed none; nor have I any particular desire to evade the question by withholding an opinion, if mine could be of the least service. But to criticize, in *extenso*, if I had the ability, would require more time than I at present can command.

I am free to say that, in the main, I regard the JOURNAL as well edited. Without hereby endorsing all the opinions expressed by the several writers, or acknowledging a strictly accurate presentation of the present condition of the various scientific departments of medicine by all contributors, I can say, in my view, the original department presents, in the main, an able aspect.

The "General Record" I look upon as particularly interesting and instructive; not as offering any general principles, but as a record of important facts, which will not only enlarge the scope of our *materia medica*, by furnishing new drugs for trial, but may suggest a principle upon which the *materia medica* of the new school is to rest. By it we also obtain a glimpse of the present condition of the therapeutics of the old school, and get all of real worth that they, as a school, are enabled to impart to us, in the form of isolated facts. This department is ably managed, and is worth the price of the JOURNAL to all who are looking forward to an advance step in our *materia medica*.

Your *materia medica*, a portion of which is appended to every number of the JOURNAL is, doubtless, an advance upon anything we have, and will subserve an important use to the profession for a long time to come.

Very truly yours,

WM. E. PAYNE.

---

St. Louis, 1859.

DR. PETERS, Dear Sir:—Allow me to express to you my approval of the course you have always pursued as editor of the NORTH AMERICAN QUARTERLY.

An extensive practice of ten years has convinced me that homœopathy, as practiced in accordance with the strict rules which have been laid down in the "Organon," and in the "Chronic Diseases," will not answer in all diseases, in all climates. Of course, I refer to the matter of doses, and the repetition of the same.

It is of no use any longer to avoid the issue; is it not a positive wrong to teach a young Esculapius that psora, even recent scabies, can be cured by two globules of Sulphur, of the millionth, as stated by some? or, that secondary syphilis may be effectually eradicated by the higher attenuations of Mercury? I am happy and proud to say that such practice is not countenanced by the most enthusiastic adherents of homœopathy in our city. I have always intended to write something for your JOURNAL, but I have seen so much *trash* written and published by some of the visionary non-descripts who have attached themselves to our school, and who profess to be the guardians of "pure homœopathy," that I have been completely disgusted, and inclined to remain in obscurity.

Yours, very respectfully,

T. G. COMSTOCK, M. D.

---

St. Louis, Aug. 14th, 1859.

DEAR DOCTOR:—Observing that you have not used the article on "Pericarditis," sent for your August number, and concluded hastily, and in many respects imperfectly, I ask of you the privilege that it may be returned to me for future use, correction, and reference. I prepared the article at your request, for the August number, while I was on the subject of sounds and impulse of the human heart; and my haste, together with the detail of daily professional labors, gave me too little time to conclude the matter satisfactorily to myself even. As I have but the one copy, and wish to arrange my whole subject for the *emanuensis* as early as

possible, I would be obliged if you would send it to me as soon as possible. I will prepare for your next number the article with considerable improvements.

Our JOURNAL arrived here in this morning's mail; and, on a hasty glance at its contents, I think it an interesting number. I shall feel it ever a matter of pride and pleasure to render whatever service is in my power to its extended circulation and usefulness. If I have time, I shall prepare (from my notes) for the next number a monograph on stomatitis-materna, and the remedies for its cure, &c.

I am glad that the attempt to mar the usefulness and position of our JOURNAL, at the convention held at Boston lately, has been foiled, and signally failed of its purpose. Push on, in your good work of progressive homœopathy, and I can promise you, after a few flounderings and spasmodic twitchings of the moribund conservatism, the cause of progressive homœopathy will attain a more honorable and useful position than our detractors have ever been willing to admit. You have my hearty approval and support. Wishing you all the success your zeal and merits entitle you to, I remain,  
Truly yours, E. C. FRANKLIN, M. D.

---

DR. PETERS, Dear Sir:—I send you an article on measles for your "Practice," which, though brief, is practical.

I am glad to see the names of Bayard, Perkins, and Snelling as associate editors. It will be well for the interests of the JOURNAL.

Yours, truly,

E. M. HALE.

---

DR. PETERS, Dear Sir:—Do you know anything of the action of the "Hydrocotyle-Asiatica," mentioned in a late number of the JOURNAL?

Have you found any reliable remedy for gonorrhœa. I have no trouble in arresting the inflammatory symptoms speedily, and curtailing the discharge to a drop in the morning, and that continues for weeks, and in some cases for months, despite every remedy which I have used. With the best wishes for the continuance of your life and usefulness, I remain, Your friend, JOHN C. TEMPLE.

I do not know anything about Hydrocotyle, except what is contained in the JOURNAL.

I have used injections of Bismuth,  $\mathfrak{zj}$ , to one ounce of Rose-water, with much success in gleet.

PETERS.

---

ANN ARBOR, Mich., Sept. 21st, 1859.

DR. J. C. PETERS, Dear Sir:—In reviewing an old number of the N. A. JOURNAL, of 1857, I accidentally met with your appeal to the profession for contributions of cases, &c. I immediately made up my mind that I ought to be ashamed of myself for neglecting to contribute my mite. And, after considerable reflection, have concluded that I am ashamed. As the first fruits of that conviction, let me offer the following, if of sufficient interest:

I have cured gastrodynia, in its worst forms, promptly and uniformly, with Nitric-acid, second, eight or ten drops in half a tumbler of water; teaspoonful-doses every ten or fifteen minutes. For five years past have never used anything else, and have never failed in a single instance; relief is immediate, and entire cure, in most cases, within the hour. In two or three cases this was the result, after a half dozen old-school physicians had vainly exhausted their resources. I have never seen this remedy mentioned by any writer, nor does the materia medica give marked indications for its use. I regard a clutching, griping sensation in the stomach, as if grasped by the hand, a characteristic indication.

We have had, during a few intensely hot days of July, an unusual tendency of almost every form of disease to terminate in convulsions and speedy death, especially among children. The symptoms were: nausea and vomiting, very rapid

panting respiration (precisely similar to paralysis of the lung), pulse 130 to 160. Coma or delirium, with convulsions, and, if fatal, death within twelve hours.

CASE 1.—A scrofulous subject, aged one and one-half years, just recovering from the effects of a severe attack of dysentery.

*Treatment.*—Bryonia and Veratrum, then Cuprum-acet. Symptoms first developed towards morning. Death same day, at seven, P. M.

CASE 2.—Same night. Child, aged two years. When first called, found it suffering from nausea and great pain in the stomach. Was informed it had been eating apple-skins.

*Treatment.*—An emetic, followed with Cham. Relieved for several hours. At midnight, violent convulsions came on, skin dry and hot, pulse full, 140, gums over molar teeth, on both sides, congested. Cut the gums, and gave Gelsaminum, half a drop in a teaspoonful of water, every half hour. Profuse perspiration followed, and pulse much reduced. As, however, spasmodic twitchings of the extremities continued and increased, added Cuprum-acet., second trituration, one grain every hour. No more convulsions, and patient convalescent second day.

In another case, convulsions supervened on retrocession of measles. Bryon. and Puls. produced little or no effect. Stramonium arrested them completely for a few hours, but returned with increased frequency and severity. There were probably not less than forty well-marked convulsions, lasting about one minute, during three days. Cupr.-acet., second, again completely controlled them, not one after the first dose. Inflammation of the lungs followed, relieved by Acon. and Phos., when paralysis of the upper extremities and the tongue manifested itself. This was gradually removed by Causticum, third, and the patient entirely recovered.

Curiously enough, after a severe thunder-storm, not another case came to my knowledge.

I would also add that, in malignant scarlet fever, with retrocession and consequent threatened paralysis of the brain, Cuprum-acet. was the *only* remedy that proved successful in my hands. Previous to using that, in a severe epidemic, I lost every case promptly.

There you have the cream of a few cases—nothing new, nothing original, simply confirmatory. If you prefer the skim-milk with it, I will give a minute detail of the symptoms and treatment, with other cases.

Yours, respectfully,

D. A. BALDWIN.

P. S.—You are aware that the Legislature of this State passed a law, a few years since, instituting a Chair of Homœopathy at the University located at this place. The Regents have managed to evade the law hitherto; but the District Attorney giving it as his opinion that there was no possibility of avoiding it, if legal steps were taken to compel them, the matter has been put in the hands of a lawyer to carry through. Should anything of interest result, I will advise you.

GALVESTON, Texas, April 28th, 1859.

DEAR SIR:—With great satisfaction, I learn, from a prospectus received from Mr. Radde, that you are about to compose and elaborate a complete treatise on homœopathic practice, in which “no known means of successfully controlling or alleviating disease will be scornfully or bigotedly rejected.” I have been studying homœopathy for two years, and have cured myself of a very severe head-affection, caused by long-continued efforts of mind concerning a scientific matter, and contemporary investigation of spiritualism. By the best allopathic physicians I was pronounced perfectly incurable, but a German homœopathist cured me perfectly in a few weeks, and so I was induced to study homœopathy, and procured all the necessary books (mostly in the German language) from Mr. Radde, by means of which I have already cured many patients who had previously expended hundreds of dollars, without any success, to regular doctors. I have also a “domestic treatise,” by the well known and notorious Arthur Lutze, who cures, in his hospital in Coethen (Germany), and by letters, yearly, from one hundred to one hundred and thirty thousand patients, and in which the application of “*double remedies*,” invented by Aegidi, is highly recommended. Against this practice, there exists,

everywhere in Germany, a great opposition, and, also, the celebrated Jahr, in Paris, warns beginners chiefly against the same in his "Clinical Guide;" because, as he says, there can be no unchangeable rules given, which can be acted upon in such cases, and he gives the advice, never to give a second remedy before it is evident that the first one is no further indicated. Lutz, on the contrary, is stated to have made very brilliant cures by double remedies, and, on this well-known authority, I have also ventured to make application of them, and I am happy to state that I have never found any reason to regret it. Indeed, to common sense there can be nothing more reasonable, even in chronic diseases, than to apply a *double* remedy in every case where it is impossible to find a *single* one which covers all the symptoms of a very often complicated disease. Hahnemann himself states that, by the homœopathic attenuation, the drugs lose perfectly their *chemical* properties; so that, to give an example, Phosphorus, in a high attenuation—the pellets wrapped in paper—always retains its therapeutic properties as Phosphorus, never changing to the properties of Phosphoric-acid. Why should not each of two simultaneously applied drugs, prevented by their high attenuations from forming chemical combinations, if they are *really indicated*, perform their uses independently of each other? Why should it be necessary to wait, perhaps several months, for the application of the second and third remedy which is indicated, only out of regard to the pedantic rule never to apply two drugs at once! Two cases, in my practice among my friends, will elucidate the point: Mr. V. suffered with hæmorrhoids, and also from mercurial syphilitic ulcers on the legs. I gave him (before I was informed about double remedies) Hepar-sulphuris, which improved the ulcers, during six weeks, very much, but had no success concerning the hæmorrhoids. Lachesis was now indicated for the ulcers, and it also caused a great amelioration, and a second dose of Hepar, four weeks later, nearly finished the cure, but also *without any effect on the hæmorrhoids*. But I could treat the man no further, since he neglected his diet, and sometimes intoxicated himself. The second, Mr. C., also suffered dreadfully with hæmorrhoids, and, for six months, with gonorrhœa, burning, wetting, and itching tetter on the thighs, *pains in the bones* and back, perhaps caused by excessive use of Mercury. The gonorrhœa appeared after a dose of Sulphur, taken from some inexperienced possessor of a domestic treatise, against the hæmorrhoids, who could give him no further advice after the appearance of the gonorrhœa. The tetter is of recent origin. He had spent over one thousand dollars to doctors, in Germany and here, but without the least success. Carefully considering all the circumstances and symptoms, I selected Rhus-tox., Hepar, and Cannabis, gave him two powders, each containing a pellet of all three remedies, thirtieth attenuation, and afterwards about six powders of Cannabis, to take one every day. He is, in the short time of about six days, so much improved in every respect that he joyfully acknowledges, "Your medicine has done me more good than I could have possibly obtained from a common doctor for \$100,000!" Whether this medicine will finish the cure, or whether, perhaps later, a dose of Nux-vomica or another remedy will be necessary, time will teach.

I could mention about three other similar cases, but this I think will suffice for the purpose. I am in possession of *too few* American works on homœopathy to know whether the application of double remedies in chronic diseases is sanctioned here or not; therefore, I took the liberty to offer you my few experiences, in case that you could, perhaps, make use of them in the elaboration of your *treatise*. I hope the possession of the same will (after it is finished) be sufficient for me, to supply the place of all other English homœopathic works.

I am, sir, very respectfully, yours,

MAXIMILIAN FUNK.

Dr. Lutz is not regarded as a reliable homœopathic physician; the use of so-called double remedies is not generally countenanced, but Dr. Bolles, whom we regard as the most faithful practitioner of pure homœopathy that we are acquainted with, sometimes uses them.

PETERS.

GOSPORT, Niagara Co., N. Y., July 11, 1869.

Dr. J. C. PETERS, Dear Sir:—I have a prospectus sent me with your name selected, to whom medical communications may be directed. I think it will be a valuable publication, and would desire one or two additions to such a periodical, whereby all physicians of our school may seek for assistance. And the improvement I desire to see is this: that there shall be a Consulting Board of Physicians, to whom all extremely difficult cases may be addressed, and the symptoms of the patient, and the remedies advised, to be published in such journal frequently. I cannot think of any one thing more needed in the cause of the profession, or that would be better patronized by the physicians.

I have a case under treatment, for which I have consulted the homœopathic physician at Lockport, and others of a different school, and their opinion is that the disease will eventually destroy my patient. At the same time, I have some confidence that, did we but know the remedies to be applied, she would eventually recover, and, as you are a manager of a periodical, I take the liberty of laying her case before you, for your opinion and advice, and hope you will give it a careful thought.

The young lady, Miss Brown, is twenty-three years of age, of nervous-bilious temperament. When a child, she had an eruption, which was taken by her parents to be the itch, and was suppressed by itch ointment. The pimples had a yellow matter at the top, and commenced on the back of the neck, and went all over her. After their disappearance, her finger and toe-nails came off.

From thirteen years of age, during the summer months, she has had a diarrhoea—worse mornings, and, even when checked by astringents, will often recur once or twice a week; occasionally, would be checked for four or six weeks. The appearance of the discharge was that of a yellow watery matter.

For some years there have been sores on the inside of one of her ankles, surrounded with a purplish or bluish color, smooth margins, and sometimes deep cavities; without disposition to heal, discharging thick, yellow pus, thin, white matter, and, at other times, dark, bloody sanies; at times it itches severely, with a disposition to scratch. Every morning she is chilly, and in the afternoon has fever, with thirst, without perspiration. Sharp cutting pain through to the shoulder-blade, from the lower part of the left chest, causing her to draw over during the pain. The attacks are very severe some days and nights, and a dull, heavy pain all the time, and not felt much during the attacks of sharp pains. Feels at times as though she was smothered, and worse at night. After a severe spell of breathing, there is dryness and tickling at the pit of the throat, and a dry cough, worse on speaking. Numbness in the lower part of the back, extending into both limbs; after sitting too long, the left foot has no feeling, cannot tell whether the foot touches the floor; also the same feeling when lying down, and generally lies on the right side. A numbness and soreness in the lower part of the back, and soreness and tenderness of some of the dorsal and cervical vertebræ. Has not menstruated for ten months; has a swelling on the inside of both hips, in the region of the ovaria; left side worse. Sharp cutting pains through to the back, and down inside of both limbs, and yet no swelling in the region of the womb. Her periods have been irregular, and always menstruated a dark, brown blood.

For the last four months has had sores in the œsophagus break, and discharge thick, yellow matter; at the same time there would be a discharge of blood, which she would vomit and be discharged by the bowels. The œsophagus is now healed, but the sores are now probably in the lower part of the stomach, discharging the yellow matter, and but little blood. To-day I have been informed that there is a sore, of the same appearance as on the ankle, making its appearance on the inside of the hip. The headaches are generally on the top of the head, and sharp pain through the parietal bones.

I have given Ars., Merc., Lach., Nux., and, at first, Sulph., and lately I have given Graph., at the sixth attenuation, and am now giving it in powders of the first at-

tenuation, and have given it for two weeks without apparent good effect. And I am not positive of any sensible effect from anything that has been administered. May I expect an answer soon. Yours, respectfully, F. L. KNAPP, M. D.

I should give Aurum-muriaticum, or Arsenicum, first dilution, followed up for a long time.

As regards the formation of a Committee of Consultation, we would most respectfully suggest the names of the three leading physicians attached to the "Memorial." They are all men of age and experience; they are honest and gentlemanly medical men, who have each long enjoyed a lucrative and very extensive homœopathic practice. Their experience is immense, yet none of them ever, or very rarely attend the meetings of our medical societies to communicate their experience to their colleagues, either junior or senior; neither of them ever write for any medical periodical, but confine their exertions to the welfare of their own individual patients. The millions of sick people who do not apply to them, receive no aid from them, and the thousands of medical men who would be wiser and better for the knowledge they could impart, receive no help in their struggles with the difficulties of medical practice. They have, doubtless, been induced, by false representations, to pledge themselves to "cordially and actively coöperate with pen and purse for the advancement of homœopathy and sound medical science to another journal, if it be established. We would be glad to see their experience in any journal; glad to see them help their fellow-physicians in any public way, and help suffering humanity in general in any way congenial to themselves. We trust that the profession will hold them to their promise.

We would have suggested the names of Alonzo S. Ball, M.D., B. F. Bowers, M. D., L. Hallock, M. D., or J. McMurray, M. D., to form this Consultation Committee. They are equally competent; but, although they do not write much, they are faithful attendants of almost all our society meetings, and freely give all their experience there. Hence they do help their fellow-physicians and suffering humanity indirectly, but fully; they do volunteer something. It is almost needless to add that they too were trapped into signing the so-called "memorial;" few or none of them being aware of the real objects of that subtle paper, which was drawn up by the great champion of the secret or deceptive use of Indian and botanic medicines, quack specifics, distorted allopathic drugs, under the guise of pure homœopathy. PETERS.

---

BALTIMORE, July 30th, 1859.

\* DEAR DOCTOR:—It will afford me pleasure to avail myself of your kind invitation to send an article for the JOURNAL, when I feel that I can add anything of



practical interest to its valuable pages. Here I would just remark that I have observed with interest, recently, the effects of the soluble Silicate of Soda on the kidneys, and believe that it may become very useful in cases where it is desirable to procure a prompt and profuse secretion and emission of urine. Thus far I have administered it in but four instances, to male patients. In the first case, I gave ten drops in four ounces of water, at a dose, and, in half an hour afterwards, there was emitted at least half a gallon of urine, and this was followed, in about an hour and a half, by a like quantity, more transparent or colorless, accompanied with a depressed state of the sexual feelings and organs, though with feelings of general comfort and relief to the whole system, and rather buoyancy and vivaciousness. The reverse of these were previously experienced, together with a scanty emission of urine, and unfrequent. The subsequent emissions appeared as usual, and so continued, whilst the other conditions named lasted for several days. These were the prominent features of its action in each case.

In the second instance, I administered twenty drops, in a like quantity of water, and, in about two hours after, a copious discharge of urine followed, and, after the lapse of about two hours and a half, another copious one; but, subsequently, the discharges occurred seldom and scantily as before.

Forty drops were administered in the third case, and fifty drops in the fourth case, with similar results, excepting that, after the dose of forty drops, several hours elapsed before any deviation from the usual state was observed; and the dose of fifty drops produced slight nausea and considerable accumulation of flatus, seemingly more in the descending colon, and, after about two hours, this was followed by a copious emission of urine, eight or ten times greater than natural in quantity, and, for two days afterwards, frequent and profuse emissions occurred, gradually becoming less frequent and scanty as formerly.

I hope you may meet with favorable opportunities, when you will feel at liberty, to test this preparation, as I have no doubt of its prompt and powerful action on the kidneys, and I would like to know more of its effects generally, under proper and regular proving; for, as far as I have tried it, I discover but little action beyond the urino-genital system.

Very truly, I am, dear Doctor, yours, &c., JOS. LLOYD MARTIN, M. D.

St. Louis, July 8th, 1859.

DEAR DOCTOR:—Your letter is just received, and the invitation to occupy a few pages of your JOURNAL I will acquiesce in most cordially, and you may expect an article from me the latter part of the month, and in time for publication in the QUARTERLY. I propose to send, for the first article, a treatise on "Pericarditis," and, for the next number, my arguments on the physiology of the heart, as opposed to the current nonsense of the day. I feel the task to be a difficult one, opposed, as I am, by *almost all authority*; but, certainly, it seems to me simple, truthful, and reasonable, beside founded on facts, as demonstrated by vivisections and otherwise. I never could understand how authors can reconcile the physical signs in the different lesions of the heart to the systolic theory (that is, ventricular systole producing impulse), and the more I investigate the matter the darker it appears. There appears to me a lamentable deficiency in our literature, not only in the pathology and treatment of thoracic disease, but of almost every disorder, with a few exceptions, with which we are acquainted, and while in our journals are seen "many a gem of purest worth," the bulk of our literature is absolutely worse than nothing, and scarcely holds a position higher than the ken of the *ignobile vulgus*. But let us hope for better things with the inauguration of your "Practice," and the dawning of the new work on "Materia Medica," I feel we are just emerging from the dark ages to a new world of light, where science may bask under the broad sunlight of truth. Excuse my digression, and please inform me how I shall send the manuscript to you, by mail or otherwise, and oblige, Truly yours, E. C. FRANKLIN, M. D.

## Miscellaneous Items.

Dr. J. C. PETERS, Dear Sir:—I have a recollection of a promise to communicate further about some plants spoken of at our last interview. I would most respectfully report progress.

The plant which has been so uniformly successful in the treatment of aphthæ, cankrum-oris, nursing sore mouth, &c., I believe to be *Zizea-aurea*—one of the umbelliferæ—same order as *Cicuta*, *Conium*, *Æthusa*, &c. Quite a number of species of this order have active medicinal properties, which reside principally in the herbage, though in this case I have always used the root.

I am not *absolutely certain* of the plant, as I could procure only a dried specimen. Do not, therefore, make any report of this, and a little later in the season I will prepare a description of it, with uses, if you deem it of sufficient interest. The other plant I spoke of, as an efficient emmenagogue, I cannot give at present, for the same reason, having never seen it growing.

Yours, very respectfully, D. A. BALDWIN, M.D.

ALTON, Illinois, March 31st, 1859.

Dr. J. C. PETERS, Dear Sir:—I send herewith some notes of a case of intermittent fever, over-dosed with Arsenicum, at the first centesimal attenuation. This disease has given me great trouble in time past, but I believe I may now say, "Eureka!"

I had contemplated enclosing an article on the general subject, inclusive of many important related topics. It is, indeed, more of a unit with other diseases than is commonly admitted, and, at least, has most significant relations to them, and a discussion of the one, if correct and full, cannot fail to elucidate the rest; but I find it expanding under my hand, and have already had to re-write it several times. I fear, therefore, that I shall be unable to complete it for the May number of the N. A. JOURNAL (to which, through Halsey and King, I am a subscriber). I know not but it will so extend that I may find it necessary even to make a little book of it.

I now succeed always in curing the original forms of the disease with the *high* potencies, in a day or two. The secret of success in managing this, as all other diseases, lies mainly in giving the right remedy, of the right potency, and at the right *time*, as well as with a *right frequency*. I believe we have erred on the side of *excess*. If you have a wish, and the time to wait, and space for a long article (as long as any recently in the JOURNAL), for the May number, I might finish and send it during the next few weeks.

As I presume you may desire to know who is your correspondent, I will say that I was, three years ago, the colleague of Dr. William Schmœle, of Philadelphia, in practice and in lecturing. Since that time my residence has been upon the shores of the Mississippi, and I am now practising homœopathy in Alton.

I may mention here that I have another manuscript, which I have thought of re-writing for publication in some form, book or periodical. Its preparation was undertaken at the solicitation of the class who attended my lectures on Therapeutics and Materia Medica. It is an abstract of those lectures, and is intended to present the sciences of anatomy, chemistry, and natural philosophy, as the basis, not only of physiology and pathology, but of therapeutics also. The *classification* of the materia medica is an essential element in the dissertation on intermittent fever.

Some other subjects in practical homœopathy have likewise been my special study, such as "the use of allopathic remedial expedients, and their relation to homœopathic practice," and "uterine displacements—their influence on the general system, their diagnosis from rational signs, and their treatment," &c. Should communications on these or other topics be desired, I shall, of course, be happy to add my mite to the general stock of professional knowledge.

I wish your new college a large success. In St. Louis, all that is wanting is admission to the extensive City Hospital for clinical instruction; and then we shall have an institution which will have great influence in our favor. It will be also an important tributary to the Eastern homœopathic schools in the very hot-bed of the Calomel and Quinine system, and the very capital of allopathic sway; for the South-west regards St. Louis as their medical emporium.

I send the remarks on the Arsenicum case, purposely without signature; but, with ardent desire for the spread of the true doctrine of healing, I here subscribe myself,

Yours, in the good cause, J. C. M., M. D.

CASE.—A young lady, of susceptible constitution, was attacked with tertian intermittent fever; took, in accordance with the symptoms, Nux.-v., 3, and Merc.-c., 3, alternately, during the paroxysm. During the apyrexia, Arsen.-alb., 1, (centes), three quarters of a grain, every hour whilst waking, to the extent of about fifteen doses in a day and a half. On the day of the expected recurrence, no chill or fever; instead, nausea and vomiting, with loathing of food, which returned every other day, alternating with comparative health on the intermediate days. These symptoms were treated by Ipec., 3, and Tart.-em., 3, and relieved; whereupon commenced a copious salivation and accumulation of mucus in the fauces, causing a hacking, suffocating cough, and to the great distress, as well as disgust of the patient. Nothing relieved these symptoms; at first Sulph., 8, and afterwards, Sulph.-acid, 3, were tried, with temporary advantage, followed by aggravation. Then diarrhœa was added to the other ailments, which yielded to China, 8. After this Cinchonin-sulph., 1, was producing rapid convalescence, when, from a dietetic error, Puls., 30, was required. Then set in a nocturnal attack, consisting of fever, with violent lumbar and hypochondrial pains, stitches in the extremities, anasarca, dark, scanty urine, containing albumen, with increased salivation and mucous accumulation, and cough.

The more acute symptoms yielded to Bell., 3, and Bry., 3, with Acon., 3. An examination of the urine showed coagulation by heat and Nitric-acid; the coagulum or precipitate being re-dissolved by boiling in excess of acid. Impatience and despondency characterized the moral sphere, with general debility and anæmia, and night-sweats, as the case became more chronic.

Nux.-v., 200, alternated, every six hours, with Helleborus-nig., 30, gave marked relief to all the remaining symptoms; but, from impatience, homœopathy was discarded, and an allopath called in. Some improvement followed the use of tincture Ferri.-chlor. and tincture Digitalis.

He having been likewise dismissed, a partially domestic course was resorted to, viz.: diluents (i. e., cold water and milk), baths containing salt, frictions, and diuretics, including, especially, infusion of *Bees*. The *night-sweats* yielded at once to *skimmed milk*, a wine-glass full at bed-time. This is an important empirical remedy, and has been so far, with me, a successful one. Convalescence gradually proceeded, accompanied with falling out of the hair, pale skin, and for a while, oppressed breathing.

Two points of interest are notable in this case: 1. The danger and gravity of the symptoms resulting from so small a quantity of the drug; 2. Its relation, both pathogenetic and curative, to Bright's disease of the kidney, and the dropsy, which is its external manifestation. The case is none the less instructive that the sister of this patient was similarly affected, by the same means and at the same time, except that the fever, pain, dropsy, and salivation were wanting, and all the symptoms were milder.

---

### *To Southern Tourists and Invalids.*

To persons visiting Florida for their health, I would recommend the following route. Take one of the steamboats at Savannah, all of which are excellent as to size and accommodations, leaving for the St. John's River three times a week. The names of the boats now running are the "Everglade," "St. John's," and "St. Mary's." If there is any preference, I should give it to the "Everglade." There is also an ocean steamer, the "Carolina," which runs between Charleston and the St. John's, without touching at Savannah, but by this route you may get more sea than you desire. The sail up the river is delightful; the boat stops at several landings, but you should let her carry you as far as she will—that is to Pilatka. Time from Savannah to the latter place about thirty-six hours. Pilatka is a *city* with a *mayor*, if they have succeeded in finding a man rich enough or extravagant enough to accept the office. When I was there, the people were in great trouble about it, as the estimated expense to the incumbent is about one hundred dollars per annum, and no one would accept it on those terms. It is situated on the west side of the river, one hundred miles

from the mouth, and has a population of about six hundred, principally blacks. There are several hotels and boarding-houses, the best of which is Mrs. Bronson's; she does not take transient company, but expects those who go to her house to remain for the season. At the St. John's House, Mr. Lynch and his wife will do everything in their power for the comfort of their guests. Mr. Askew keeps a very fair house. The largest house is on the wharf; it is a long unpainted building, looks like an immense barn, and the appearance of the proprietor, Col. Du Vall, is in unison with the rest of his establishment. Stop in Pilatka long enough to rest, which will be quite as long as you will wish to stay, and then take the boat for Enterprise, which is on Lake Monroe, 120 miles above Pilatka. The boat starts about 5 o'clock in the morning, so you will do well to secure your berth, and sleep on board the night previous. The scenery above Pilatka is magnificent, and alligators abundant; if you have your rifle, you may succeed in killing a few, provided you hit them in a tender spot, which is rather difficult to find. Enterprise has one house, capable of accommodating about sixty persons, the proprietor of which, Capt. Brock, is also owner of one of the river steamboats, the "Darlington." There is also a store, a stable, and a bowling-alley. One mile and a half from the house is a fine orange grove, and there is a sulphur spring, with a basin large enough for bathing. This is a favorite resort for sportsmen, as deer and turkeys are plenty. Returning down the river, stop at Welaka, a very pleasant and healthy little place, about 25 miles above Pilatka, on the east side of the river. There are two boarding-houses, capable of accommodating not over a dozen guests each. Dr. Black keeps one, and Col. Bryant the other. The villagers are very sociable and musical. To go to St. Augustine you take the stage at Picolata, about 25 miles below Pilatka; it is a tedious journey of 18 miles, over a bad road. I do not consider St. A. a healthy place, as I knew quite a number of invalids who were compelled to leave it, having taken violent colds there. It is the oldest town in the United States, so it is well enough to go to see it, but not to stop long. Magnolia, 40 miles above Jacksonville, has a fine healthy location. There is only one house, capable of receiving fifty or sixty guests very well, kept by Dr. Benedict. There is a large sulphur spring a mile and a half from the house, excellent for bathing.

Hibernia, four miles below Magnolia, on Fleming's Island, is a pleasant spot, with one small house, where everything is neat and comfortable.

Jacksonville is the largest town in East Florida, and has several hotels, the best of which are the Judson House and Buffington House, the former is pleasantest for ladies. This place is neither city nor country, and I would not advise any one to stop long there. I think the pleasantest places on the river to spend a winter at are Magnolia and Hibernia.

W. C.

PROVIDENCE, *March 16th, 1856.*

DEAR DOCTOR:—Your letter was duly received, and I hardly know how to apologize. I was on the point of resigning; at all events, unless I get so I can be more punctual in sending articles for you, I shall deserve to be kicked out; but I have had excuses which I trust will not happen again to prevent my writing.

Ever truly and fraternally yours, HENRY C. PRESTON.

PROVIDENCE, *March 23d, 1856.*

MY DEAR DOCTOR:—Your two friendly lectures have been received, and duly considered; "faithful are the wounds of a friend," saith the wisest of men, and I assure you I prefer them to "the kisses of an enemy." I trust you will not have occasion to think me like him, "who, being often reproved, hardeneth his heart, &c.," but rather an exemplification of the truth that, "a word to the wise is sufficient." So much for the *proverb* which the day (Sunday), perhaps as well as your admonitions, has suggested. I now understand your wants, and will either be punctual with my articles, or resign my place to others more able to fill it.

It is true that procrastination is a besetting sin of mine, or, at least, that I am too apt to do everything "on the spur of the moment." In writing, at least, this has always been my trouble, for I never could sit down to compose an article until impelled by necessity to do so, and I have always had occasion to regret that I had not spent more time and care upon them.

As ever, truly and fraternally yours, HENRY C. PRESTON.

*October 23d, 1858-9.*

DR. MARCY, Dear Sir:—I repeat what I have written to you on a former occasion, that I do not wish Dr. Preston forced out of the JOURNAL. It will, perhaps, be as well for us to have an editor from the British Provinces, and if Preston will only do his share of the work regularly, so that you and I can give more time to the other departments of the JOURNAL, I for one will be satisfied. If he still continues delinquent, would it not be well to appoint an additional editor from Montreal, Quebec, or some other Canadian city. I am also desirous and anxious that Mr. Radde or Dr. Preston should select an editor in turn with us, subject to your and my approval, as I should like, above all things, to have the JOURNAL regulated in the way I have previously and even frequently suggested to you, viz., a fair representation of strict Hahnemannians, conservatives, progressives, and radicals from all parts of the country. With a fair and equal representation of the whole homœopathic school, and a little or a good deal of wise and gentlemanly forbearance on all sides, we may possibly succeed in forming a Journal and corps of editors which may not be without a wholesome influence upon the whole medical fraternity, greatly advance the cause of true medical science, and be the means of extending some efficient help to the great family of the hopelessly, painfully sick.

Yours, &c., J. C. PETERS.

Long previously to the last letter, Dr. Okie, of Providence, and W. E. Payne, of Bath, Maine, were requested to share the editorial labors rightfully excepted from the Eastern States. One of them

signified his willingness to join the editorial corps when Dr. Preston resigned. Either or both of these eminent men would have joined our staff, if we had promptly carried out the requisitions of justice, and alone consulted the real interests of the JOURNAL.

1857.

DR. MARCY, Dear Sir:—I do not agree with you, that because we have finally, with infinite labor and sacrifice, permanently established the JOURNAL, we should be unwilling to share with others our just fame and credit. There are many who can work as well, or perhaps better than we do, if they have a proper chance given them. There are many physicians who know some things that we do not. Disease is a dreadful reality, and the sick all over the world require all the good help they can get.

Yours, &amp;c.,

PETERS.

October 8d, 1859.

DEAR DOCTOR:—In answer to your note, desiring to know the reason or reasons why I signed a memorial (against you, as you say) in favor of the establishment of a new Homœopathic Review, I would simply state, that it was suggested that a Review got up under the auspices of the Institute, would thereby get a large circulation, and thus be enabled to be handsomely sustained; and the more particularly, if gentlemen in all sections of the Union became enlisted as contributors to the Journal. Your note was the first intimation I had or could have of any "personal feeling against you, I hope, or the JOURNAL," and cannot understand how such an idea could have entered into your mind, or what could have given origin to it. You know as well as I do, that I could have no ground for "personal pique." Had your note to me been written before the article in your paper impeaching the motives of the signers, I think it would have been much better, and have been calculated to have continued the good understanding which has always existed between us individually. Dr. Dowling's motives were the same as my own.

Yours, truly,

A. D. WILSON.

September, 1858.

DR. MARCY, Dear Sir:—I do not object to Dake; for I have nominated him once before myself, although he differs widely from me, he does so, fairly and honestly, without pretension or bombast, and I think will work regularly and copiously. I will cheerfully vote for a strict Hahnemannian, provided his articles are able and interesting, and in sufficient abundance.

Mr. Radde agrees with me, that any negligent or dilatory editor must lose his place—peremptorily.

I do not think a Western New-York man ought to be appointed, unless he is overwhelmingly superior to any other Western man. New-York is sufficiently represented in the JOURNAL already.

I should rather prefer Ludlam, Shipman, or Temple. Gatchell, Douglass, and many others have been neglected by you long ago.

Dr. Temple, if you are sure that he will write regularly, and on practical subjects, would perhaps make a good man; he is a very strict

and even high homœopathist, and to that I do not object. I think the radical side of the JOURNAL is sufficiently represented by myself and others. My sole aim has been to have all the different views of those physicians who have faithfully studied and practised homœopathy, fairly represented in the JOURNAL. I do not want to make it an allopathic, nor a really radical Journal; but an honest and practical one,—one where every homœopathic physician can express his views without fear or favor. We want to know how every one thinks and practices, not merely how those practice who think as we do; we have no right to cramp or limit other people's thoughts or writings. All the doubts, misgivings, errors, or deficiencies of our school ought to be fairly canvassed among ourselves in a frank and liberal manner, without bitterness or personalities; then any one who has better theories or practice than you or I, or perhaps many others, can set us right in a kind and gentlemanly manner.

If two Western editors are appointed, would it not be well to let Holcombe have the nomination of one, subject to your and my approval. Then, if a South-western editor is appointed, let us all, Holcombe, you and I, try to find a good one, irrespective of all private feelings or prejudices.

If we work thus together, cut off relentlessly any lazy or incompetent colleague, and have all parts of the great Union well represented in the JOURNAL, we can furnish a periodical which I will defy the world to rival.

Yours, &c., J. C. PETERS.

---

*March 29th, 1856.*

MY DEAR DOCTOR PETERS:—If another editor is chosen, I would strongly recommend some North-western man; how would Shipman of Chicago, Ring of Urbana, or Houghton, of St. Louis do.

Yours, very truly,

WM. H. HOLCOMBE, M. D.

---

*PROVIDENCE, March 16th, 1856.*

DEAR DOCTOR PETERS:—With regard to your plan of increasing the editorial department, I think it a good one, and Shipman, of Chicago, is probably as good a man as you can get in that locality. I know of no one South but Dr. Lingen, of Mobile, and am not personally acquainted with him, nor have I seen any of his writings.

As ever, truly and fraternally yours,

HENRY C. PRESTON, M. D.

---

*October 7th, 1859.*

DEAR DOCTOR:—Only a few days since, the Homœopathic Review came to me. I was amused by the pharisaical air which it put on, as if it was the only "Simon Pure" homœopathic periodical. To-day I received the Prospectus of the "United States Journal of Homœopathy," which asserts its own future immaculate purity, and declares its freedom from all "sectional" tendencies, and "empirical" sinfulness. What do those men mean who are getting up these affairs? Do they suppose us to be quacks, crude empirics and enemies of homœopathy in disguise? For nearly ten years I have fought for homœopathy, and the law of similia, and it saddens me to learn that I and others are considered inimical to het



doctrines I so much revere. I think, however, that I can see through this transparent gauze of partizan enmity and jealousy, which has prompted the establishment of such journals. But what a pitiable sight it is, and how blighting it is to all my dreams of the future of medical science, to see such miserable motives actuate those who pretend to be good and true physicians. I am mortified at the spectacle which this will afford to the scrutinizing eyes of other medical schools, and physicians, and to the world.

I see that Hempel most inconsistently animadvert against what he terms the "abominable teachings of the N. A. JOURNAL OF HOMŒOPATHY." Is it because he is envious of the progress you have previously made, as infringing on his line of attempted reformatations more lately adopted by him? Even the St. Louis Medical College, in their announcement, speak of their intention to be free from all "eclecticism!" And, at the same time, one of their most prominent professors, Dr. Hill, is a very Paracelsus—an inveterate eclectic both in practice and in his teachings.

But I shall pay no heed to their "barkings." I am satisfied that the future greatness and ascendancy of homœopathy depends upon the exertion of the truly liberal and truly scientific men in its ranks; and if these are neglected, we shall be stationary. I know it is so in the West. I know the homœopathic physicians of our state will never support such bigotted exclusive periodicals as those springing into existence—an existence which I opine will be of short duration. I judge so from the fact that many or almost all the subscribers of the Homœopathic Review I know declare they shall take it no longer. I am impelled to write this, because I felt like talking to you privately about this matter. You must maintain your wisely adopted course, and not let your side go down in any emergency. I wish Mr. Radde would issue a well-written circular to all the physicians in America, setting forth fully our aims and objects. A great many might be induced to take the JOURNAL who have never read any journal before.

If you have leisure, write me all about these matters, which so interest me. Who are the instigators of this U. S. Journal of Homœopathy?"

Yours, very truly,

H. E.

It is with unfeigned regret that I feel impelled to answer some inquiries contained in the above note. In the first place, I suppose that the Editor of the Hom. Review mainly had his own interests in view. Next, I think that, perhaps, he merely wished to report the main features of Hempel's book, as items of news; but did it so imperfectly that he appeared to endorse opinions which I am almost certain he does not really agree with. Two leading journalists, when placed in somewhat similar circumstances, replied as follows: "If a reviewer will swallow all the shameless fabrications of an enthusiastic book as truths, he has no right to reiterate calumnies already exposed and reprobated, but should either ascertain and publish the real truth or keep silent." The second says, "The author of an attack is, generally at least, a recognizable if not a powerful entity, and utters his common-place slanders on his own responsibility. To repeat them in a careless manner is an act which all judicious men will qualify much more appropriately than we now care to do." But we repeat that we believe that the error was an unintentional one, and was or will be regretted as soon as recognized by the author.

PETERS.

NORTH AMERICAN  
HOMŒOPATHIC  
JOURNAL.

FEBRUARY, 1860.

Original and Translated Papers.

---

ARTICLE XXIII.—*A Review of some of the Late Reforms in Pathology and Therapeutics.* By Dr. JOHN C. PETERS, of New-York.

INTRODUCTION.

The following paper is slightly altered from an article published by me in the *Homœopathic Examiner*, first series, in 1842, seventeen years ago, after a patient study of homœopathy from the year 1837; after constant intercourse with some of the ablest homœopathists in this country, such as Gram, Gray, Hull, Curtis, Ticknor, Channing, &c., and opportunities of seeing the practice of some of the most renowned homœopathic physicians abroad, such as Noack, Fleischmann, Hartmann, Trinks, &c. It is reproduced here simply to prove that my course has been a consistent one through my whole medical life; that I have tried to be an earnest searcher after *truth*, wherever it is to be found; and that I have always been anxious to foster, in myself and others, a spirit of conciliation between all honest and liberal-minded physicians of whatever school.

In the meantime, according to one of the most liberal and practical physicians of the age, "the partizans of both schools are

under the strongest possible obligations to examine the rules of practice from which they habitually dissent, with an attentive and tolerant spirit; not only because such study produces greater circumspection in the care and cure of the sick, but because it promotes the progress of truth and sound conciliation.

“In the records and theoretic writings of both schools there is certainly much error, but assuredly also a great deal of truth, and the sooner a *catholic eclecticism* inspires both parties, the better for mankind at large and for the true honor of the profession. It is not true that the homœopathic method is all inert, or mere quackery, as is gravely asserted by some writers of the dominant school. On the other hand, it is not true that the thousand methods, pursued hitherto, are all totally depraved, void of good results, and to be instantly and wholly abandoned, as is affirmed by many of the new school. 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.*”

I have not the least hesitation in saying that this middle-point will be found in “the specific ALTERATIVE method.” Homœopathic remedies act *similar* to, yet somewhat DIFFERENT from the action of the disease, and hence exert a slightly ALTERATIVE action upon the disease; specific homœopathic remedies always have been, and always will be an important integral portion of the practice of medicine. Specific allopathic remedies—*i. e.* such as act specifically upon the seat of the disease, but simply *different* from its action, exert also a purely *alterative* action, and may and must often effect many cures. The ordinary allopathic practice of the dominant school is rarely or never *specific*, in a proper sense, but is generally purely counter-irritative or revulsive; yet it often effects good cures, although, perhaps, in a harsh and circuitous manner; still, if life can be saved in no other way, it must be enforced, however unscientific, and however painful to the patient, relatives, friends, and physician. The thorough going advocates of the one school often do too much, and do it in an unpleasant, perhaps kindly-cruel manner; the strict partizans of the other, at times, do too little—the one school often seems to be trying

how much medicine they can give without killing their patients, the other would seem to be experimenting how little they can give without letting their clients die. There is a vast difference in the doses and some of the appliances and hypothesis of the two schools, but no absolute antagonism in the real laws or principles of the opposing factions.

### 1. THE REFORM IN PATHOLOGY.

“ Let us no longer catch at shadows, but endeavor to seize upon the spirit of science itself; let us now discriminate between the letter and the spirit, or, what is the same, between system and true art, in order that we may no longer lose the spirit by clinging to the letter, nor true art by blindly adhering to system.”—HUFELAND.

Pathology and therapeutics, or the study of disease, and the study of the cure of disease, collectively include the whole of practical medicine. If we glance at the present state of medical science, we notice that late, although not very recent reforms have taken place, and are still progressing in each of the two great divisions above mentioned; and mark, also, that neither of them has, as yet, exerted that influence upon the medical profession, as a whole, which it should and ultimately must.

Inasmuch as a considerable space of time has now elapsed since these two great reforms were first set in motion, we think the time has fully arrived for physicians to regard them, neither with the eye of enthusiastic preference, nor yet of excessive aversion, but to canvass their merits with the eye of a critic, which should be as eager to detect truth as it is usually only keen in the detection of error. Before proceeding further, it is well to premise that it has been said, that “every one should endeavor to ascertain the truth on each separate subject of inquiry, instead of following the ordinary process of adopting whole bundles of opinions, as they are commonly found connected together;” and, it is added, that “whoever does this, is very sure to agree with one party on some points, and with another on others, and is equally certain to be called fidgetty and crotchety by all the parties.” But, as this is suffering in a good cause, “every good man and true” should be willing and firm enough to bear up under it. From this digression, I turn to make another, because I believe that the shortest and best method of truly estimating the perfections

and imperfections of any system of pathology is to compare its results with the requisitions of a theoretically and practically perfect study of disease. Hence, we advance as axioms: 1. That disease only occurs in living organized beings; 2. That all organization is the result of power; 3. That all organization presupposes the existence of form, structure, composition, and function; 4. That all function is the result of a power, which, in living organized beings, is termed the vital power. Thence we draw the conclusions that disease consists (*a*) in an alteration or modification of the vital power, which (*b*) forthwith produces alterations of function, followed (*c*) by alterations of form, structure, or composition, either singly or collectively. And further conclude that the proper study of disease necessarily presupposes and should force, *a.* the study of the operations of the vital power, and of the healthy functions, which are investigated in a science called *physiology*; *b.* the study of the form and structure of living organized bodies, which is learned in a science called *anatomy*; and *c.* the study of the healthy composition of these bodies, which is learned in a third science, which has received the name of *physiological chemistry*. Hence, we conclude, in addition, that the proper study of disease necessarily requires, *a.* the existence of a science which treats of altered or diseased functions, and which might be termed morbid physiology, although it is commonly called *pathology*; *b.* of another science, which busies itself with the diseased alterations of form and structure, and which should be, and is called *pathological anatomy*; and *c.* of a third, which investigates diseased alterations of composition, and which should and does bear the name of *pathological chemistry*. Again, alterations of function are made known to us, during life, by means of symptoms, or so-called *rational signs*; while alterations of form and structure can only be studied during life, by means of the so-called *physical signs*; and alterations from the normal composition can only be accurately learned by means of *chemical signs* or tests. Hence we draw the final conclusions, that any system of pathology which does not absolutely force the study of all of these six accessory branches of medicine, viz.: *anatomy*, *physiology*, and *physiological chemistry*, and *morbid anatomy*, *pathology*, and *pathological chemistry*, and does not equally force

the study of *rational, physical, chemical signs* of disease, must, necessarily, if not entirely erroneous, at least be imperfect.

We now turn from all our digressions to a critical examination of a late reform in the study of disease. The publication of "*De Sedibus et Causis Morborum*," of Morgagni, in 1760, opened a new era in medical studies. This work, it is well known, contains a prodigious collection of dissections of the bodies of diseased persons, made by the united exertions of Morgagni and Valsalva. It is true that others preceded Morgagni in his peculiar labors, and we are, in fact, obliged to make particular mention of Bonet, of Geneva, who is said to have been extremely zealous in the study of morbid anatomy, and his hearing having become impaired, in the latter part of his life, he was led to devote the remnant of his days to the arrangement and publication of the materials he had amassed, and labored with such success that his principal work, the "*Sepulchretum*," published in 1679, was very highly approved, and, with some show of reason, is even considered to have subsequently formed the foundation of Morgagni's great work. Other minor laborers preceded both Bonet and Morgagni, but still we think that none but the hypercritical will deny the claim of Morgagni to the title of the "father of pathological anatomy," which has been thrust upon him by almost universal acclaim.

The example of Morgagni soon engendered an enthusiastic and one-sided devotion to the study of morbid anatomy, and the "*Historia Anatomico Medica*," of Lieutaud, and the "Morbid Anatomy," of Baillie, followed, in quick succession, upon the publication of "*De Sedibus et Causis Morborum*;" while, in later times, the works of Bichat, Carswell, Laennec, Louis, Broussais, Andral, Bright, Rayer, Rokitansky, Hasse, Gross, &c., &c., all bear evidence of the devotion to pathological anatomy which has been perpetuated in the medical profession up to the present day.

The necessary consequence of an improved knowledge of the structural ravages of disease, as revealed after death by the morbid anatomist's scalpel, was to turn the attention of physicians strongly towards perfecting the means of detecting and marking the progress of these changes in the sick man during life; and hence the study of *symptomatology* received a fresh

impulse, especially that branch of it termed *diagnosis*, which teaches us the signs by which one disease may be distinguished from another. But it is evident that pathological anatomy throws light only on that class of diseases which is attended with evident *objective, physical, or structural alterations*; and it is equally certain that neither the *subjective*, nor the so-called *rational signs* of disease, nor yet *chemical signs*, will serve to diagnose organic or structural alterations. Hence, when we find that it is the objective, or so-called *physical diagnosis* of disease, which was principally and almost exclusively developed by the pathologico-anatomical school, it not only excites in us no surprise, but we recognize it at once as a necessary consequence. In fact, so intimately connected with pathological anatomy is the study of physical diagnosis, that we almost expected, before comparing dates, to find that the first great step toward the development of physical diagnosis was taken by Avenbrugger, of Vienna, in 1761, just one year after the publication of Morgagni's great work on pathological anatomy. Thenceforward, under the auspices of Corvisart, Laennec, Andral, Louis, Stokes, Piorry, Skoda, and many others, the improvements in the study of physical diagnosis kept pace with those in pathological anatomy. Still, in like manner, as Bonet was but a pioneer in morbid anatomy before Morgagni, so were Avenbrugger and Corvisart but pioneers in physical diagnosis before Laennec, who has been styled the "father of physical diagnosis." He, however, did not carry auscultation and percussion to any high degree of perfection before the year 1816. The consequence of the example of Laennec, as a matter of course, was to induce a number of physicians to turn their attention, almost exclusively, to the study of the physical signs of diseases, which was soon carried to such a height, especially in France, that many physicians seemed entirely to have forgotten that some affections are characterized only by alterations of function, and others principally by alteration of the chemical composition, and that such disorders necessarily cannot be attended with physical signs, but only by functional, or so-called rational, or else by chemical signs. The result was that the fingers and ears of many physicians soon had more to do in the diagnosis than their brains. Perhaps it is better for some per-

sons to rely upon the former, in preference to the latter, and hence we will not allow ourselves to descend into invectives against this one-sided aberration, the more especially as it led to the discovery and present great perfection of auscultation and percussion. It is but justice, however, to state that Laennec never discouraged, but urged every one to excel in the study of rational signs, while, at present, the authorities in physical diagnosis, viz.: Stokes, Graves, Louis, Andral, Chomel, Bouillaud, Schönlein, Skoda, &c., also excel in rational diagnosis.

The perfections and imperfections of the pathologico-anatomical school are evident at a glance. In like manner, as one may be a brilliant anatomist and yet be no physiologist, so may one be a master in pathological anatomy and yet be no pathologist; but, on the other hand, in like manner as one can never become a competent physiologist without being an accurate anatomist, so can one never be an expert pathologist without an extensive and accurate knowledge of pathological anatomy. Again, one may be a master in physical diagnosis, but he will not the less be an ignoramus in those diseases which are not attended with local structural lesions, and which, hence, cannot be attended by physical signs.

The more the pathologico-anatomical school perfected the knowledge of the ravages of disease, and the more accurately they perfected the physical diagnosis of structural alterations, the greater became the contrast between the advanced condition of one part of the study of disease, when compared with the neglected, or at least very imperfect state of the study of the cure of disease. They soon found that the old Hippocratic dogma, "*cognito morbo facilis curatio*," can only be true when we possess an equally exact knowledge of the means of curing disease; they quickly felt, to its full extent, that no possible amount of knowledge of pathology, exclusive of all, or but imperfect information about the means of curing disease, can possibly teach us to cure at all, much less in a speedy, certain, and safe manner. They had set one great portion of the study of medicine rapidly rolling onward toward its ultimate perfection, and now they anxiously turned their attention to the other and more important section, viz.: the study of the cure of disease. But this school, and all of its discoveries, had risen out of the dis-



secting-room and charnel-house, and to these they naturally looked for the means of curing. Hence we are not at all surprised to find Magendie, Orfila, and many others, poisoning hundreds of dogs, cats, rabbits, sheep, &c., with huge doses of powerful drugs and poisons, solely in order to dissect them after death, and thus to learn the material, physical, or structural alterations and disorganizations they produced. Now, it is well known that the pathologico-anatomical school had almost come to the conclusion that disease is synonymous with inflammation; hence it is quite natural that when they found almost every powerful drug and poison caused inflammation, of greater or less degree, their astonishment should be so great as to make them forget that these very substances had previously cured many and very severe diseases. Having forgotten this, the next step, that of proscribing the use of almost all active drugs and poisons in the treatment of disease, was easy; and it is all in keeping to find one portion of them casting their reliance, with the tenacity of despair, upon blood-letting, and that *coup sur coup*; and the other sinking into the imbecilities of the *methode expectante*, and resting their "forlorn hope" upon ptisans and gum-water. With all their accurate knowledge of the structural ravages of diseases, and their dazzling use of physical diagnosis, it soon became a proverb in the profession, that one may go to Paris—i. e., to the hot-bed of this school—in order to learn what disease he is afflicted with, but he must come away again if he wishes to be cured. We detect but a single prophetic voice against the therapeutics of this school, and that proceeds from the very man who, perhaps, was mainly instrumental in plunging it into its grossest errors—it is the voice of Magendie, ascribing a specific and peculiar power to Tartar-emetie and Corrosive Mercury, in causing engorgement, inflammation, and hepatization of the lungs, and arguing that, as it is well known that Antimony and Mercury cure inflammation of these organs, we cannot well explain their beneficial effects unless we admit them to exert a specific action upon the lungs. (See "Pereira's *Materia Medica*." American edition. Vol. I.; pp. 140 and 561.)

## 2. THE REFORM IN THERAPEUTICS.

In the foregoing section, we have briefly traced the history and results of a great reform in the study of disease; we now turn our attention to the peculiarities of an equally great revulsion in the study of the cure of disease. The means of curing are generally said to be contained within the narrow limits of the *materia medica*, and hence any reform in the cure of disease must be preceded by a reformation in the *materia medica*, which, in general, is made to embrace two great classes of substances, viz.:

1. *Materia alimentaria*, i. e., food and beverages, or such substances as are positively essential in order to keep up life and health in the healthy person. As we have already seen that there is a science called *physiology*, which treats exclusively of life and the healthy functions, we take the liberty of terming these *physiological means*.

2. *Materia medica* proper, i. e., drugs, poisons, and simples, or such substances as are more or less injurious to healthy persons, and cause disease. As we have a science called *pathology*, which treats solely of disease, we may term these *pathological*, or, more properly, *pathogenetic means*.

However paradoxical it may appear, it is none the less true on that account, that the physiological or health-preserving means are generally utterly powerless to cure disease, and are even loathed in some affections, especially in acute fevers, inflammations, &c.; while the pathological, or pathogenetic, or disease-producing means, form the main reliance of physicians in medical treatment. As these means, i. e., drugs and poisons, are injurious to the healthy person, they must, necessarily, also, be injurious to the sick, unless properly applied; hence it becomes a positive duty, on the part of physicians, to use all possible means of attaining a comparatively perfect knowledge of the action of drugs and poisons prior to attempting to cure diseases with them; and also to be earnest and constant in the search of true laws and principles of guidance for the correct administration of them. If humanity demands that we should experiment as little as possible upon the sick, we have no resource but to experiment upon the healthy, viz., men and ani-

mals. If physicians should be too squeamish to experiment upon animals, and neither noble- nor generous-minded enough to experiment upon themselves, we can then only rely upon the records of accidental or suicidal cases of poisoning, and those of the sufferings which have been wrung from the agonies of the sick in slovenly and rash attempts at cure, for a scanty knowledge of the pathogenetic action of drugs and poisons. If we are limited to the latter means, such knowledge can only make accidental and occasional, and not regular, systematic, and constant advances. As all these methods of attaining information of the action of drugs and poisons are necessarily attended with suffering, it is well here to compare the advantages of each and all of them, in order that we may learn whether any of them may be dispensed with, or whether, cost what suffering they may, they must be constantly and unflinchingly put in practice: 1. By experimenting on healthy animals, we may push our experiments to the extent of causing severe local lesions, tumultuous constitutional disturbances, and death; after which we may learn the pathologico-anatomical, or structural, and the chemical changes produced by drugs and poisons. But animals do not speak a language that we understand, and hence many pains, sensations, and functional derangements must escape cognizance, unless we experiment: 2. on healthy human beings, on whom, of course, we can only experiment within reasonable bounds—we dare not cause severe local lesions, tumultuous constitutional disturbances, and death, but, at the most, may only bring on functional derangements, evidenced by sensations or symptoms, from which we can only dimly and indistinctly guess at the internal morbid conditions which drugs and poisons are capable of producing, and to which these symptoms point, and from which they proceed. But our knowledge of the action of drugs, poisons, herbs, and minerals on healthy human beings may be very materially aided by a thorough study of the accidental or suicidal cases of poisoning which have been carefully collected and preserved in the various works on toxicology. There we may learn the symptoms during life, and note the structural and chemical changes after death, and further compare the former with the results of experiments on healthy men, and the latter with the severe effects of vegetables and minerals on animals. It is evi-

dent, that by employing all these means, we must attain to a far more perfect knowledge of the action of drugs and poisons than by using only a part of them; hence, while we receive thankfully all new discoveries gained by the employment of one or the other of these means, we must deny that a one-sided and enthusiastic devotion to one method only exhausts all our means of acquiring such knowledge, and peremptorily refuse it all claims to actual and ultimate perfection. But, although Hahnemann experimented exclusively upon healthy human subjects, yet he made use of many of the treatises on toxicology extant at his time, and thus gave his labors a much greater completeness. Again, we cheerfully admit that humanity demands that such experiments on healthy men and animals should only be continued as long, and pushed so far as is absolutely necessary definitely to settle the peculiar action of each drug and poison. But Magendie, Orfila, and Wibmer have experimented largely on animals; Hahnemann, Stork, Joerg, and others, have experimented freely upon healthy human beings; and Orfila, Christison, Sobernheim, Taylor, &c., have furnished admirable treatises on toxicology. Now humanity is certainly not so exacting as to command us not to study the details of these experiments; indolence and prejudice must be more potent in dissuading physicians from making a close and accurate acquaintance with them.

It is possible that the results thus obtained may enable us to deduce laws for the application of drugs and medicines in the cure of disease; but the absolute truth of such laws can only be truly demonstrated at the bedside, by trials upon the sick. Now physicians have been making such experiments for over two thousand years, the details of which are preserved in many huge folios; hence, before we should dare to experiment further, we should compare the results of the actions of drugs and medicines upon healthy men and animals with the effects which these same substances are known to have produced upon sick men and animals. By such comparison, laws and principles of guidance in the art of healing must flow easily, naturally, and certainly. We therefore draw the conclusion that a theoretically and practically correct materia medica should contain accurate and voluminous details of many experiments with drugs, poisons, and

simples, both vegetable and mineral, on healthy men and animals, and the results of accidental or suicidal cases of poisoning; while an equally correct therapeutics should contain a comparison between the effects of drugs and medicines on the healthy and those produced in disease; an elucidation of the principles according to which cures have followed, and the establishment of laws and principles according to which future cures or injury of the sick may and must ensue.

We now turn to a critical examination of a late reform in the development of the *materia medica* and therapeutics, or in the study of the cure of disease. We find that a favorite pupil of the celebrated Quarin, one whom he so loved and respected that he once entrusted him with the care of part of his extensive and arduous practice, even before he had reached the years of manhood; a man well grounded in the study of medicine, as taught by Hippocrates, Galen, Paracelsus, Van Helmont, Hoffmann, Stahl, Boerhaave, Cullen, Brown, and Darwin, put forth, in 1796, a little "*Essay upon a new method of discovering the curative powers of drugs, with a criticism of the methods previously pursued.*" Starting with the positions that all drugs are injurious to the healthy person, but exert positive and specific curative powers against many diseases, and that it is the special and only vocation of the physician to cure and relieve the sufferings of the sick, and not to experiment, much less heedlessly to inflict injury upon them, he generously set the example, and earnestly urged the whole medical profession to join with him in making experiments with drugs, poisons, and simples, both vegetable and mineral, upon himself and other healthy persons, in the ardent hope of finding fixed and true laws of guidance for their correct administration to the sick, so that the medical world, at least, might learn some of the circumstances under which certain drugs must prove beneficial or injurious.

The intentions of Hahnemann were philanthropic and honest, and his aim was a truly noble one; but as he experimented upon the healthy human subject only, his "*Materia Medica Pura*" necessarily contains mainly the details of functional derangements and symptoms; in point of fact, it does contain an unexampled host of isolated and often very trivial drug-symptoms, fewer connected groups of drug-effects, still fewer distinct

and complete descriptions of drug-diseases, and comparatively scanty details of severe local structural disorganizations and chemical decompositions. As Hahnemann devoted himself, through a long series of years, with almost unparalleled industry, and with a devotion which could only have been excited by the most elevated and philanthropic desires, he necessarily collected an immense mass of drug-symptoms; but from what internal morbid, functional, structural, or chemical changes they flowed, and to which they pointed, remained either nearly unknown to, or could only be darkly and uncertainly guessed at by him; mainly because true pathology and physical diagnosis had been comparatively but little cultivated before his time. He was immensely in advance of his times in the study of the *materia medica*, and his present followers, instead of merely rehashing his materials, should labor in the same grandly progressive, and, if necessary, revolutionary spirit which once actuated the great reformer.

It of course became necessary for Hahnemann to arrange his vast materials; and, as isolated drug-symptoms formed the majority of these, the most natural ordination was to arrange them according to the localities or organs which they principally affected; and hence he classed them under effects upon the head, eyes, nose, &c., arms, legs, toes, &c., according as they influenced these parts. This certainly is a simple, and perhaps a natural arrangement, and we would have no exception to take to it, if it had not been cited by unfair critics as the only proof that the Hahnemannian school are in possession of sound knowledge of anatomy and physiology. They admit that it is sound knowledge of anatomy and physiology to know that human beings have heads, eyes, noses, arms, legs, &c.; but they also insist that every child knows this much, and that they have a right to expect learned anatomists and physiologists to exhibit greater information in their peculiar studies than every child is in possession of. They say they look in vain, in the "*Materia Medica Pura*," for an accurate diagnosis, in which individual nerve, tissue, organ, system, &c., are seated, each particular pain, ache, swelling, and what not, produced by hundreds and thousands by almost every drug, inert or active, with which he experimented. They know full well the great difficulty with

which far huger evils than isolated and apparently trivial drug-symptoms are oftentimes diagnosed, and are perfectly willing to admit, as a partial excuse for the non-performance of this, the extreme difficulty, and often, perhaps, utter impracticability of such a procedure. But it is now very possible to diagnose the exact locality of many permanent and severe pains and lesions, and our knowledge of the effects of drugs and poisons must not be considered perfect until such diagnosis has been made; besides, the exact application of the Hahnemannian method demands that, in order to cure, *the drug must act specifically upon the locality of the disease*; and if we know not upon what location the drug acts, how can we cause it to impinge accurately and certainly upon the seat of any disease? There are very many of the Hahnemannian school who possess a very accurate knowledge of anatomy and physiology, and are also adepts in the diagnosis of natural disease—it remains for them to perfect the diagnosis of drug-diseases. We suggest, as another, and, perhaps, a true reason why Hahnemann could not complete the diagnosis of drug-diseases, the fact that, from the time of Bonet and Morgagni onward, rational or rather hypothetical diagnosis had been falling into disrepute, because it did not suffice to detect structural alterations; while, as we have seen, the discovery of physical diagnosis did not take place until 1816; and we know that Hahnemann published his first tract in 1796, his "Materia Medica" in 1811, and his "Organon" in 1810. Hahnemann's method was, perhaps, the best which could have been adopted in his time, more than sixty years ago; but the immense advances which have been made, since his period, in physiology, histology, microscopy, pathological anatomy, and pathological chemistry, have not all been properly incorporated in his system by his followers. He was eminently progressive; many of them are eminently stationary.

The arrangement of the isolated drug-symptoms above-mentioned, sharp critics admit, may have been the best which could have been instituted with the least amount of trouble; but, they say, it would certainly have been better to have pointed out not merely upon what organ a drug acted, and the probable manner of its action; but also the exact part, tissue, &c., of the organ it affected particularly. But, they assume that science was out-

raged when Hahnemann laid violent hands upon his groups of drug-effects and upon his smaller collection of drug-diseases, and scattered their component parts like to the twenty-four winds of heaven, by forcing them into the same arrangement which he had adopted for his isolated drug-symptoms; thus destroying every trace of the chronological, causal, or sympathetic relations which the individual parts of the groups of drug-effects and diseases bore to one another. They say, as well might an artist, who is in possession of a large collection of fragments of statuary, and a smaller one of entire figures, commence by arranging all the fragmentary heads, arms, and legs, &c., together, and then proceed to break off the members of his perfect statues, and arrange their *disjecta membra* in connection with the first, in order to have unity of arrangement, and exact systematic order.

But we have thus far been acting on the supposition that all the symptoms detailed in the "Materia Medica Pura" are truly the effects of drugs. It, however, has been proven incontestibly, say some, that Hahnemann and his aids noted down almost every abnormal sensation which accrued, from the commencement of their experiments to their termination; hence they think it but fair to infer that many accidental catarrhs, rheumatisms, headaches, eruptions, &c., have been recorded as the effects of drugs. They assume that Hahnemann no doubt possessed as ardent an impulse to collect drug-symptoms as a miser has to collect the goods of this earth; but insist that misers rarely collect worthless things, but generally close their lean and skinny fingers upon precious jewels and pure gold; they hoped that Hahnemann had collected only very important, positively true, and practically useful effects of drugs. They cite the anecdote of Lessing, the celebrated philosopher and critic, in which it is said that, while a mere lad, he and a school-companion each began to form a collection of minerals, and labored with equal industry. They separated after a while, and did not meet again for years, when the first question was: "Do you still continue your collection of minerals?" Lessing responded by leading his friend to a choice, but small cabinet; when the latter in astonishment exclaimed: "Why, you had more when a mere school-boy, and my collection is more extensive by an hundred-fold; in fact, I still



have every mineral, worthless or priceless, that I ever was in possession of." Lessing, the critic, drily remarked, that he had early commenced to throw many of his away. These so-called supercilious and impatient critics assume, that if Hahnemann had exerted a rigid criticism over his collection of drug-effects; if he had ever and constantly struggled to ascertain the exact value of each of his acquisitions, he undoubtedly would have employed some of his untiring industry and honest zeal in throwing away; while part of the medical world would never have fallen into the belief that Chamomile-flowers, charcoal, and chalk, produce thousands upon thousands of strange effects.

But this is a very one-sided, and, by far, by very far, the darkest side which can be given of the "*Materia Medica Pura.*" With much irrelevant and badly-arranged matter, it contains a much more extended account of the trivial and severe effects of drugs than is to be found in all other *materia medicas* combined, and it may still be regarded as a great authority in therapeutics. It is true that its details are so voluminous as to become, in a great measure, confusing; and that it requires an immense amount of patient and laborious study to attain even a respectable amount of knowledge of its contents; while even then one is very apt to overlook the peculiar and specific action of drugs amidst the vast accumulation of secondary, accidental, or occasional effects which are there recorded. Yet, if physicians would be pains-taking enough to use several, or a dozen, or even more common *materia medicas*, as commentaries or grammars to this huge work, *i. e.*, the "*Materia Medica Pura,*" they might be astounded at the vast flood of apparent knowledge which could thus be elicited by comparison and contrast.

If, to the huge legacy of symptoms contained in the "*Materia Medica Pura,*" we add the knowledge of a great therapeutic law, for the more or less correct application of drugs to the cure of disease, some of the advantages of the homœopathic *materia medica* and therapeutics may become forcibly evident to some.

We forbear to enter more minutely here into the difficulties of treating disease with no other guide than the "*Materia Medica Pura;*" and, although we honestly think that the homœopathic method offers, even in its present condition, an excellent means of curing many diseases, yet experience teaches us

that its application is always laborious, frequently uncertain, and often utterly impracticable; hence we must add that, although much has been done, yet much more remains to be effected. Still, when we call to mind what Hahnemann and the homœopathic school have done to increase our knowledge of the action of drugs, and what they have tried to do towards rendering the cure of disease more certain, quick, and gentle, we become disarmed of all reproach and invective, which we think due to some of the manifold errors and inconsistencies into which some of this school have plunged, and cheerfully take our stand as one of the upholders of some of the truths which we conceive to be contained in the doctrines of this as yet reviled and persecuted sect. We have certainly had no wish to detract from the merits of Hahnemann, but, on the contrary, have always had a sincere desire to see him elevated from the position of a reviled leader of a comparatively small and despised sect, to the rank of a universally-respected and great reformer in medicine; that he might be regarded, by the whole medical world, as a highly philanthropic and generous man, and a truly noble-minded and skilful physician. We have long cherished the ardent hope that his name, too, might soon be enrolled, by common consent, in that "invisible church of genuine physicians, who, ever faithful to nature, have been actuated by her spirit, and have always acted according to her intimations, and have preserved her holy word;" we earnestly wish that the time may not be far distant when his name will be honorably associated, by all, with those of Hippocrates, Sydenham, &c. But, in order that this time may soon, as it inevitably should come, homœopathy must not only be lifted from its present empirical basis into a science, but must be purged from numberless crudities, errors, and absurdities, which have crept into and still defile it.

The physiology of many homœopathists commences with the vital powers, and ends in the consideration of a part only of the vital functions, particularly those of sensation; while those functions which tend to structure and composition are comparatively neglected: hence it dispenses almost entirely with anatomy and physiological chemistry. As their notions of pathology are based upon such physiology, they consist almost solely in a consideration of the aberrations of the vital power and of the sensations;

while alterations of structure and composition, or pathological anatomy and chemistry, find no place in them. Hence their theories of health and disease are one-sided vital theories. The consequence is, that dynamic and functional diseases are more within the domain of their investigations than alterations of the structure and chemistry of the body.

The pathologico-anatomical school commenced at the opposite extreme. Their physiology was almost sunken into anatomy, while their pathology scarcely outstepped the bounds of pathological anatomy. The vital functions, except those which preside over structure, were almost unheeded; and of the vital powers they were so profoundly ignorant, that they thought them the result of organization; hence their notions or theories were one-sided, material, physical, or mechanical ones. One would suppose that this school cured structural alterations with the same readiness that the homœopathic investigates functional diseases. But, until lately, the former, unlike the latter, were not in possession of a great therapeutic law; the knowledge of disease was the strong side of the one, the cure of disease was thought the bright side of the other; and we have no hesitation in adding that the homœopathic school, at times, cure even structural lesions with far greater facility than the old pathologico-anatomical sect, whose therapeutic means were mostly confined within the narrow, but sanguinary or puerile limits of blood-letting, cupping, leeching, Mercury, Antimony, Opium, starving, tsisans, and gum-water. But, if the pathology of the homœopathic school should be extended, so as to embrace pathological anatomy and pathological chemistry, and if their knowledge of the action of drugs should be enlarged, so as to include their pathologico-anatomical and pathologico-chemical effects, then we have not the least hesitancy in asserting that, by means of a correct system of hygiene, and with the aid of the homœopathic and other therapeutic laws, we may, in time, be able to cure some structural and chemico-vital diseases with the same certainty, if not with the same celerity that we are able to diagnose structural lesions by means of physical diagnosis. And the homœopathic school may place themselves *instantly* in position to effect a portion of this desirable result; for the works of Andral, Louis, Gross, and Rokitansky, on pathological anatomy; those

of Liebig, Simon, Lehman, Berzelius, and Dumas, on physiological and pathological chemistry; those of Laennec, Stokes, Raciborski, and Skoda, on physical diagnosis; those of Magendie, Taylor, Orfila, and Wibmer, on the pathologico-anatomical effects of drugs; and those of Christison, Orfila, Sobernheim, &c., on toxicology, will enable them to take this giant stride as soon as their contents be mastered.

### 3. ON THE LAW "SIMILIA SIMILIBUS CURANTUR."

We here feel ourselves constrained to add a few critical remarks upon the well-known homœopathic law, "*similia similibus curantur.*" It is self-evident that, in order to cure any disease, a *different* state or condition of things must ultimately be induced. It is well known that Hahnemann insists strongly, that the action of the curative agent must not be *identical*, but only *similar* to that of the disease to be cured. He admits that the greatest similarity, *i. e.*, identity, would certainly add so much more to an already existing disease, and, of course, aggravate it; but he also asserts that a *lesser*, though still a great degree of similarity of action, between the drug and disease, will always be followed by a cure, in which the drug-action is first substituted for that of the disease, which then is, as it were, driven out or dislocated; next, the drug-action, which is transient, gradually subsides, and a perfect freedom from all complaint is the result. *Of course, only something DIFFERENT can be substituted*; for, if it were identical, we have seen that it would be *added* to swell the amount of original suffering. In point of fact, all similarity presupposes and includes some *difference*, which is an essential element in every attempt at cure; homœopathic remedies hence exert a *differential* or an ALTERATIVE action.

But the question may be put, may we not dispense with the similarity, and effect prompt and radical cures with drugs which only act *different* or opposite to the action of the disease? We unhesitatingly reply in the affirmative, and assert that any drug, which acts specifically upon the locality of the disease, may reasonably be expected to effect a cure, act it similar, different, or opposite; for it is evident that two different actions cannot go on at the same time in the same place: one of two—*viz.*, the

weakest—must cease. Hence, if the dose be well proportioned, and the drug be powerful enough, a time must arrive when the diseased action ceases, and the drug-action is about being substituted; at this juncture a cure of the disease is temporarily effected, but a drug-disease may supply its place, if the physician has not wit enough to withhold the further application of his drugs. It will now be seen that the dogmas, “*similia similibus*,” and “*contraria contrariis curantur*,” are only relative—the main law which Hahnemann’s disciples wish to confine to, “*similia similibus*,” exclusively, belongs neither to this nor to its opposite, but lies between them, in a common centre, in which both laws unite and become one. This common centre of all these three laws is *difference*; for similarity, difference, and opposition all agree in being merely *greater or less degrees of difference*. This central law may be expressed in the formula, “DIFFERENTIA DIFFERENTIIS CURANTUR seu ALTERANTIA ALTERANTIS CURANTUR.” We must, then, unconditionally deny that homœopathic remedies only are specifics. To render this more clear, we suggest that the homœopathic method might be extended, so as to embrace not only the exciting of a similar state in the very same locality, system, organ, tissue, or function which is affected by the disease, but also in similar, different, and distant parts. The confines of the antipathic method may also be enlarged so as to include not only the production of an opposite condition in the very parts diseased, but also in similar and different systems, and more or less distant tissues, organs, and functions. The boundaries of the allopathic method will, of course, admit of the same extension. Then we would say that the production of similar, different, or opposite states in the very parts, or of the very functions implicated by the disease, must all be regarded as *direct* and *specific* methods of treating disease. The proper application of these methods demands the most accurate knowledge of the every action of remedies, both upon the sick and healthy, and upon men and animals.

On the other hand, the exciting of similar, different, or opposite states, not in the very parts diseased, but in similar, different, or remote parts, must be regarded as indirect or revulsive methods, which may occasionally, or even frequently prove useful. With the aid of all these methods, we need not be fearful

of curing too many diseases ; and, doubtless, a century hence we shall hear no longer of exclusive homœopaths, allopaths, or antipaths, but every sound physician will be striving to apply all these various methods skilfully and accurately.

It is well known that it has long been insisted, by a small sect of medical men, that the homœopathic is *the* only true method of curing disease, and that it is applicable to every variety of sickness. I have labored long and zealously to prove that the homœopathic is a true, safe, and certain method of treating very many disorders ; but I deny that there is any proof extant that diseases can be cured by no other method. Besides, homœopathic remedies have not yet been discovered for all the varieties of human ailments, some of which we know, to our cost, can only be cured slowly and unsatisfactorily ; hence, even admitting, for the sake of argument, that the homœopathic is the only specific and direct method, no unprejudiced physician can yet be justified in rejecting the indirect and palliative methods.

On the other hand, many diseases have no opposites ; for instance, what is the opposite of a headache, a pustular eruption, a rheumatism, or an erysipelas, &c. ? Hence, if it be absolutely necessary to create an opposite state, in order to cure any given disease, very many diseases must necessarily be absolutely incurable. *The antipathic method never can be an exclusive and universal one.*

Again, diseases are often so painful and dangerous that every reasonable expedient which the ingenuity of man can devise, for relief or cure, may have to be brought in play. No humane physician can be justified in sacrificing the life or comfort of those who rely upon him with confidence, under their afflictions, to a system or a theory. In future ages, universal and exclusive systems may, perhaps, be regarded in the same light as universal panaceas for "all the ills that flesh is heir to."

We will merely add here, that, in like manner as we regard pathological anatomy and physical diagnosis as the greatest advances which have as yet been made in the study of disease, so do we regard the *specific method* as one of the greatest advances which has yet been made in the study of the cure of disease. But a century may tell a different tale ; much has been done, but more remains to be done. In like manner, as Morgagni, the

father of pathological anatomy, has been far outstripped by Andral, Louis, Cruvelhier, Rokitansky, and others; and Laennec, the father of physical diagnosis, has been far surpassed by Piorry and Skoda; so should Hahnemann, the father of specific medicine, soon be far outstripped in the study of the cure of disease; else the practice of medicine must remain comparatively stationary in the direction he forced it, almost a quarter of a century ago. The labors of those who came after them only served to reflect credit upon Morgagni and Laennec; so should the labors of those who come after him reflect more and more credit upon Hahnemann.

As the so-called homœopathic and allopathic methods now divide and alienate the medical world, I intend here more particularly to apply the above rules and principles of examination to them; especially as these two methods are almost universally regarded as diametrically opposed to each other, and as incapable even of compromise, much less of union. But, if there be some truth in each, then there must be some principle common to both; if there be no such uniting principle, then one or the other method must be absolutely and totally false; for every true theory or generalization must not only be a legitimate deduction from many facts, but, also, must not be opposed to other equally numerous and equally well substantiated facts. A true and comprehensive deduction or generalization must not only help us to a complete view and explanation of all the hitherto discovered facts; but all pertinent facts which may be hereafter discovered must be in accordance with it, else it must be a mere fragment of some more general law, still to be sought for and discovered.

Hahnemann was the first to put forth the hypothesis or generalization, that there can be but *three* modes of medical treatment, viz.:

1. The *antipathic* or *antagonistic* mode—based upon the old Galenical law, "*contraria contrariis curantur*," and which he affirms to be simply a rule for palliation, never of cure.
2. The *allopathic* or *alterative* mode—characterized by the giving of remedies which act *differently*, *i. e.*, neither similarly nor antagonistically to the action of the disease; in accordance with the axiom, that in order to cure any disease, a different

state of things must be brought about; and, of course, based upon the modern formula: *DIFFERENTIA DIFFERENTIIS, seu ALTERANTIA ALTERANTIS CURANTUR.*" This Hahnemann also declared to be merely a palliative law.

3. The *homœopathic*—consisting in the administration of remedies which act similarly, *i. e.*, neither identically, nor widely, but only slightly *different* from the action of the disease. This he declared to be the only curative and truly specific mode.

Hahnemann and his followers could perceive that the antipathic and allopathic, *i. e.*, the antagonistic and alterative methods, were allied to each other; for antagonism is merely, and may be defined as the *greatest degree* of difference. But both he and they have repeatedly declared the homœopathic method to be as different from the two others as day and night, forgetting that there are *degrees of similarity* as well as of difference; that, although similar things resemble each other, they also differ somewhat; that *similarity always includes and presupposes some difference*; that, in fact, similarity is merely, and may be defined the *least degree of difference*; therefore, the homœopathic method is *only relatively different from*, not absolutely opposed to the alterative method, and *this*, in its turn, we have seen, is only relatively different from the antagonistic method.

Although Hahnemann, in his reasoning, assumes the homœopathic method to be as *different* from the alterative as day is from night, yet, in his explanations, he is repeatedly forced to admit the contrary. Thus, he says, in one paragraph of his "Organon:" "Without a natural *difference* between the action of the medicine and that of the disease, no cure could possibly take place, but, surely, an addition to, or aggravation of the evil." Again (see German "Organon," p. 68) he tells us, that, "If we apply continually to a frozen limb the same degree of cold which originally froze it, a cure will not take place isopathically, but the part will remain lifeless and dead; if, however, we apply a somewhat lesser degree of cold [*i. e.*, a somewhat greater degree of warmth], we will gradually restore the limb to comfortable temperature, and effect a cure homœopathically. Thus, if the room in which the frosted patient is, be at the temperature of +10°, Reaumur, and the cold applications be at +1°, Reaumur,



and the frozen part be at *zero*, then the cold application will supply one degree of warmth to the limb, and the surrounding atmosphere of the room will gradually supply nine degrees more." Hence, it is not the constant application of cold, but the *gradual application of warmth* which effects an alterato-antagonistic cure. To treat a frost-bite according to the antipathic or antagonistic mode, we should apply a sudden and extreme degree of warmth to the frozen limb—this is notoriously injurious; according to the allopathic mode, we should apply a medium degree of heat, persistently—this may or may not be dangerous; while, according to the homœopathic method, we should first apply a slight degree of warmth, which is to be gradually increased—this is the only really safe way, but it will be seen that in this instance the three methods differ in *degree* only, not in *kind*.

Again, Hahnemann tells us, that, "A hand scalded with boiling water will not be cured isopathically by the fresh application of scalding hot water, but we may cure it homœopathically by contact with a lesser degree of warmth [*i. e.*, by a somewhat greater degree of cold]; thus, if we place the scalded part in a vessel filled with warm water, at the temperature of 60°, Reaumur, the water will gradually become somewhat less hot, *i. e.*, more cold, until, finally, it and the scalded part will very gradually have fallen to the temperature of the room." The antagonistic mode would require us to apply ice or ice-water to the scalded part; this might prove injurious, and bring on mortification. The alterative method would oblige us to use decidedly cold applications, which might or might not be dangerous; while the homœopathic method directs us to apply warm, or even moderately hot fomentations, gradually reducing the temperature. Still, the three methods again differ in *degree* only, not in *kind*.

Again, to a starving person, we would first administer, homœopathically, such small quantities of food as would enliven, if not almost starve a hearty person; but gradually the quantity must be increased until the patient is on full diet. The allopathic mode would oblige us to give much food at once, and the bad consequences which would often follow are too well known to require mention; while the antipathic method would call for the production of a surfeit.

All the above so-called homœopathic cures consist in the *gradual* bringing about of a *different* or even *opposite* state, and we have seen that Hahnemann admits, and, in fact, assumes, that without a *natural difference* between the action of the remedy and that of the disease no cure can take place. We would next inquire how great a natural difference Hahnemann regards as necessary or admissible. He says, in section 45: "Two diseases, which *differ greatly* in their species, but resemble each other strongly [*i. e.*, differ slightly] in their symptoms, always mutually destroy each other." Here we have a great essential difference, and a slight symptomatic difference between the action of the drug and the disease allowed. Again, on page 138, we are told that, "A homœopathic remedy is not necessarily improperly chosen, even if several of the drug-effects are antagonistic, opposite, or antipathic to several of the less important symptoms of the disease, provided it covers the characteristic and important phenomena." Hence, to sum up, we have a partial symptomatic antagonism allowed, *plus* a slight symptomatic difference, *plus* a great essential difference. Here is latitude enough to effect a gradual alterative, or even antagonistic cure, as in the case of the frozen, scalded, and starving persons. But we are not obliged to confine ourselves to generalities, for Hahnemann has furnished us with a few examples whereby to regulate our practice; thus, in his proofs of the truth of the homœopathic method, he cites a case of purulent discharge from the bladder, cured by Uva-ursi, which drug, he truly says, is apt to cause a *mucous* discharge from the viscus; but there is a great difference between mucus and pus; and Uva-ursi may cure by altering, changing, or reducing a purulent to a mucous flux, which latter may then subside of itself, or be removed by other means. He also tells us that the vaccine fever has cured two cases of intermittent fever homœopathically, which experience, he says, confirms the assertion of the illustrious John Hunter, that two fevers, *i. e.*, two similar diseases, cannot exist in the same patient at the same time. But it is very evident that there is a great variety of fevers and great differences between some of them, especially between the vaccine and intermittent fevers; for one is the result of an animal infection, the other of vegetable decomposition; the one is always inflammatory in its nature, with

a strong tendency to suppurative inflammation; while the other is generally merely congestive, very rarely inflammatory, and, perhaps, never suppurative. Hahnemann also cites a case of dysentery, said to have been cured homœopathically by a purgative; but purgatives generally cause merely an artificial diarrhœa, and there is much difference between a diarrhœa and dysentery. Thus far, we are utterly at a loss for any good reason why the homœopathic method only should be regarded as truly curative and specific, and the alterative and antagonistic modes merely palliative; for they all agree in producing a greater or less degree of difference or alteration in the action of the disease; and, by somewhat diminishing the dose, we might bring about a safe, prompt, and durable cure by allopathic and antipathic remedies. It is true that Hahnemann assumes the preference for the homœopathic mode because dissimilar diseases may coëxist in the organism; for their dissimilitude, he says, will allow of their occupying different regions or localities, and a stronger similar disease must exercise an influence upon the very parts occupied by the disease to be cured, and even throw itself by preference upon them; so that the original disease, finding no other organ to take refuge in, is necessarily extinguished. Hahnemann here almost admits that a specific remedy should act primarily upon the seat of the disease. But there is more than one *non sequitur* here: 1. The same parts, localities, or organs may be *differently* affected, although not at the same time; hence, if we can bring a *differential* or *alterative* influence to bear upon the seat of the disease we may dislodge it. 2. A remedy which acts *differently* from the action of the disease, may also act by preference, or specifically, upon the parts occupied by the disease. 3. Remedies which act *similarly* to the action of the disease do not necessarily act specifically upon the seat of the disease; much less do they occupy the whole organism so completely that, if they dislodge the disease from its original seat, it can necessarily find no other organ, system, or locality to act upon. In point of fact, there may and must be a specific and curative *alterative* method, and a specific and curative *antagonistic* method, as well as a curative homœopathic mode. But I must first explain what I understand by *specific* drugs and medicines, disclaim the mere empirical-specific, and uphold rational-specific treatment.

## 4. SPECIFIC TREATMENT.

1. By a *specific drug*, I merely mean one which acts by preference, and in a peculiar and characteristic manner upon certain parts, organs, or systems. A drug is a disturbing, perturbing, disease-producing, or pathogenetic agent. A medicine is a drug rightly applied for the cure of a disease.

2. By a *specific remedy, or medicine*, I refer to a curative agent, or drug, which not only acts by preference upon certain parts, organs, or systems of the organism, but exerts a peculiarly curative influence upon some of the diseases of those parts, and thus becomes a specific remedy or medicine.

3. By *rational-specific treatment* of disease, I merely mean the exhibition of such drugs and medicines as act peculiarly and specifically upon certain organs, parts, or systems, and curatively against some of the diseases of those parts. And here I hope to have found that direction in which the celebrated Dr. Forbes thinks homœopathy is destined to be the remote, if not the immediate cause of more important fundamental changes in the practice of medicine than have resulted from any system of medicine promulgated since the days of Galen.

As we may have three or more remedies acting equally specifically upon a certain locality, and yet acting, the one similarly, the other differently, and the third oppositely to the action of a given disease of that locality, we may have three varieties of specific treatment, viz. :

1. The *specific antipathic, or specific antagonistic* treatment, *i. e.*, the exhibition of such medicines or remedies as act by preference upon the locality of the disease, and quite or nearly opposite or antagonistically to the action of the disease.

2. *Specific allopathic, i. e., specific alterative* treatment—consisting in the use of such remedies as act by preference upon the seat of the disease to be cured, and specifically *different* from, *i. e.*, neither exactly opposite, nor yet identical, nor merely similar to the action of the disease; and,

3. *Specific homœopathic* treatment—characterized by the use of such medicines as act by preference upon the seat of the disease, and *similar to, yet somewhat different from* the action of the disease.

But I may first be required to prove that there are specific drugs and remedies, and that their specific virtues have been, can, or may be discovered. Christison (see "On Poisons," p. 15) says: "Drugs and poisons are commonly, but, he conceives, erroneously supposed to affect the general system. A few of them, such as Arsenic and Mercury, affect a great number of organs, but not the whole system, and even they affect some parts *by preference*; but by far the larger portion of drugs and medicines *act on one or more organs only*, and not upon the general system. Thus, Arsenic, whatever way it be introduced into the system, inflames the stomach and rectum. It has such a peculiar elective affinity for these parts that it will produce these effects even when the fumes of it are inhaled, and Headland (see *London Lancet*, Oct. 21, 1843,) says, he is unacquainted with any other fume or gas which will produce like effects. The specific action of Mercury upon the gums is also a very familiar, but by no means the most striking instance, although it will "touch the gums," even if rubbed upon the soles of the feet, or upon the inside of the thighs. Christison (*ibid.*, p. 372,) tells us that the effects of Chromate of Potash, when introduced into a wound in the thigh of a dog, are equally, if not still more remarkable: for, when thus applied, it seems to cause inflammation of the mucous membrane of the air-passages, *specifically*; for even the wound, to which it was originally applied, does not become much inflamed; while the larynx, bronchi, and minute ramifications of the air-tubes are found phlogosed and to contain fragments of fibrinous exudation, evidently the result of previous inflammation (remining one of the action of the specific diseases, measles, scarlatina, and varioloid), while the nostrils are filled with similar matters, and even the conjunctivæ of the eyes are covered with mucous and purulent effusion. Again, however intense the inflammation of the stomach and bowels produced by Arsenic, Oxalic-acid, and many other acrid drugs, this rarely extends to the peritoneum, causing true peritonitis, which Corrosive Mercury, Colocynth, and the mineral acids are very apt to produce, showing conclusively that these latter agents act specifically upon the peritoneum. Finally, Dr. Headland has seen Aconitine, when rubbed upon the skin of the arm or body, produce a remarkable state of the throat,

amounting to distinct tonsillitis or quinsy; and this specific action of Aconite constrained Dr. Headland to endeavor to draw the attention of the medical profession to the little progress which medical men have made in the knowledge of the peculiar and *specific* action of drugs and medicines—they being, at the end of fourteen hundred years, acquainted, as Colton truly says, with only two specifics! These examples may suffice, for the present, to prove that specific drugs do exist. It now remains to be seen whether rational specific remedies or medicines are known, and whether scientific specific treatment is practicable and desirable.

In the American reprint of the *London Lancet*, vol. ii., p. 823, we read, that "Many thoughtful men, who practice medicine, are unwilling to acknowledge that any of those medicines which are sometimes termed 'specific,' really possess any peculiar qualities. There is, however, reason, on close inspection, to admit that the belief in *specific* remedies, for particular morbid tissues or actions, is in strict analogy with much that we know positively of the functions of life, both in health and disease. In health, various organs are subject to peculiar and appropriate stimuli, which excite in them actions that would not be excited by the same stimuli in other organs. Thus light stimulates the retina to vision; vibrations of the air excite the nerve of the ear to hearing; food elicits from the alimentary canal those secretions which are requisite for its digestion. The blood is called a universal stimulus, but *each* of its component parts stand in a *specific* relation to some particular tissue or organ; for, while the blood supplies every part, indiscriminately, with the materials of nutrition and renovation, each part, so supplied, exercises a *peculiar and specific function*, in selecting such of the constituents of the blood as are capable of ministering to its requirements. These are unquestionable facts in physiology; and what is the inference that may be directly derived from them, in relation to our present subject, namely, *the specific treatment of disease?* Simply that every healthy vital action results from the operation of a specific substance on a particular texture, function, organ, or system. What is proposed, in the administration of curative agents, but to reëxcite those normal actions, the departure from which produces and constitutes

the morbid state? Why, then, should we reject the doctrine of operating, to restore health by means that are analogous to those which nature uses for the maintenance of health, *i. e.*, by applying to the diseased parts, tissues, or organs such substances as are capable of exerting *specific* actions upon those tissues or organs? According to such experiments as have as yet been made, every substance which exerts a specific action on a part is found to excite that action, as well when injected into the circulation, introduced into a wound in the skin, or into the nostrils, rectum, vagina, &c., as when introduced directly into the stomach; thereby demonstrating that it acts *specifically* upon the part, or parts, and is more capable of being placed in relation to the vital endowments of those parts than to those of any other. That, in short, it is a "SPECIFIC," which acts in a precisely parallel manner to that of the "*natural specifics*," by which all the healthy vital functions are excited and sustained. While this principle—which is one of the most important and universal in the philosophy of medicine—has hitherto been but little recognized and admitted, many specifics have been, and are still used blindly and empirically. It is remarkable that, however little the above positions have been adopted into the theory of medicine, the ordinary language of medicine has always borne testimony to *the specific action* of drugs and medicines *on particular parts or organs*. The very names of the different classes of medicines imply a full recognition of the above fact. What do we mean by purgatives, emetics, emenagogues, sudorifics, diuretics, &c., except that these articles exert a peculiar and characteristic, in short, a *specific* action upon the stomach, bowels, uterus, skin, or kidneys, &c.? Aloes will purge, whether introduced into an ulcer upon the leg, an issue upon the arm or any other part of the body, or when injected into a vein, as well as when introduced into the stomach, and hence is a *specific purgative*. Tartar-emetic will cause vomiting when injected into a vein, and hence is a *specific emetic*, &c.

All remedies which do not act specifically upon the locality of the disease, can only cure by setting up a new and more powerful action in or upon more or less distant and healthy parts; thus drawing off, by so-called counter-irritation or revulsion, the lesser irritation which is going on in the diseased part.

There are also three varieties of revulsive or counter-irritative treatment, namely :

##### 5. REVULSIVE OR COUNTER-IRRITANT TREATMENT.

1. *Antipathic revulsive treatment*—Consisting in the use of remedies which act opposite or *antagonistic* to the action of the disease, and upon parts more or less distant from the locality of the disease.

2. *Allopathic revulsive treatment*--Characterized by the use of remedies which act *differently* from, *i. e.*, neither opposite, identical, nor very similar to the action of the disease, and upon parts more or less distant from the location of the disease. These two modes of medical practice are so well known and frequently used that it is, perhaps, unnecessary to cite examples of them; but it is well to add here, that all of Hahnemann's remarks against antipathic and allopathic treatment are leveled solely against the *revulsive*, and *not* against the *specific* methods. Thus, he inveighs, with some justice, against the indirect mode of applying stronger heterogeneous irritations to parts distant from the seat of disease, thus exciting and keeping up irritations in, or evacuations from organs dissimilar in structure and tissue from the parts really diseased, in order to turn the course of the disease toward the new locality selected by the physician. Again, he says, the aim of old-school physicians is to direct, or draw toward the parts they irritate, that morbid action which the vital powers have developed in the parts primarily diseased; thus they generally seek violently to dislodge or drag off the natural disease, by exciting and keeping up a stronger heterogeneous irritation or morbid action in healthy, although less important parts; that is, they often make use of violent, painful, and indirect or circuitous means.

3. *Homœopathic revulsive treatment*—Consisting in the use of remedies which act *similar to*, yet *somewhat different from* the action of the disease, and upon more or less distant parts. This variety of treatment has long been recognized and practiced upon by dominant-school physicians. Thus, Mac Cartney (see "Treatise on Inflammation") says: "We would observe that, *a priori*, it appears reasonable, and experience, we think, bears out the presumption, that the mode of counter-irritation



or revulsion should have a sort of *physiological* [pathological ?] *relation* to the primitive morbid action. Thus, in internal diseases, characterized by a tendency to effusion of *serum* and lymph, blisters, which excite inflammation, with effusion of serum and lymph from the external surface of the skin, are sometimes advantageous—inflammations of the serous and synovial membranes are examples of the fact. While, in chronic diseases, especially such as are disposed to end in the formation of *pus*, those counter-irritants which produce a purulent secretion from the surface generally answer best. Thus, in ulceration of the cartilages of the joints, with effusion of pus, and in caries of the vertebræ, with formation of abscess, issues and setons, which excite a secretion of pus, are preferable to blisters, which merely cause an effusion of serum. Also, in scrofulous ulceration of the lungs, *i. e.*, in phthisis, frictions with Tartar-emetic ointment, which produce suppurative or purulent inflammation of the skin, are preferable to any other mode of counter-irritation. In the slighter morbid actions, which consist of simple congestions or determinations of blood, rubefacients are often sufficient." The use of blisters, in pleurisy, is also an example of homœopathic *revulsive* treatment, although, if the physician be not careful, it may become truly homœopathic, or even isopathic; for we read, in the American reprint of the *London Lancet*, vol. i., p. 301, that "A respectable surgeon found, on opening the cranium of a patient who had died after a blister had been recently applied, an inflamed mark, exactly corresponding in size and form with the external mark of the blister, which penetrated through the scalp and cranium, and was distinctly visible upon the dura-mater. Again, we learn, from the same source, that another surgeon has repeatedly seen marks on the pleura, covering the lungs, having the size and shape of the blister which had been applied to the chest; and the same on the intestinal peritoneum, of the size and shape of the blister which had been applied to the abdomen. Porter (see "Surgical Observations on Diseases of the Larynx") gives a case, where, in an acute inflammation of the lungs, the application of a blister was followed by aggravation of the symptoms, and, after death, a portion of the surface of the lungs, almost exactly corresponding to the size and shape of the blister, was found in

a more advanced stage of inflammation than the remaining parts of the lungs. Hence, it will not do for those physicians who use blisters freely in inflammatory affections, to scoff at the internal administration of small doses of Cantharides, Phosphor., Rhus., &c.; for a portion of Cantharides is frequently absorbed into the general system when a blister is applied, as strangury and increase of fever are not uncommon occurrences; and the homœopathist may well assume that some of the assumed efficacy of blisters, in inflammations, is owing to the homœopathic curative action of that portion of Cantharides which is absorbed, although this may have been too small to affect the kidneys painfully. Another example of *homœopathic revulsive* treatment will be recognized in the common practice of using diuretics, sudorifics, or hydragogue cathartics in dropsy; for it is evident that these remedies act by exciting a profuse watery or serous discharge from free surfaces, in order to draw off like accumulations from shut cavities.

The question now arises, are we to reject any of these modes of treatment? If one mode be, as a general rule, preferable to all the rest, are we hence to neglect the others entirely? Need we be afraid, with the aid of them all, of curing or relieving too many sick persons? Experience gives the only solution to these queries, and to that Hahnemann himself appeals, in his twenty-second paragraph, where he says: "If experience proves that the drugs which produce symptoms *similar to*, but *somewhat different* from those of the disease to be cured, also remove it in the most certain and permanent manner, then ought we always to select such remedies in preference; if, on the contrary, experience proves that the most certain and permanent cures are to be obtained by remedies that act *different*, or *directly opposite* to those of the disease, then the latter ought to be selected."

1. In proof of the efficacy of *specific antipathic treatment*, I cite the use of Secale in atony of the uterus. According to Sobernheim (see "Materia Medica," vol. i., p. 51), in seven hundred and twenty cases where it was used, it acted favorably in six hundred instances of tardy delivery, from deficient contraction of the uterus; also in five examples of retention of placenta, from the same cause; in five cases of hæmorrhage, also

arising from a like condition ; sixteen times it was used with partial good effects only ; in eighty-two cases, it failed, from the bad quality of the drug or some other unknown cause, but without bad consequences, either to mother or child ; while in twelve instances only did it act injuriously, either upon mother or child, or both. Again, according to Dunglison (see "New Remedies," p. 437), Professor Von Busch, of Berlin, used the *Secale* in one hundred and seventy-five cases, on account of deficiency of labor-pains, and one hundred and seventy-seven children were born, two of them being twins. Of these, one hundred and forty-two were born alive and well, evidently not at all injured by the Ergot ; while eighteen were in a state of asphyxia, which was removed by appropriate treatment ; hence, if we assume that the asphyxia was produced in every case by the Ergot, it did not proceed to a fatal extent in any instance. Finally, seventeen children were still-born, and of these, seven were evidently dead before labor set in, as they were more or less putrid ; ten died during labor, from various accidents and operations, such as prolapsus of cord, turning, perforation of head, &c., so that there was only one case in which the death of the child could be referred to the Ergot, and, even in that example, there was no reasonable ground for such an inference. Dr. Hempel also agrees with me, that true, direct, and *specific* antipathic remedies *do* exist, and may and *should* be used, under certain circumstances, for the purpose of making the patient comfortable, of arresting immediate and threatening danger ; and also in cases where we are sure of the true antipathic action of the drug, and no other treatment is required than that of holding the disease in check, for a time, by an antagonizing influence. Hence, I also agree with Rau (see "Organon," Hempel's translation, p. 26) that : "Specific Antipathic treatment should not be rejected generally, as has been done by some vehement advocates of the homœopathic system ; peaceful, impartial, and experienced physicians will keep aloof from that blind zeal which denies that happy results have been and will again be obtained by antipathic or antagonistic treatment."

2. The *specific allopathic*, or SPECIFIC ALTERATIVE *treatment*, is oftentimes more difficult of application than the antipathic ;

for, although it may suffice, at times, merely to select a remedy which acts specifically upon the locality of the disease, and specifically *different* from the action of the disease; yet, at other times, disease is such a strange compound or hybrid of injurious processes and salutary reactions that we must also endeavor to select a remedy which not only acts specifically upon the seat of the disease, but *specifically different* from the injurious, and *specifically similar* to the salutary tendencies or terminations of the disease. Thus, in the first stage of pneumonia, we have a viscid and extremely tenacious secretion from the walls of the air-cells, the passage of air through which, during inspiration, causes the true crepitant rhonchus, heard only at the end of inspiration. In the second stage, we have the air-cells completely blocked up with this viscid secretion, and still more plastic and fibrinous products, so similar in character to the exudation of true croup that Rokitansky styles hepatization of the lungs a true croupous-pulmonary inflammation. This is the climax or acme of pneumonia, and from thence, in favorable cases, commences the retrograde or resolving salutary process; for then serum is exhaled from the walls of the air-cells, and in it the plastic, fibrinous, or croupous exudation is first partially, then completely dissolved and broken down into a sero-mucous and mucopurulent matter, through which air again begins to penetrate, causing sub-crepitant rhonchus, heard both during inspiration and expiration; finally, this so-called nummular sputa is cast out by critical expectoration. Hence, the true curative indication is to select a remedy which acts *differently* from the first or progressive stage, and *similarly* to the second or retrograding and curative process. As croupous inflammation is eminently plastic, fibrinous, and adhesive in its nature, we should, according to the requisition of the *specific-alterative method*, avoid remedies like the Nitrate of Silver, which excite adhesive inflammation, and may select Tartar-emetic, which causes purulent or suppurative inflammation, or Hydriodate of Potash, which excites mucous inflammation, or Cantharides, which excites serous inflammation, or Mercury, which excites scorbutic or a-plastic inflammation; for nature cures pneumonia by substituting a serous, mucous, or purulent inflammation in the place of the original plastic and fibrinous one. But any or all of these remedies may have to be

preceded by proper evacuant medicines, if the patient has been long, and is yet grossly plethoric or bilious; and if the arterial reaction, or congestive turgescence is excessive, arterial sedatives, like Aconite, Veratrum-viride, or Digitalis, may also be required. Finally, when the inflammation has subsided, and a mere blenorrhœa remains, the expectorant blenorrhœagogues, such as Phosphor., Senega, Sambucus, &c., which are powerless in the first stage, may complete the cure.—Again, in true or membranous croup, large quantities of tough, leathery, plastic, and fibrinous false membranes are secreted from the walls of the larynx, trachea, and bronchi; while, according to Dr. Ware, the natural cure of the disease is accomplished by the setting up of suppurative inflammation on the diseased surface of the air-passages, by which the false membranes are detached, and may finally be expelled by coughing; this natural cure is attended with copious expectoration of pus, with or without the presence of pieces of the false membrane, which become more or less completely, or often perfectly dissolved in the purulent matter. The true *specific-alterative mode* would require us to select a remedy which tends to produce a suppurative process on the mucous surface of the air-passages; this, if given early enough, would effectually prevent the formation of tough, leathery, and fibrinous false membranes, or, if already formed, would hasten their detachment, solution, and expulsion. Again, there are numerous varieties of inflammation, viz.: the plastic, adhesive or so-called fibrinous, the ulcerative, the purulent or suppurative, the mucous, serous, rheumatic, erysipelatous, &c., &c., Now, if ulcerative inflammation is committing its ravages, the *specific alterative mode* would render it proper, and, perhaps, advisable to give remedies which excite adhesive inflammation; if suppurative inflammation were progressing, we might be allowed to give remedies which excite mucous inflammation: this latter notion has been carried out successfully: not to appeal, a second time, to Hahnemann's cure of suppurative inflammation of the bladder by Uva-ursi, which excites mucous irritation of that viscus, I will quote the experience of Ricord (see *London Lancet*, vol. i., p. 365), from which we learn that "the Iodide of Potassium often produces a catarrh of the nose, but without any disposition to pass into the suppurative stage. The catarrhal mucus pro-

voked by the Iodide does not ripen, and if, indeed, previously to the administration of the remedy, there had existed a purulent secretion from the nose, this exudation, unless it has its origin in a carious state of the bones of the nose, will probably diminish and disappear under the influence of the Iodide." Again, in the so-called dry inflammations, the rules of the *specific-alterative* mode would render it manifestly proper to administer even irritating remedies, which specifically induce serous or mucous secretions; in affections attended with a discharge of thin, ill-conditioned, and ichorous pus, we might give remedies which naturally tend to produce the secretion of healthy, cream-colored, and benign pus. This *specific-alterative* method, it will be seen, requires the most extensive and accurate knowledge of the nature, course, tendencies, and natural terminations of disease, and forces a most comprehensive knowledge of all the peculiar actions of drugs and medicines.

3. *The specific homœopathic method* is equally sustained by facts. Thus, Lead and Alum are both astringents, both causing constipation and colic; yet, Eberlee (see "Materia Medica") says, Alum is one of the most effectual remedies we possess in lead-colic, and quotes Richter, who speaks in the most exalted terms of its good effects in this painful and often intractable complaint, and adds that the testimony of a great many eminent writers might be adduced in favor of its virtues in this respect. Sobernheim (see "Materia Medica") says, Grashius, Gendrin, Sunderlin, and Remer advise Alum in lead-colic, while Kopp recommends it in habitual colic. Noack says it is advised, especially in the chronic lead-colic, by Quarin, Schlegel, Zurken, Gebel, Goetze, and Montancieux. Dierbach (see "Materia Medica") advises it in flatulent colic, and thinks it may prove useful in lead-colic. Vogt (see "Materia Medica") and also Pereira (see "Materia Medica") say, in the treatment of lead-colic, Alum has been found more useful than any other agent, or even whole class of remedies, and inform us that it was first used in this disease by Grashius, in 1752, and was afterwards administered, in fifteen cases, by Dr. Percival, with great success; and, finally, that its efficacy has been fully established by Kapeller, physician to the Hospital St. Antoine, in Paris, and by Gendrin and Dr. Copland, not to mention numerous other less

distinguished authorities. They say it allays vomiting, abates flatulence, mitigates pain, and *even opens the bowels* more certainly than any other remedy, and frequently succeeds in the latter result when other powerful drugs and even purgatives have failed.

I have purposely cited this example, as one in which no rational explanation can, as yet, be given in which way the homœopathic cure takes place; we must be contented with the fact, and should be willing to institute analogous treatment in some other diseases. But many homœopathic cures can be explained away rationally; for the organism, even in its healthy state, is constantly carrying on an incessant struggle for its existence and normal preservation against the numerous exciting causes of disease, and when sickness has attained a lodgment in the system, this preservative endeavor is prolonged into a curative one. As this preservative and curative endeavor is essential to life, it is never entirely wanting in any sick person; hence the symptoms or signs of the presence of the same, viz., the reactive or curative endeavors, are always more or less evident, although, at times, in very slight and scarcely perceptible degrees; and they cease only when death sets in. Hence, the reactive or curative symptoms must not be regarded as something entirely new and peculiar to the sick organism, for they also occur during health; the sole difference between the reactive symptoms of the healthy and sick organism being, that the former are the phenomena of a struggle with the causes of disease, the latter with those of the disease itself. Hence, a more or less partial homœopathic treatment must form an element in the management of every disease; for a portion of the treatment, viz., that which corresponds with and aids the curative endeavor, must always be homœopathic in kind, if not always in degree. If the reactive or curative endeavor be too slight, we must give remedies which act similar to, but more powerfully than the feeble curative action; if the reaction be sufficient, we may give remedies which act similar to, and equally or somewhat less intense, in order fully to sustain and keep it up; if the reaction be too violent, it must be moderated.

It is well known that Hippocrates was the first who clearly taught that it is the most important duty of the physician to

watch the operations of nature, with the view of promoting those actions which appear salutary, and of checking or suppressing those which appear hurtful. The tendency of such precepts is to induce great caution in the treatment of diseases: much is left to the superintendence of nature, in the salutary and self-correcting operations of which the Hippocratists perhaps placed a too implicit credence. The Hippocratic method requires an accurate knowledge of what actions are beneficial, and which injurious.

To illustrate this, we commence (1) with the consideration of *Fever*, the very name of which is said, by some, to be derived from *februo*, to purify. Gregory (see "Practice," p. 50) says, "The earliest opinion on the nature of fever was that of Hippocrates, who imagined it to be a salutary effort of nature to throw off some noxious influence or matter; and it is remarkable that this opinion was entertained before the class of eruptive fevers were known, the phenomena of which certainly afford the greatest countenance to it." Stahl supported the same view, but acknowledged, when the morbid matter was too abundant, or the vital powers not sufficiently energetic, fevers were hurtful. When speaking of the treatment of fever (page 54), Gregory says, "The most important feature to the physician is the natural tendency, in all febrile diseases, to run a certain course and terminate in the restoration of health. This is very strikingly illustrated in continued and eruptive fevers. The latter will always, and the former very frequently, run their regular course, in spite of all the efforts of art. In ancient times, nay, even at no very distant period, it was made a question whether it was safe and proper to cut short a fever. It may be practicable to do this, but it never can become the foundation of our present treatment of febrile diseases. The natural tendency, on the other hand, of them to come to a crisis, or to work their own cure, may be often kept in view with the best advantage, and, though the extravagances of the expectant method are justly blamable, the spirit of the doctrine should never be disregarded." Again, Cullen taught that, in the cold stage of fever, the blood collected in the great vessels and heart, and this was the efficient cause of exciting them to that increased action which is the essence of the hot stage. Arm-



strong (see "On Fevers," p. 56) says, in simple and in inflammatory fevers there is generally more or less rigor, but he has never met with a case of true congestive fever which sat in with universal shivering; and as congestive fevers are least apt, of all others, to effect their own cure, he says, "this might lead us to suppose that the cold shivering-fit was intimately connected with the production of the hot or febrile stage," which he, a few lines above, says, appears to be an endeavor of nature to restore the natural balance of the circulation. Hippocrates believed the same of the cold stage. Parry (see "Elements," p. 329) says, "Shivering consists in short, quick, and frequently repeated miniature convulsions of various muscles, and, being one variety of muscular exertion, may be regarded as a modification of exercise, often intended to restore the circulation and heat to parts in which both are defective. He thinks, when shivering precedes suppuration, its purpose is to effect the exudation of the pus already formed and present in the vessels of the inflamed part; in cases of gall-stone, shivering was thought to assist the propulsion of the foreign body, &c." Galen, Frank, Stahl, Hoffmann, Boerhaave, &c., all entertained similar views of fever. It, hence, may prove a true method of treating fever, to give remedies which act similar to the curative endeavors of nature—not in one point only, as by exciting sweat, nor in two points only, as by increasing the fever and sweat; but, similar in all points to the internal curative process, and to the critical evacuations which it brings about. This method is free from the dilatory and negative practice of the expectants; and, as it demands the most accurate knowledge of the action of remedies, it is free from the perverse method of the crude empirics of giving drugs at hap-hazard; and from the conceited processes of some of the so-called rational empirics. Finally, instead of being obliged to wait, like the Hippocratists, until critical discharges have commenced, we may support and hasten the salutary processes, and end by carrying out the crises and critical evacuations more perfectly and powerfully than unassisted nature might be able to accomplish. An example will, perhaps, render this position more clear. The periodical fits of gout were regarded by Sydenham as cardinal crises for purifying the blood and discharging the gouty salts. Colchicum has long

been regarded as somewhat specific in this disease. Yet we read, in the *London Medical Gazette*, No. 24, that a woman, after drinking one ounce of Colchicum tincture, was seized with severe stitches of pain in the fingers and toes; all her hand and foot-joints became swollen and painful; subsequently, pains in the shoulder and hip-joints ensued; and, when these reached their acme, they were relieved by the occurrence of a profuse sour-smelling sweat. The reporter adds, "The whole presented the appearance of a rheumatic fever." Again, in the *Med. Chir. Rev.*, Oct., 1835, p. 375, we learn, from Dr. Weatherhead, that uric-acid, or its base, urea, superabounds in the blood of gouty people; that gouty chalk-stones consist of uric-acid and lime, and that, in the decline of every fit of gout, uric-acid is always observed to abound in the urine of the patient. Whence, the Doctor says, the probable inference, from all the foregoing facts, is that gout is really occasioned by the superabundance of urea in the blood, and that the deposition of it in the form of chalk-stones, and its excretion by the kidneys, may be regarded as salutary, although, at times, painful and troublesome crises. Now, we are also informed that Chelius, of Heidelberg, has ascertained that the quantity of uric-acid excreted by the kidneys is nearly doubled in a person who takes Colchicum for twelve days; hence, Colchicum not only produces critical processes, but also critical discharges similar to the salutary processes and evacuations of gout.

2. If fever has generally been regarded as a salutary process, convulsions rarely have, and we do not yet adopt the opinion as our own; yet Stokes (see "Practice," p. 293) says: "The occurrence of convulsions, in a child laboring under symptoms of inflammation of the brain, is always looked upon as formidable; and, indeed, it is natural that convulsions, to persons unacquainted with pathology, should seem to point out a great intensity of disease. I (Stokes) have, however, been long of the opinion that convulsions, occurring during the existence of dropsy of the brain in children, or meningitis in adults, are not so dangerous as persons generally think. I (Stokes) will even go so far as to say, that the worst cases I have seen, in which a cure was effected, were those in which there were the greatest and most violent convulsions; and that, in the majority of those

cases which appeared to go on without any benefit from the treatment, there were scarcely any convulsions. I (Stokes) am hence of the opinion that convulsions are often of benefit by giving relief to the brain. This statement must appear paradoxical to some, but I (Stokes) trust that I shall be able to prove that it has some foundation in truth. Nor am I alone in this position, for Broussais has taught that there appear to be two great modes of reaction in the human economy, for the purpose of obviating the effects of irritation of important organs, viz, fever and convulsions. The irritations which affect the brain and spinal marrow, may be relieved by convulsions; those which attack the lungs, liver, stomach, bowels, &c., may be relieved by fever and increased secretion. So says Broussais, but I (Stokes) think they may be relieved by an *increase*, with or without alteration of their secretions. A violent expenditure of nervous power may relieve the brain or spinal marrow, and delirium or convulsions may prevent organic changes, just as secretion from the lungs or bowels may prevent ulceration. Thus the earlier phenomena of apoplexy and epilepsy are the same, and both arise from an active congestion to the brain; but, in epilepsy, we have this, followed by convulsions, more or less violent and protracted, after which the patient recovers. In apoplexy, there are no convulsions, and death or paralysis may follow. It is plain that, if we admit the identity (?) of the phenomena in the early stages of both these affections, we must then also admit that the only cause of relief we can ascertain are the convulsions. (?) Hence, I (Stokes) think, that we should generally look upon convulsions in the light of an attempt at a crisis made by nature itself. What is a crisis? An organ in a state of irritation is suddenly relieved by a new process taking place, either in itself or in some other part; and, when we come to examine what these modes of relief are, we find them to consist in increase of secretion, hæmorrhage, eruptions upon the skin, or convulsions. I (Stokes) am convinced that the ordinary practice of checking the convulsions with opiates is wrong and dangerous." Hence, we might infer that the opposite method, that of giving spasmodic remedies, might occasionally be justifiable; however this may be theoretically, it has been carried out practically, and by those who are not particularly "great on fits."

Thus, we read, in the *Encyclographie des Sciences Medicales*, for August, 1843, p. 65, that Lejeune has used Nux-vomica in the treatment of chorea with success; that Fouilloux gave, by accident, a large dose of Strychnine to a patient with St. Vitus' dance, and, although the effects were severe, it cured the chorea; that Trousseau, Professor of Therapeutics in the Ecole de Médecine, at Paris, has cured eleven cases of chorea with the same remedy. Trousseau also says that he had long cherished the idea that many medicines only act by *substituting a different and peculiar*, but spontaneously and rapidly curable disease, for one, the severity of which is often very great, the duration long, and their cure not spontaneous. This, he says, may be called a *homœopathic substitutive treatment*, which is very different from that which flows out of the reveries and singular errors of Hahnemann, but is in accordance with the experience of those soundly practical physicians who treat ophthalmia, blenorragia, chronic inflammation, &c., with irritating drugs. Hence, it seems to him conformable with analogy to treat chorea, an eminently convulsive malady, with Nux-vomica, which causes convulsions. In Dunglison's "New Remedies," p. 455, we read, that Pereira has seen Nux serviceable in that shaking or trembling action of the muscles which is produced by habitual intoxication; and, on the next page, that Romberg, Professor in the University of Berlin, saw good effects from it in chorea. There is a vast difference, however, between the half-paralytic trembling of chorea, and the tetanic rigidity produced by Nux-vomica; hence this should be regarded as specific alterative treatment. The usual treatment of chorea is with the mineral tonics, Iron and Arsenic; Nux-vomica must be regarded as a most powerful tonic to the muscular system.

If the above be true, then, when convulsions are absent in some diseases, it may occasionally be a correct indication to administer epileptifacient or convulsive remedies, such as Nux-vomica, Brucine, Ignatia, Strychnine, &c.

Again, in Eberlee's "Materia Medica," second edition, vol. i., p. 44, we read that, "In the Memoirs of the Copenhagen Medical Society, there are some very interesting remarks on the use of Ipecac., as an anti-emetic, by Dr. Schonheyder. Even ileus, with obstinate vomiting of fæcal matter, has been

relieved by it." Eberlee also quotes Burdach, who states that Ipecac. is very useful in habitual vomiting from morbid irritability of the stomach, but it must be given in *very small doses*."

3. The peculiar effect of Digitalis in rendering the pulse feeble, slow, and intermitting, is well known. Yet, we read, in Pereira's "Materia Medica," vol. ii., p. 292, that Dr. Withering correctly observes: "When given in dropsy, it seldom succeeds in men of great natural strength, of tense fibre, warm skin, florid complexion, or in those with a tight and cordy pulse; but, on the contrary, if the pulse be feeble and intermitting, the countenance pale, the lips livid, and the skin cold, we may expect the diuretic effects to follow in a kindly manner." On page 293, Pereira says, "In simple dilatation of the heart, the curative indication is to strengthen its muscular fibres;" yet, a little lower down, we read, "The enlarged and flaccid heart, observes Dr. Holland, though on first view it might seem the least favorable for the use of Digitalis, is, perhaps, not so. At least, we have reason to believe that, in the dropsical affections which so often attend it, the action of Digitalis, as a diuretic, is peculiarly of avail." A little lower down, Pereira says: "In patients affected with an intermittent, or otherwise irregular pulse, he has several times observed this medicine produce regularity of pulsation—an effect also noticed by Dr. Holland."

The only way, perhaps, in which the homœopathic action of Digitalis, in dropsy, when attended with a feeble state of pulse, can be explained away, is the following: in dropsy, the secretions of urine and sweat are generally checked, and fluids which should be excreted through the kidneys and skin are poured out into internal cavities, or beneath the skin. The specific effects of Digitalis are to produce a slow, feeble, intermitting pulse, followed by profuse flow of urine. Paris (see "Pharmacologia," vol. i., p. 128) even says, "It may be remarked that it seldom or never produces its diuretic effects without a concomitant reduction of the frequency of the pulse." Hence, diuresis would be most readily induced by it in persons with a naturally feeble pulse, and the free flow of urine may remove the dropsy in such persons. The action of Digitalis is somewhat antagonistic to that of Opium, which also causes a slowness of the pulse, but with suppression of urine, which, however, is compensated for

by the occurrence of free sweat. But homœopathy alone can account for its beneficial effects in case of the flaccid heart and intermitting pulse.

4. What remedy is nearer similar in its action to Lead than Alum, which, Pereira says (vol. i., p. 517), checks the secretions of the bowels, and thereby diminishes the frequency and increases the consistency of the stools. Yet, on pages 518 and 519, we learn that, "In the treatment of lead-colic, Alum has been found more successful than any other agent, or even class of remedies; it opens the bowels more certainly than any other medicine, and frequently when powerful remedies have failed." As Pereira scorns homœopathy, he adds, "The *modus operandi* of Alum, in lead-colic, is not very clear." Cullen (see "Materia Medica," Barbour's edition, vol. ii., p. 12), however, says he has known large doses of it to purge. Yet, why should it act so much better than the ordinary purgatives?

5. Billing says that alkalies relieve acidity of the stomach, for a time; but, in order to cure it effectually, tonics, and, better still, an acid should be used, such as diluted Sulphuric-acid. It is said, however, by some, that when the acids avail, there is an alkaline, instead of an acid condition of the stomach. In fact, Dr. Johnson (see *Med. Chir. Rev.*, vol. xxxv., p. 379) says, that the fluid water-brash "is nearly always *alkaline*, occasionally acid, sometimes insipid, at others hot and acrid."

6. Good (see "Study of Medicine," fourth American edition, vol. iii., p. 290) says: "It has been proposed to overcome the night-sweats, in consumption, by exciting a sweat of a *different* kind; 'for it is as practicable,' says Watts, 'to cure sweating by sudorifics, as diarrhœa by cathartics.'" Good adds, "There is something plausible in this remark," and tells us, on page 296, that "Dr. Young has sometimes succeeded very decidedly in checking such sweats with Dover's powders."

7. Billing (see "Principles of Medicine") says, although no homœopathist, he knows full well that emetics will allay vomiting, and that purges will cure diarrhœa; that Tartar-emetic, and almost any neutral purging salt, will cure the vomiting and purging of Asiatic cholera quicker than any other remedies. Again, he says, that it will perhaps astonish many to learn that Tartar-emetic relieves nausea and vomiting, in like manner as

sedative remedies do, and that nausea and vomiting, in inflammation of the stomach, can often be relieved without the aid of blood-letting, by means of repeated small doses of Tartar-emetic.

#### 6. ON DOSES.

In accordance with the principles above laid down, the doses of medicine, as a general rule, cannot be excessively or ridiculously small; neither need they be grossly large, except in a few somewhat rare cases. As the medicine must alter or change the action of the disease, the quantity of it must be sufficient for this purpose; *i. e.*, the action of the medicine must be greater than that of the morbid action, in order to overcome and remove it: highly infinitesimal doses will rarely accomplish this end, however great the susceptibilities of the system or the diseased organ may be. Rau (see "Organon," American edition, p. 182) says: "In some cases, *small* doses of well-selected remedies have no effect; and, if this be not owing to idiosyncratic influences antipathic to the action of the remedy, *larger doses will certainly act.* Singularly enough, it is supposed by some, that the essence of the homœopathic system of cure is to give excessively small doses, and that a larger dose is not homœopathic; but, if the remedy be chosen in accordance with the principle "*similia similibus,*" the treatment will be homœopathic, whether the dose be *large* or *small.*" Again, on page 186, he continues: "Supposed aggravations have frequently been observed [in imagination] after the higher attenuations; a fact which has given rise to the true supposition that these attenuations are not sufficiently powerful to excite the curative reaction of the organism, but allow the disease to progress unchecked, and really aggravated by the nervousness and excitement of both physician and patient." It sometimes requires a great deal of close observation to determine whether nothing more should be given on the appearance of new symptoms, and a new phase of the disease be allowed to progress unchecked; or whether the medicine should be repeated in larger doses, or replaced by some other more appropriate remedy. A few examples will suffice to make this matter clear.

CASE 1. *Diabetes Mellitus.*—A gentlemen, aged about fifty, who had had several attacks of jaundice, preceded by spells of

profuse urination of light-colored urine, like spring-water, applied January 11th, 1859, suffering with great dryness of the mouth, tongue thickly coated with a yellowish-white fur, sallow complexion, yellowness of the eyes, excessive thirst, frequent and copious discharges of pale and frothy urine. Both he and I supposed that he was about to have another attack of jaundice, and Merc.-dulc., first trituration, was given four times a day, for ten days; then three times daily, as improvement went on. In the meantime, the urine was discovered to contain sugar in notable quantities, according to all of the following tests, repeatedly applied by Dr. Snelling, who supplies the record of them.

“My attention was first called to the probable existence of sugar, by noticing the peculiar saccharine appearance of a drop of the urine, which was evaporating upon the table. The great weight of the urine, and the peculiar smell, rendered the matter to my mind a strong probability, and consequently I proceeded to apply the tests.

“1. First, the urinometer gave a specific gravity of 10.30.

“2. Luton’s test was applied with affirmative results.

“This test-fluid consists of Potassæ-bichrom., zj.

“Dissolved in Aqua distil., - - - zij.

“To which is added Sulph.-acid concret, - zij.

“An equal bulk of this compound test-fluid was applied to a few drachms of the suspected urine, and the characteristic *bottle-green* color in a very few moments was produced. This test, as far as I have been able to decide, I regard as one of the most important and reliable that chemistry has supplied to us; having never known it to give an erroneous indication, while sometimes Trommer’s test seemed to give dubious results. When glucose urine is thus treated with an equal bulk of Luton’s liquid, the reddish-yellow color of the test changes in a short time (more quickly, and with slight effervescence by the application of heat) into a beautiful *bluish-green* color, more or less dark according to the degree of concentration; carbonic and formic acids escape during the effervescence. A *dirty brownish-red color*, with occasionally a *tinge of green*, results if no sugar be present. It will be seen that this is one of the most certain and least difficult of all the tests.



"3. I next proceeded to add just enough of a solution of Sulphate of Copper, to another portion of the suspected urine in a test-tube, to impart to it a *faint blue tint*. Liquor Potassæ was then added in great excess, when a precipitate of hydrated oxide of Copper fell, *but was soon redissolved in the excess of alkali*, as sugar was present; forming a *blue solution*, like the ammoniuret of Copper; on gently heating the mixture to ebullition, *a deposit of red suboxide of Copper falls, if sugar be present*. This is *Trommer's test*, and its action in this case was most prompt and unmistakable as to the existence of sugar. But I do not consider it so infallible as the first, as it has sometimes led me to suspect the presence of sugar when none in reality existed.

"4. The fourth test which I applied, depends for its action upon the conversion of colorless *graps* (diabetic) sugar into brown *melassic* (or perhaps sacchulmic) *acid*, under the influence of caustic alkali. About two drachms of the suspected liquid were placed in a test-tube, and nearly half its bulk of liquor Potassæ was added; the whole was heated thoroughly until actual ebullition was produced for a minute or two, when the previously pale urine became of a deep orange-brown, or even *bistre* tint, according to the proportion of sugar present. The subsequent addition of an acid will cause the evolution of an odor of boiling molasses. This test, which is known as Moore's, appears to be remarkably free from sources of fallacy, since boiling with liquor Potassæ tends rather to bleach non-saccharine urine. It will be found a useful point in these manipulations always to apply the heat only to the upper and supernatant portion of the liquid in the tube, as the chemical changes which take place under heat, being indisposed to spread downwards, the difference is rendered more striking and remarkable by comparison with the still unaltered liquid below; and we also avoid the danger of that violent and explosive ebullition which takes place if only the lower stratum of the liquid be heated.

"These tests I looked upon as quite conclusive, and pronounced unhesitatingly the urine to be saccharine, for they were repeated three or four times, at intervals of from four to seven, or ten days; but, gradually, to the surprise of Dr. Peters and myself, at the subsequent trials, after from ten to forty days use of the

*Mercurius-dulcis*, the specific gravity of the urine was steadily reduced to 1022; and, finally, at the end of eight or nine weeks, the above tests being repeated, only the faintest traces of sugar were obtained. The tests were reapplied four times during a space of four months, long after the suspension of treatment, as will be seen from the report of the case, and always with the result of entire absence of sugar."—SNELLING.

On the 24th of January his tongue had cleaned off entirely; his mouth was less dry, thirst much less annoying, skin clearer and less sallow, eyes less yellow, urine less frequent and copious, and general feeling much better; sugar was still present in his urine, although he had been put upon the diet for diabetes, viz., abstinence from all saccharine and starchy substances. January 27, 1859.—He was now only obliged to rise once at night to urinate, in place of four or five times, and thought that he did not discharge more water than usual, which, however, was rather frequently and copiously; tongue remained clean, mouth moist, and bowels, which had been costive, were moved regularly every day; sugar still present; and *Merc.-dulc.*, first trituration, was continued twice a day only. February 5th, 1859.—Still continues to improve very much; tongue perfectly clean, mouth moist, eyes still sallow, urine reduced at least one-third, and now passed only eight times in twenty-four hours, instead of twelve or fifteen; appetite good, thirst not troublesome, and he does not drink one-quarter of the quantity he had been obliged to for some months; sleeps well, urinates but once during the night, and about every three hours each day; quantity of sugar lessening. Continued *Merc.-dulc.*, first trituration, once a day only. February 21st.—Still improving; feels better than for years, appetite and digestion good, bowels regular, no thirst at all, while previously the thirst and dryness of the mouth were excessively annoying; complexion now rather pale than sallow, eyes no longer yellow, tongue still perfectly clean; passes only between two or three quarts of urine in twenty-four hours; quantity of sugar small. Still continued *Merc.-dulc.*, 1, once a day.—This patient recovered perfectly in about a month more; the sugar entirely ceasing to be present in the urine. The diabetes had been gradually developing itself for eighteen months before he applied for medical advice. A slight relapse, seven

months afterwards—viz., in October, 1859—was rapidly relieved by the same medicine and diet; the quantity of sugar rapidly diminished, and the urine, at the present time, November 1st, 1859, of the specific gravity of 1019, and the before-mentioned tests elicit not a trace of sugar.

*CASE 2. Tape-Worm.*—A lady's companion, aged about forty-five, had suffered for eight or ten years with tape-worm, passing portions of it almost daily, and had used several approved remedies without much benefit, among them Koussou. When she came under my care, in the winter of 1858, she was pale, much emaciated, had decided hectic paroxysms of chills daily, fever, and nocturnal sweats, an extremely harassing cough, with comparatively little expectoration, but much gagging and straining; examination of the chest only detected diffuse catarrhal bronchitis of the smaller and medium sized air-tubes. Congestive and asthmatic paroxysms of difficulty of breathing occurred frequently at night, obliging her to sit up in bed for hours together, and during the day there was constant shortness of breath, with much wheezing and sub-crepitant râle. As careful treatment did not relieve the chest-symptoms, the patient was persuaded with much difficulty to consent to have the parasite expelled, and the Male-fern was selected as the most reliable remedy. First the bowels were thoroughly cleared out; then a scanty and light diet was enjoined for twenty-four hours; an injection of milk was given at night, and repeated early the next morning, and a very light breakfast allowed; then three one-drachm doses of powdered Male-fern, in which half a drachm of the oil of Male-fern had been well rubbed up, were given at intervals of two hours; and, two or three hours after the last dose, a full potion of Castor-oil was taken; the whole worm was passed off that night, entire, with both neck and head attached, and perfectly dead. I still retain the specimen, and there has been no signs of any parasite evident for upwards of one year. The chest-symptoms did not subside as rapidly as was hoped for; but the free use of Cod-liver oil, the phosphates, and Alcohol restored the patient completely. She became stronger, fatter, and more robust than for many years; her cough, expectoration, and difficulty of breathing have all been absent for many months. She is still under observation.

CASE 3. *Dropsy and Affection of the Heart.*—A lady, aged seventy-three, had been suffering from difficulty of breathing for several weeks, with progressive inability to lie down at night, troublesome cough, and steadily increasing dropsical swelling of the feet, legs, and thighs. When I took charge of her, she had no fever, but her pulse was the most rapid that I have ever noticed in a person able to sit up, viz., 160 per minute, and this not only for a short time, but for several weeks; with this excessive rapidity, the pulse was also very small and weak. Under the use of *Apis*, *Arsenicum*, *Hellebore*, and other approved remedies, in small doses, the urine became more and more scanty, until less than a half-pint tumblerful was passed in twenty-four hours. The dropsy extended to the abdomen and chest; the difficulty of breathing, the cough, and inability to lie down increased to a very distressing degree; the legs became so large, thick, and clumsy that the patient was scarcely able to get into bed. Three members of her family had died very suddenly of heart-disease: her mother was found dead in a sitting posture, while in the act of tying her garter; her grandmother fell dead while stooping to pick up some small thing from the floor. I, of course, gave a very unfavorable prognosis, and prepared her family for her speedy death. As all the other seemingly appropriate remedies had failed, I put her upon the use of *Apocynum*, in teaspoonful doses, increased a dessert-spoonful per dose, every four hours. In less than forty-eight hours the whole scene was changed: profuse diuresis took place, and the patient soon began to complain more of the annoyance of getting in and out of bed in order to urinate than of her cough or difficulty of breathing; for many days in succession it was common for her to pass a large chamber more than full of urine every night, and as much more during the day; the swelling of the abdomen and legs rapidly decreased; the pulse fell to 70 per minute, and was of good strength, her cough lessened, she was able to lie down comfortably at night, her appetite improved, and she has now been comparatively well for over ten months; she is able to go up and down stairs, and to walk and drive out, and seems in perfect health.

CASE 4. *Otorrhœa.*—Miss B., aged ten, had scarlet fever severely when eighteen months old, was desperately sick, and

left with an offensive discharge, watery and bloody, from the right ear; this running was permanent, and never ceased for a day; she was treated for several years by a high-dilution homœopapist, then by one of the oldest, most respected, and experienced allopathic physicians and surgeons of this city, for a year or two, and, finally, by the most honest and capable oculist and aurist for fully two years. Severe applications were made to the ear almost daily during the winter season, and during the summers the little patient came to town regularly at least once a week. In this condition, when the disease had gone on from the eighteenth month to the tenth year, she came under my care. A very weak solution of Chloride of Soda, ten drops to the ounce, was put into the ear, three or four times a day, for three days, and then an equally weak solution of Alum, viz., three to five grains to the ounce of water, was applied for three days more; she was comparatively well in ten days, and had no relapse for three years, until the 29th day of October, 1859, when she was thirteen years; and then a slight cold in the ear, with a scanty discharge, was removed in less than four days by similar treatment. Unless an alterative action is previously produced by an alkali, the astringent will only have a temporary benefit. I have, for eight or ten years at least, been in the habit of treating many mucous discharges from the nose, ears, throat, urethra, and bowels in this manner, with the most prompt and permanent success. I have used many alkaline solutions, such as those of Soda, Potash, Chloride of Soda, liquor Potassæ, Potass.-bicarb., &c., &c., according to what I supposed to be the indications of the individual case; followed by weak solutions of Alum, Zinc, Plumbum, &c., &c., on somewhat similar grounds.

CASE 5.—A lady, in the seventh month of pregnancy, had severe pains in the abdominal walls and uterus, with bearing-down pains, as if a miscarriage would occur; she had thus suffered for a month or more, less in the day, but severely at night, so that she had slept but little for five or six weeks; the pains resembled those of dysmenorrhœa; five drops of tinct. Cocculus were put in a tumblerful of water, and a tablespoonful given every four hours regularly, and one teaspoonful occasionally when the pains were most severe; the relief was prompt and perfect, as all traces of the disorder were gone in from thirty-six to forty-eight hours, and did not return.

I have relieved a great number of cases of dysmenorrhœa, and congestive and spasmodic pains in the uterus, with *Cocculus*; and a large number of cases of leucorrhœa, with abrasion or ulceration of the os-uteri, and severe ovarian pains, with *Arsenicum* and *Cocculus* in alteration, followed up for a long time.

CASE 6.—J. T., aged sixteen; applied October 30th, 1859, A year ago, while hunting for eggs, accidentally ran a straw into his ear; some bleeding took place, and the accident was followed by some inflammation. A discharge was then set up, which has been more or less constant ever since. The accident was followed by a great deal of pain, especially at night. This lasted for a month or two. There was soreness, redness, and tenderness over the mastoid process. His hearing was entirely gone in that ear, and the other one was sympathetically affected to such an extent as to render him unable to answer questions spoken in quite a loud voice.

The treatment was commenced by having the ear thoroughly syringed out; and tinct. *Pulsatilla* was given five drops twice a day, and then Glycerine and a weak solution of *Pulsatilla* were dropped into the ear. His hearing began to improve almost at once, the discharge ceased, the ear felt clearer, and now for several weeks he has heard perfectly well.

ARTICLE XXIV.—*Theory and Practice of the Movement Cure.* By CHARLES F. TAYLOR, M. D., of New-York.

[CONCLUSION.]

The movements just shown are such as act more or less along the whole length of the spine, and are so contrived that their action is eccentric and concentric at different portions and opposite sides of the spine, as the muscles in the different sections are retracted or relaxed; the whole of which concerted action tends to restore the spine to its normal position. But, as previously stated, the primary curve is in the dorsal region, and the incurvation above and below in the opposite direction are secondary or compensating curves, which must recede as the original curvature is straightened out. Our main efforts, then, must be to reduce the curvature which projects and pushes up the right shoulder.

FIG. I.



Concentric contraction of muscles on the upper portion of right side, from left to right.

The next figure (Fig. II.) shows how to expand the left side.

FIG. II.



Expansion of left side.

The patient hangs by the *left* hand to a pole; not perpendicularly, for the trunk is pushed to the left by resting at a point opposite the greatest concavity, against a padded bar. Thus there is secured a double action; viz.: a powerful expansion (eccentric) of the concavity, aided by the mechanical pushing force caused by the weight of the body against the bar. The weight of the body below the bar, and the muscular force of the left side and arm above it, make the fulcrum in the spine opposite the bar, which force above and below acts towards the right. The patient touches his toes or swings clear, and the bar is moved to the left or right according to the patient's strength, and as we wish to regulate the force of the movement. The patient remains in that position while he can without discomfort.

The movement represented in Fig. II. acts in such a manner that the muscles on the *right* side of the upper portion of the

Fig. I. shows the patient sitting with knees wide apart, the left arm stretched up, and the trunk bent forward well to the left, as shown by the dotted lines at *a*. His thighs should be firmly held by one or two assistants. The patient now slowly raises the arm and trunk, from *a* to *b*, into the upright position, while an assistant, having hold of his wrist, increases the force by making resistance. It is a powerful movement. The muscular action is a concentric contraction from left to right over the convexity of the curvature, in the direction of the dotted lines. This shows how to contract the right side;

spine are contracted. The patient stands erect (*a*), with the left hand resting on the top of the head, and the right hand on the back of the neck, to have the right shoulder the lower, and with the *left* hip against the bar, as shown. The assistant then places his hand opposite, or just below the greatest incurvation of the spine, and holds very firmly against it, while the patient bends the trunk to the right (from *a* to *b*) against strong resistance. Care must be taken that the patient does not bend either knee, especially the right knee—which he will be very much inclined to do—for that would make the effect very different, by varying the muscular action. With the legs and feet firm, the



FIG. III.  
Contraction on right side above the hand.

hips unable to glide to the left on account of the bar, the firm resistance of the assistant's hand opposite the apex of the curvature, it has the effect of preventing contractions below that point,—cutting off the lower part of the body, as it were,—so that the patient's force is confined to, and expended on these muscles (erector spinæ, intercostales, &c.), the contracting of which forces the spine to the left, and expands the left side, at the same time that this action is aided by the mechanical pressure of the hand. The spine is literally unbent. About the same thing is accomplished, in a little different manner, by the movement shown in the next illustration, (Fig. IV.)



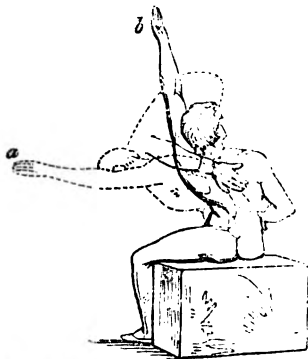
FIG. IV.  
Bending to the right over the bar, contracting the right and expanding the left side.

Here the hip is held from moving to the left by one hand of the assistant, while the bar is opposite the curvature. The patient then bends over the bar to the right (from *a* to *b*), while the assistant, with the other hand, increases the force by pulling down upon the left arm. The hip should be firmly held, and the patient not allowed to rise on the toes.



A lateral curvature to the right, is always accompanied with a horizontal *twist* of the spine on its axis to the left. The long diameter of the ellipse formed by a transverse section through the chest, which should be from side to side, is now from behind right to forwards left, with corresponding depressions on the right side in front and on the left side behind. And the whole appearance is often strikingly impaired by this twisting of the trunk.

FIG. V.



*A combined raising, twisting to the right, and backwards flexion.*

Fig. V. represents a movement calculated to remedy this defect. The patient, firmly seated on a bench, with the knees apart, and with the left arm stretched up, bends the body forward and to the left, at the same time *twisting* still more to the left, as much as possible. The assistant's hand pressed strongly upon the right shoulder, while the patient rises slowly to the erect posture, at the same time twisting the right shoulder back and towards the right, and so he continues to twist against the resisting hand, and finally bends backward and to the left again as far as possible. The motion is continuous from first to last, without stopping, following the direction of the dotted lines. The legs should be held firmly down by one or two assistants. This movement requires much skill to properly execute, but when well done is an excellent one for the purpose intended.

Thus I have given what I believe is the true pathology of lateral curvature of the spine, and have shown how to meet the case by appropriate treatment; a treatment that answers both the physiological and mechanical indications of the case. But it has been impossible to explain more than a few movements, out of a multitude that are used, and these such simple ones as could be best illustrated by wood-cuts. All the conditions of the patient's health should be taken into consideration in making a prescription of movements for this deformity, and the particular movements for different cases will vary ac-

cordingly. But, with tolerable general health and the case not too long standing—say from a few months to one or two years—and I believe nearly all cases can be permanently cured. Indeed, I believe that there is no necessity for such a vast number of our women having this deformity. It is treated too lightly at first, till it becomes too formidable at last. We can do almost anything with the muscles,—can mould them at our will; but when the spinal *bones* have become fixed in an altered shape, the changing of the direction of the spinal column becomes a more difficult matter. The weak muscles are still weaker from long continued strain or inaction, and the rigid spine is a constant counteraction to their development. But the greatest difficulty in these long-standing cases exists in the altered shape of the vertebræ themselves—their conversion from symmetrical into wedge-shaped blocks, by the great pressure on the concave side of the incurvation. Both the intervertebral substance and the vertebræ are sometimes pressed to sharp edges by this constant force exerted on one side; and a stiffening, and hardening of the column take place as years advance.

Fig. VI. is a very good illustration of a section of the spine after the curvature has existed for years.

In recent cases, *while the spinal column is yet pliable*, the muscles can readily bring it to its proper position. And at any stage they will do all that can be done to accomplish this result. The wearing of “supporters” is much worse than useless. Most of them are wholly inefficient to act, in any proper manner, on the osseous column, while they are amply sufficient to increase the muscular weakness which is the original cause of the deformity. The instrument made by Tamplin of London, or some modification of it, seems to be the most sensible, for that does aim to act on the spine in an efficient manner; but, like all others that I have seen, or that must be worn on the person, it *holds up* the trunk, and thus weakens the muscles by preventing their action. In the long run, they are always bad. I need not argue this point, for

FIG. VI.



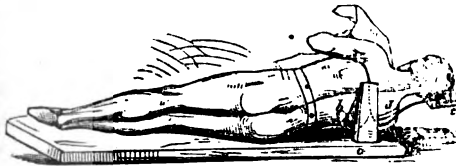
Section of spinal column, showing the wedge-shaped form of vertebræ in long-standing lateral curvature.

this is the general opinion of the profession at the present day.

I have contrived a plan by which the patient can have a *continuous* movement, which will act for a considerable time on the vertebral column to crowd it mechanically into place, and at the same time to expand the muscles of the contracted side. On the spinal column, the action is to force apart the narrow edges, and to press together the wide edges, of the vertebrae, and hold them there for any desired length of time, thus reversing the side of the spine on which this pressure from the curvature has been greatest.

Fig. VII. represents a contrivance by which this combined

FIG. VII.



*The Eccentric Couch.*

and continued movement may be taken, and which I have named the "eccentric couch." It consists simply of a flat cushioned bench (a), with two posts, about thir-

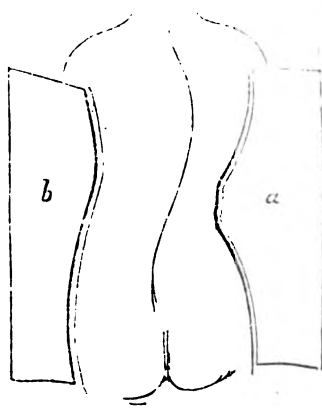
teen inches high, three wide, and one foot apart, as seen in the cut. From the tops of these posts is suspended a strap (b), made to buckle at one end, so that it can be brought close to the cushion or drawn high up. The patient lies down upon the couch, on the right side (in curvature to the right), with the body resting on the strap (which is cushioned) at a point opposite the greatest incurvation, generally under the right shoulder. But the most important part of the contrivance is now to be described. A wire (well padded) passes under the left arm, across the chest, before and behind, to the right shoulder; then turning upward passes to the right side of the head, and under it as he lies on the right side. A strap (d) passes over the right shoulder, from the part of the wire in front to that behind; so that, when the head rests on the cushion (c), the right shoulder will be pressed down by the strap (d) and the left side lifted up or expanded by the action of that part of the instrument under the left arm. The result of the whole contrivance is to divide the body above and below the strap (b), on which it rests as a fulcrum, into two long, heavy, powerful levers,

both acting in such a manner as to expand the incurvation of the spinal column at that point. The amount of force is regulated as the strap is higher or lower, and also there is another adjustable contrivance—not shown in the cut—by which, when the head has descended a desired distance, or as much as the patient can bear, it rests upon a support, and the spine is there made to retain this straightened-out position as long as is required. As before stated, this is really a continuous movement, but it is such a one as the patient can assume at home at convenient periods during the day, and there is no danger of doing it wrong. It should not be made irksome—and it is so adjustable that it need not be—but is capable of acting with tremendous power. For these long-standing cases, as a part of the treatment, this contrivance is of vast utility.

This subject would not be complete without a description of the proper method of making a correct and reliable measurement of the extent of the deformity. The method usually adopted of marking the course of the spine, I believe to be wholly unreliable and untrustworthy, for the reason that it is practically impossible, in the majority of cases, to know exactly where the spine is. Unless the patient is very thin in flesh, the spine is hidden deep in the tissues, at least in a part of its course, and this obscurity is increased by the twisting and bending of the deformity. A better way is to get the body-lines, by laying a strip of lead along each side, from the axilla to the trochanter, and then carefully laying it off, and marking on a piece of paste-board, which can then be cut into the same shape or pattern of the side. Thus each side is fitted, as seen in Fig. VIII., which is from an actual case.

Now, as the variations of the body-lines from the symmetrical form are caused by the spinal distortion, so any return of the

FIG. VIII.



Taking the pattern (a and b) of the body lines as the measure of the deformity.

spinal column to its normal position will be exactly marked by the variations of the body-lines towards the natural symmetry. By only applying the paste-board patterns (*a* and *b*) to the patient's sides, a moment is sufficient to tell exactly how much the patient has improved. I usually take another similar pattern over the most projecting part of the back. The height should also be taken, which will increase as the straightening out of the spinal column progresses.

It is interesting to watch the progress of these cases while undergoing this treatment. There is nothing violent or fatiguing in the exercises, and the united effect of a judicious selection of movements is to gradually mould the form into the proper shape and plumpness. The treatment has nothing in common with ordinary gymnastics, except that the muscles are used; for, while gymnastics exercise *all* the muscles of the *whole* body in the *same* manner, the treatment above set forth is applied so as to act upon *particular* portions of *different* parts of the body, with dissimilar or even opposite effects. It is therefore a purely scientific application of physiological and mechanical laws for the accomplishment of a definite end. In Europe, where much greater attention is paid to physical culture than in this country, the deformity under consideration, and, indeed, other forms of weakness incident to the female sex, are much less common than here. It is to be regretted that our country-women, especially of the higher classes, pay so little attention to avoiding these causes of weakness which render them liable to this deformity. But, when it is once established, they should be made to understand that the remedy is to be sought in the direction opposite that which induced the disease.

---

ARTICLE XXV.—*The Negro Constitution, Medically Considered.* By WM. H. HOLCOMBE, M. D., of Waterproof, La.

It is estimated that there are at the present time 3,500,000 Negro slaves, and 500,000 free Negroes in the United States. The physiological and pathological peculiarities of this race constitute a most important and interesting subject of medical inquiry. The topic has never received sufficient consideration from Southern journalists and authors. There are essential

differences between the Negro and the white races—differences both moral and organic—which should be comprehended before any scientific accuracy can be obtained in the diagnosis of their diseases, the selection of appropriate remedies (especially on homœopathic principles), and the hygienic, social, and moral management of the race. Having lived for several years in one of the richest agricultural districts in Louisiana, where three-fourths of my patients have been Negroes, I have enjoyed excellent opportunities of observation. To some practical statements and speculative suggestions, I solicit the attention of my readers, especially those young homœopaths who are ambitious of being our co-laborers in the golden harvest-fields of the South. I have known young physicians from the North who excited the derision, and lost the confidence of the planter almost on their first visit, by their total ignorance of the salient points of Negro character.

The Negro race in the slave-holding states of North America is on the average the healthiest and longest-lived race, as well as the most prolific, in the world. Devoted mainly to wholesome agricultural labor, in a climate admirably suited to his constitution; well-fed, well-clothed, seldom over-tasked, restrained by bondage from intemperance and excesses of any kind, and, moreover, provided with the best medical attention and nursing, the Negro has attained his highest point of physical and moral worth, under the supervision of the white man in the Southern States of our Confederacy. In little more than one hundred and fifty years, 400,000 imported Africans have increased to 4,000,000; whilst free Negroes, everywhere—in the West Indies, in the Northern States, in Canada, in Liberia, and Sierra Leone—tend slowly but surely to extinction. The annual rate of mortality of Negroes in the slave-holding States is about one in sixty; amongst the free blacks of the North, it is one in twenty to one in thirty—the mortality being greatest in Boston, and a little less in New-York and Philadelphia. The climate of Canada is to the Negro constitution what the Coast of Africa is to the British or American traveller.

Dr. Cartwright, of New Orleans, says that a national and inherent tendency to Fetichism is the philosophical key to the Negro character. Others assert that if we regard them as

“grown-up children,” we shall hardly ever err in our estimate of them. I have fancied that a kind of *symptomatical chart* of the more prominent physical and spiritual characteristics of the Negro might serve us as a guide in our analysis of the peculiarities of the species. The following has been prepared and condensed, after much careful reading, from the statements of the best naturalists and physiologists, including Pritchard, Lawrence, Hamilton, Smith, Sliddon, and Drs. Dickson, Nott, Cartwright, and Bennet Dowler :

#### NEGRO PECULIARITIES.

1. *Physical*.—Skull very thick and strong, resisting injuries and the effects of heat to a wonderful degree. Hair densely matted (cut it off if you wish to apply water to the scalp); beard scanty. Brain and nervous system smaller than in other races. Teeth remarkably large, solid, and sound. Muscular fibre very solid. Skin soft and silky, with fetid perspiration. The humerus shorter and the fore-arm longer than in other races, approaching more to the structure of the ape. The capacity of the thorax and the power of respiration considerably less than in the white man. Requires less oxygen, can sleep with the head in a blanket in hot weather. Large abdominal development. Sexual organs largely developed. Female pelvis wider, and the aperture rounder than in whites. Not delicately, but coarsely organized. Capable of enduring great heat, but very sensitive to cold, to which they readily succumb. Large predominance of the lymphatic and venous temperaments. Physical strength and power of endurance moderate, inferior to that of the white or red man. The *vis-vitæ*—the vital power—is inferior to that of other races, so that there is less reaction against morbid causes.

2. *Spiritual*.—As a race, their psychical peculiarities are infantine, or at least child-like, but still without the nervous impressibility of white children. Excessively credulous, and prone to superstition and fanaticism. Very timid, so as to be easily managed—preferring the whip to any other mode of punishment. Not made revengeful by chastisement, like the white or red man, but put thereby into a pleasant mood and good humor with himself and master. Mentally and morally obtuse. Incapable of

originating a self-evolving civilization, and retrograding when removed from the supervision of a superior race. Incapable of civil or military organization in the hostile presence of the white man. Easily mesmerized, and brought under the domination of a superior will. Very imitative, and very affectionate towards the whites, but much less so towards each other. Naturally very careless, thoughtless, and negligent of the sick. Generally fatalists, and with strong tendencies towards polygamy. So inately servile that they lose all respect for, and confidence in a white man who affects familiarity, or would reduce himself to their level. Exhibit great aversion to white men who do menial offices. Aesthetic faculties either null or dormant (never cultivate flowers, for instance). Are fond of music, and have fine voices, but with very limited range of execution.

The above symptomatical chart is not a procrustean bed to which I would shape every specimen of Negro character. Many of them are mere animals, nearer to monkeys than men, whilst some few may be able to speak like Fred Douglas, or sing like the Black Swan; but ninety-nine out of a hundred slaves in the Southern States will be accurately described, physically and mentally, in the said chart. We invite the Northern physician who would come South to study it attentively, as a reliable key to Negro character. Premising thus much, we pass on to consider the special pathological peculiarities—as we may call them—of the Negro constitution.

We may draw up the following propensities, as fair and logical inductions from the facts observed :

The Negro suffers much less than the white from acute febrile diseases, and is remarkably exempt from yellow fever. He is very liable to pulmonary affections, scrofula, and tuberculosis, and the colder the climate the more promptly he succumbs to these diseases.

He sinks very soon under diseases which are rapidly prostrating—as the cholera, the plague, and congestive intermittent. He stands less chance than the whites in diseases involving extensive lesion of tissue, or a slow and protracted evolution of the morbid process, as small-pox, typhoid fever, pneumonia, especially if of the typhoid type, phlegmonous erysipelas, &c., &c.

The late Dr. Chapman, of the University of Pennsylvania,



used to remark annually to his classes, that "The Negro is much less subject to inflammatory diseases with high vascular action than the whites, and rarely bears blood-letting or depletion in any form, and often, in pleurisy, pneumonia, &c., he requires stimulants rather than depletives." Still, with this very sensible suggestion before the allopathic physicians of the South, why have Negro diseases proved so much more intractable and fatal in their hands than under homœopathic treatment, or even than under the French "expectant medicine?" The reason lies in the false and unphilosophical impression under which they labor as to the true nature of what is called stimulation. Their stimulants (excepting Alcohol, the *modus operandi* of which is chemical) add nothing to the vital power of the patient, but simply elicit, force out, and manifest what little strength he may have left in him. It is spurring a jaded horse, which calls forth a brief energetic movement, and ensures his more rapid exhaustion. Homœopathy cures these depressing, asthenic diseases by its admirable specifics. One of the first gentlemen in the South—the master of a thousand Negroes, and who has used homœopathy for a dozen years—predicts that the practice must become universal, because, in the first place, it is most scientific, and, in the second, because it is much the most economical in the saving of Negro life, which, in this country, is money.

The true cause why the negro so readily withstands the heat-producing diseases, and succumbs to the cold-producing class, is to be found, I think, in the physiological peculiarities of his respiration. For this idea, I am indebted to a splendid but unappreciated work on "Caloric and its Agencies in the Phenomena of Nature," by the late Dr. Samuel Metcalfe, of Transylvania University.—The Negro has less thoracic capacity than the white man; less lung, slower inspiration—takes in less oxygen, generates less animal heat, and the blood-metamorphoses of his system are more tardy in their evolution. Consequently, he is more torpid, lazier, sleepier—thinks less, breathes less, and eats more than the white man. Consequently, also, his nervous system is less impressible, and for that very reason less capable of reaction against morbid causes. By the heat-producing diseases he is merely brought up, as it were, to the white standard; physiologically speaking, the surplus heat can be readily ab-

stracted by conducting media, so that he needs little but a cooling regimen. But in the cold producing diseases, of which cholera is the type, his already deficient power of generating caloric, or animal heat, is rapidly diminished, and no external supply of artificial heat is a substitute for that blood-metamorphose in the lungs whereby the vital heat of the body is alone to be maintained. This is the key to the facts, that the Negro rarely dies of uncomplicated fever, and falls so ready a victim to pneumonia and pulmonary phthisis, especially in Northern climates, where the respiratory process is severely taxed to generate enough caloric, or, in other words to supply enough oxygen for the demands of the system.

It is one of the most curious and inexplicable facts in medical science that the Negro has been almost always exempt from yellow fever until about the year 1853 ; since which period a great many Negroes have taken that disease, but always in a modified and very mild form. Dr. Rush said he was almost inclined to think the Negroes were black angels, providentially prepared as nurses to the white people in the great Philadelphia epidemics. It has frequently been proposed to protect New Orleans from the fever by causing all the loading and unloading of vessels during the summer season to be done exclusively by Negroes. The sudden cessation of this exemption is as inexplicable as its first occurrence ; indeed it complicates the mystery. My hypothesis to account for the facts is this : The African race, with its specific fauna, flora, and mineral kingdom, arising from a distinct centre, possessed a certain habitat, with definite physiological peculiarities and pathological liabilities. Yellow fever is not an African disease ; in other words, never would have originated in Africa amongst Africans, the peculiar causes of its origination not being present. Still the common bilious fever of the African Negro attacking a European in Africa may have originated a yellow fever disease communicable to whites. The constitution of the Negro race in the United States has been becoming gradually *de-Africanized*, so that the very severe epidemic of 1853—a hybrid disease between the old yellow fever and some malignant tropical fever of bilious or typhus character—found the African race measurably susceptible to its impression. I think this susceptibility will increase in propor-

tion as the African constitution, by prolonged sojourn in America, loses or departs from its original type.

Much has been said and written on the subject of acclimation, and it may all be very true with respect to specific endemic diseases, such as yellow fever, but there is no acclimation process by which either the white or black race is enabled to dwell in a malarious region with impunity. Englishmen never become inured to the Indian climates, either East or West; they become more and more liable to the endemic diseases the longer they stay in the country. Their children are puny, and the procreation of a third generation of whites in tropical climates, without fresh admixture from the parent country, is impossible: no extent of sojourn gives immunity. Dr. Livingstone says he was stricken down with the African fever upwards of thirty times in sixteen years. The same fact, in a less striking degree, however, is noticeable even in our Southern States. It is not the new comers who are afflicted with malarial diseases, but the old settlers. The climate has a gradual debilitating, anæmic influence on the constitution, which makes it fall a ready prey to malarial causes.

The Negro is by no means exempt from periodical and bilious fevers; in his own jungles of Africa those diseases create great devastation. It is rare to find a Negro sixty years old on the Guinea coast, whilst it is common for them to reach ninety or a hundred years with us. When Negroes are taken from elevated, poor, and consequently healthy regions, like some parts of Virginia and Kentucky, they are liable to sickness the first year or so in the South-west—which is called their acclimation; but I suspect these early attacks occur because they are more exposed to heat and cold, and less comfortably provided for than the whites. Dr. Dickson, of South Carolina, says that in the rice regions the Negro loses his susceptibility to malarial disease by acclimation. This is certainly not the case in our cotton and sugar countries. Dr. Nott, of Mobile, says that he has seen no evidence, after an extensive observation in four States, to prove that Negroes can ever become accustomed to the marsh poison. Certain it is that my own severe cases among Negroes generally take place amongst those who have been long in the country. New comers are weakly, easily op-

pressed by the sun, and have to be more or less favored in their work; but the mortality from malarial disease, especially of the congestive type, is found to be greatest amongst those who have been submitted for a long time to the morbid influence of miasma.

Statistics, especially those of Charleston, S. C., prove that the greatest mortality occurs amongst Negroes from respiratory diseases, especially *pneumonia* and *consumption*, of which the former is found oftener in the country, and the latter in the towns. There is a very large and remarkable mortality from *trismus nascentium* and *tetanus*. The former disease is sometimes epidemic or endemic on plantations, so that almost all the children die for several years. The causes are still exceedingly obscure, and the fatality proverbial. I heard a distinguished physician of Mississippi say that he had treated over two hundred cases (allopathically) and lost every one of them. I have known but two recoveries under homœopathic treatment, and in both cases too many remedies were used to give any satisfactory therapeutic results. Next to respiratory diseases, the most fatal diseases to the Negro race are *congestive intermittent*, which is closely allied to algid or Asiatic cholera, and *typhoid fever*. A good many children die of *convulsions*, and many of *marasmus* or *tabes-mesenterica*, one form of scrofula or tuberculosis. Negro children are exceedingly subject to *worms*, and it is almost incredible what immense quantities are discharged by the vermifuges which are generally administered all around every spring.

Every practitioner in the Southern States will meet with some cases of *dirt-eating*, a filthy habit, which always induces a dreadful cachexia resulting in death. I believe no other race of human beings but the Africans have been found to indulge in this disgusting and dangerous custom. It is difficult to tell how or why it is formed. However it originated, it seems perpetuated by imitation—like our own disgusting use and abuse of tobacco and alcohol. The appetite is unconquerable. I had a case in a young woman, whom I confined to a single room for some weeks; during that time she scraped every particle of dust from between the cracks of the floor to eat, and had detached a great deal of the mortar from between the bricks a little way

up the chimney. No variety or abundance of good provisions, flesh, fish, or fowl, will be received as a substitute for the dirty object of their insatiable craving. The blood becomes thinned and vitiated. The palms of the hands, the nails, and the tongue and mucous membrane of the mouth are very pale or white. There is costiveness alternating with diarrhœa, increasing emaciation and debility, hectic fever, dropsical swellings, and finally complete anæmia, and death by exhaustion. I have found no medicine to do any good, not even Iron, whilst the habit persisted, and there is much more hope of reformation in the most confirmed drunkard than there is of the dirt-eater.

Lastly, I will make a few remarks on a peculiar and most remarkable disease, limited in this country to the African race, and called by some writers *cachexia-Africana*. It is a complicated derangement of both mind and body. The Negro thinks he is conjured or bewitched. The superstitions connected with this subject are extraordinary and almost incredible; they are, moreover, invincible: no skill in argument, no persuasion can overcome their insane belief—medicine is entirely useless. The Negro knows by a sort of instinct that white people disbelieve in all such charms and witchcraft, and you can never, unless by most uncommon adroitness and cunning, obtain the confidence of your patient, and without that your therapeutics will be null and void. The patient gradually wastes and pines away; he loses appetite, flesh, strength, and spirit; he will tell you with a wild earnestness of manner of the most incredible symptoms. I have seen three cases within the last year, whose symptomatology would puzzle the old-fashioned homœopathists. They believe that scorpions, worms, snakes, lizzards, bugs, and every conceivable disgusting creature are alive in their bodies; they feel them crawling in their veins, biting in their feet, turning and screwing in the stomachs, gnawing under their nipples, hissing in their ears, nibbling at their tongues, choking in their throats, &c., &c. Subjective sensations are invested with the most hideous and painful objectiveness or reality. The condition of the patient is truly deplorable, and they give great trouble to their owners and the physicians. They always plead to be sent to some reputed conjuror, always a Negro, and always at a little distance, to be cured by counter-charms and

conjunction: like to like—homœopathy in its humblest instinctive form. The cause of this curious hallucination is, no doubt, an invincible superstition. Mosely, one of the oldest West Indian writers, said truly that the Negro's greatest fear was not of the white man, but of his fellow Negro. Dr. Cartwright says that the disease arises from the removal or want of the spiritual control of the white man over the Negro. I have never known it to occur in families where the whites and blacks are kept in perpetual contact; but it is common on large plantations, where there are too many Negroes for the planter or overseer to take any but a very general supervision over the domestic and private relations of the Negro life. Mosely recommends baptism into the Christian Church as the best remedy, and this curious prescription goes far to prove Dr. Cartwright's correctness as to the etiology of the disease.

Those who are unacquainted with Negro character sometimes have considerable difficulty in making a proper diagnosis: their own statements are very little to be relied upon; their account of subjective symptoms is very obscure and unsatisfactory; and the meaning or significance which they attach to terms is so different from that we entertain in our own minds, that we are constantly in danger of being led to false conclusions. For instance, the other morning I asked a Negro woman if she had had any action of the bowels the day before: she said she had been going out all night with very loose bowels; the nurse, however, stated that she had been out of the bed but once since my last visit. On minute inquiry, it turned out that she had rumbling in the bowels all night with disposition to go stool. So of any and almost every case: they will tell you they have a dreadful pain in the breast, but if you make them point it out with their fingers it will be found to exist in the epigastrium. A Negro once complained dreadfully of a severe stitch in his right side, and it was some time before I discovered that the real seat of trouble was the hip-joint. Some of them are very loquacious, and will confuse you with a multiplicity of real and imaginary symptoms, but the great majority are taciturn when sick, and you can get very little out of them, and that little in monosyllables. The Negro mind is so easily mesmerized or biologized by the direction of the white man's thoughts upon it

that, if you put leading or prompting questions, you will get the answer which the Negro conceives you are expecting, however far that may be from the fact. The best way is to let them tell their own story; then cross-examine, not only the patient, but all the attendants, and finally prescribe mainly for the obvious objective phenomena. They are very cunning in feigning diseases, and frequently deceive not only their masters but the best medical men.

Is there anything special in Negro therapeutics? I think the most important fact to remember is, that the Negro is possessed of less vitality and power of reaction than the white man; hence he needs very little depletion, nor should his regimen be as severe as for the whites. Ventilation is not so important, for he does not use as much oxygen as the superior races. Ab-lutions are of great importance, for their skins are generally very filthy. Cupping and blistering appear to be very beneficial to them, and they have great faith in such measures. Hydropathy, caloric, blisters, alcohol, &c., and all agents which excite reaction, seem especially valuable in their cases. The anti-psoric, in high dilutions, are especially valuable in their chronic diseases; but, on the other hand, the lowest dilutions, and even mother tinctures are required for their acute affections. As a general rule, I should say that Arsenic, Pulsatilla, Veratrum, Mercurius, Rhus-tox, Carbo-veg., Opium, and all those remedies whose general pathogenetic effects may be called *asthenic*, are better adapted to Negroes than the *sthenic* class, such as Belladonna, Nux-vomica, Chamomilla, Hyosciamus, &c., &c. Strict directions must be left for the administration of medicines, and then some error will be committed, or some neglect will be inevitable, unless some white person supervises.

Do Negroes believe in homœopathy? Yes, if they like the doctor; and there lies one of the keys to Negro character. No possible superiority of intellect, no display of learning, no grandeur of reputation has the least effect upon them: simply because their understandings are not opened. The avenue to the Negro's confidence, as to woman's, does not lead through the intellect, but through the affections. Win his respect and favor by a pleasant, gentle, and considerate manner, and you will secure the unlimited confidence of your patient: he will believe every

word you say, and trust serenely in everything you give. Familiarity would beget his immediate contempt, but a dignified kindness binds him to you indissolubly. They are usually very indifferent and resigned when sick; being constitutionally fatalists—believing always, that “what will be, will be,” and ought to be—they meet death almost invariably with decent composure.

---

ARTICLE XXVI.—*On Animal Heat.* By F. G. SNELLING,  
M. D., of New-York.

The means by which the animal system is kept at a certain mean temperature in a constantly fluctuating medium, is through the oxidation of the tissues and the setting free of carbonic acid. This process of oxidation being necessarily attended with a corresponding rise of temperature, the animal heat, of course, corresponds with the energy and activity of the process of oxidation going on at the moment,—which may be regulated by motion, exercise, respiration, innervation, and many other external conditions.

This liberation of heat is not confined to animals alone, for plants, during their period of activity, also undergo a corresponding rise of temperature. For instance, “if a mass of seeds be laid together, as in the making of malt, the operation being conducted at a gentle temperature, and with the access of atmospheric air, oxygen disappears, carbonic acid is set free, and the temperature rises forty or fifty degrees. A process of oxidation has been carried into effect, and to it we trace the heat disengaged; for carbon cannot produce carbonic acid without a rise of temperature ensuing. The seeds experience a loss of weight also, due to the loss of carbon, which has passed off united with oxygen. During flowering, the same action is repeated. The flower removes a portion of oxygen, replacing it with carbonic acid, and the amount of heat is in direct correspondence with the amount of oxygen consumed. A mass of flowers has been observed to raise the temperature from 66° to 121°.”\* (1.)

---

\* I desire to give due credit to Drs. Draper, Carpenter, and Bennett, whose works I have freely consulted while writing this article. *Extracts* are credited to each by an appropriate number, taking the order in which I have mentioned them.



“Passing from plants to animals, we find that this process must depend, in a general way, upon the rapidity with which oxygen can be supplied, and the energy and precision with which the respiratory apparatus works, for it is in this way that the necessary air (oxygen) is introduced. Extensive observation establishes a close connection in each animal tribe between the quantity of heat produced and the capability of the respiratory apparatus. The lower tribes breathe slowly and are cold. Earth-worms are only a degree or two warmer than the ground.” (1.)

This, however, though true theoretically, is not strictly correct—for something more than the mere entrance of oxygen gas into the lungs is necessary to ensure a rise of temperature. The most energetic respirations, *alone*, will totally fail to increase the temperature of the body in a cold room, so long as we remain quiescent: something else is required. The oxygen remains passive, and the carbon is not burned more rapidly than was taking place before in the system. But let moderate exercise be resorted to, and, after a time, the respiration spontaneously increases, becomes fuller and more deep, and we are sensible of a glow of increased heat throughout the body. Therefore it would appear that not only does oxidation *not* take place in the lungs, but that, on the contrary, but a limited amount of oxygen will be *absorbed by the hæmatin* of the blood-cells, until muscular contraction, and the destructive metamorphosis which thereupon takes place, has disposed of the oxygen which was waiting in the capillaries to be so used. I cannot believe that a greater amount of true oxidation (that is, union of the oxygen with the tissues) takes place in the lungs than is demanded for the due reparation and nutrition of their own tissue;—which, doubtless, is greater than that of the extremities, however, by reason of their greater vascularity.

“The organic operations involved in nutrition, and also the retrograde changes of decay, can only go on at their accustomed rates as long as standard limits of temperature are maintained. The proper progress of the actions of life implies a corresponding adjustment of heat, and this irrespective of the mere size of the animal. Even those that are microscopic must come under this rule. When the temperature of a liquid containing infusorials is caused to descend to the freezing point gradually, the

last portions which solidify are those which surround each of these little forms—a drop is kept liquid by the heat they disengage." (1.)

The blood which is conveyed to the right heart from the returning circulation, contains *all* the plastic materials of the arterial blood: since it has received from the thoracic duct quite as much carbon, albumen, and salts as have been abstracted from it by the tissues on its round through the circulation; but it does *not* contain so much *oxygen*, and it *does* contain an excess of *carbonic acid*. Going to the lungs, therefore, for the rectification of their conditions, a most complicated process takes place. It would appear at the first glance that, since we have carbon, albumen, &c., about to come into union with oxygen, that we ought to have a great and sudden liberation of heat taking place in the lungs, and to so great an extent as to jeopardize their integrity. But the very measured and tranquil action of the lungs assures us that no such excessive liberation of heat takes place, and that, in fact, some controlling power must exert an unswerving and incessant vigilance over the amount, and also the *locality* of the oxidation or combustion taking place. This power or influence is undoubtedly in the nervous system.

It may not be out of place to repeat here some of the arguments and explanations upon this point, which will be again given in an article upon nutrition. It is a well known fact in chemistry, that two bodies may remain in contact perfectly quiescent and indifferent to one another until some inexplicable condition is supplied, when they at once pass into a state of energetic activity. Thus chlorine and hydrogen may be kept in contact in the dark without any change ensuing; but, if brought into the sun-light, they at once unite explosively. A strip of copper and a strip of zinc may be kept in a glass of acidulated water, perfectly indifferent to one another for any length of time; but, if a thread of platinum wire be laid from one to the other, the wire at once becomes red hot, the zinc is oxidized, and clouds of hydrogen-gas bubbles begin to arise from the copper. Why should this condition of activity be assumed merely at the contact of another metal? *Phosphorus*, also, one of the most useful and important of all the ingredients of the animal tissues, possesses the property of assuming this condition of indifference

to oxygen in a high degree. Carbon, almost as important, we find, in the form of the diamond, to be almost without affinity for oxygen; yet, as lamp or bone black, it has so strong and energetic an affinity for it that it is often difficult to prevent spontaneous combustion.

The oxygen, then, on finding access to the lungs, does not at once unite with the *carbon, albumen, fibrin, and phosphuretted compounds* in the blood and burn them up. It probably finds them in this condition of indifference to oxygen, when it is unable to impress them; but it finds a substance in the blood-cells, *hæmatin*, which, while it possesses a strong affinity for oxygen, at the same time holds it in so loose and indifferent a manner that it surrenders up on the application of the feeblest reagents. Draper says, in regard to it, that other *nitrogenized coloring materials* present a similar relation to oxygen; as an example, *indigo* may be mentioned. I consider that the properties of this substance indicate in a significant manner the properties of *hæmatin* in the system. Indigo is found in the leaves of the indigo plant in a *yellow* and soluble state. It is easily extracted from them by maceration in water. Exposed to the air, it absorbs oxygen, becomes insoluble, and simultaneously gains a deep *blue* tint; but so *lightly* is the oxygen then united to it that, by exposure to very feeble agents, it surrenders it up, and repasses to the *yellow* and soluble condition. Once more exposed to the air, it turns *blue*, and once more may have that color removed from it by taking its oxygen away. For many times in succession its tint may be thus changed, and made *yellow* or *blue* at pleasure. From this we perceive in what a loose manner oxygen is held by such a coloring material; and how readily it surrenders it, and how easily it recovers it. This is precisely what occurs in the case of *hæmatin*: it takes up oxygen with rapidity as it goes over the cells of the lungs, and turns *scarlet* or arterial; it surrenders that oxygen with equal facility as it passes the systemic capillaries, and turns *blue* or venous.

The researches of Peligot into the action of the protoxide of nitrogen upon solutions of the salts of the protoxide of iron, also show that these liquids may have their *color changed* by the absorption of gases which form no chemical union with them. The blood-cell, therefore, through the agency of its *hæmatin*, takes charge of the incoming oxygen in the lungs, protecting it tem-

porarily from promiscuous union, and conveys it intact to its destination at the periphery of the circulation. The manner in which this takes place we shall next examine.

“The blood, whilst circulating through the capillaries of the lungs, is divided into an innumerable multitude of minute streamlets, each so small as to admit but a single layer of its corpuscles; and in these, therefore, the surface which is placed *in contact* with the air is so enormously extended as to be almost beyond calculation. In this way a change may be instantaneously effected in it, which would occupy several hours were the blood less advantageously exposed to the influence of the oxygen.” (2.)

The expression used above, “*in contact with the air*,” is not used unadvisedly. Though the blood may be separated from the cavity of the air-cells by the walls of the blood-vessels, by the wall of the air-cell, and, perhaps, by an intervening layer of connective tissue, these interposed membranes, so far from presenting any barrier to the entrance of oxygen, and the exit of carbonic acid, actually favor the process. Moist membranes and films of water, according to Draper, by reason of their chemical affinity for gaseous substances, and consequent condensing action, become the origin of great mechanical power. Under such conditions he has seen carbonic acid gas pass into atmospheric air, driven as it were by the action of the membrane, *against* a pressure of *ten* atmospheres, and sulphuretted hydrogen against a pressure of twenty-five atmospheres, and with so much promptness as to induce the belief that the power is indefinitely great.

“It is well known that, *First*, Gases simply exposed to each other interdiffuse with great rapidity, and at a rate inversely proportioned to the square root of their density; *Second*, That a gas dissolved in a liquid, or held in a condensed state by a solid mass, will exchange by interdiffusion with any atmosphere to which it may be exposed: in these cases the liquid or solid mass becoming a source of force; *Third*, That a liquid holding a gas in solution permits it to diffuse with another gas held by another liquid in solution.” (1.)

“On the first of these principles, the fresh air of the bronchial tubes exchanges with the respired air of the pulmonary cells, the case being that of a gas exposed to a gas. On the second, *arterialization* of the blood takes place, the case being that of a

dissolved gas exchanging with a free gas; and on the third aquatic or gill respiration takes place, the case being that of a dissolved gas exchanging with another dissolved gas." (1.)

The carbonic acid, therefore, finds no difficulty in removing itself from the lungs, nor the oxygen any barrier to its complete and instantaneous entrance. Arrived at the blood-cells, it is absorbed through their walls *by the hæmatin*, and is now in a condition to start upon the round of the circulation.

The blood-cells, though very important, are but *one* of the many vitally important constituents of the blood. They are red, non-nucleated discs, presenting a flattened shape: the bright spot which is sometimes seen in the centre arising from a refraction of light. The sac of each disc is elastic, so that it may be swollen by water or made to shrink by a thick syrup, in consequence of endosmose action through its walls.

This blood-cell contains (among other matters) *hæmatin*, by which it is enabled to convey the oxygen intact to all parts to be nourished. Arrived at the capillaries, some condition is probably furnished by the nervous system which enables or necessitates its passing into the active state, or (if perchance, oxygen refuse this change of condition) the *allotropic*\* state may arise in the tissues themselves, and the *carbon*, the *fibrin*, the *albumen*, and the *salts* which *refused* to combine with the oxygen while coursing together in the round of the circulation, find themselves now, after having passed through the formative process and been elaborated as tissue, precisely in that allotropic condition which necessitates an immediate union with oxygen.

The mode in which the final oxidation takes place has not been very completely developed, except in the case of muscular tissue. The results of its chemical change are carbonic acid and *urea*, and *salts of sulphuric acid*—the one eliminated principally through the lungs, the others through the kidneys. Draper unequivocally regards muscular contraction as the

---

\* Allotropism means literally "another change," and is a term recently introduced into chemistry, to indicate that peculiar condition of a substance in which, without any chemical change or union with another body, it may yet pass from a condition of great activity and intense affinity for oxygen into a state of absolute quiescence and indifference to its chemical affinity. This state seems preferably to obtain, at the bidding of the imponderabilia—viz.: light, heat, electricity, *the nervous force* and magnetism.—F. G. S.

necessary physical result of muscular disintegration. We prefer to quote the paragraph intact, embodying the two theories combined: "Accepting," he says, "the fact (well known) that a muscle fibre cannot contract without loss of substance, and regarding that loss as the cause, and the contraction as the effect, it is plain that whatever influence can accomplish an oxidation will produce a shortening of the fibre. Perhaps it may be that the nerve tubule does it by occasioning a rise of temperature; perhaps it may be—if nerves do not end in loops, but in denuded points—by the current escaping into the muscle from these points, and occasioning such an *allotropic* change in the contents of the muscle-cells as enables the blood to destroy them. With such theories we need not now embarrass ourselves, but confine ourselves to the *destruction* of the material contained in the muscle-cells, which destruction is practically brought about by the access of *arterial* blood. Helmholtz produced powerful muscular contractions by passing an electrical current through the amputated leg of a frog as long as convulsions continued to be manifested. The flesh of both legs was then analyzed. The *albumen* was *scarcely* affected, the mean of six experiments giving 210 per 10,000 of albumen, in the electrized, and 213 in the non-electrized flesh. With regard to the *extractive matters*, it appeared that, in all the experiments, without a single exception, the *water extracts* in the *electrized* flesh was *diminished*, while in the other the *spirit and alcohol extracts* were *increased*. The amount of fat was unaffected; *no urea* could be found in the alcohol extract. From his tables it appears that *the alcohol extracts increased between 24 and 38 per cent.*; *the water extracts diminished between 24 and 20 per cent.*; *the spirit extracts increased between 13 and 22 per cent.* When the destruction, referred to above, takes place, the *cell* affected undergoes an actual *diminution* of size, through loss of part of its contained material, its longer axis shortening from no other reason than the cohesion of its included granules thus suddenly brought into play. The cell which we have under consideration, like an entire muscular fasciculus, possesses no power of active dilatation, and so remains without change until it is stretched, by similar contractions taking place in the components of other, and, perhaps, distant parts. Coincident, however, with this destruction of its interior substance, and loss of its *prolate* form,

is the act of repair; the nucleus of the cell reproducing other granules from materials brought by the blood: for the *arterial capillaries* not only bring the means of oxidation, but they *bring the plastic elements* of nutrition, and so permit the cell to recover its dimensions. The destruction was almost instantaneous; the repair is an affair of a little longer time, and thus, while one part is resting, other portions of muscular tissue take up the contraction in succession." (1.)

"As the result of this first stage, there has been a liberation of products of oxidation, which are eventually to *find their way into the urinary secretion*, or to escape by the respiratory surfaces. It is immaterial what the first aspect of these substances may be, creatine, *urea*, extractive, &c., this much is absolutely certain, that they are on their *downward career*, and will end as *urea, sulphuric, carbonic acid, &c.* The experiments of Reymond and Leibig prove that the muscles, when at rest, contain *no acid juice*, and during their activity it is known that *the degree of acidity* is proportioned to the energy with which they have been contracting. It cannot for a moment be supposed that this acidity is the cause of the contraction; on the contrary, it is its result." (1.)

"Among the products arising during muscular action may be more particularly mentioned *inosite or muscle sugar*, which is isomeric with glucose; and *creatine*, which, though it contains *so large* a proportion of *nitrogen*, must be regarded as a product of the waste going on. By the loss of two atoms of the element of water, it gives origin to *creatinine*, which is accordingly found in the muscle-juice, the blood, and the urine. Indeed, these two substances seem to be inversely proportioned to one another." (1.)

It is much to be regretted that we cannot, in as satisfactory a manner, follow the course of the carbon of the system to its ultimate oxidation, as is the case in muscle tissue. We are told that carbon is not adapted for the construction of tissue, and that its purpose is simply to make heat; but we are also told that animal heat is exclusively formed (in carnivora) by the destructive metamorphosis of *the fibrinous muscle tissue*. Where then does the carbon go?

There is not a doubt, however, that it *does* go to make heat, and that in a most extraordinary way; but we are quite unable to trace the process. Whether it occurs in the blood at once on

the introduction of food, or whether it takes place gradually by deliquescence of the fat-cells stored up in the areolar tissue, must be left to further research to determine. M. Chossat, in some very interesting experiments upon the temperature of birds, found that, when totally deprived of food and drink, and thus starved to death, the amount of fat diminished ninety-three per cent. Carpenter says, from the constant correspondence between the entire consumption of the fat in these experiments, and the depression of the temperature, joined to the fact that the duration of life under the *inanitiating* process evidently varied, *cæteris paribus*, with the amount of fat previously accumulated in the body, the inference seems irresistible, that the calorifying power depended chiefly, if not entirely, on the materials supplied by this substance.

Animals fed on flesh absorb much more oxygen (in proportion) than those fed on a vegetable diet. "In a dog exclusively nourished on flesh, the proportion of oxygen *absorbed*, to 100 parts of carbonic-acid *exhaled*, was 134.3, or much above that which the law of mutual diffusion would indicate; whilst in a rabbit, fed exclusively upon vegetable food, the proportion of oxygen absorbed was only 109.34 to 100 parts of carbonic acid, or much less than the calculated amount. The difference between the relative proportions of surplus oxygen in the same animal, under an exclusively animal or exclusively vegetable diet, were found to be as much as 62.104. It was further ascertained that when an animal is kept fasting, the relation between the oxygen absorbed and the carbonic acid exhaled is nearly the same as when the animal is fed on flesh; the reason evidently being that, in the former case, the animal's respiration is kept up at the expense of the constituents of its own body, which correspond with animal food in their composition." (2.)

"There can be no doubt that, on the whole, a *considerable surplus of oxygen is absorbed into the system*, and it appears probable that a part of this additional oxygen is made to combine with hydrogen, furnished by the food, or by the disintegration of tissue; the water thus generated forming part of that exhaled from the lungs; whilst another part will be applied to the *oxidation of the sulphur and phosphorus*, which are ingested in the food." (2.)

And yet, although the herbivora do not as a class absorb so



much oxygen, or excrete as much carbonic acid as the carnivora, we find their mean temperature to be very nearly the same. The cause of this appears to be obscure. It is said that the carnivora depend entirely upon *the disintegration of their flesh* for their supply of heat—their necessarily active lives and incessant motion ensuring a constant destructive metamorphosis; the herbivora, on the contrary, much more inert, subjected also to the further cooling influence of a greater amount of transpiration from the skin, are supposed to keep up their temperature by the direct oxidation of a portion of the *carbon* of their food, and, failing this, a large reserve is provided by nature in their tissues. This explanation is manifestly insufficient, since, if their activity be less, as also the excretion of carbonic acid, their temperature ought surely to correspond.

However, it has been proved that, "whenever the store of combustible matter in the system is exhausted, whether by the respiratory process alone, or by *the conversion of adipose matter into the materials for the nervous or other tissues*, the inaniated animals died by the cooling of their bodies consequent upon the loss of calorifying power. That this is the real explanation of the fact is shown by the results of a series of very remarkable experiments, performed by M. Chossat, with a view of testing the correctness of this supposition. When inaniated animals, whose death seemed impending (many actually died while the preliminary manipulations were taking place), were subjected to artificial heat, they were almost uniformly restored from a state of insensibility and want of muscular power to a condition of comparative activity; their temperature rose, their muscular power returned, they flew about the room, and took food when it was presented to them; and, if the artificial assistance was sufficiently prolonged, and they were not again subjected to the starving process, most of them recovered. If they were left to themselves too early, however, the digestive process was not performed, and they ultimately died. Up to the time when they began to take food, their weight continued to diminish; the secretions being renewed, under the influence of artificial heat, sometimes to a considerable amount. It was not until digestion had actually taken place (which, owing to the weakened functional power, was commonly many hours after the ingestion

of the food), that the animal *regained its power of generating heat*; so that, if the external source of heat was withdrawn, the body at once cooled. It is to be remembered that in such cases the resources of the body are on the point of being completely exhausted when the attempt of reanimation is made; consequently it has nothing whatever to fall back upon, and the leaving it to itself *at any time*, until fresh resources have been provided for it, is as certain a cause of death as it would have been in the first place. (2.)

It can scarcely be questioned, from the similarity of the phenomena, that *inanition*, with its consequent *depression of temperature*, is the *immediate cause of death* in many diseases of exhaustion; and it seems probable that there are many cases in which the depressing cause is of a temporary nature, and in which a judicious and timely application of *artificial heat* might prolong life until it has passed off. It is especially, perhaps, in those forms of febrile disease in which no decided lesion can be discovered after death, that this view has the strongest claim to reception; but many other cases will occur to the intelligent physician. (2.)

The beneficial result of the administration of *Alcohol* in such conditions, and the large amount which may be given with impunity, may probably be accounted for on this principle. That it is a specific stimulus to the nervous system cannot be doubted from its effects on the healthy body; but that it serves as a *fuel* to keep up the calorifying process, appears equally certain. Its great efficacy in such cases seems to depend upon the readiness with which it will be taken into the circulation by a simple act of endosmotic imbibition, when the special absorbent process dependent upon the peculiar powers of the cells of the villi, is in abeyance. There is no other combustible fluid whose density, relatively to that of the blood, will permit of its rapid absorption by the simple physical process alluded to. (2.)

The means provided by nature for *cooling* the body, are of the simplest possible description. From the whole of its moist surface, *simple evaporation* will take place at all times, as from an inorganic body in the same circumstances; and the amount of this will be regulated merely by the condition of the atmosphere, as to warmth and dryness. The more readily watery vapor can

be dissolved in atmospheric air, the more will be lost from the surface of the body in this way. In cold weather very little is thus carried off, even though the air be dry; and a warm atmosphere already charged with dampness will be nearly as ineffectual. But simple evaporation is not the chief means. The skin contains a large number of glandulæ, the office of which is to secrete an aqueous fluid, and the amount of this exhalation appears to depend solely or chiefly upon the temperature of the surrounding air. Thus, when the external heat is very great, a considerable amount of heat is transuded from the skin; and this, in evaporating, converts into latent heat a great part of the free caloric which would otherwise raise the temperature of the body. If the atmosphere be hot and dry, and also be in motion, both exhalation and evaporation go on with great rapidity. If it be cold, both are checked—the former almost entirely so; but if it be dry some evaporation still continues. On the other hand, in a hot atmosphere, saturated with moisture, exhalation continues, though evaporation is almost entirely checked, and the fluid poured out by the exhalent glands accumulates on the skin. There is reason to believe that the secretion continues even when the body is immersed in water, provided its temperature be high. We learn from these facts the great importance of not suddenly checking exhalation by exposure of the surface to cold when the secretion is being actively performed, since a great disturbance of the circulation will be likely to ensue, similar to that occurring when other important secretions are suddenly suspended. (2.)

---

ARTICLE XXVII.—*Amenorrhœa: its Treatment, and Some Therapeutical Indications for the Use of New Remedies.*  
By E. M. HALE, M.D., of Jonesville, Mich.

I do not propose in this paper to treat of the etiology of this condition. The admirable works of Peters, Jahr, and Leadam will be found to contain all the information necessary on this point. I would recommend also, "West on Diseases of Females," as being one of the best works on this subject ever issued.

My sole object is to introduce to the notice of the homœopathic profession some remedies which act most admirably in this

affection, and which are not well known to many of the adherents of our system. It is true that in the well-known agents, *Pulsatilla*, *Conium*, *Sepia*, *Sulphur*, and *Aconite*, we have powerful and successful remedies, yet there are cases when these, as well as the most carefully selected remedies fail, and we look in vain through the pages of our "Materia Medica" for the *specific* to meet the unusual indications. I have often been consulted by my homœopathic colleagues relative to some obstinate cases of suppressed menses, in which they had tried many of our most highly recommended remedies, in different potencies, without effect, and I have seen such cases *cured* promptly by the administration of *Macrotin* or *Helonin*.

Some of these remedies are comparatively *unproven* on the healthy, but an experience of several years in their use enables me to present them to the profession as positive and safe agents in the treatment of the malady in question; and to elucidate their *sphere of action*, and the pathological and physiological conditions which indicate them. I cannot omit to acknowledge my *primary* indebtedness to several botanic, or so-called eclectic authors, who have shown a laudable desire to introduce these safe and efficient preparations, and to give us the result of their practical experience.

Before entering into the consideration of *new*, I will enumerate the *old* remedies which I have found oftenest indicated and most useful, and will annex to them their analogues, selected from those to be mentioned :

ACONITE.—*Verat.-v.*, *Baptisin*, *Macrotin*, and *Sanguinaria*.

BELLADONNA.—*Macrotin*, *Sanguinaria*, (*Stram.*)

BRYONIA.—*Baptisin*, *Macrotin*, (*Ascl.-pin.*)

PULSATILLA.—*Cauloph.*, *Senecin*, *Sanguinaria*, *Aletrin*.

SEPIA.—*Sanguinaria*, *Helonin*, *Podoph.*, *Aletrin*.

CONIUM.—*Helonin*, (*Apis.*, *Kali.-brom.*)

SULPHUR.—*Podophyllin*, *Sanguinaria*.

The remedies enclosed in parenthesis are not mentioned in this paper, I only mention them here as appropriate congeners.

ELECTRICITY.—I have made considerable use of this agent in the treatment of amenorrhœa. In some cases, recent and chronic, it will act with surprising promptitude; one case in particular I find in my case book, where the menses, sup-

pressed for three months, came on while using the battery the second time. It is best adapted to feeble, atonic constitutions, of weak nervous vitality, also when there is local atony of the ovaries and uterus; it seems to rouse the torpid nerves into normal activity. I usually apply one pole to the sacrum, the other upon the pubes, or to the os-uteri, or over the ovarian region. If we accept the recent theories of ovarian influence, it seems eminently important that the ovaries should be aroused to normal activity before we can expect the menses to appear. I imagine that our most useful amenorrhœa remedies are those which most affect the ovaries.

The following named medicines are those which I have selected for a brief *resumé* of their therapeutical indications:

*Aletris*, BAPTISIN, CAULOPHYLLIN, *Helonin*, MACROTIN, PODOPHYLLIN, *Sanguinaria*, SENECIN, and VERATRUM-VIRIDE.

ALETRIN.—The *Aletris-frfrinosa* has long been known in domestic practice as a powerful tonic; it seems to effect specifically the stomach and uterine system. In large doses it causes vomiting and catharsis, accompanied with considerable narcotism. It has caused venous congestion of the uterus, bearing-down sensations, fullness and heaviness in the uterine region, with suppression of the menses. It is used in moderate doses by the botanic, falsely-styled eclectic physicians, for all the above symptoms with excellent results. It is considered, by some practitioners, as a positive preventive of abortion; yet it has been used to *cause* abortion in the first months of pregnancy. It is indicated in young girls when the menses delay, and there is present that pseudo-narcotism described by Tilt—dyspeptic symptoms, frequent vomiting, and attacks of diarrhœa, flatulence, and hysteria.

The first or second decimal trituration is preferred by me, given four times a day.

BAPTISIN.—The *Baptisia* is taking a high rank as a remedy in congestive and typhoid fevers, in all low conditions of the system where there is a tendency to putridity, or a vitiated state of the secretions. COE, in his work on "Concentrated Organic Medicines," says (and he is supported in his assertions by the whole botanic school), "as a safe and reliable *antiseptic* it is worthy the entire confidence of the profession." He also states that

"it is possessed of more energetic emenagogue properties than it has been accredited with. \* \* In the treatment of *vicarious menstruation*, those cases accompanied with *periodical diarrhœa*, it is entirely successful, in combination with *Podophyllin*." Now it is well known that *Baptisia* will produce *suppression of all the secretions*, with profuse foetid *diarrhœa*, great *prostration*, &c., and that *Podophyllin* will cause *diarrhœa with scanty menses*. In view of these facts, is it not strange that small doses—and even the eclectics dare not give large doses of these powerful drugs—should cure absent or scanty menstruation *with diarrhœa*.

This most potent drug deserves more attention from the homœopathic profession than has yet been bestowed upon it. Prof. Hill considers it the most efficient remedy in *all fevers*, equalled only by *Aconite*. It would fully repay an extended proving. The dose of *Baptisin* is one grain of the second or third trituration every few hours in fevers, three or four times a day in *amenorrhœa*. I have had more experience with the *concentrated tincture*, which I prepare from the fresh root. A few (ten) drops in an ounce of water—a teaspoonful every hour in fevers—is my usual method of administration.

CAULOPHYLLIN.—About a year ago, I called attention to this valuable remedy through the pages of this JOURNAL (see vol. VI. p. 372.) An extended use of the drug since that time has enabled me to reiterate my statements, and add further clinical facts. It seems to be a remedy more generally adapted to the treatment of diseases peculiar to females than any other with which I am acquainted.

It is a mild and unirritating remedy, and can be given in larger doses than we generally use; yet I have seen a variety of spasmodic, nervous symptoms arise from excessive doses given by the botanic, or so-called eclectic practitioners. It is homœopathic to *amenorrhœa*, accompanied by spasmodic affections of the uterus and its appendages, as well as the stomach, bowels, and by *hysteria*, especially when it assumes a spasmodic character. Its action is primarily upon the uterine-motor nerves, but it likewise affects the motor nerves generally; secondarily, it acts upon the nerves of sensation, causing neuralgic and rheumatic pains. We often meet with cases of *amenorrhœa* where-

in little or no pain is felt in the inter-menstrual interval; but, a few days before the menstrual period arrives, a variety of nervous, spasmodic symptoms come on, amounting in some cases to complete hysterical spasms. These symptoms increase, and reach their maximum about the day the menses should appear, at which time the uterus and its appendages suffer from painful spasms and congestion, accompanied or not by a very scanty discharge.

It is this form to which *Caulophyllin* is especially applicable. The records of my case book show *five* such cases, which were permanently cured by *one-grain* doses of Caulophyllin, first, given three times a day for four weeks. The menses in all the cases came on normally, without pain or other disturbance. It does not seem of *itself* to be capable of increasing the menstrual flow, but it removes the *cause* which impeded or suppressed it. I am satisfied that this is the fact, because I have prescribed it with equally as good success in many cases with the symptoms above mentioned, except that the menstrual discharge was normal in quantity, or too profuse. By removing the spasmodic, irritable condition of the uterus, the dysmenorrhœa or menorrhagia was cured. These results have taught me that the same conditions, in different constitutions, may be accompanied by different results, and that a remedy homœopathic to the primary pathological state will cure the malady as promptly in one case as in the other.

HELONIN.—In speaking of this most potent and beneficent remedy, I cannot do better than quote Dr. Coe's admirable remarks (see his book on "Concentrated Organic Medicines," page 185): "No agent of the *materia medica* better deserves the name of *uterine tonic* than *Helonin*. The remarkable success attending its administration in the diseases peculiar to females, has rendered it an indispensable remedy to those acquainted with its peculiar virtues. \* \* \* In the treatment of amenorrhœa it will be found most beneficial in those cases arising from, or accompanied with a disordered condition of the digestive apparatus and an anæmic habit. It invigorates the appetite, promotes the digestion, and so improves the quality and increases the volume of the blood." In this respect it much resembles *Pulsatilla*, so often and successfully used by us in

similar conditions. It is peculiar that a vegetable product should act so much like Iron; but is thus explainable: while the latter acts chemically, by imparting its own qualities to the blood, the two former act dynamically, by so increasing the tone and normal action of the stomach that it becomes capable of that proper assimilation of the food which leads to an improvement in the normal constituents of the blood.

It is an incontrovertible law, admitted even by Wood and other prominent allopathic writers, that the use of *tonics* carried to excess will, by "over-excitation," tend to bring on the same, or similar state of *atony* which they at first relieved. The *Helonin* is an undoubted *constitutional tonic*, especially a *uterine tonic*. Now, bearing the above-mentioned *law* in mind, we see that it *must* be homœopathic to these *atonic* conditions, which it so promptly relieves. I consider it homœopathic to atrophic-ovarian amenorrhœa. In such cases there is almost always some anæmia, considerable impairment of the powers of digestion and assimilation, sterility, *extinguished sexual impulses*, little or no pain in the uterus or its appendages, save some congestion at the menstrual period (with heaviness, fullness, and pressure in the hypogastrium).

When there is decided chlorosis it may be advantageously alternated with Iron (I always use Querrene's Iron by Hydrogen, first trituration). Like all the so-called *tonic* remedies, it should be used in appreciable doses. It is the height of absurdity to suppose the twelfth or thirtieth attenuation of *China*, *Salicine*, or *Helonin* can be of benefit in any case of disease. The power of affecting the human organism in such high potencies may be accorded to such as *Sulph.*, *Lach.*, *Spig.*, or *Nux-v.*, but not to the former. I am most successful with the first and second triturations.

**MACROTIN.**—*This medicine is to the nerves of sensation what Caulophyllin is to the nerves of motion.* Coe says, "When given in small doses, it gently stimulates the nervous system, relaxes muscular spasm, allays pain, soothes the irritability of the system, reduces the force and frequency of the pulse, and equalizes the circulation, and acts as a prophylactic of cerebral congestion. In over doses it produces considerable cerebral disturbance, with vertigo, nausea, prostration, pain and



fullness in the head, and an indefinable sense of aching in the joints \* \* and a peculiar electrical sensation extending through the entire system." Here, side by side, we see enumerated the pathogenetic and curative effects of the drug portrayed with great accuracy. Can any one be so dull as not to see the similarity? It causes congestion of the brain, and prevents it; it relieves pain, and produces a variety of neuralgic and rheumatic pains; it soothes the irritability of the system, yet irritates the extremest nerves of sensation! Is it not passing strange that practitioners of the opposite schools will, in view of such facts as these, persist in denying the homœopathic law?

*Macrotin* is homœopathic to acute or chronic amenorrhœa when the following pathological conditions are present: congestion of the uterus and cervix, deficient nervous vitality of the ovaries, profuse leucorrhœa, and prolapsus. The accompanying symptoms are: great and general nervous depression; neuralgic pains in different parts of the body, most generally in the head, back, and uterine region; slow, feeble, or quick irritable pulse; palpitation of the heart; frequent attacks of congestion of the head, with vertigo, nausea, dimness of sight (in other words "sick-headache"). The uterus is sensitive to pressure; the cervix swollen, tender, and sometimes abraded; aching, dragging, and pressive pains in the hypogastrium. All these symptoms are aggravated at each menstrual period. It has been remarked by several writers, that the "peculiar tingling, electrical sensations caused by this drug often only manifest themselves in organs or parts diseased." In this respect it has a curious similarity to the effects of electricity. An enthusiastic practitioner once said to me: "If I am in doubt what organ is diseased, I give *Macrotin*: it soon gives the desired information." This fact may be of some practical benefit.

Not only in amenorrhœa is *Macrotin* useful, but in suppression of the lochia it is an invaluable aid; also in the expulsion of the placenta, or of those coagula which so often trouble parturient women. In these cases, *one grain* of the first decimal trituration should be given every hour. In the treatment of amenorrhœa, the first, second, or third decimal trituration, repeated three or four times a day, will be found sufficient. The

concentrated tincture is preferred by some, in doses of one to five drops of the first or second dilution.

**PODOPHYLLIN.**—This remedy enjoys an extraordinary reputation in the botanic school of this country. They rely upon it as much, if not more, than the allopathists do upon *Calomel*. It is supposed to meet every indication which a diseased organism can exhibit.

But, although we admit it to be a remedy capable of exerting extensive specific action on almost every organ of the body, either directly or indirectly, yet we cannot accord to it *all* the curative properties its friends claim for it.

Its primary action is undoubtedly upon the liver, which it stimulates and excites in a degree equal to Mercury. Its secondary actions are upon the stomach, intestines, uterus, and pelvic viscera generally. The pathological condition which it causes in these organs is *intense venous congestion*. In this respect it much resembles *Aloes*, and more remotely *Nux-v*.

It is undoubtedly homœopathic to amenorrhœa: more especially to those forms which are caused by, or are complicated with biliary derangement. In our recorded provings, we find "suppression of the menses in young females, with bearing down in the hypogastric and sacral regions, with pain from motion, which is relieved by lying down;" to which may be added, constipation or bilious diarrhœa, hæmorrhoids, external and internal, with hæmorrhage from the rectum at the menstrual period; leucorrhœa, of thick, transparent mucus; pains in the ovaries; prolapsus-uteri; fullness, with pain and soreness in the region of the liver, sallow complexion, dyspeptic symptoms, palpitation of the heart upon the slightest physical exertion or mental emotion.

No remedy is of more utility at the critical age of women. It controls and relieves the congestions, the derangements of the liver, stomach, and other viscera, more promptly than Sulphur, Pulsatilla, or Aloes. If we possessed an exhaustive proving of this drug, such as we have for Aconite, Nux, or Merc., we should find it to equal those remedies in its range of action and extensive curative powers.

In the administration of *Podoph.*, we must regulate the dose to suit the exigencies of the case, and the idiosyncrasies of

the patient. In some cases, *one-grain* doses of the third decimal trituration, frequently repeated, will produce emesis and catharsis; in others the first trituration will not create the same disturbance. In sudden acute suppression, I usually give a grain of the first decimal trituration every hour, aiding its action by the warm foot or sitz-bath. Unless the liver is dormant or congested, it should not be carried to the extent of causing nausea or diarrhœa. In chronic cases, showing the symptoms described above, the third or sixth trituration may be used; the dose should be repeated three or four times a day, alone or alternated with some other remedy indicated.

SANGUINARIN.—This remedy enjoys a reputation nearly equal to the one last mentioned. A host of various abnormal conditions are said to be removed by its use. It is decreed to be, at the same time, emetic, sedative, stimulant, tonic, alterative, diuretic, emenagogue, expectorant, &c., &c. Such an enumeration of distinct and different powers, applied to the same drug, show us the chaotic state in which the *materia medica* of the dominant school exists. We have a reasonably good proving of Sanguinaria, but it is very far from perfect, and only affords us glimpses of its therapeutical action. It very much resembles in its symptomatology, *Phosphorus* and *Lachesis*, and it will remove many of the pathological conditions which we have considered as curable by those remedies.

I do not consider it homœopathic to idiopathic amenorrhœa, because even in small doses it will produce premature and profuse menses and abortion. It will cure the worst cases of menorrhagia and uterine hæmorrhage in minute doses. It is, perhaps, homœopathic to those forms of amenorrhœa which are caused by some disease in a distant organ, as the *lungs* or liver.

Its specific action on the lungs is incontrovertible. I have administered it where *Phos.* was indicated, as in the second and third stage of pneumonia, with the happiest effects. Like *Phos.*, it controls hectic fevers, night-sweats, cough with mucopurulent expectoration, and the burning, pressive, constrictive, or stitching pains in the chest.

It is homœopathic to amenorrhœa when caused by irritation of the bronchi or lungs, or that slow chronic inflammation with suppuration which is occasionally a sequel to acute pneumonia

It is indicated when there is a depressed condition of the vital forces, general debility, slow pulse, or quick and wiry, attacks of sick-headache, *burning of the feet and hands at night*, loss of appetite, atonic conditions of the uterus and ovaries, or pains in the ovaries, with fœtid, corrosive leucorrhœa with ulceration of the cervix.

It is useful in all those cases of pulmonary diseases which seem to be complicated with uterine disturbance; in amenorrhœa with dropsy, or disease of the kidneys, or hepatic torpor. A careful study of our meagre pathogenesis, aided by the writings of prominent eclectics (Coe, King, and Jones), will give the practitioner some considerable insight into the extensive sphere of action belonging to this remedy.

A greater range can be given to the *dose* than any of the above mentioned medicines. All attenuations, from the first to the thirtieth (decimal), will be found efficient. I have cured obstinate coughs with the thirtieth and third; have cured amenorrhœa with the first trituration, or with drop doses of the common tincture. It is a powerful remedy, and should be used with caution.

SENECIN.—My experience with this remedy is limited. I have only used it in two cases of amenorrhœa; both were *acute*, and the cause was a sudden cold from getting wet. A severe catarrhal cough was present in both, accompanied by profuse secretion of mucus in the bronchi, some oppression of the chest, loss of appetite, debility, and paleness. *Pulsatilla* failing to cure, I gave one grain of Senecin, first, every two hours; the menses made their appearance on the second day. It seems to resemble *Pulsatilla* in its catarrhal symptoms. It is much used by eclectics in the treatment of all catarrhal affections of the lungs with asserted good effects. The common vulgar names of plants often lead us to a correct judgment of their field of action. This is called "*cough weed*," and "*female regulator*." By the latter name, it is known all through the Western and Southern States. My observation of its use in domestic practice leads me to entertain a high opinion of its virtues in many of the derangements of the uterine system. In liberal doses, such as are commonly used, it seems to *regulate* the menstrual flow, be it absent, scanty, or profuse, without any unpleasant perceptible

symptom. The same power is possessed by many other remedies. Many of our best known remedies are recommended for very different manifestations of menstrual discharge. It is very much a matter of doubt whether any remedy can influence the amount of *menstrual* blood by its *direct* action. But there are remedies having the power of causing an *actual hæmorrhage* from the uterus, such as *Sabina*, *Turpentine*, *Hammamelis*, and a few others. I doubt whether a *menstrual* flow can ever be too profuse—all beyond a normal quantity must be *hæmorrhagic*. It may be scanty or absent from deficient secretion or revulsive retention. Now, in appropriate cases, the *Senecin* is said to *regulate* or remove the causes of these abnormal changes. This assertion is substantiated by very many writers of the eclectic school. In the absence of any pathogenesis, I should advise the selection of this remedy in those cases where *Puls.* or *Sepia* had been tried and failed. In such cases I think the *Senecin* will be found beneficial.

If some of our homœopathic brethren, instead of wasting their time in the proving of infinitesimal doses of comparatively useless drugs, would devote their patient energies to the investigation of the physiological effects of such remedies as *this*, both upon the healthy and diseased organism, our materia medica would be much richer in valuable and available material than it is now. It is to be hoped the time will come when the bigotted conservatism which blights our system will give way to rational views.

**VERATRUM-VIRIDE.**—This remedy, which so nearly resembles *Aconite* in its therapeutical properties, is rapidly attaining great and deserved popularity in all the different schools of medicine. In my practice it has almost entirely superseded the use of *Aconite*. I consider it a safer, more reliable, and more efficient remedy. It will more than meet *all* the indications for which *Aconite* has been used and recommended. It may be objected that this is *generalizing* too much: and so it would be if the assertion was based on theory, and not actual experience. I have used it every day for nearly three years, giving it in those cases where I used to rely upon *Aconite*, and I assert that its effects are more reliable in all cases.

Among all the essays and dissertations written on the sub-

ject of this drug, I know of none more truthful and reliable than Dr. Coe's, in his work on "Concentrated Organic Medicines." Although, to the homœopathist, his remarks and deductions may seem vague and unscientific, we must remember that he, from his rejection of the law of "*similia*," has no guiding *star* to direct him in the paths of true logical reasoning. If, instead of clinging to old names and old methods of classifying medical properties, he had stated the pathological and physiological effects of the remedy, and then given us the conditions and symptoms it had been known to cure or palliate, then might the thoughtful practitioner thank him for his enthusiastic monograph, and reap a harvest of valuable information therefrom.

It is to be sincerely hoped that some leading homœopathist who shall have tested this notable remedy in the crucible of experience, will one day present us with a complete monograph upon its effects and uses. But the time is not yet; it will take years to gain anything like a complete knowledge of its remedial powers. As it does not come within the scope of this paper to speak of its general properties, I will proceed to mention it as applicable to *amenorrhœa*. I can find no allopathic writer who mentions it as an *emenagogue*, although several give it the power of causing metrorrhagia and abortion. Dr. Coe says, also, that it is indicated "whenever there is a disturbed condition of the circulation, either when the abnormal excitement involves the whole arterial system or simply affects some of its branches." He says it is used also "for the purpose of promoting the depuration of retained and accumulated secretions, particularly of the sanguineous, as the *catamenia*," &c., &c. When we take the two remarks *together*, we catch a glimpse of the *modus operandi* of the drug in amenorrhœa.

I do not consider it homœopathic to uncomplicated suppression of the menses, but I have always found it curative in amenorrhœa, *when there was strong arterial excitement, and congestion to any part of the body, more especially the head*. In such cases I have never known it fail to bring back a normal menstrual flow. In order to substantiate this assertion, I will give a few cases from practice.

CASE 1.—Mrs. G., rather delicate constitution; has always been regular. A few days before the menstrual period was caught

in a cold shower. The next day she was seized with chill, followed by intense fever, with congestion to the head, accompanied by throbbing and fullness of the carotid and temporal arteries, great heat of the head, (coldness of the feet), intense pain in the head, with occasional delirium; pulse 120, hard and full. Gave one drop of concentrated tinc. *Verat.-vir.* every hour. In six hours all the severe symptoms had disappeared, and the menses appeared in a proper manner.

CASE 2.—Miss L., a young lady, strong and plethoric, swept a cold damp floor in her slippers, just as the menses were making their appearance. In a few hours she was taken with a chill; complete suppression of the discharge; heavy, pressive, aching pain in the uterine region; intense pain in the head, with heat, fullness and beating of the arteries; mind wandering; hysteric sobbing, and tendency to tonic spasms. I was called, and gave one drop of *Verat.-vir.* every half-hour. In a few hours the pulse softened, the skin became moist, mind clear; general sensation of ease and languor, followed, after the tenth dose, by reappearance of the menses without pain. In this case there was congestion to the head and uterus. No other auxilliary means were used.

The following, though not cases of amenorrhœa, fully exemplify the power of this remedy in suppressed sanguineous discharges:

Mrs. R., a strong healthy woman, had a miscarriage brought on by a fall (at two and a half months). The fœtus came away, leaving the placenta. This was neglected several days, when, owing to the threatening symptoms, I was called. Found her suffering under high fever; severe congestion to the head; abdomen distended, and very tender over the uterine region. The profuse hæmorrhage had suddenly ceased, from some cause, before the fever set in. I was informed it was a case of "suppressed menses," and gave one drop of *Verat.-vir.* every hour. In a few hours the fever abated; the sanguineous discharge appeared, labor-like pains set in, and the placenta was expelled (as I was afterwards informed). In a few days she was up. In this case the remedy rapidly equalized the circulation, and aided the expulsion.

Mrs. V., confined with her second child. Labor natural;

continued favorable until the fourth day; when, from being exposed to a draught of damp air, the *lochia* suddenly became suppressed. She then had severe chills, mingled with, and followed by intense fever; bursting headache; throbbing of the arteries; occasional delirium; hysteric (?) spasms (slight); tenderness of the abdomen, with sharp pain in the uterus and ovaries; breasts flaccid, no secretion of milk. Every practitioner will see that I had good reason to fear severe puerperal peritonitis; but, having perfect confidence in the *Verat.-vir.*, I gave *one* drop of concentrated tincture every hour. In eight hours all the symptoms were mitigated; the lochial discharge returned, and the patient was out of danger. A jug of hot water to the feet; a hop fermentation to the abdomen (hot) were all the auxilliary means used. The prompt action of the *Verat.-vir.* was undoubted.

I have mentioned the dose usually used in my practice; but it must be varied to suit the exigencies of the case. In some cases *five* drops every hour may be necessary to save a patient's life. In others, a few drops of the first dilution in water, or even pellets, saturated with the tincture or first may be sufficient. I have no doubt but that, in some purely nervous derangements similar to the effects caused by *Verat.-vir.*, the higher attenuations would prove efficient. With the *Veratrin* I have had but little experience, but it is said to be quite as efficient as the concentrated tincture.

It has probably been remarked by the reader that I use and recommend the concentrated organic principles of medicinal agents, instead of the common tinctures. I will, therefore, briefly state my reasons for so doing: First, the tincture of the shops, and even those most carefully made by the physician, are all subject to deterioration, and it is almost always doubtful whether they contain all the medicinal virtues of the substance used. The tincture of *Verat.-vir.*, which I have obtained from our homœopathic pharmacies, is nearly inert (Norwood's or Keith's concentrated tinctures are both reliable). The same may be said of many other articles. Nearly all vegetable medicinal agents contain alkaloid, resinoid, and neutral principles, which actually constitute the medical properties of such agents. These principles must be *combined* in their natural proportions, after



being isolated from the crude and inert portions of the drug. Several years of careful experimentation has satisfied me that such concentrated agents are more reliable than the common tinctures. The Podophyllin and Sanguinarin prove curative whenever indicated by the pathogenesis of the agents which they represent. I would refer the sceptical to Dr. Coe's lucid and scientific dissertation in the introduction to his treatise on "Concentrated Medicines." Those who have once used the triturations prepared from these concentrated preparations, will never return to common tinctures.

In the early days of my practice, I was frequently placed in a very anxious condition of mind, while administering our remedies in dangerous cases of disease. A doubt as to the *purity* of the preparation in use, would render me unpleasantly solicitous. I had noticed, in making my attenuations, that with all my care, the dilutions would become cloudy, or deposit a sediment. Even after scrupulously following the directions of our best pharmacutists (Jahr and Grüner), the same would take place. It is high time that some of our leading men should set to work to render our preparations positive and reliable. I presume the directors and proprietors of our pharmacies are reliable men, but, *do they avail themselves of all the discoveries and advances made in organic chemistry?* Every year there is a national convention of the pharmacutists of the dominant school. Would it not be better for the interests of homœopathy if our pharmacutists should meet and seriously consider the best means to attain a *positive* purity and uniformity of strength of all our remedies? I have purchased of many pharmacies, and I scarce ever get two preparations of *Aconite* alike. Some have sent me the mother tincture black, bitter, and apparently strong, yet really weak; others send a pale, almost tasteless preparation, yet possessing more power; and I have seen some which I could swallow by the ounce with impunity.\* This

---

\* Dr. — stated before the Mass. Hom. Med. Society, last summer, that he could never get any effects from *Verat.-vir.*—even in teaspoonful doses! He did not state where he purchased it, but he may rest assured that if the tincture had been Norwood's or Keith's, his teaspoonful doses would have placed his patient in a condition of collapse—such as he would never like to witness again.

difference must be owing to the various methods of preparation, and a difference in the parts or quality of the article used. This should not be.

In this connection, I will state that, after several years experience in the use of the various concentrated preparations now manufactured in this country, I prefer those prepared by Kieth and for sale by Mr. Radde. Other manufacturers occasionally present us with pure and reliable agents, but not so generally. Keith's Concentrated Tinctures undoubtedly contain all the medicinal virtues of the original drug. I consider the concentrated tinctures of *Cimicifuga*, *Verat.-v.* and *Gelsemium* more reliable than any other preparations. The attenuations can be made from them with *pure* alcohol, without any sediment or cloudiness. All the *dry* concentrated preparations should be tritcrated with sugar of milk. The *decimal* scale seems to me the most proper and reliable one.

---

ARTICLE XXVIII.—*On Aurum-Foliatum in Certain Diseases of the Eye.* By Dr. C. GENZKE, of Bützow. (From the *Allg. Hom. Zeitung*, Vol. LV.) Translated by H. L. H. HOFFENDAHL, M.D., of Boston.

I desire to direct attention to the use of a remedy which does not appear hitherto to have been sufficiently regarded, and which often cannot be replaced by any other remedy. I speak of *Aurum foliatum*.

This remedy was used with great effect, centuries ago, by the Arabian physicians, and still later by others. It then had the fate, when in the hands of theorizing physicians, like Fabricius, Alston, Gmelin, &c., to be condemned as useless and inert, because it was insoluble in most fluids, and even withstood the action of fire, and therefore could have no effect upon the animal organism. We are indebted to Hahnemann for again introducing into the materia medica a metal which is of incalculable value in certain cases, and which was condemned for a time merely by the narrow-mindedness and ignorance of physicians.

Among the affections of the eye in which the Aurum exerts a specific and often astonishing effect, are cases where the

cornea is affected either primarily or secondarily. Here the remedy often acts with remarkable rapidity, arresting the progress of a disease which threatens complete destruction of the sight. Out of a large number of cases in which the effect of the remedy could not be doubted, I have seen a few of long duration, in which other treatment had been the agents of no avail, while a rapid and permanent cure was effected by Dr. Coe's Gold.

CASE 1.—A girl, six years of age, of good constitution, and well nourished, was attacked by a scrofulous ophthalmia in 1850. The treatment by allopathic physicians, consisting in part of the use of Cod-liver oil, had but little effect. Occasionally the disease would increase in intensity, and then become more mild. At the beginning of 1851, the affection again became so violent that the cornea of the right eye, which had hitherto been spared, was also affected, vision was abolished and the patient complained of severe pain. Besides the internal remedies, the poor child was now treated withunction of Tartar-emetic ointment on the back. This merely added to her pain and discomfort, without diminishing the intensity of the disease. Being called in by the parents on Jan. 31st, I found the patient in the following condition :

All the usual symptoms of scrofulous ophthalmia were present, such as violent photophobia, discharge of tears on attempting to open the eyes, excoriations upon the cheeks, caused by acrid secretions, injection of the conjunctiva, and adhesion of the lids, caused by a tough yellow mucus. The cornea of the right eye was seriously affected; a pannus-like bundle of vessels passed from the sclerotic to the centre of the cornea, and terminated opposite the pupil in an ulcer, which has caused considerable loss of substance. The rest of the cornea looked dull. The cornea of the other eye was uninjured. The lymphatic glands of the neck were swollen. The patient received Aurum-fol., 3, one grain every evening.

By the 16th of February, there was a marked change for the better. The photophobia had diminished so much that, with a moderate light, the patient could open her eyes and look about her. The injection of the sclerotic had nearly disappeared; the ulceration had diminished in size, and the rest of the cornea had regained its normal transparency. Of course,

owing to the position of the ulcer, the patient could not yet see objects distinctly. The same treatment was continued until March 24th, when the patient had entirely recovered and regained the use of the right eye. The site of the ulcer was occupied by a slight nebular spot, which could be detected on close examination, for several years, but which has now entirely disappeared.

CASE 2.—The patient, a boy about ten years of age, had been troubled with disease of the eyes for several years. Under allopathic treatment he had occasionally been relieved for a time, but had never been entirely cured. Of late the inflammation had increased so much that the patient could not open his eyes by daylight, and he asserted that he could scarcely recognize objects when he opened them at dusk. It was impossible to separate the lids far enough to make a satisfactory examination of the cornea. Every attempt of this kind caused a copious gush of tears, violent pain, spasm of the lids, and extrusion of the inflamed conjunctiva. What little could be seen of the corneæ showed that they were very much clouded on both sides. The patient received *Hepar-sulph.*, 2, one grain every evening, and, as improvement was reported, the remedy was continued until March 12th. At that time the patient was again brought before me, and, as the inflammation and photophobia was much diminished, I was enabled to examine the extent of the disease.

On the left side, at the centre of the cornea, there was a yellowish leucomatous spot, of the size of a small pea, surrounded by injected vessels. The rest of the cornea was partly transparent and partly occupied by discolored spots towards which vessels converged. On the cornea of the right eye there were also nebular spots, most developed near the centre, more indistinct near the circumference, with portions of transparent membrane between them. Vision was nearly destroyed. With the left eye the patient could recognize nothing, and merely distinguish light from darkness; with the right eye he could see objects, but without determining their form and outline. The same remedy was continued until the end of March, but without any improvement of the local symptoms.

*Aurum*, 3, was now prescribed, one grain every evening. The result was surprising. In less than three weeks the right eye

had nearly regained its natural transparency, and the patient could recognize all objects. On the left side the central spot had become smaller and less distinct, the fasciculi of vessels had diminished, and the cornea was more transparent at its periphery. On this side also there was visible improvement of the sight; while continuing the Aurum the disease diminished from week to week. The patient could now distinguish objects, although imperfectly, and he was still liable to double vision and other optical delusions. In a comparatively short time the rest of the disease disappeared, with the exception of a slight nebula, and the boy recovered the complete use of his eyes.

CASE 3.—A girl, ten years old, had long suffered from inflammation of the eyes, which, from description and from her habit of body, must have been of a scrofulous nature. Being under allopathic treatment, the original inflammation had yielded; but, during the last four months, the cornea of the left side had become so opaque that the patient could scarcely distinguish light. All external application had proved useless. On closer examination, the cornea appeared of a grey color; various points between the lamellæ were occupied by exudations of lymph and engorged vessels, giving the whole a marbled appearance. The conjunctiva bulbi was not inflamed, but a circle of enlarged vessels surrounded the periphery of the cornea. There was scarcely any pain or lachrymation. On Jan. 13th, the patient received *Aurum*, 3, one grain every evening.

By the beginning of February there was great improvement. The exudation had nearly disappeared, and only a few well developed vessels remained. At some points the cornea began to show an approach to transparency. By continuing the remedy for four weeks longer, the disease was radically cured, and the patient recovered the full use of her eyes.

CASE 4.—On the 17th of March, 1857, I was consulted by letter about the case of a lady who had been attacked by a scrofulous-rheumatic ophthalmia a year previous. Under allopathic treatment she slowly recovered, but a large scar was left upon the cornea of the right eye, which seriously interfered with vision. At the beginning of this year, soon after a normal confinement, she had the misfortune to be attacked by a similar inflammation of both eyes. She was treated by the same

physician, but the disease increased until both corneæ were seriously affected. The scar on the right side became larger, while an opacity spread over the whole of the left cornea. The conjunctiva was injected, there was great photophobia, discharge of acrid tears, and violent pain. The patient had already resigned herself to pass the rest of her life in total blindness, and thus to bring up her four young children. Her physician gave her but little encouragement.

I first sent *Spigelia*, 4, a dose every morning and evening. The general inflammatory symptoms at first disappeared, but, as the patient was very apt to take cold while nursing her child at night, they afterwards returned again at intervals.

On March 30th, *Phosphor.*, 4, was ordered morning and evening, while *Aurum*, 3, was to be taken as soon as the inflammatory symptoms yielded. On May 19th it was reported by letter that the *Phosphor.* had removed the inflammatory tendency; *Aurum* was then commenced with, and at first evidently increased the photophobia and irritability of the eyes. As an experiment, it was then omitted for a day, whereupon the eyes improved. On resuming the remedy there was again an aggravation, so that finally only half a powder was taken every evening. The eyes now evidently improved. At the date of the letter, the opacity of the left cornea had diminished so much that the patient easily recognized many objects. The scar on the right cornea also appeared to flatten, although vision was still double on this side. In a bright light both eyes were subject to optical delusions.

*Aurum*, 3, was now continued, in doses of one grain every other night. The patient improved steadily, until, on June 10th, it was reported that she was able to read. The opacity of the left eye had nearly disappeared and scarcely interfered with sight. The scar on the right eye also seemed to improve, although more slowly. There was no longer double vision in this eye, although in a bright light there was still an appearance of concentric rings.

On July 1st a personal interview was had with the patient for the first time. The cornea of the left eye was found perfectly transparent. The scar on the right side was still visible on very careful examination. There were still occasional slight troubles

of vision in this eye, but they soon disappeared entirely. The patient's eyes are now perfectly healthy, and so strong that she can bear the light of a theatre without any trouble, and can recognize the faces of the actors.

---

ARTICLE XXIX.—*On Various Mercurial Preparations.* By Dr. G. GERSON, of Dresden. (From the *Allg. Hom. Zeitung*, Vol. LIV.) Translated by H. L. H. HOFFENDAHL, M.D., of Boston.

The different preparations of Mercury are among the remedies that are very frequently required in practice. For our knowledge of the pathogenetic effects of this drug we are principally indebted to the provings of *Mercurius-solubilis* contained in "Hahnemann's *Materia Medica*." The provings of other mercurial preparations are fragmentary and unreliable. We can be perfectly satisfied with Hahnemann's proving of the Black Oxide, if we understand that this is a comprehensive view of the effects of Mercury, including the other preparations of the metal. The symptomatology of Merc.-sol. contains not only the results of direct provings, but also the data which are found in medical literature, deduced from the *usus in morbis*, cases of poisoning, &c. It is scarcely necessary to observe that these latter observations were not all taken from the effects of the Soluble Mercury. Besides, although allopathic practitioners are but little acquainted with the pure effects of remedies, still they possess a considerable knowledge of the positive remedial effects of Mercury. If we are able to show that this empirical knowledge of the old school can be easily explained by the cardinal maxims of homœopathy, then this is a new triumph and confirmation of our system. The writer is convinced that much better practical results would be obtained if the effects of the other preparations were as well understood as those of the Soluble Mercury. As this better knowledge of the various mercurial preparations is at present unattainable, our only resource is to make use of all available clinical observations. For this end the following contribution has been prepared.

As regards the application of Mercury in *sypilis*, homœopathic literature treats almost exclusively of the use of Merc.-sol. Yet this preparation is less efficient than many others which act

with much greater rapidity, force, and certainty. The writer happens to have had unusual opportunities for the treatment of syphilitic diseases. He was led by numerous experiments to use the Soluble Mercury only in those cases where the ulceration was *flattened*, without elevated hard borders, or callous exudation into the surrounding cellular tissue, and where no dyscratic predisposition could be detected in the patient. The duration of such cases was always found to be somewhat protracted. Individual idiosyncrasies, manifesting an intolerance of Mercury, are just as easily aroused by Merc.-sol. as by any other preparation.

The form of chancre just described is one which very rarely occurs, and therefore Merc.-sol. has become an almost obsolete remedy with me in the treatment of syphilis. The *Red Oxide of Mercury* is the remedy which I use in the treatment of primary chancre almost exclusively, and with the best results. This is especially the case when chancre is accompanied by smart inflammation, when the edges are elevated, when there is extensive induration of the cellular tissue, and when there are a number of ulcerations. I have found that the Red Precipitate increases the suppuration on the surface of the ulcer, and causes a rapid softening of the borders. A rapid favorable result was also observed in cases which had been protracted by improper treatment. When there was a tendency to the formation of buboes, the same remedy was used, and with such certainty of a favorable result that many cases were treated at a distance with perfect success. When the cessation of the remedy was not demanded by intercurrent influences, primary chancre was cured in three, and, at the latest, in six weeks.

In the treatment of concomitant or consecutive bubo, the Red Precipitate is also very useful, much more so than Merc.-sol., especially when the bubo is solitary, very painful, and with a tendency to suppuration. The result is either resolution or rapid and manageable suppuration. Although principally indicated in active forms, the Red Precipitate is also useful when there is a certain amount of torpidity, caused by scrofulous dyscrasia, anæmia, &c. In such cases, Cinnabar is sometimes more effectual, or some other intercurrent remedy may be required; still the Red Precipitate remains the most important



of all mercurial preparations in the treatment of primary chancre.

Merc.-sol. is a very valuable remedy in catarrhal, *diphtheritic* purulent, inflammatory, and ulcerative affections of the mucous membrane of the mouth and fauces; but, in syphilitic affections of these parts, it is inferior to the Red Precipitate. This remedy was found most useful when the ulcerations were situated upon the tonsils, the posterior wall of the pharynx, or the tongue and lips; when they were accompanied by burning pain and suppurated freely; when the edges were elevated and there was a somewhat livid injection of the neighboring parts. Cases frequently occur where syphilitic subjects, on taking a slight cold, will, again and again, be subject to ulcerations of the pharynx and tonsils, which are often concealed in folds of the mucous membrane, and simulate a simple catarrhal angina. These patients are frequently subjects of some other dyscrasia, but, after repeated experiments, Red Precipitate was always found to be the most useful remedy.

In syphilitic tubercular exudations into the parenchyma of the tongue, having a scirrhus hardness, and accompanied by violent pain, Red Precipitate often effected a permanent cure. The same result was obtained in ulcers occupying the alæ of the nose. Red Precipitate was also useful in various cutaneous syphilides; especially in that form where there are broad elevations of the surface, like urticaria, occurring on isolated portions of the skin, particularly on the extremities, having a brownish-red color, painful itching; and a doughy feel, breaking easily, and forming ulcerations of considerable size. The ulcers are generally circular, with slightly elevated edges, and a lardaceous base secreting much pus. They form with incredible rapidity; but, if they show a steady reaction, and incline neither to putrescence or to too great torpidity, they will often be cured with Red Precipitate alone. In impetiginous syphilides, and in those resembling lupus, when the crusts conceal ulcerations with the characters that indicate the use of Red Precipitate, this remedy will be found the most reliable specific.

In cases of *gonorrhœa* the presence of ulcers in the urethra is not always easily detected. The degree and nature of the

pain and other inflammatory symptoms are not pathognomonic, and it is seldom possible to detect the pus of chancre by examining the secretion. But, if the pain is violent and burning, if the discharge is purulent and mixed with blood, if the orifice of the urethra gapes, and shows great swelling and a bluish-red discoloration of the mucous membrane, if the glandular tissues of the glans have an inflammatory prominence, if the urethra feels like a hard cord, then repeated and careful examination will reveal a distinctly circumscribed point with indurated borders. In such cases Red Precipitate will effect a prompt and reliable cure. Merc.-sol. has been recommended by others in this form, but in my hands it has proved much inferior to the Precipitate. The latter remedy was also very useful in several forms of scrofula.

In *scrofulous ophthalmia* I have used the Red Precipitate for several years past with the best effect. The external application of the remedy in this disease is well known, and I believe that it acts here as a specific, and not as a caustic. It is indicated when the conjunctiva is of a bright-red color, but not much swollen; when the secretion is purulent, but does not irritate the cheek; and when the photophobia is not very severe. Also in cases where the conjunctiva of the bulb is affected, and when phlyctenæ are being formed. The subjects are generally scrofulous children, who are not yet much emaciated. When troubles from dentition are also present, and appear to keep up, or even to increase the affection of the eyes, I have seen better results from the Precipitate than from Calc.-carb. Merc.-sol. is also useful in this disease, and Merc.-corr. when the mucous membrane and the cornea are seriously affected.

In a peculiar form of *scrofulous eczematous eruption*, the Red Precipitate was found to excel all other remedies. This eruption generally appears about the joints, on the flexor side of the extremities, and in the gluteal region. Upon an intensely inflamed portion of the skin, several groups of vesicles appear at the same time. On bursting, they secrete pus, and are then partly covered with crusts. Between the crusts may be seen isolated inflamed portions of skin covered with pus. A characteristic symptom is the violent pain, which continues day and night. The secreted pus is contagious. The affected spots

begin to heal from the centre. The neighboring lymphatic glands are irritated and swollen. In this form of eruption the Red Precipitate acts with remarkable rapidity.

The same remedy was used with excellent results in the treatment of *scrofulous bubo*, when there was active inflammation with tendency to suppuration. The pain diminished rapidly. If resolution was not attained, suppuration set in rapidly, without being followed by a torpid ulcer after exit of the matter.

I have frequently observed a peculiar form of *scrofulous ulcer*, occurring in children from four to ten years old, and simulating the appearance of syphilis. In boys, the ulcers appeared near the end of the penis, on the prepuce and scrotum; in girls, on the labia, at the orifice of the urethra, and even on the perinæum. The distinction between these ulcers and genuine chancre is, that the edges are not jagged, but sharply cut; and the characteristic induration of the sub-cutaneous cellular tissue is also absent. In other respects, all the signs of inflammatory chancre are present, even to the origin from vesicles. In boys, phymosis and paraphymosis also occur, while girls were troubled with violent strangury. Generally there was great pain and sympathetic irritability, and swelling of the inguinal glands. These children belonged almost exclusively to the higher classes. The past history of the parents, and a careful examination of the servants, gave no clue to a direct syphilitic infection, while the attention to cleanliness was perfect. Moreover, these children had long passed the period of life when the symptoms of congenital syphilis generally appear. Such remedies as Calc.-carb., Silic., &c., were of no use in these cases, but Red Precipitate was used with the most satisfactory results. Finally, I would mention another *scrofulous* affection, consisting of large, doughy swellings, resembling a syphilitic disease already described, but having their seat by preference upon the neck and chest, and not upon the extremities. When these places ulcerated and secreted purulent matter, Red Precipitate was used with good effect. The children to whom this remedy was administered were not anæmic, but generally stout and well nourished.

*Corrosive Sublimate* was found to be more reliable than *Merc.-sol.* in the following diseases :

First, in *primary chancre*, showing a tendency to assume the phagedenic form; here it soon limits the destructive process, and quickly soothes the pain. In urethral chancres, when the burning pain has reached its height, when the secretion becomes ichorous, and there is danger of rupture (a calamity which I have twice had occasion to observe), the Sublimate acts more rapidly than any other mercurial preparation. When suppurating syphilitic buboes turn into spreading ulcers, the Sublimate alone is able to arrest their course and give them a benign character. In secondary syphilitic ulcers of the throat and nose, when the secretion is ichorous, and the injection of the mucous membrane has a violet tinge, and when the pain is very severe, the same remedy is of extraordinary value. Also in serpiginous syphilitic affections of the skin, with ichorous discharge and burning pain, I have several times used the Sublimate with good effect. The same result was obtained in circumscribed syphilitic inflammation of the periosteum, when the redness of the skin had a violet tinge, and the pain was sharp and burning. It must be remarked that Corr.-sub. alone seldom sufficed for the complete cure of a primary or secondary syphilitic disease. Generally, this remedy was only used for a time, and with the most satisfactory results as long as it was indicated; but afterwards another mercurial preparation was generally required to complete the cure. The Sublimate is most frequently indicated in cachectic subjects.

In ulcerations of the *cornea* in scrofulous children, the Sublimate was found to be more useful than Merc.-sol., if the ulcer extended rapidly, if the secretion was ichorous, and pain and photophobia had reached a high degree. In *scrofulous inflammation of the palpebræ* the Sublimate is more effectual than any other mercurial preparation: if the inflammatory redness is erysipelatous, the swelling œdematous, the secretion thin, the neighboring skin corroded, and the pain very severe; if there is spasm of the lids and exacerbation at night. Good results were also witnessed after the use of the same remedy in the treatment of *scrofulous ozæna*.

In *dyscratic intestinal ulceration* the Sublimate was found to be more efficient than Merc.-sol., if the pain on pressure was very severe over different parts of the large intestines; if there

was continual tenesmus; if the excretions contained blood mixed with ichorous pus; if the patients were very restless and their cheeks showed a brownish coloration. In such cases no good results was observed from Arsenic or Lachesis.

My observations of the effects of the Sublimate in arthritic inflammations and ulcerations are as yet too imperfect to deserve publication.

*Calomel* was used with remarkable success in severe parenchymatous *inflammation of the liver*, when there was great swelling of that organ; when it was more painful on deep than on superficial pressure; when restlessness and pain were very severe, the pulse full and hard, violent congestion to the head, with light delirium; when the urine was scanty, and colored with bile, and there was obstinate constipation. In this form of hepatitis, *Calomel* is much more rapid and reliable in its action than *Merc.-sol.* Often, after a few doses, the pain and restlessness diminish, the pulse becomes softer, the urinary secretion becomes more copious, and alvine excretions follow. We should not be deterred from using this remedy because others use it empirically.

In *gonorrhœal orchitis*, when the swelling increases rapidly, when the testicle and epididymis are equally inflamed, when there is intense redness of the skin and the pain is insufferable, when the pulse is hard and full, and, especially, when the inflammation has extended along the cord into the cavity of the abdomen, here *Merc.-sol.* is not reliable, while *Calomel* quickly diminishes the violence of the inflammation, and, as long as it is indicated, visibly diminishes the size of the swelling.

The same good result was obtained in acute inflammation of the *prostate*, which is especially apt to occur after improper treatment of gonorrhœal strictures. In these cases the lobes of the gland all swell enormously, causing great compression of the rectum and urinary troubles. *Calomel* is indicated in these cases if there are also burning, pressing pains, intense redness of the perinæum, sthenic fever, and very scanty secretion of urine.

Moreover, *Calomel* was found superior to *Solubilis* in cases of so-called hæmorrhoidal colic, if Mercury was at all indicated; in subjects who had a full, hard pulse, although there was decided

abdominal venous congestion; when there was obstinate constipation, and the inguinal glands, as well as the left lobe of the liver, were in a state of slight inflammatory irritation and swelling.

*Gonorrhœal ophthalmia* I have only treated twice, but am much better satisfied with Calomel than with the Solubilis. In the eruptive fever of small-pox, and in meningitis-variolosa, Calomel was used with good results, especially if the pulse was full and hard and the patient complained of excessive heat in the affected parts.

*Nitrate of Mercury* was only used in a few syphilitic forms; for soft, bleeding, painless, and flat vegetations of the throat, tongue, and rectum; also for soft pointed condylomata.

Of the combinations of Iodine and Sulphur with Mercury, I have only had experience with two, Cinnabar and Biniodide of Mercury. One indication is, if the patient has an idiosyncrasy against the oxides and salts of Mercury; also the presence of scrofulous dyscrasia, and weak reaction against remedies. *Cinnabar* is especially useful in the treatment of primary chancre with elevated edges and cartilaginous hardness, if the pus is scanty and thin and the ulcer not irritable. It is also indicated in syphilitic *bubo*, if it is hard, but slightly painful, with but little redness of the skin, and, especially, if there is scrofulous enlargement of the neighboring glands. I have also used it for syphilitic ulceration of the larynx, if it was torpid, and there were signs of tubercular disease. I have not had sufficient experience to be able to state in what form of syphilides Cinnabar is indicated. But I have no doubt that it is a valuable remedy in highly developed forms of syphilitic and other eruptions, and also in swelling and degeneration of glandular structures.

*Biniodide of Mercury* is perfectly useless in primary chancre. The remedy is excellent in subacute gonorrhœal *epididymitis*, when the pear-shaped swelling is not very hard, is only painful on pressure, and if the scrotum is but little reddened. There is a peculiar tertiary syphilitic eruption which appears exclusively on the scrotum;—without any discoloration or inflammatory state of the scrotal integument, a number of indurations are formed, extending deep into the subjacent tissues, and having the size and shape of a button; on their surface

there is a continual exfoliation of the epidermis, leaving a denuded raw place, which is afterwards covered by a thin diphtheritic exudation. These places itch and smart, and while the old ones disappear new ones are formed. This syphilide is extremely obstinate and troublesome, but neither Antimony or any mercurial preparation will cure it as rapidly or certainly as the Biniodide.

There is another secondary form which might be called the *wandering* syphilitic ulcer. On an inflamed portion of the mucous membrane of the throat, mouth, or nose there appear a number of small papules of the size of a pin's head. They change into small ulcers, with hard edges and lardaceous base, smart but little, and in a short time disappear, to be replaced by others in the neighborhood. When they are situated upon the tongue, lips, or alæ-nasi a profound induration may be found under them. The victims of this form usually become exceedingly impatient at the obstinacy of their trouble. The Biniodide is the most reliable remedy for this ulceration.

It is also indicated in a peculiar syphilide of the mucous membrane, which appear exclusively upon the lips and cheeks, and is very rebellious to treatment. On small circular spots the epithelium is thrown off, and replaced by a white creamy exudation, which is frequently renewed. These spots are very sensitive, but they do not bleed like mercurial ulcers, from which they are further distinguished by a decided hardness of their base. Cases of secondary eruption occur so rarely in private practice that I am scarcely justified in stating positively in what forms the Biniodide is indicated. But I am convinced that it is most useful in the papular form, and in dry, round, elevated eruptions.

This remedy was often used with good effect in irregular scrofulous swelling of the glands, with considerable injection of the skin, but with slight pain. My experiences with this remedy in the treatment of other swellings are not yet sufficiently matured for publication.

Finally, I would remark that I used exclusively the more massive doses, from one to six, and rarely had reason to regret it, as my patients were permanently cured. Only in cases of grave errors in diet or of well developed idiosyncrasy was it necessary to have recourse to antidotes.

ARTICLE XXX.—*Cases from Practice.* By R. B. CLARK, M. D.,  
of Racine, Wisconsin.

I have noticed, in former numbers of our JOURNAL, urgent appeals to every member of our profession to report instructive cases for publication. I have always been very much interested in the reports which fell under my notice; they immediately impart new strength to me, by teaching something new, or endorsing what I have already done. I am deeply impressed that we may all be co-helpers to each other in the great work of relieving and healing the human race, by the frequent, active, and kindly interchange of thought, opinions, and honest experience. It is a too common fault in the medical profession for us to rely upon "well enough," and wait patiently, if not dignifiedly, for the result. But, when we are sick and suffering ourselves, our love and regard for any old, slow, and not very sure routine is quickly sacrificed if we can find anything better. It is quite seldom we fear being cured too quickly. There is no danger of our knowing too much: if we would progress, we must constantly keep reaching forward and gathering in; we may occasionally close in our eager grasp some dross or gross matter, but, if so unlucky, we are not obliged to carry it on with us long; we can easily drop it by the wayside and collect again; the next effort may give to us, and those dependent upon us as medical advisers, some boon of inestimable value. Then, for the love we bear to humanity and our beautiful system, or our own reputations and our regard for our brethren in the profession, their prosperity and advancement, let us keep reaching forward: let each one fully realize the fact that, if he would be a faithful physician—true to himself, his family, his country, and his God—he must not stand as an idle spectator in the great field of medical advance and reform while the groans and cries of the sick and dying are still heard in our land, and imploringly reach our ears. Then, as *true men* and physicians, let us constantly seek for more and more light, until there shall be no clouds along our professional pathway to misguide our faltering steps; but lighted up by the great orb of truth, whose effulgent rays guide our truthful law as it unfolds its glorious leaves for the healing of the nation.



I find, in some of my half-indoctrinated families, and many others to whom I am occasionally called, a determination to take some harmless cathartic, as they call it; consequently they keep on hand a box of "Anti-bilious, general-restorative, blood-purifying, stomach-correcting, headache-relieving," *pile-making* and *rheumatism-exciting patent pills*.

Now it is not very unfrequent that we find, on our debut into new families formerly employing the allopathic practice, members sick and suffering much from the effects of the above-mentioned, so-styled harmless, pure, vegetable pills. In many instances of this kind I find the symptoms correspond well to the pathogenesis of Podophyllin, and, if the case has not been of too long standing, the antidotes to that drug will often not only relieve, but cure.

CASE 1.—Nov. 4th I was called to see Mr. J., aged thirty-five; found him very low, been failing rapidly for three weeks under regular treatment. Six or seven weeks previous was taken with bloody flux or rheumatic dysentery; was treated for it sixteen days, but soon became troubled with pain in back, shoulders, stiffness in the nape, pain in left arm and hand; the rheumatic and arthritic pains very severe, pain and swelling of left knee, soreness in chest and shoulders, pain in fingers of left hand, with swelling of one of them. Such a metastasis of rheumatism from an internal to external parts is not uncommon. Nocturnal perspirations, pale and thin face, urine scanty and red; complains he cannot sleep night or day; appetite very good and has been for two weeks; stiffness of body and neck, which prevents turning or twisting head or body; unable to move himself in bed. I told him he had been taking Podophyllin, probably from his former physician. I prescribed Nux-v. and Sulph., the third attenuation, three hours apart. Saw the former physician an hour after, who, being on friendly terms, said he cured the dysentery with Podophyllin, but pronounced the case a genuine rheumatic fever; said he had had many such cases in like conditions, and it required much time and patience to cure them; six months being the shortest time allowed for Mr. J.'s recovery according to former experience. I treated him for five weeks upon the antidotes (Nux-v. and Bry. being the principal remedies), and dismissed him cured, to the surprise of his friends

and neighbors, who, a few weeks previous, had expected soon to be called to bear him away to his final rest from pain and suffering.

I could report many other cases quite similar, differing only in some minor points, but thoroughly proving the action and effects of that drug.

Being myself just now convalescing from a very painful and torturing disease, from which I have many times suffered during the past twelve years, I give you a few notes, which you are at liberty to use at your own discretion, by rejecting, abridging, or publishing.

CASE 2.—May 18th, felt cold and chilly nearly all day, with occasional darting pains in the head, chest, and limbs, tired sensation all over. Took Bry., 3, every two hours all day; kept about my business, but grew worse towards evening, and took Nux-v., 3; went to bed, rested well until about four, A. M., 19th, when the chills returned with pain as before, producing excessive uneasiness and tossing in bed; was obliged to rise for relief, but found none. Pains increased; they would commence in head, pass down the spine to lower extremities, preceded by chills; took Merc., 3, every two hours until 12, M., when the symptoms were very much worse and severe indeed, coming and going. My student, Dr. Pratt, very appropriately called it wear and tear. Being unable to prescribe for myself any longer I gave myself almost entirely into his hands for relief (he being the only homœopathic physician in the city). Thinking Bry. must be the remedy indicated, I took the sixth, all the afternoon with no improvement. Was feverish in the evening, and took Aconite; and after a few hours the pain was eased a little. Procured some disturbed sleep, but no real rest, and was aroused on the 20th, at 6, A. M., when I felt somewhat better; took a sponge bath, soon followed by sharp pains darting through the head; commenced yawning and soon felt sickness at stomach. I took Ipecac., 3, every half-hour, but did not vomit; I had taken no nourishment since the evening of the 18th, and had no desire to, for everything was distasteful.

At 12 o'clock, noon, had been getting worse for several hours, when I took a "hot pack," and was relieved while in it and for an hour after, but there was no real reaction. Soon the pains returned in full force and with interest. My mouth was dry and

breath short, with *difficult* and *anxious* respiration, urine very red and scanty, no stool or desire since the 17th, bitter taste in the mouth with desire for cold water, which tasted too bad to drink. 6, P. M., pains unbearable, with chills as before, symptoms all bad; my friends began to look anxious and fearful. 9, P. M. almost distracted with pain and distress; took Berb.-vul., 1st decimal, in water every half-hour, which relieved me so much that I slept and rested well for several hours.

May 21st, 6, A. M., excessive soreness all over, slight pain in head, much exhausted; took a little porridge, sponge bath, &c. 9, A. M. I felt chilly again, the pains soon returned in increasing severity until they became really agonizing. Berb.-vul. seemed to afford no relief, used this time, although taken in several potencies. Several other remedies were resorted to successively, but not the slightest relief was obtained. My mind in these distressing hours rapidly reviewed the cases of nephritis which I had treated in both the old and new schools of medicines; in my despairing moments Dover's Powder looked alluring, but I knew they would not cure me; Opium would quickly stupefy me, or Morphine, perhaps, would make me a little more crazy, and thus render me insensible to the racking torture I was in.

At this moment my student entered with Kreosotum, second decimal, five drops in half a glass of water, I took two teaspoonsful every fifteen minutes, and the second dose entirely relieved me; I continued it every two hours for twelve hours.

May 22d, better in every way, but very sore all over; sat up nearly half the time during the day; appetite better, urine clear. May 23d, better; dressed and left my room, received calls, examined several cases and prescribed, replied to several letters, &c. At 11, A. M. was a little chilly, and the pains soon came back quite severely; took again of the Kreosotum, which relieved me partially for a little while, went to bed and continued taking it until 5, P. M., when I took the first potency; the first dose stopped entirely all pain and I have not had a particle since; reaction soon took place, perspiration broke out profusely all over, and in a few days I was attending to my usual business, which is not a little, being the only one of our school in a city of twelve thousand inhabitants.

ARTICLE XXXI.—*Transactions of the Chicago Homœopathic Medical Society.* Compiled by R. LUDLAM, M. D., *Secretary*, of Chicago, Ill.

XXXV.—CURES WITH THE HIGHER POTENCIES. Contributed by J. ULRICH, M. D., of Chicago, Ill.

The following cases are reported in support of the efficacy of high dilutions in chronic diseases.

CASE 1.—This patient, residing at a distance, was treated by correspondence; and I will condense my report as much as may be. Theresa Kober, aged thirty-three, when young was very weak, and had in her sixteenth year the chorea-sancti-viti. She was cured of this disease by the use of cold water, and remained well until the year 1852. In this year she bore her last child, and from this period dated the present case. After her accouchement she experienced pains in the region of the uterus; of the exact character of these pains I was not informed. She had also cramp-like pains in the spinal column, throughout its whole extent. Bye-and-bye the husband observed the pain to locate in the vicinity of the fifth and sixth dorsal vertebræ; then the spine became curved in this spot, presenting a species of hump-back. For this she was treated for eighteen months by allopathic physicians, after which she took various patent medicines, and subsequently domestic remedies, all of which were designed to cure the rheumatism, which disease the doctors had pronounced her to have. The last medicine taken was Cod-liver oil.

At the end of this period a second deformity occurred on the spine, at about the junction of the lumbar vertebræ with the sacrum. The first tumor remained as prominent as before. The body is inclined to the right side, the spine curving laterally; the ribs of the right side are thrust down among the intestines, and she has not been able to stand or sit for a year and a half; must always lie in bed, looks very thin, is emaciated like a consumptive patient. These particulars were furnished me by her husband, in a letter dated September, 1856.

Sept. 26th, 1856, I mailed her Silicia, 18, one powder, and Sacc.-lactis, six powders. This was all the medicine she had

for seven weeks. In addition, I ordered the spine to be bathed every morning in cold water. The only effect she remarked from the remedy was a *scraping* sensation in the intestines and along the course of the spine. Subsequently, I sent her Calc. carb., 18, one powder, with some six or eight powders of Sacc. lact. This was in Nov., 1856. In Jan., 1857, I received the good intelligence: "Patient is, from the last medicine, daily growing better; the tumors are diminishing. My wife is getting well, but remains a little weak; she works as well as ever before."

CASE 2.—Feb. 5th, 1859, I was called to visit a boy four years of age, who, for two years, had had dysuria. During all this time, but without deriving the least benefit, he had been under allopathic treatment. His mother relates his symptoms as follows: When the inclination to urination comes on he always moves his legs and body violently; he cannot sit still, bends himself forwards and strains; cries; sweats profusely over the whole body, the hair becoming as wet as if just washed in water; his straining produces tenesmus of the rectum, with some slight stool; the penis is erect and looks blue, and, by-and-by, comes a little water, and sometimes a little blood. After this paroxysm, which is five to ten minutes long, he is so weak as to be obliged to go to bed. Prescribed Cantharis, 18, six globules in half a glass of cold water. Of this he had only one teaspoonful and nothing more.

Feb. 7th. This morning the patient had a very severe paroxysm; the mother reports it worse than any which he had experienced during the whole two years. After this he urinated profusely and very readily.

Oct. 21st, 1859. Since the above date, the mother has occasionally given him *one* globule of Cantharis, 18, and with the most complete relief, whenever she has remarked his having some slight symptoms of his old complaint. With this exception he is perfectly well again.

CASE 3.—This was a case of suppuration of the kidney, following a chronic nephritis, in a lady, aged thirty-five. The pus was voided freely with the urine. After using other remedies without effect, she was cured in three days with the *Uva-ursi*, 18, three powders daily, every powder containing from four to six globulæ.

XXXVI.—GOLD IN "PLUGGING" AND OTHER DENTAL OPERATIONS A CAUSE OF SUICIDE. By J. BARRY, M. D., of South Bend, Indiana.

Nobody will deny that suicide has been of more frequent occurrence in the civilized world during the last sixty years than at any former period of its history. Whence the increase of this frightful mania? The writer is aware that different answers will be given to this question; that some will attribute it to the prevalence of infidelity; some to the feverish excitement arising from a morbid craving for wealth; some will find its solution in the maddening effects of alcoholic liquors; others in the deleterious effects of coffee, tea, tobacco, opium, and other drugs; and others again in the direct temptation or instigation of the devil, and, far from denying, we, on the contrary, fully believe that each of these, and others that might be mentioned, are a frequent cause. But has any one hitherto pointed out the gold with which our teeth are plugged, or upon which our artificial teeth are inserted, as the more common cause of suicide? So far as he is aware, the writer is the first who has directed attention to it, and he is aware that in so doing he has exposed himself to the probable charge of being a dreamer; for he knows but too well the fate of all his predecessors who have made important discoveries or improvements in medical science. \* \* \*

How do we know that gold is capable of producing such sad effects on the human system? We answer, by its pathogenetic or disease-producing properties! But are these properties placed beyond a doubt? We unhesitatingly answer, Yes! The immortal Hahnemann, more than fifty years ago, first recommended *Aurum* as a remedy for the melancholy or depression of spirits which leads to the commission of suicide; and he confirmed his views by curing many such cases with it. The same has since been done repeatedly by practitioners of the homœopathic school. The provings of this agent indicate its value in this direction.

But, it will be objected, "the gold used in dental operations is insoluble in the fluids of the mouth." We answer that it is very probably only apparently so; but we are quite willing to concede that it is not in any appreciable, that is to say, sensible degree. Physicians know very well that it does not always re-

quire quantities of medicine which are appreciable by the senses in order to produce pathogenetic effects upon the organism; nor is there anything in organic chemistry to invalidate our view.

Chemistry teaches us that the only solvents for gold are the muriatic and nitro-muriatic acids. It cannot be denied that there may be many other kinds of solvents for the precious metal. But does not muriatic acid, and even nitric acid, in combination it is true, form part of the ingesta we receive with our daily food, and also of the secretions which take place within us? And are there not many cases in which these acids may be set free, and so combine with the gold which is ever present in the plugging, &c.? But were it proved that its solution in the mouth is impossible, may not enough of the gold be detached in minute quantities, by the friction produced by the act of chewing, to produce the effects for which we have contended?

Let us now briefly consider one of the affections of the teeth, to wit, caries or decay, for which plugging with gold is resorted to as the indispensable remedy—to *stop the caries*, as the phrase is. But is there any proof that this plugging ever arrested the progress of the disease? We do not believe that there is or can be any such proof. It is true that cases of caries appear to have been arrested by it; but, on the other hand, innumerable cases without any plugging at all have come equally to a standstill and appeared to make no more progress. We once had a decaying tooth ourselves which we got plugged with gold, and the caries appeared to be arrested; but, some time ago, governed by the views which we have set forth in this article, we had the plugging removed, and since then the caries appears to have made no further progress, indeed we feel sure that we enjoy a much more tranquil state of mind and less depression of spirits than when we had the gold in our tooth.

The object of these suggestions is to call the attention of the profession to what appears to be a great and growing evil among us. We do not pretend to decide positively or dogmatically the question in regard to the psychological effects of gold, but simply to awaken attention to it, and particularly the attention of all who take the trouble to do their own thinking.

ARTICLE XXXII.—*On Constipation.* By O. S. SANDERS, M. D., of Boston. Read before the Boston Academy of Homœopathic Medicine, March, 1859.

MR. PRESIDENT, and Gentlemen of the Boston Academy of Homœopathic Medicine :

Whatever relates to science is more or less interesting to the student of medicine, but, more especially, that which relates to the science of pathology, is important to the practical physician. These will render symptomatology *none the less* interesting to the members of this Academy; while the fraternal regard which we cherish towards each other, as well as our united desire to promulgate the principles of our great truth, inspires me with the hope that no individual effort or sacrifice of mere opinions will be wanting to make our labors harmonious and successful.

The subject assigned to me this evening is

#### CONSTIPATION.

I shall first regard constipation as a symptom—a consequence resulting from some pathological derangement. In some few instances it *may* be the natural, but in most cases it is an accidental or acquired condition of body, seldom constituting an independent affection, but, still one which might, from oversight or neglect, induce a long train of symptoms, which may become grave, if not fatal in the end.

The alimentary canal is the great thoroughfare of the human body; it embraces the organs of digestion and assimilation. Hence, we cannot pursue our theme homœopathically, or according to the doctrine of symptomatology, without considering to a limited degree, *at least*, the *important system* of digestion in connection with *other organs and functions*.

The human body, in its organic arrangements, is composed of various systems, organs, and functions, each of which is of great importance to the welfare of the whole; a derangement in either the *function of innervation, respiration, or the circulation*, as well as in any or all of the other and minor systems, may produce a marked disturbance in the digestive functions, and thereby arrest the peristaltic action of the *intestines*.



The daily rounds of the medical practitioner teach him the intimate relations existing between the various organs of the body concerned in carrying on the great process of sustaining and perpetuating life, and show them the fallacy of relying solely upon the artificial *nomenclature* of theorists, or upon mere conventional terms for safe guidance in selecting the remedy or remedies homœopathic to each and every case.

No function is more easily disturbed in its physiological operation than that of digestion; consequently we find that, in almost every pathological condition, of whatever tissue or organ, the stomach and *bowels* may *cease to act*; for the stomach, which is the great organ of sympathy, as well as the *great* repository of food for the body, remonstrates against receiving further supplies until the previous materials are disposed of, or repairs are made; consequently, all operations for the present, at least, cease in the ordinary continuous routine of the alimentary canal.

Both in ordinary colds, producing in their effects but slight functional derangement in some tissues or secretions, and in the severest form of organic lesion, which threaten positive dissolution of the vital forces, the bowels may become *primarily*, and even, in the majority of cases, constipated; any influence, however, which disturbs the physiological laws holding in play symmetrical action, may produce similar results; but, when the emotions—whether of joy, grief, fear, mortification, or vexation—are aroused, then the result is more frequently diarrhœa.

Presuming that all present will understand the definition of constipation, as given in Webster's unabridged, *we leave that* to consider the *nature, cause, and treatment* of this malady, which has been the source of so much *annoyance* to many generations of mankind, from Adam, I presume, to Hahnemann;—*yes*, to this very day—for to-night, I doubt not, there are hundreds in this city, and thousands in the world, who are exceedingly anxious because their bowels have suspended action for the last twenty-four or forty-eight hours, even if the supply of food taken has not been to the amount of a single ounce; while many a druggist is *equally* alarmed, because the trade in *Epsom Salts, Senna, Rhubarb, Calomel, Jalap, Gamboge, Blue-pill, and Aloes*, has become so much less than in former days.

Nature has, in a wonderful manner, provided our *physical* organization with a multiplicity of systems, *apparently distinct*, yet dependent upon each other for *harmonious* action and development. Thus, that which is exterior (the dermoid tissue), and extended over the whole surface of the body, stands, to a certain extent, a guard over the interior functions; then the mucous membrane, which is a continuation of the skin, minus the cuticle, enters more largely into the structure of the alimentary tube than any other; it is interesting to see with what sympathy the mucous membrane and skin regard each other when exposed to danger, or when a demand is made to aid internal and more important structures *when deranged*.

So intimately connected with the organization is the *nutritive function*, that it is almost impossible for a *system, apparatus, organ, tissue, fibre*, or even a *filament*, from head to feet, or from surface to centre, to be disturbed in its physiological action without exciting in it more or less sympathetic disturbance in the gastro-intestinal organs. This important function embraces digestion, absorption, secretion, and nutrition. Digestion is a function peculiar to the animal kingdom; absorption and secretion *mostly* confined to the vegetable; while nutrition is common both to the animal and vegetable.

The organs of digestion in the animal kingdom are more or less complicated according to the position of the species in the scale of animal life. They are principally formed in the abdomen, and consist of the *stomach* and *intestines*, which, with their *associated viscera*, the *liver, pancreas, spleen, and mesentery*, have the most important work assigned them in the great business of preserving life and health. The mouth receives the food, the teeth masticate it, the saliva commences the digestive process, the œsophagus conveys the somewhat altered food to the great sac or stomach, where it remains, according to Beaumont's experiments, which are the best evidence on record, about three hours and a half.

If the food is of a soft consistency, and well divided by mastication and insalivation, it is speedily penetrated by the gastric juice, and rapidly converted into chyme. In this dissolved state, by the muscular action of the stomach, it passes through the pyloric orifice into the duodenum, where it becomes exposed to

the action of *three new agents*, by which its nutritious parts are further elaborated, and the constituent principles of chyle are separated. These agents are the intestinal fluids, the bile, and the pancreatic secretion; the stimulus of *chyme* in this *region*, like food in the *stomach*, occasions a copious afflux of these fluids. Without discoursing upon *either their quantity or quality* in this place, but admitting their necessity as a natural stimulus to the organs of digestion, I will only add that their mixture with the chyme in the first bowel, effected by the contraction of this intestine, soon occasions a sensible change in its appearance: during this primary digestion, the *peristaltic* action of the small intestine is performed with energy.

As the contents of the small bowels progress onwards, to the ileum, or third division of this tube, they become more and more consistent, in consequence of the fluid portions, being absorbed by the numerous lymphatic vessels and portal trunks originating in its mucous membrane. They are then conveyed through the lacteals in the form of *chyle*, into the thoracic duct, and thence into the torrent of the venous circulation. This fluid, *i. e.*, the chyle, is of a milk-white color, is most distinctly evident in the lacteals, whence it has been absorbed from the small bowels; but, nature is said to make another effort, after the mass has passed the cœcum, to exhaust the last remains of nutriment, *after which* the excrementitious portion, in due time, in normal health, passes on independently through the colon and rectum, and out by the anus.

The cœcum may be considered as a reservoir, having some analogy with the stomach, especially in some varieties of animals which feed on a coarse vegetable diet; but before the food or *mass* passes into the colon, the *re-crementitious* portion, demanded by the organism, is called in to meet the necessity of life and repair, and make up the natural waste of the body. In contrast to the energetic and increased action of the small intestines, the *fæces* pass through the large bowel, relatively speaking, very slowly; their rapidity being increased or diminished, however, by a variety of circumstances.

The phenomena of life, consisting as they do in an assemblage of actions, forming an *uninterrupted circle*, in which it is next to impossible to find either beginning or end, are exceedingly

complicated ; everything depends on something which precedes it, or is associated with it. Hence, the causes of constipation are *many* and *various*, and it becomes no easy task to enumerate and elucidate them ; as, in the majority of cases, constipation is merely a symptom, or the secondary result of a morbid condition in some near or remote tissue or organ of the body. It would make our labor much easier, but not more satisfactory, to regard it as an *idiopathic* instead of a *symptomatic* disease,—or, even class it under the head of some other disorder, such as *dyspepsia, indigestion, &c., &c.*

One of the causes of constipation may be impaired tone of the mucous membrane of the stomach and bowels ; or, merely a diminished degree of temperature, for heat is an indispensable agent in the promotion of digestion ; or, it may arise from an impure state of the secretions, the blood may be deprived of some important tonic or stimulant element ; or, the component parts of the gastric juice may be disproportioned, so much so that the solvent power of this fluid may *become less* potent, and the food taken into the stomach remain for a long time in an undissolved state. Again, the intestinal secretions may be defective in quality, or deficient in quantity, as well as the flow of bile from the liver or the pancreatic fluid ; a deficiency in either of these tributary powers or secretions may induce an obstinate constipated habit.

It cannot be denied that, in almost all unusual exposures in life, either to internal or external injurious forces, the digestive organs may become more or less disturbed in their offices, and with a few exceptions produce constipation. But, if I should undertake to enumerate the multiplied causes, from more mechanical *blows, burns, or wounds*, to the endless forms and types of febrile actions, which so frequently attack the human body, and manifest themselves primarily and directly in loss of appetite and constipation, you would certainly become weary, and our long evening might lengthen into the night, and even approximate near to the morrow.

Allow me, then, rather suddenly to remark in this connection that constipation need not always alarm either the *doctor, surgeon, patient, or anxious friends*, for the digestive and peristaltic functions will almost certainly be restored when the "*ill wind*"

has passed by, and the injured part has been restored or rested ; in fact, it is oftentimes one of the most positive, triumphant, conclusive evidences of a natural recovery when the patient is enabled to say : "Doctor, my bowels moved this morning, for the first time in ten, twenty, or even thirty days, without the slightest inconvenience, and in as perfectly healthy a condition as when they were accustomed to move daily." I am now attending a gentleman, seventy-two years of age, who passed twenty-four days without any action from the bowels, and that without the slightest inconvenience. In his case, I regarded this quietude of the bowels as an almost certain assurance of his recovery.

In some cases of constipation, and especially if the cause is obscure or remote, and no decided deleterious effects follow, the function of defæcation may occasionally be left undisturbed. In fact, the great amount of mischief which has often followed the abuse of aperients should teach this lesson, even if we did not so often obtain a happy *issue* by following the precept, "*Let well enough alone.*"

Constipation may not only result from diminished action of the muscular tissue, or a diminution of the secretions which facilitate the peristaltic motion, but may arise from too violent exercise, such as heats the blood, and throws off the excess of fluid in the form of perspiration ; also from a too stimulant or astringent diet ; or, while travelling, with a want of a favorable opportunity to attend to the calls of nature ; also from sedentary and inactive habits, change to water impregnated more or less by minerals and salts, found in different soils or earths. Innumerable other causes *may produce* torpor of the bowels. Whenever constipation thus obtains a footing in the system, the circumstances should not be overlooked by the physician, *particularly* if any important function is fast becoming deranged in consequence of this morbid influence, especially when the patient has abused him or herself by excessive eating or drinking, aggravated by irregularities, both in depositing food in the stomach, and in the fæcal evacuation ; then, although the medical adviser must not forget the occasional injurious effect of simple *purgatives*, he must also recollect the many instances in which they are followed by beneficial results. In many instances,

*we are aware that temporary relief will follow, but, in some cases, it may be at the expense of renewed, if not increased suffering.*

In a well-organized body, when in its normal condition, defæcation should generally occur once in twenty-four hours—*this is called healthy*; in some instances, however, a much shorter, and in others, a much longer time is required. A case recently came under my observation, in which the contents of the bowels had been regularly discharged three times a day, for upwards of twenty years; a less number of daily evacuations was followed by headache and great pressure about the abdomen and chest; the secretions were normal, save the increased action of this expelling function, and the man presented a rare specimen of health.

A remarkable case was published by a physician a few years ago, in which it was maintained that a patient, *a lady*, in her thirty-seventh year, had had no evacuation from the bowels for eight months, and only two or three motions in the year preceding. Her usual sustenance was toast, tea, milk, and gruel; the abdomen was free from fullness or swelling. The same writer adds that he knew a person who had but one action of the bowels each month all his life; and, as a contrast, he mentions the case of another individual who had had twelve motions a day for thirty years. You will pardon me, gentlemen, if I add that this increased action *amounted almost, if not quite, to perpetual motion*. In other respects, these individuals, says the writer, enjoyed ordinary health.

I presume that most homœopathic practitioners can relate cases, which have come under their own observation, in which the bowels have ceased all action from one to thirty days, without the slightest inconvenience to the patient; but, on the other hand, greatly to their individual comfort.

I now wish to allude decidedly to another cause of constipation, and *one of the most disastrous among all known causes*—that of constant medication with crude drugs—particularly to the pernicious habit of resorting to the daily use of cathartics for every whim or notion of the patient's brain. The consequences of such a habit are certainly most direful, and it is high time that the belief should be exploded, *that every disease, of whatever name or nature, is a substance—a thing, or a some-*

thing, which can always be expelled (and, like a non-paying tenant, *forcibly ejected*) by irritating or inflaming the sensitive and delicate coats of the stomach and bowels with drastic purgatives; and, like many "medical wits"—the more *drastic* and *painful* in their operation the better.

One of the greatest difficulties the homœopathic practitioner finds in treating new patients is the unyielding disposition of the liver and bowels, after years or months of abuse, caused by severe drastic drugging, or even when the whole system is impregnated by such active treatment during one brief illness. This disgusting habit, of administering huge quantities of purgatives, *greatly diminishes* the *vital forces* of the digestive organs, and the chances are greatly augmented *against* restoring them rapidly to a normal condition. When patients have not fallen victims to the repeated administration of crude medicines from infancy, through childhood and youth, up to manhood and the prime of life, then, when sick or slightly indisposed, *that laxity*, or extreme debility of the fibre of the muscular coat of the intestine, which is so feelingly spoken of by most writers on this subject, is entirely wanting, or, if present at all, of a minor degree. Our opponents may say that constipation is a frequent and normal manifestation during convalescence, from acute diseases; *but we do not find it so*. The patient who has been treated homœopathically, is evidently convalescing from the moment the action of the bowels is restored.

How perceptible and convincing it is that all powerfully operating medicines are more or less weakening, and truly debilitating in their secondary or true pathogenetic effect; therefore, those in *youth*, in *manhood*, and in *age*, should fear the woeful consequences entailed by frequent and large doses of drastic drugs.

So much *stress* has been laid upon *the one idea* of drugging, that mankind has been almost physicked to "*the death*;" and there is no libel in the belief that it has proved an *anathema* to millions; *yea, death*, and not *life*.

There is no function or organ of the body which has been more *trifled with* than that connected with digestion; and yet there *is none* better calculated to defend itself. Constipation so often indicates vital disturbance in some other function or organ, that in and of itself it should occasion no alarm. By

whatever circumstances or means this function is restored to its normal condition, the "*vis medicatrix natura*" will always endeavor to do *her* best, *independently* or *conjunctively*.

Constipation is not necessarily connected with *colic*, *flatulency*, or any *severe pain* in the stomach and bowels, as is so often surmised by medical men, as well as by the individual patient. If constipation is idiopathic, however, which is the case in some instances, if overlooked or neglected by the physician, it *may become* highly injurious to the constitution.

Nearly all medical men—particularly those of the old school—writing upon this subject, or treating their patients, consider it idiopathic or generic in its character, producing a variety of disorders and mischievous results, or greatly aggravating the disease of which it is a symptom, whenever it becomes symptomatic. We beg leave to differ from this class of respected gentlemen *on this subject*, and hope the generations to come will be more wise, and prudently keep their eyes open and mouths closed against too much physic.

Constipation may be considered under two heads, *idiopathic* and *symptomatic*. Idiopathic constipation may be either hereditary, or the result of a constitutional predisposition, forcibly indicating the presence of some virus impregnating the system, which *may be* only apparent in the torpidity of the bowels. Such cases, however, are rare, compared with symptomatic constipation. Symptomatic constipation is oftentimes quite as obscure or difficult to correct as when it is idiopathic, particularly is it so if the system has been saturated with drugs, or often charged with cathartic mixtures.

My own experience, during fifteen years of practice—ten of which have been devoted to homœopathy—the *poetry and Christianity of medicine*—satisfies me that *not one patient in a hundred* who complains of constipation is affected with idiopathic constipation, but symptomatic.

Who of us is so stupid or heedless in observation as not to see that purgative medicines do *not* cure constipation, but do more to produce it than any other ten, if not twenty causes combined.

It is too often overlooked or forgotten that *reaction* is the



counterpart of *action*, as rest is that of labor, or negative that of positive; and *that drugs*, when taken into the system, are found to produce opposite effects in *small* from large doses; the *aperient*, in a large quantity, becomes an *astringent* in smaller, and *vice versa*.

The human organization in its natural idiosyncrasy endeavors to act well her part in all and every function: if abuses come, consequences must follow; but sad is it when they come from the hand of those who are commissioned to direct agencies to excite health and not destroy it.

In matters of drugging, it would seem, when we consider the awful consequences to the human race produced by "physic," that "doctors" nor "patients" did not consider that all medicines are either irritating or deadly poisons, possessing no virtue in themselves, only so far as they are capable of exciting a curative action. If the *patient* understood this, as he ought, the *doctor* would never be called *stingy* as he dealt it out with a sparing hand.

But few persons, I think, having passed their majority, who have not fallen a victim to the pernicious influence of crude medication, and will continue to suffer in various ways at times, if not continuously through life; for it is almost a stereotyped practice of the old-school doctors, when consulted, *first, middle, and last* of all "a cathartic," for all aches and pains which poor flesh and blood are heirs to; and who of us is there who has not experienced it. *The formula is, "a dose of physic."* This is not denying that, in the treatment of all diseases of the body, the first object should be to remove all causes, as far as we can, which produce or have a tendency to produce any morbid condition of the human system.

Let the physician look well after symptoms, and from them search for causes; for what do we know of disease but from symptoms, or of life but from certain manifestations, or of electricity—an agent which superabounds throughout the entire universe in every element—but from results. Habits and associations tell us more of the principle of life with its surroundings than anything else; hence, how often is it the case that, as soon as the angry elements of disease are calmed, which has

hitherto been the occasion of so much solicitude, we find each organ and function of the body returning to obey its mandate and rendering submission to that "vital spark" which sits king in the citadel of life.

[TO BE CONTINUED.]

---

ARTICLE XXXIII.—*Scabies (itch)*. A Chapter from "Bednar's Diseases of Children."\* Translated from the German, and Edited, with numerous important Additions, by T. G. COMSTOCK, M. D., of St. Louis, Mo.

The original signs of scabies are the vesicles and cuniculi, (the tracts in which the animal burrows) which are produced by the animalcules (*acari-scabiei, vel sarcoptes-hominis*). Where this insect penetrates a vesicle arises; it lays an egg there and creeps on; lays another egg, and so on four or five times, where-by the cuniculus is formed, at the external extremity of which a small point designates the seat of the animalcule.

The cuniculi resemble scratches of the epidermis with a needle, but they are not suffused with blood like these; they are seldom straight, mostly curved, angular, of various length, at first white, afterwards black by the collection of smut; on the places where the eggs are deposited little protuberances may be observed. The cuniculi may be found all over the body of a child. All other symptoms are secondary and produced by itching and scratching. The young suckling has not the same power and ability to scratch as the adult, but still he scratches wherever he can reach with his hands, or rubs the affected parts together or against the bed-clothes, thus producing lesions of the skin.

Among the secondary symptoms of children are red papulæ, which become vesicular at their apex, and not unfrequently attain the size of a small bean or pea; red, even, or somewhat elevated patches with or without scabs; vesicles as in eczema-simplex, rubrum, and impetiginosum; yellowish, brownish, pretty

---

\* The matter contained within the brackets ( [ ] ) is an addition by the translator. The description of the *Acarus* is mostly extracted from notes taken while attending the lectures of Prof. Hebra, in Vienna, and Prof. Von Bærensprung, in Berlin.—T. G. C.

thick and large scabs and scratches; if it is of long duration, cutaneous abscesses and swelling of the cervical, axillary and inguinal glands set in.

[*Symptoms of Scabies.*—It is most important in this disease to make no error in the diagnosis.

A few days after the infection has taken place a slight itching sensation is experienced on those parts of the body where the acarus fastens itself. The itching is aggravated at night, by the warmth of the bed-blothes, and during the day by indulgence in spirituous liquors, stimulating aliments, and by all circumstances which may cause a flow of blood towards the cutaneous capillaries with a greater force than natural. Soon minute elevations are seen, which gradually spread over the surrounding parts and then become vesicular. If there are but few vesicles, the itching is not very annoying, but if they appear in great numbers, the skin becomes inflamed and the itching intolerable. Scratching causes a viscid fluid to exude from the vesicles, which coagulates and forms small thin crusts slightly adherent to the skin. Severe scratching produces small dark-colored crusts, similar to those usually observed in prurigo. *The actual presence of the animalcule seen under the microscope is the only certain diagnostic mark of the DISEASE.*

Scabies, if left to nature, does not heal, but spreads all over the body, with the exception of the face, and eventually causes more or less severe constitutional symptoms. The vesicles enlarge, become inflamed, and terminate in pustules; sometimes also furunculi (oils) set up, which latter termination Bateman denominated scabies-purulenta.

According to Prof. Karsch, of Muenster, the acarus-scabiei was already known in the twelfth century to the Arabian physician Avenzoar, as an animalcule living beneath the skin, and causing itching and pustules. The disease is most frequently met with in southern countries, where the climate in general is favorable to the development of animal and vegetable life; but even the Greenlanders were troubled by this insect, and a minister, Otto Fabricius, gives an account of their method of removing the animalcule.

Cosmos Bonomo, an Italian, is, however, the first author who succeeded in demonstrating the existence, not only of an animal

in the skin, but also that it deposited eggs there. He proved conclusively that scabies was not the result of a certain condition of the blood, but that it was caused by the presence of a continuously biting and moving animalcule, which may fasten itself upon other individuals. He also showed that the insect and its progeny could be destroyed by external applications.

In 1812, Galès, an apothecary to the Hospital of St. Louis, in Paris, instituted experiments, and confirmed the existence of the animalcule, and the itch, in French, is called "*gale*," after him.

The itch animalcule, when examined with the naked eye, appears white, shining, and globular in form; but, with the aid of a microscope, we perceive that its anterior margin presents a dusky tint. By its peculiar form, which is not unlike that of a tortoise, it can be readily distinguished from any other species of *acarus*. The female is one-sixth of a line, and the male one-tenth of a line long; the former is more frequently found than the latter. Both have their seat between the epidermis and the corpus-mucosum. Separating the epidermis from the rete-mucosum, and burrowing in this interjacent space, they form the so-called cuniculi, in the external orifice of which the insect appears as a white, shining dot. The cuniculus of the male is much more minute than that of the female, the cuniculus of the latter being several lines to an inch in length. The female deposits daily two eggs, from each one of which, in three or four days, a new *acarus* crawls out. The latter quits the cuniculus of the mother (who dies after having deposited, according to Hebra, fourteen eggs; but, according to Professor Von Bærensprung, of Berlin, from thirty to forty eggs), and burrows beneath the epidermis, where it remains from ten to twelve days, during which time it sheds its skin, and attains eight legs in place of six. It then penetrates deeper into the epidermis (never, or seldom into the corium), and deposits, on its way, new eggs.

The small apertures which are produced by the insect perforating the epidermis, appear as black points or dots, filled with the fæcal excretion of the animal. They also serve to admit air necessary for them to respire, and to let out the newly-hatched *acari*.

The acarus burrows mostly on soft and warm parts of the skin, especially on the convex side of the hands, between the fingers, on the lower surface of the wrists, axilla, and bend of the elbow and knees; also on the penis and nates.

There is no difficulty in extracting the little animal. The point of a needle is placed obliquely beneath the surface of the skin, where the insect is seated; if this little eminence of epidermis be raised, the animalcule will be found attached to it, and easily extracted by the point of a sharp knife, or of a needle.

When the acarus is seen running upon the surface of a plate of glass, it will be observed, upon close examination with a microscope, that the head and anterior legs, like those of a tortoise, can be drawn in, and almost concealed under the body. The back is arched and uneven, and covered by numerous spinous processes; eight hair-like filaments, becoming shorter towards the anus, project backwards from the posterior segment of the insect; there are stripes running from the anus to the head, and covering the entire back, which form a net of cells of a hard consistence, and difficult to cut.

The ventral surface is flat, and upon it may be seen the head and eight legs. The head and the four anterior legs appear encased in a moderately thick layer of a rather hard substance. The anterior legs consist of four members, beset with hairs, and a basilar part. The last member terminates in three short spines, and one hair-like filament, resembling at its end a kind of proboscis (or snout).

The four posterior legs are much shorter than those just described. Their organization differs from that of the anterior legs, inasmuch as the proboscis-like crura and ambulacra are wanting. In their stead, very long hairs are found. It has an oesophagus, stomach, alimentary canal, genital organs, and an organization for respiration; but no eyes, nerves, nor circulation of blood.

The seat of the animalcule is manifested by an intense itching. The majority of dermatologists attribute this intense itching to the bite of the insect. Prof. Von Bærensprung is, however, of a different opinion; and contends that a peculiar kind of secretion, acrid in character, which exudes from the body of the animalcule, causes the itching sensation, and a consequent cuta-

neous eruption, which consists in papulæ, vesicles, or pustules, according to the irritability of the patient; even the dead acarus (he asserts) contains this peculiar property.

To diagnosticate scabies, we always seek for the animalcule *between the fingers, on the buttocks, and on the penis*, and we almost invariably find it simultaneously in these three different localities.

As some physicians profess still to deny the acarus theory, we give Prof. Hebra's arguments therefor, who believes it to be the sole cause of the disease:

1. Inoculation with the fluid of the pustules in scabies will not reproduce scabies. Nothing short of bringing the insect itself in contact with the skin, and allowing itself to burrow there, will cause scabies; removal of the insect from the cuniculi will cure the disease.

2. If the patients do not scratch, they will remain free from eczema, or the peculiar itch eruption. Individuals affected with entire paralysis, and who are unable to scratch themselves, may have scabies, *i. e.*, the acari-scabiei, but still no eczema or eruption.

In regard to the *duration* of the affection, Prof. Boeck, of Christiana, says that in Norway, where the disease prevails, some persons have it for a whole lifetime. This we can readily believe, for, unless the disease be radically cured (and by this we mean a destruction of the parasite), it may last for several years, as we have ourself observed.—T. G. C.]

The intolerable itching produces sleeplessness, restlessness, and emaciation. The duration and termination of the disease depend entirely upon the treatment; if this is improper, scabies may last for weeks and months, while with the external application of a Sulphur ointment, prepared as follows:

Flores Sulph., dr. ii,  
Nitri depurati.  
Pulv. rad. Hellebor.-niger., aa scr. i.  
Unguent com., unc. ss.

four days suffice for a successful treatment, the remaining eczema being cured by simple baths, in from ten to fourteen days. After a bath in the morning, the child must be rubbed with the above salve on all affected places, and then his clothes put on;

this, repeated for three days longer, usually suffices to effect a cure.

[Our treatment of scabies consists in, *First*, removing the cause of the disease; *Second*, to protect the constitution from any injurious after-consequences resulting from the irritation, or caused by the animalcule, or absorption of its excretion in the system; and *Third*, to remove all irritation left behind upon the external skin.

The first indication is fulfilled by the application of an ointment of Sulphur, thirty grains to the ounce of lard, and perfuming it with a few drops of the Oil of Bergamot, or Oil of Wintergreen. This ointment should be applied to the whole body upon retiring to bed in a warm room, and the patient must then sleep quite naked, in woolen blankets with a *long nap to them*, and early in the morning be well rubbed all over with ordinary soft soap; then, after the lapse of four or six hours, take a lukewarm bath, remaining in the same from twenty to thirty minutes; the application of the Sulphur and soap, followed by the bath, is to be repeated as above, daily, until the animalcule is entirely destroyed. From four to eight, or even fourteen inunctions are requisite to cure the disease. The second indication is fulfilled by the internal use of Sulphur tincture, ten drops four times a day. The third indication is to be treated by the use of cold water applications, and cloths dipped in a solution of Kali-carbonatis, one drachm to one pint of water.

This latter preparation will relieve the itching resulting from the eczema left behind. The eruption of scabies is usually an eczema, so that scabies differs only from eczema in this wise: an animalcule accompanies the former. An eczema generally remains behind after scabies, but the above treatment will usually cure it; if it should not, then *Oleum-cadinum* (*Huile de Cade*), must be applied, morning and evening, and the place where it has been applied not be washed off after its application. *Oleum-cadinum* (which must be ordered either from Hamburg or Paris) is an absolute specific for some of the most obstinate cases of eczema and prurigo.

Prof. Hebra, of Vienna, informed us that he had treated over twelve hundred cases of scabies by the above method, and no unpleasant after-symptoms have resulted from the external

treatment. We have seen, in Hebra's clinic, in the years 1855 and 1856, several hundred cases thus treated, and with no apparent ill after-consequences.

If any practitioners can cure, or have ever seen a case of scabies cured by the thirtieth, third, or even first attenuation of Sulphur, they have seen what we have never seen in an extended practice of ten years. A brother of Dr. Hartmann was cured by Hahnemann, in 1816, by Sulphur internally, in rather appreciable doses, and by the use of Sulphur ointment externally; the cure lasted seven weeks. By the method we have above described, we think from four to eight days would have sufficed.—T. G. C.]

---

### *The Illnesses of Washington Irving.*

The preceding pages were passing through the press without any intention of dedicating them to my illustrious patient, although he had occasionally discussed the principles contained in them with me, and I often had reason to suppose that much of the confidence he so long and so unwaveringly placed in me, was owing to his cordial approval of this, and knowledge that his medical treatment was conducted in accordance with them. I here append a short account of the various illnesses through which it was my high privilege to carry Mr. Irving; because I have not only been frequently requested so to do, but it has been hinted to me, almost imperatively, that I ought to satisfy the wishes of his distant admirers in this respect.

I commenced to treat Mr. Irving and his family in Feb., 1852, since which time I have paid two hundred and thirty-six visits to Sunnyside, made two hundred and sixty-six professional visits to them in town, and received ninety-six calls from them at my own residence. I have occasionally been obliged to remain at Sunnyside all day; frequently, all night; and, at times, sojourned there from Saturday afternoon until Monday morning. My last interview with Mr. Irving was at my own house, when I had just recovered from an attack of bilious remittent and intermittent fever, and he supposed that I was unable to go into the country to visit him; this was on November 15th, 1859; and my last prescription was sent to him through his nephew, Pierre M. Irving, on November 25th; the sudden death of my kind patron, friend, and patient taking place on the night of November 28th, when in the seventy-seventh year of his age.



When I first was called to assume the position of physician to Mr. Irving, he was in comparatively and almost remarkably good health, at least for a person of his age; he was then engaged upon the first volume of his "Life of Washington," but had lately begun to be troubled with vertigo, suggesting the fear of apoplexy, more from the overtaxed condition of his brain than from any signs of failure of his general health. The dizziness was removed by the persistent and systematic use of *Cocculus*, aided by the remarkably judicious and almost abstemious modes of life which were habitual with him.

Next, he was attacked with severe paroxysms of fever and ague, contracted while on a trip to the Western lakes and States. At intervals of many months, and sometimes of a year or two, he had returns of this fever, doubtless, superinduced by habits of early rising, often at four or five, A.M., and walking abroad in the chill of the morning, frequently before breakfast.

Mr. Irving was always an early riser. How graceful is the anecdote, so feelingly related by Professor Longfellow, of the open window and summer morning at Madrid, where he "found his gifted and genial countryman at work at six o'clock." What admirer of Irving does not recollect his morning stroll at Byron's Newstead Abbey, commencing with—"I rose at an early hour; the beauty of the morning and the quiet of the hour tempted me to an early stroll; for it is pleasant to enjoy such old-time places alone, when one may indulge poetical reveries, and spin cobweb fancies without interruption. It was a Sabbath morning, which always seems to shed a hallowed influence over the landscape, and the sweet chime of bells from a village a few miles distant came stealing up the valley. Every sight and sound seemed calculated to summon up touching recollections of poor Byron. The chime was from the village spire of Hucknall Torkend, beneath which his remains lie buried."

Several of these fever-paroxysms were very severe and threatening; the feverish stupor, at times, amounting to a close approach upon coma, and his tongue being so dry, brown, and parched as to lead to the fear that his state would deepen into a dangerous typhoid condition. From these he generally recovered in from seven to ten days, and quickly regained his usual state of health. So that the successive volumes of his last great work were little or none delayed by sickness.

In proof of the above, I add an extract from a published letter to Mr. Jesse Merion: "Since I saw you in New-York, I have had severe attacks of bilious intermittent fever, which shook me terribly; but they

cleared out my system, and I have ever since been in my usual excellent health ; able to mount my horse and gallop about the country, almost as briskly as when I was a youngster."

Next, Mr. Irving was thrown violently from his horse, and received severe contusions upon his head and chest, attended with much pain, and extensive ecchymoses. It is the opinion of one of his clergymen, the Rev. Dr. Spencer, assistant-minister of Christ Church, Tarrytown, that Mr. Irving never recovered his former state of health after these injuries ; although this was not equally apparent to others.

I was sent for by the following note :

"DEAR SIR :—I send our coachman down to see if it is possible for you to come up at once. Our uncle was thrown from his horse this morning, and, I fear, is considerably hurt ; for a time he had no recollection of anything that had happened ; after that he seemed better, but is now suffering very much with pain in his chest, and great difficulty of breathing ; he is still not able to move without assistance. Will you come up in the earliest morning train.

"Yours, truly,

C. IRVING."

Mr. Irving was a good and fearless rider, and this was not the first fall from his horse that he had (see "Tour on the Prairies," p. 105). "In crossing a deep stream, running along the bottom of a thickly wooded ravine, the banks of which were steep and crumbling, and overgrown with forest trees, mingled with thickets, brambles, and grape-vines, the whole line of hunters followed pell-mell after the leader—crowded each other down the bank, and into the stream. Some were soused head over ears, or unhorsed and plunged head-foremost into the middle of the stream, while Mr. Irving was pressed forward and hurried over the bank by those behind him, when his course was interrupted by a grape-vine, as thick as a cable, which hung in a festoon as low as the saddle-bow, and, dragging him from his saddle, threw him among the feet of the trampling horses. Fortunately, he escaped without injury." In the Willis letter of 1859 is an allusion to his last fall from his horse : "a favorite steed, called 'Gentleman Dick,' threw him over his head into a laurel bush, which kindly broke his fall ; Mr. Irving fell with his chest on a large low limb of an evergreen, and afterwards his head and face knocked heavily on the ground." When I arrived, a few hours afterwards, at Sunnyside, per express train, I found Mr. Irving in bed, his head, face, eyes, and forehead, were severely and extensively contused, with much blackness and blueness ; I naturally was very anxious

about his head and brain, but Mr. Irving playfully directed my attention to his chest, which had received the first force of the fall, saying that his skull was stout enough to take care of itself, and his brain too, for that matter—for he had scarcely ever had a headache in his life, or any uneasy sensation therein.

Next, Mr. Irving was treated for, and recovered entirely from, an eruptive irritation about the ankles, with which he had been annoyed for many years; in fact, it was the remains of the cutaneous affection contracted in Spain, to which Mr. Lanman refers in his well-known letter about Washington Irving, in 1853. It was cured without any local application, by the somewhat persistent use of Hepar-sulphur. There was little or no return of it during the remainder of his life.

Among Mr. Irving's letters to myself, he several times alludes to this, as follows :

“MY DEAR DR. PETERS:—My friend, the Hon. —, wishes to consult you about a complaint similar to the one from which you relieved me. He is at the New-York Hotel, and I wish you would make it convenient to call on him at half-past ten to-morrow morning.

“Yours, very truly,

WASHINGTON IRVING.

“*Wednesday evening.*”

“*June 22d, 1857.*”

“MY DEAR DR. PETERS:—I wish, before you embark on your short trip to Europe, you will have put up for me a few of those powders which proved so efficacious before. I hope you will be able to come up on Thursday, and stay over night with us, and expect you to put us all in such condition that we will need no physician while you are gone. Do not fail to come on Thursday, for my nieces would be disappointed not to see you before you leave.

“Yours, very truly,

WASHINGTON IRVING.”

At various times I had been called on to prescribe for a catarrhal affection of the head, which was a serious annoyance to my illustrious patient, and which had, doubtless, been brought on by occasional exposure in sleeping under the trees on his own lawn, or on his piazza on a cane settee, and by often walking out into the open air without a hat, overcoat, or thick shoes, even when the weather was decidedly inclement. After frequent relapses of this disorder, Mr. Irving was over-persuaded to use Goodale's Catarrh Remedy, by snuffing it up into the nostrils. The discharge was quickly dried up,

and, ere long, some previous tightness of the chest was steadily developed into severe paroxysms of catarrhal and intensely spasmodic asthma.\*

Previously to this, Mr. Irving had suffered from occasional attacks of difficulty of breathing, which were attributed to an affection of the heart, which it was hoped might be kept in abeyance for some time to come. Long before the asthma fully developed itself, my principal attention was frequently directed to the condition of his heart; for some time I was unwilling to believe that he had asthma in addition to his heart-affection. In January, 1859, more than a year ago, I wrote to Oliver Wendell Holmes, as follows: "You were kind enough to make a few suggestions for Mr. Irving's benefit; unfortunately, all his friends mistake his case, and he is overwhelmed with remedies for asthma alone; but, it is right to say to you that Mr. Irving has enlargement of the heart in addition, and that much of his difficulty of breathing, and apparent catarrhal trouble, arises from an obstructed circulation, which leaves his pulmonary and bronchial mucous membrane more or less congested. If you can make any further suggestion for his benefit, I can assure you that it will be most faithfully tried, and with a most earnest desire that it may relieve one whom I love inexpressibly.

Yours, very truly,

J. C. PETERS.

*"January 5th, 1859."*

In spite of these drawbacks, Mr. Irving completed four volumes of the "Life of Washington," with no unusual delay, and, although less vigorous, his constitution seemed to have sustained no irreparable damage.

Almost immediately after the completion of the fifth volume of the "Life of Washington," he became almost completely sleepless; this was no new disorder to Mr. Irving, but it had never shown itself to such an extent: he has told me repeatedly that he never recollected sleeping six hours consecutively, and that four hours continuous sleep was something extraordinary. In Lanman's well-known letter, in 1853, we read: "Mr. Irving says that he could not sleep well at night; that he frequently spent more than half the night awake, and then was in the habit of reading a great deal; that he really envied the man who could sleep long and soundly." Like poor Charles Lamb, he was destined to feel to the uttermost the loss of the blessing of sleep; like Lamb, he could often say, "I have had a most violent nervous fever or irritation, and have not had, nor could not get a night's sleep;" or, "I lay broad awake all night, till eight o'clock in the morning, and then got a poor doze;" while only occa-

sionally the two illustrious men could say, in the words of Lamb: "I have had something like sleep and a forgetting last night;" or, "It is quite melancholy in this house, but I could not have gone into a quite strange one;" or, "I am strongish, but have not good nights, and cannot settle myself,—what a world of trouble this is!" "or, "I have been very poorly and nervous lately, but am slowly recovering sleep, but still I do not write or make engagements;" or, "I am very nervous, lost my sleep and expected to be ill, but slumbered gloriously last night, golden slumbers; I hope I shall not relapse." With all their sufferings, both Lamb and Irving "had a deep stream of tender human sympathy and humor; both had realms of heroic silence and modesty; nothing can be added to the dignity and sweetness of their lives; but, if ever good and great men walked the earth—good and great in the profoundest and noblest sense, full of that simple human charity and utter renunciation of self which is the fulfilling of the highest law and holiest instinct—they were Irving and Lamb, who both have won, not only imperishable names in English literature, but a sacred place in every generous heart.\*"

Such was the susceptibility of Mr. Irving to everything which was either quaint, beautiful, or touching, that many things disturbed his sleep, even a visit to a village of prairie dogs. He says:

"The dusk of the evening put an end to our observations, but the train of whimsical comparisons produced in my brain by the moral attributes which I had heard given to these little politic animals, still continued after my return to camp; and, late in the night, as I lay awake, after all the camp was asleep, and heard in the stillness of the hour a faint clamor of shrill voices from the distant dog-village, I could not help picturing to myself the inhabitants gathered together in hasty assemblage and windy debate, to devise plans for the public safety, and to vindicate the invaded rights and insulted dignity of the republic."—"Tour on the Prairies, p. 178.

Again, while at Abbotsford, he writes:

"When I retired for the night, I found it almost impossible to sleep; the idea of being under the roof of Scott, of being on the borders of the Tweed, the recollections of the ramble I had taken, and the company in which I had taken it, and the conversation, all fermented in my mind and drove sleep from my pillow. On the following morning I rose at an early hour," &c.

Again, when in the Alhambra, he writes: "The moon gradually

---

\* G. W. Curtis on the Notes and Letters of Charles Lamb.

gained each evening upon the darkness of the night, and at length rolled in full splendor above the towers, pouring a flood of tempered light into every hall. The garden was gently lighted up, the orange and citron trees were tipped with silver, the fountain sparkled in the moonbeams, and even the blush of the rose was faintly visible. On such heavenly nights, I would sit for hours at my window. Sometimes, when all was quiet after midnight, I have sallied out and wandered over the whole building; but how different from my first tour! No longer dark and mysterious; no longer peopled with shadowy foes; all was open, spacious, beautiful. Landaxara once more walked in her garden; the gay chivalry of modern Granada once more glittered about the court of Lions; every rent and chasm of time was gone." \* \* \* \* \*

Or again, when on the prairies: "The night was calm and beautiful, and I seemed to have the whole scene to myself. It is delightful, in thus bivouacking on the prairies, to lie awake and gaze at the stars. One realizes, in such lonely scenes, that companionship with these beautiful luminaries which made astronomers of the Eastern shepherds as they watched their flocks by night. *How often*, while contemplating their mild and benignant radiance, I have called to mind the exquisite text of Job: 'Canst thou bind the secret influences of the Pleiades, or loose the bands of Orion.' I seemed, as I lay thus under the open vault of heaven, to inhale with the pure untainted air an exhilarating bouyancy of spirit, and, as it were, an ecstasy of mind. I slept and waked alternately; and, when I slept, my dreams partook of the happy tone of my reveries."

In the Tilton letter, Mr. Irving says: "When I have been engaged on a continuous work, I have often been obliged to rise in the middle of the night, light my lamp, and write an hour or two to relieve my mind."

Mr. Irving was also well aware that the last volume of the "Life of Washington," "had engrossed his mind to such a degree that, before he was aware of it, he had written himself into feebleness of health; he feared, in the midst of his labor, it would break him down before he could end it." When it was finished he was utterly sleepless; I shall never forget the shock I received when he came down from his pleasant house at Sunnyside to remain in New-York for several weeks, under my care, after he had spent whole days and nights at home without sleep. My dear patient was sadly changed from what I had seen him not many days before. Then he was somewhat toil-worn, but now he was haggard, feeble, almost ghastly,

and despairing. I was soon able to procure him from two to four or more hours sleep each night, and he always got a few naps by day and during the early evening.

But the sufferings of Mr. Irving from loss of sleep, attacks of asthma, obstinate coughs, indigestion, feebleness, and nervousness, during the great part of the winter of 1858-59, were often very great; but he had many intervals, and longer and shorter seasons of relief. All this time there was an undercurrent of the disease of the heart, almost completely masked by more urgent sufferings, but still, at times, becoming terribly distinct, like the sudden glare of a concealed reptile or savage; and then so fully and completely absent that I was at times left in doubt whether it ever could have been present. There was no valvular disease, no heavy beating, or pain about the heart, nor even the slightest valvular murmur; but percussion would map out the heart larger than it should be; its sounds were muffled, occasionally it would falter in its beating, and, at times, manifest itself in a different kind of oppressed breathing from that which attended his severe and open attacks of asthma. At times, when almost overcome with sleep, his breathing would become gradually or speedily shorter and lighter, until it not only became almost imperceptible, but would absolutely stop for a space which should have been occupied by four or five ordinary respirations; then also his pulse would falter, until it seemed as if that kind heart would never beat again, and that voice, which so often uttered words of comfort and gentle pleasantry to others, would never be heard again. It is easy to conceive the agony which at times I felt at the dead of night, while watching at his bed-side, when such signs of impending dissolution exhibited themselves. But gradually, after many sudden gasps, and starts, and awakings from this troubled and dangerous condition, his breathing would slowly and steadily become gentle and regular, the heart and pulse would beat clearly and firmly, and a most refreshing, and apparently safe slumber would overpower him; every vital organ working so securely and steadily that one could almost believe with Mrs. Brownson—"To his beloved he giveth sleep."

The long and dreary winter of 1858-59, was passed in one continued struggle with oppressed breathing, harassing coughs, sleepless nights, and consequent debility; with nervousness, and frequent attacks of despondency. Scarcely was he relieved in one direction, before some new and distressing form of suffering would quickly or insidiously arise. During this period it is impossible

adequately to describe the devotion of his favorite nephew, Pierre M. Irving; who scarcely had one undisturbed night for many weeks and months. He read to his illustrious uncle many hours every night; paid almost daily visits to New-York, to the Astor and Society Libraries, for fresh supplies of books, many of which, of course, proved of little solace or entertainment to Mr. Irving. When all reading matter palled upon his attention, many hours were often spent by this devoted nephew in conversation and attempts at encouragement, often without manifest relief, but without which Mr. Irving's condition might have become dreadful indeed. For many weeks he never left Mr. Irving a moment at night. For weeks and months in succession I paid daily, or rather nightly visits to Sunnyside, and helped to share the watches of the night. Not unfrequently, Mrs. Pierre Irving would insist upon taking our places, aided by one of the sister- or daughter-nieces; but their task by day was often scarcely less arduous than ours at night.

Mr. Irving was peculiarly sensitive to the influences of the weather; a few bright and sunny days would make a vast improvement in him, which was quickly lost under more unfavorable skiey influences; hence, the backward spring and summer prevented the benefits which all expected from the warmth and sunshine of these seasons. But, for the last three months of his life, he was comparatively well; his asthma and cough were all gone; his strength and appetite had improved; his nights were but little troubled, and his friends, Mr. Irving himself, and even I, hoped that he would be spared this winter to us, and that it might be much less a season of suffering than that of 1858. The visits of Messrs. Willis and Tilton have testified to that effect, and I add a portion of a letter from my old friend and patient, B. J. Lossing, Esq., the distinguished author of the "Field Book of the Revolution," "Recollections of Mount Vernon," and other works congenial to the taste of Mr. Irving. Mr. Lossing writes:

"On the last day of our beautiful Indian summer, in November, I called upon Mr. Irving, at Sunnyside. I loved him dearly, for many kind and encouraging words to me from tongue and pen; I had not seen him for several months, and had heard much of his feebleness. Hence, I felt an agreeable surprise on finding him apparently so well. He was changed; but not as much as I expected. He told me that he hoped he was permanently convalescent from the most annoying of his disorders; that he slept much better than he had for a long time, and that his asthmatic difficulty appeared to be perma-



nently subsiding. He was cheerful, as usual; spoke of having laid aside his pen for ever, and of enjoying a rest which he had long coveted. When I reminded him of a promise he had made me in a letter, last spring, to visit me at Poughkeepsie, he replied: 'Oh! God willing, I may be able to fulfil that promise yet; you may hope, if I am alive, to see me when the warmth of another season shall be here.' Then, taking one of my hands in both of his, he wished me success, bade me good-bye, and his last words were 'God bless you!' I left Sunnyside with the joyful impression that the friend I loved so well would recover soon (I did not then know that his heart was diseased), and hoped he would remain among us for several years.

"Yours, very truly,

BENSON J. LOSSING.

"To J. C. PETERS, M. D."

I will merely add that Mr. Irving was repeatedly urged, by myself and his own relatives and friends, to have additional medical advice. I suggested the names of several physicians; among others, those of Dr. John F. Gray, Alexander B. Hosack, Dr. Barker, Dr. Alexander B. Mott, and others; I also urged the selection of a physician from his neighborhood. I often asked advice from these and other physicians, and prevailed upon some of them to call upon Mr. Irving when he was in town, both at my house and those of his relatives; and subsequently urgently requested that one or the other of them might be added to the council. But he invariably declined, although he willingly gave some of these physicians full accounts of his previous and present condition; yet he would always say to me: "If you will have patience with me, I will endeavor to bear such trials as Providence allots to me with as much resignation as my nature is capable of." He often expressed his warmest gratitude to me, for services which I rather believed I had attempted to, than succeeded in rendering him; and also his thankfulness and satisfaction that I had studied both systems of medicine, and unhesitatingly used those parts of each which seemed safe and truly useful. He thus remained loyal to me, and I endeavored to be truly faithful to him, although I often most earnestly desired to share the responsibility with others, and he had many volunteers, both lay and medical, who were anxious to undertake his treatment.

Finally, I will add that Mr. Irving and some of his family long knew that he had disease of the heart. The *Times*, of November 29, which, doubtless, got its information from, perhaps, the most devoted of Mr. Irving's friends and neighbors, to whom I had repeatedly

mentioned my knowledge and apprehensions, says: "It has long been the opinion of his medical adviser, Dr. Peters, of New-York, that he was suffering from enlargement of the heart. This conviction was some time since imparted to Mr. Irving; but, owing to the peculiar and uncertain character of the disease [and the late great improvement in Mr. Irving's condition], neither physician or patient entertained any immediate apprehension of the result." The peculiar modesty and sensitiveness of Mr. Irving prevented the fact of his having disease of the heart from being more widely known; he neither desired to be an object of pity to others, more than he could avoid, nor wished the public to be speculating when he would fall dead.

By reference to the fifth volume, May (1857) Number of the *NORTH AMERICAN JOURNAL OF HOMŒOPATHY*, it will be seen that I was physician to Dr. Kane, both before, and after his return from the Arctic regions. He had well marked valvular disease of the heart; which he knew of before I detected it; yet he passed safely through all his labors and privations in those desolate regions; and finally died of some other disorder. This is merely alluded to here in order to call attention to the uncertainties attending the life or death of those suffering with heart-disease.

Mr. Willis, in his second letter, also refers to the fact, that "Mr. Irving had been for some time aware of the uncertain tenure of his life—with the disease of the heart, which has ended so suddenly. He fully anticipated an instantaneous stopping of the fluttering pulse, and was therefore careful rarely or never to be left alone. But he always talked cheerfully of dying."

Dr. Fordyce Barker saw Mr. Irving several times while in New-York, in December, 1858, and I occasionally met him accidentally at Mr. Irving's rooms. In answer to a note from myself, Dr. Barker replies:

"DEAR DOCTOR:—Our conversations were principally in regard to the insomnia from which Mr. Irving was then suffering so severely, and we talked over all the hypnotics of the *materia medica*. But, I remember distinctly that you attributed the major part of his thoracic troubles to disease of the heart.

"Yours, very truly,

B. FORDYCE BARKER.

"To DR. J. C. PETERS."

I add a few extracts on the same subject, from a letter which is inexpressibly dear to me:

"DEAR DOCTOR :—From the moment you told me there was enlargement of the heart, I could not help, from time to time, making special inquiry in that menacing quarter; but I knew that Mr. Irving was prepared to die, and that a sudden death had no terror to him—all he dreaded was a lingering decline of body and mind, a condition of helpless infirmity from which he was spared by that blow which came so suddenly at the last. It did much to reconcile us to the shock, that he was thus, doubtless, spared other sufferings which might otherwise have been in store for him; and this also should be a great comfort to you. It must be an additional solace that no one did so much as yourself to soothe his latter days, and that he carried with him to the grave an undiminished confidence in your fidelity and medical resources. I take great pleasure in expressing to you my thorough conviction that you not only failed in no part of your duty to my lamented uncle, but certainly went beyond the expectations of any of his family, as I can most gratefully testify. His malady was complicated, and hence difficult to heal or relieve; but by your faithful attendance, often at his bed-side during whole nights of suffering, he was ultimately benefitted, and for several months before his death there was a manifest abatement of the worst appearances of his malady. In fact, at one period, there was an almost entire remission of his nervous and asthmatic symptoms; we attribute to your judicious treatment the partial improvement and comparative comfort he enjoyed during this interval; and am persuaded that to your good care his family and friends were indebted for his presence for many months past. 'I feel,' said he to me, not six weeks before the final blow, 'that I am growing stronger and better.'—For myself, I am entirely satisfied that he was in good hands during his prolonged illness, and that no amount of skill or forecast could have arrested or delayed the final stroke. In this feeling we all share, and I am happy to be able to assure you that we all, without exception, have the deepest sense of your unwearied kindness and devotion in the midst of the discouragements and hindrances of distance, and the many imperative calls upon your time, and attendance by other and nearer sufferers.

"With sincere regard and respect, believe me, my dear Doctor,

"Most truly yours,

P. M. IRVING.

While Mr. Irving was comparatively well, I was attacked with bilious remittent fever, contracted during numerous trips to Long and Staten Islands, Harlem, Morrisania, and various places on the North

and East Rivers. On this point I prefer to use the language of one of my physicians, Dr. Alexander B. Mott :

“ On Friday evening, October 21, 1859, I was requested to see Dr. Peters, professionally. He was laboring under very great feverish excitement, pulse 110 ; had frequent chills, followed by aggravations of fever ; skin hot and dry ; head congested, sclerotics very yellow, face flushed ; tongue with a thick yellowish fur, edges red ; great debility, prostration, and restlessness, with almost entire loss of sleep. He was evidently attacked with a severe form of bilious remittent fever, and this opinion became more and more confirmed as the case proceeded ; for the exacerbations of fever lasted several hours, returned frequently, and were followed by slight remissions both night and day, during which he became somewhat relieved, although the most threatening symptoms did not yield proportionally ; in fact, the effect of the miasm upon the brain seemed to threaten some serious lesion of that organ, and in a mind so active it was much to be feared. When, in the course of a few days, the remissions had become somewhat more distinct and prolonged, Mr. Pierre Irving called to consult him in reference to Mr. Washington Irving's health. Dr. Peters requested me to remain in the room, as he was fearful that it might be necessary for some one to visit Mr. Irving, and was desirous that I should become better acquainted with the nature of his complaint than I had been able to from previous conversations on the subject. From the minute and graphic descriptions he gave me of Mr. Irving's constitution, and his various ailments, which were familiar to him from many years attendance, I became not only deeply interested in them, but in the earnestness and anxiety which he manifested for his illustrious patient ; he passed in accurate review the asthmatic attacks, the more subtile and concealed affection of the heart, the restless and sleepless nights, the fevers, &c., to which Mr. Irving was subject. After Mr. Pierre Irving left, with such prescriptions as Dr. Peters and myself considered suitable to the case, Dr. Peters was completely exhausted for a while. That night he was much excited, referring constantly to Mr. Irving's case, and being intensely anxious to give me all information on the subject, so that I might go up to see him on the following day. The next morning, during my visit, word was brought that Mr. Irving was decidedly better, and this announcement seemed to relieve Dr. Peters' mind greatly, and from thence on he improved daily.

ALEXANDER B. MOTT, M. D.

Before I was able to volunteer to go to Sunnyside, I was surprised by a visit from Washington Irving himself; he was comparatively restored, and more anxious about me than himself. He had called in no other physician, not even from Tarrytown, but had entirely depended upon such advice and medicines as I had sent him. How deeply humiliated I felt when I saw that aged, honored man in my house, expressing his satisfaction at my recovery, thanking me for past efforts to serve him, and hoping that neither of us would soon require medical aid. How my bulky frame and hardy constitution quails when I think that he, stricken by age, debility, and permanent infirmities, was the first to evince that complete command of mind over matter, of spirit over the frailties of the body, which is the heritage of the gifted son of genius, and which in him was also often the simple outward expression of a kindly, grateful, and generous nature. It will be long ere I recover my self-respect in this matter, if I ever do. This interview took place less than a week before his sudden death.

The details of that beautiful death are familiar to all. On the day of his decease, he took a short walk in the morning, appeared as well as he had done for some weeks past; greeted a relative, the Rev. P. P. Irving, from Staten Island, with his usual heartiness and sweetness; entered into conversation at dinner with sprightliness; told an anecdote of his youth with characteristic humor; and bore himself with that air of genial and affectionate courtesy which so strongly marked his intercourse with his friends and family. In the evening he was more wakeful than usual; looked at the newspapers, and quickly laid them down again, as he often did, with some words of sadness, at the published blots upon the fair fame of the country he loved so well; occasionally turned to a little rack full of books, within reach of his hand, and opened a volume; finally, his "good night!" was given as cheerily and tenderly as ever, to every individual member of his household; he passed up-stairs, with a candle in one hand, and a few books under his arm, to while away any tedious hour of the night; greeted a nephew, Mr. Pierre M. Irving, pleasantly, whom he met on the stairs; placed his candle and books on the little table at the head of his bed, beside that well-worn copy of the Bible which had been his nightly companion for over fifty years; then gently sank—his honored head, and broad, loving, humane heart being saved from rough contact with the floor by the arms of that well-beloved daughter-niece who was so markedly his faithful, practical, and intelligent attendant, that she had gained the title of "his little

doctor;" who often rendered the immediate presence of a physician, if not unnecessary, at least not imperative; of whom he could rarely ever speak without the moisture of gratitude bedewing his eyes; and whose name he could scarcely mention without a fervent "God bless her!" Not five minutes had elapsed between his pleasant good night in his cheerful parlor and his dying sigh in his bed-room; not a groan or a struggle marked his departure; his dress was not loosened or disordered; he sank like a gentleman gracefully to his final rest, attired just as he had left his drawing-room, and nearly as he was laid in his coffin. Nature had prepared his end by slow approaches, and consummated it with swift kindness. He died as he had often wished—suddenly! for his father had passed away by slow paralysis; and the manner in which he used to relate his last interview with Sir Walter Scott—when Scott was broken down—often showed how painfully he feared that something similar might be in store for himself.

As by a special Providence, besides his own household, many members of his family had clustered to Sunnyside that night; among others his nephew, the Rev. P. P. Irving, had come up from his parish, at Staten Island, in order that the consolations of a loving and devoted minister of the Gospel might not be wanting in that suddenly bereaved circle when the light of Sunnyside had gone out for ever. Beloved as Mr. Irving was by all who knew him; honored by millions to whom he was but a name or a thought; always pure, genial, and refining; attentive to the last to the gentle courtesies of life; retaining to the last his erectness and noble bearing; as strong in intellect as he was gentle in heart; with his affections still fresh; honest, pure, lovely, and of good report; of illimitable benevolence and exquisite tenderness;—what would have been the condition of the inmates of Sunnyside without the immediate consolations of religion and relationship to reconcile them to the swift ending of that life whose every step had been in the strait and narrow path, and whose record was as spotless as when it was first entrusted to his keeping?

If, as we know, his spirit in its flight had been followed upwards by the affections of countless multitudes; if envy, hatred, or malice had never even knocked at the door of his heart; if he had never lost a friend or made an enemy; if fame was his; and love and honor had long been exalted into reverence; if he had progressed steadily upwards to immortality without let or hindrance;—what could bring comfort to Sunnyside that sad night but God's own Gospel, and one of its ministers?

If the news of his death was met,

“With a world-wide sob from every heart  
That reverences the noble and the true,  
And when to his final rest he gently laid him down  
Thought's great empire for a moment paused !”

If all other worldly events were shrouded in temporary forgetfulness ; if each of unnumbered thousands felt that a light had gone out of his own household ; that a familiar spirit of good had passed away from his own home circle ; if the mirror of his thoughts, which had so long drawn down sunshine upon every cultivated home, was to be dimmed forever, and the inmates of Sunnyside were almost to be reduced to the level of the myriads who had never looked upon his face, and thenceforward could only see those shining but shadowy lineaments with which the human mind delights to invest the lost countenance of one whom it reverences ;—how sad would have been their state, if more than common consolation had not been extended to them as shown in this most acceptable of special Providences in their behalf ?

The same messenger which summoned the nearest of his relatives to his now desolate home, called me to follow with them. He lay in his well-beloved library ; the remaining hair had been removed as a relic for his family, and, almost for the first time, that noble imaginative head was revealed in all its grand and beautiful proportions ; raised and resting in solemn and august serenity upon its last pillow, lay that high and broadly-vaulted brow, of almost superhuman majesty and beauty.

The shades of evening were creeping over the landscape before I left Sunnyside, to return the next morning. The singular warmth of the weather, and a desire to comply with his wishes to escape notoriety as much as possible, hastened his funeral by at least one day. Early the next day I found his beloved remains attired in his ordinary Sabbath garb, placed in an apparently plain, but really rich coffin, and in his own pleasant drawing-room. Votive offerings of flowers had been sent in abundance. Occasionally, as the sunlight struck the features of the deceased, it seemed almost as if he were sleeping, so calm and smooth had the touch of death left his lineaments ; and the same sunlight illumined numerous bright crosses and stars in the natural wood of his coffin. Every light spot in the richly variegated rose-wood seemed fashioned into crosses and stars, as if both religion and patriotism were to be symbolled on the inanimate wood that enshrouded him. The largest cross was on the right side, close to his

head, and it seemed springing out of, or implanted upon a mass of rock or upturned mould, which was imaged in the dark grainings and convolutions which formed beautiful contrasts with the lighter markings in the highly polished wood.

None but the family, his clergymen, pall-bearers, physician, and an occasional stray mourning friend, both humble and gentle, found their way into that hallowed room. At times, the emotions or duties of others would call them away for a short period; his near and dear friends, Moses H. Grinnell, and George D. Morgan, were often driven away by their feelings, and thus I was several times left entirely alone with his loved and still beautiful remains. The little rack of books he had last used was still there with its honored contents: Bunyan's *Pilgrim's Progress*; Campbell's *Pleasures of Hope*; Macauley's *Lays of Ancient Rome*; *The Poets of the Woods*; *The Country*; *Lossing's Recollections of Mount Vernon*; *The Days of the Revolution*; *Head's Pampas of South America*; *Holmes' Autocrat of the Breakfast Table*; *Cozens' Acadia, &c., &c.* The mere titles almost making up a biography of Irving.

But the wonders of that burial day were but just commencing. Nature herself seemed willing to do him reverence. "He had watched nature in her minutest caprices; a spray could not tremble in the breeze—a leaf could not rustle to the ground—a diamond-drop could not patter in the stream—a fragrance could not exhale from the humble violet, nor a daisy unfold its crimson tints to the morning, but it was noticed by this impassioned and delicate observer, and wrought up into some beautiful morality." He almost worshipped "the vicissitudes of our climate, which give us the brilliant sunshine of the South of Europe, with the fresh verdure of the North; which float our summer sky with clouds of gorgeous tints or fleecy whiteness, and send down cooling showers to refresh the panting earth and keep it green. To him all our seasons were poetical, and the phenomena of the heavens full of sublimity and beauty. To him winter had none of its proverbial gloom; its howling winds, and thrilling frosts, and whirling snow-storms were more than counterbalanced by its long intervals of cloudless sunshine, when the snow-clad earth gives redoubled brightness to the day; and to the night when the stars beam with intensest lustre, or the moon floods the whole landscape with her most limpid radiance. To him the spring was joyous in its outbreak, redundant with vegetation, and vociferous with life; and summer splendid with its morning voluptuousness and evening glory, with its airy palaces of sun-gilt clouds piled up in the deep azure sky."



On the morning of his funeral a few drops of rain had fallen in the Highlands; the air was breathlessly still, and the temperature soft and warm; but the clouds in the West looked heavy, and as if, by noon, it might gather to a storm. But soon the air brightened, and all was clear, save a thin veil of mist which draped the valley of the Hudson with the silvery veil common to a day of Indian summer. It was the first of December, yet the seasons appeared stopped in their course, and winter was changed into summer; it seemed almost as if December was changed into June, in order that none of the severities of nature might be inflicted upon his uncorrupted frame. Some of the brightest and balmiest days of autumn were thrust into winter, or rather, as another writer says: "The season lingered, one might almost say, for *him*." December arrayed itself in the hues of that Indian summer he loved so well; or, in his own words, there was: "The sublime melancholy of our autumn, magnificent in its decay, *withering down* the pomp and pride of a woodland country, yet reflecting back from its bared forests the golden serenity of the sky." "Surely," we may exclaim with Irving, "in our climate the heavens declare the glory of God! and the firmament showeth forth his handiwork; day unto day uttereth speech; and night unto night showeth knowledge!"

Nature spread wide her invitation to all that loved him to come to him and to do him honor; and no other invitation was given. Almost every writer repeats the same idea in but little differing language. One says: "The day, though nominally the first of wintery December, seemed to be purposely lingering in the kindly grasp of autumn, that it might pay its characteristic tribute to one himself so typical of that chastened mellow season." Another ventures to write: "It really seemed as if a benignant and kindly Providence had especially lent its heavenly aid to impart to the surrounding country and sky its sweetest harmony;" and a third: "It was a delightful day in temperature; the more so from its unexpected occurrence at this time of year, December: the autumn was fully past, and the first month of winter had come, but it seemed almost as if a day had been stolen from the Indian summer he loved so well, and ventured to look back once more upon his grave. Every one seemed to connect the two, Washington Irving and the day, and called it a Washington Irving day." Every one, even the most fragile woman or child, was safe in nature's hands that day; no chill wind swept along to deter the frail, or render the last kind reverences to the beloved dead, a suffering, hurried, or ungracious duty. A more honest and

genuine funeral never was seen; and a more abundant, loving, and spontaneous offering of respect never was witnessed. As before hinted, not a single formal invitation was given, except to his small train of pall-bearers, and the funeral took place one day sooner than usual. But, while his human sympathies were yet warm, he died, at peace with his God, and in harmony with his brother-man. No person whose fame was as great ever died more at peace with the wide world, more beloved and more revered than Washington Irving—he sank gently to his rest, full of beauty and honors; blessing and delighting all while living; his memory still to remain loved and beautiful long after his disappearance. There was a grandeur in the simplicity of his funeral, and his obsequies constitute the most remarkable event known in the record of any private man, for they were based upon the affections of the people—"How touching is the loyalty of man to his sovereign man." It was a whole-hearted tribute to his memory, from a sorrowing and chastened community, to one whose kind and genial smile was ever a ready welcome to a friend and neighbor,—to one whose ear was never deaf to the prayer of the needy, whose liberality was as unbounding as it was simple and unpretending; for none ever went empty-handed or empty-hearted from Sunnyside;—he had visited the sick, and was a friend to the fatherless; his fresh heart had always overflowed with kindness to all, especially to the young; he had united the delicacy and tenderness of a woman with the sagacity of a statesman; the candor and research of a historian with the magic of a poet; the high-toned courtesy of a cavalier and gentleman with the diffidence of a child; and to almost every inhabitant of his dwelling-place he was a personal friend. Hence it is not strange that his own neighborhood and state, the bar, the press, the pulpit, were all represented, intermingled with eminent scholars, historians, statesmen, poets, musicians, merchants, physicians, farmers and laborers, and many women and children. Though long suffering with a fatal heart-disease, he had to the last been as attentive as ever to the gentle courtesies of life; he had never suffered his friends to feel that he had neglected them, and had never been remiss or forgetful of proper attentions; hence none forgot him.—What his funeral was and what it was not is almost daguerreotyped in his little chapter on "Rural Funerals." It was characterized by that rural simplicity he himself preferred, amid the tranquil solitudes of the country, and was wholly free from pomp or parade. Even his pall-bearers and physician had but a simple badge of crape upon one arm, so that, except from their assigned position

near his remains, they could not be distinguished from the crowd of friends and admirers who thronged around.

Who does not recollect the lines: "Few pageants can be more stately and frigid than a funeral in town. It is made up of show and gloomy parade; mourning carriages, mourning horses, mourning plumes, and mourners who make a mockery of grief. There is a grave digged, and a solemn mourning and a great talk in the neighborhood, and when the day is finished they shall be, and they shall be remembered no more. But funerals in the country are solemnly impressive. The stroke of death makes a wider space in the village circle, and is an awful event in the tranquil uniformity of rural life. The passing bell tolls its knell in every ear; it steals with its pervading melancholy over hill and vale, and saddens all the landscape."

"The fixed and unchanging features of the country perpetuate the memory of the friend with whom we once enjoyed them; who was the companion of our walks and drives, and gave animation to every scene. His idea is associated with every charm of nature; we hear his voice in the echo, his spirit haunts the grove he once frequented; we think of him in the wild upland solitude, or amidst the pensive beauty of the valley. In the freshness of the joyous morning we remember his beaming smiles and bounding gaiety; and when sober evening returns, with its gathering shadows and subduing quiet, we call to mind many a sunlight hour of gentle talk and sweet-souled melancholy."

I rode from Sunnyside to the church with the Rev. Drs. Creighton and Spencer. Every vehicle, from splendid carriages down to modest farm-wagons, had emptied the country towards Tarrytown from many miles beyond; railways and steamboats almost brought thousands towards the same spot, among them many females unattended except by children; for Thursday was held as a day of mourning throughout the length and breadth of the land. He was exceedingly fond of, and popular among children, and long lines of youthful forms from public and private, day and Sunday schools were drawn up on the green with uncovered heads, and some hung the slowly-passing hearse with garlands of freshly-gathered flowers; a sweet and touching tribute of childhood to one who loved them so well. Dense was the mass of those who clustered around the simple village church, to pay the last honors to the illustrious dead.

Reverently he was carried into that little chapel, on entering which, up to the last day of his life, he was always waylaid by friends, to whom he spoke a few words and then passed on to his pew, recogniz-

ing with a kindly smile as he walked up the aisle his various acquaintances, generally finding flowers in his pew, placed there by unknown but loving hands. But he was carried by that familiar seat, and placed at the chancel, where so often he had deposited the communion plate, in his capacity of warden and vestryman.

He was passionately fond of music, and, although often seen at concerts and the opera, his greatest interest was in that glorious hymn of the Episcopal Church—the “Gloria in Excelsis”—“Glory to God in the highest, on earth peace, and good will to men.” The beautiful church music was not wanting, but the lark immortalized by his pen was not there. There was a glorious putting away of the morning clouds, and an opening upwards of a far-reaching path of sunshine into mid-heaven; but the downward-rolling melody of the lark was not heard. He had often watched the lark which, rising from a bed of daisies, had sung its way up to a bright morning cloud, floating in the deep blue sky. “When it has sated itself with the sweetness of earth, he wings his flight up to Heaven, as if he would drink in the melody of the morning stars. Hark to that note, how it comes trilling down upon the ear! what a stream of music, note falling over note in delicious cadence!”—BUCKTHORNE.

He was a man of religion; he had governed his life by the precepts of the Christian faith; he had been suddenly called to that serene and higher life of which his mortal career was a beautiful reflection; his whole conduct had been sanctified by the deepest reverence for the things of God, beautified by a simple faith in God’s beloved Son; hence the chancel of his church was filled with a crowd of clergymen of all denominations—bishops, deacons, presbyters—all without special invitation, as a free-will offering of respect from the ministers of the Church to their friend.

He could not greet his friends; but, when permission was given to all to take a last look at his loved lineaments, for several hours men, women, children, old and young, statesmen, historians, merchants, professional men, rich and poor, gentle and simple, refined and rude, passed by in unnumbered thousands; for not alone the wealthy and well-read revered and loved him, but the humble villagers, farmers, and laborers were among the truest mourners that followed him to the grave. Finally, when the coffin-lid was being closed, a ray of sunlight streamed through the illumined glass of the south window, and lit up the thin serene face, which lay in sweet composure, with a glory that seemed the very reflex of a brighter land.

His coffin tarried for them on the church porch, as was his wont.

almost on the spot where he was ready almost every Sunday to greet the numerous friends that always lingered for him at the door; but his smile and his greeting were not there, but many an eye glistened with its moisture, and many a heart was heavy in its fullness, and many a lip trembled with a prayer to live and die like him. Instead of following him with lingering and loving eye on his way back to his bright Sunnyside, thousands on foot, and hundreds in long lines of carriages, followed him in an unwonted direction from that pleasant little chapel towards the old Revolutionary church, over the historical bridge, by his pleasant Sleepy Hollow, near the spring and military home of Washington, the monument of André, and up the hill of Mount Pleasant Cemetery: there to lay him down by the side of his mother—Sarah, the mother of Irving—while every projecting rock and hillside had its groups of sad hearts. There, where he is at rest, the early beams of the sun will ever fall, whilst at sunset its golden emanations linger long on his resting-place.

At his grave, the sun, no longer high above the horizon, was veiled rather than dimmed by a film of cloud, which softened rays that would otherwise have fallen with painful brilliancy upon the eyes of the reverently uncovered crowd. The sweet and almost invisible delicate blue haze, that first pervaded the atmosphere, diffused itself over the whole gentle landscape, rounding off every asperity, and softening all its tender outlines; it soon mingled with the rich tints of the afternoon sun, and finally resolved itself into one of those not uncommon gorgeous autumn sunsets which I had often seen him delighted watching from the western windows of Wolfert's Roost. The sky was rich with celestial draperies of rosy tint and tender loving green, and blissful islets of light, such as only his magic pen could have sketched, but which every eye could enjoy. Nature, all conscious of the passing event, clad the skies as if by the hands of ministering angels, and lifted the gloom of death for one whose departure should be cheerful beyond man's ordinary lot. Truly the heavens that smiled propitious on his life, smiled too propitious on his yet unfilled grave. High up in the western horizon the heavens were covered with crimson and gold, and as the great sun sank slowly to its rest, looking with eyes of love through the golden vapors around him, Washington Irving was silently lowered to his narrow tomb. So gently was the almost sifted earth, from which every clod and stone had been removed, lifted down, rather than thrown by the considerate grave-maker, that the tenderest and feeblest of the daughter-nieces, that trembled on my arm, could scarcely realize what was progressing when her eyes

were closed in sadness and emotion. So gently was the earth placed upon the coffin that the first act of his aged "Prince of Brothers," now tottering under the weight of eighty-five years, was warmly to grasp the hand of the soiled and seemingly rude laborer in mute thankfulness for this gentleness to the remains of his ever grateful younger brother, who had till now been the solace and guardian of his age, and whose kind thoughtfulness will ever extend back to him and his from beyond the tomb. When all was over, many persons could be seen collecting little handfuls of earth from his grave to be preserved in remembrance of him, and a lady placed a wreath of laurel and bays as an affectionate tribute to his fame.—Sad was the drive back with that bereaved family. Sadder was the first gathering of all again at Sunnyside—from which and from the grave scarcely one of that loving circle, young and old, male and female, far and near, had been prevented from clustering,—sad was the hour spent there! Sadder yet the parting from all whom I had so often seen gathered in his sick-room, or around his hospitable board, or in his cheerful drawing-room.

Sad my first entrance, long after dark, into my own dwelling, in which I had so often welcomed him; so often gazed mournfully after him, as his feeble steps bore him away from my threshold, from which I had so often set forth, in sunshine and in storm, in summer and winter, in the early morning and in the waning day, in many anxious pilgrimages to his sick-room.

Much of the preceding is based upon the observations of others. I was conscious that my friend was dead—that his family were sore stricken—the funeral-bells clanged chillingly—I saw a mass of strange but loving faces. I was conscious that the heavens smiled on that day—I knew whence I came, and whither I was going. I knew that the services were going both in church and at his tomb—I caught a passing glimpse of the glories of the sunset. The rest of the world was a blank to me and to many on that day. J. C. PETERS.

---

ARTICLE XXXIV.—*The Pathology of Diabetes-Mellitus.*  
By Dr. F. S. BRADFORD, of Charleston, S. C.

Perhaps no better illustration could be given of the advantages of the experimental method of investigating pathological, as well as physiological phenomena, than the recent additions to our knowledge of diabetes-mellitus through the labors of

M. Claude Bernard, and others. It must be acknowledged, however, that, in this instance, therapeutic skill has not kept pace with pathological discovery, and, so far as treatment is concerned, the disease still merits its old appellation of "*opprobrium medicinæ*." But it is to be hoped that, as in some obscure diseases, the operation of remedies, empirically applied, has sometimes led to a clear and accurate diagnosis; so the light which has been thrown upon the real seat and nature of the lesion in diabetes may furnish indications for a more scientific and successful treatment than has hitherto been attainable.

It may not be amiss, at the outset, to take a cursory view of the various opinions and theories which have been maintained in regard to this disease. In doing this, we shall follow the account which Bernard has given in the second of his "Lectures on Experimental Physiology applied to Medicine."

The older writers were not aware of the presence of sugar in the urine, and considered every person diabetic who passed a large quantity of urine, and who, at the same time, grew emaciated in spite of the amount of solid and fluid matters ingested sometimes almost fabulous. About 1672, Willis, an English physician, first recognized the fact that the urine of diabetes had a sweet, sugary taste; but it was not until 1778 that Cowley succeeded in obtaining separately the saccharine principle. About nineteen years later, Rollo promulgated the first theory in regard to the physiological origin of diabetes. He attributed it to a deranged action of the gastric juice, by which all the vegetable matter taken into the stomach was there converted into sugar. In accordance with this view, he withheld from his patients all vegetable aliment, and confined them strictly to an animal diet. In 1803, Nicholas and Grandeville published their researches upon diabetes, giving to it the name of saccharine phthisuria. They placed the seat of the disease, not in the stomach, but in the intestines, and maintained that the chyle, in consequence of some alteration in the intestinal juices, was not constituted, as it should be, of nitrogenized material, but of some less elaborate principle, viz.:—sugar, which was not capable of supporting the process of nutrition. The treatment of these authors consisted in giving Azote. They submitted their patients, as did their predecessor, Rollo,

to an animal and fatty diet, and administered besides, Ammonia and the phosphates.

As yet, no one had pointed out the nature of the sugar found in the urine of diabetic persons; when, in 1815, M. Chevreul demonstrated it to be chemically similar to that resulting from the transformation of feculent or amylaceous matter. This discovery was taken as evidence of the truth of the theory advanced by Nicholas and Gneudeville. A few years later, however, about 1825, Tiedeman and Gmelin published their researches upon this point, showing that the transformation of fecula into sugar was a normal part of the digestive process. This discovery, in the opinion of most pathologists, overthrew the theory that the sugar in diabetes was the product of *abnormal intestinal, or stomachal digestion*, and from this time it was mainly abandoned. The next theory propounded was that of M. Mialhe, who, in a paper published in the "Comptes Rendues," for 1844, placed the seat of the disease in the blood, founding his explanation of the presence of sugar in the urine upon the well-known fact in chemistry, that sugar may be destroyed by the presence of an alkali. "If," says M. Mialhe, "the sugar normally introduced into the organism by the digestion of sugar itself, or of amylaceous matter, does not find in the blood the alkalinity sufficient to burn it, when brought into contact with the oxygen of the air, it will accumulate in the blood, and be eliminated by the kidneys." In accordance with the indication thus furnished, his treatment consisted in the administration of alkalies, to effect the destruction of the sugar, and thus prevent its accumulation in the blood, and the necessity of its depuration by the kidneys.

The recent discoveries of M. Claude Bernard have shown that these theories—whether they regarded sugar as one of the normal products of digestion, or as the abnormal product of some derangement of the gastric or intestinal juices or of the blood—all rested upon a false physiological basis, viz.: the belief that the vegetable kingdom alone had the power of forming sugar, and that whatever sugar was found in any animal organism, must, therefore, have been derived from ingesta of a saccharine or amylaceous nature. Bernard, in a series of most ingenious and apparently accurate experiments, has proved that sugar, independently of any saccharine or feculent ingesta, is a



normal and constant product in the animal economy, and that to its production there is assigned a special function, having its seat in the liver. We will not here attempt to follow the facts, experiments, and arguments by which Bernard arrived at, and developed his discovery of the glycogenic function of the liver, but only to examine the diabetic condition which now seems to be, in its origin and early stages, at least, only a morbid deviation in this most important function. And it may be well enough to premise that we have used the term *diabetes* only in its later acceptation, as referring to that state in which the urine is saccharine; believing that what is sometimes called "*diabetes-insipidus*," would be more appropriately named "*chronic diuresis*."

In order to form a complete picture of diabetes, it must be studied in its earlier stages, in its full development, and in its terminations. In its approach, it is so insidious that it is rarely possible to determine, with more than proximate accuracy, the date of its commencement. Prout says that he "has several times traced attacks very nearly to their origin, by inquiring minutely as to the period when the urine *was last observed to be turbid*; this being the period when its saccharine condition commenced, or, at least, became confirmed." Schönlein states that the urine is invariably albuminous, for a longer or shorter period, before it becomes saccharine. In a great majority of cases, the attention of the patient is first aroused by an unnatural frequency in the calls to evacuate the bladder, especially at night. Accident may lead to the discovery of the sugary nature of the urine; perhaps a few drops falling upon the boot, or some part of the dress, may leave the spot covered with the white crystals of the sugar, and thus attract his notice. When, at length, the physician is consulted, he finds a train of symptoms like the following: The calls to evacuate the bladder are more frequent than natural; the quantity of urine passed in a given space of time, say twenty-four hours, is generally, though not always, much increased;\* it is transparent, of a pale straw color, and emits a faint, sweet odor, like that of new-mown hay;

\* "Thus, there are cases on record, in which thirty pints and upwards have been discharged in twenty-four hours, for weeks, and even months together."—PROUT.

its specific gravity varies from 1020 to 1050; and, above all, it contains *sugar* in varying proportions. There will also be found a coating of white fur, or frothy mucus, upon the tongue; a clammy state of the mouth and fauces, and intense thirst; a dry, harsh state of the skin, and constipated bowels. The patient usually complains of chilliness, sometimes of a feverish heat, and of a dull pain in the back, loins, and lower extremities: there is a general feeling of lassitude, weakness, and aversion to either bodily or mental exertion, and an unnatural irritability of disposition. Contrary to what might be expected, the appetite is good, sometimes even enormously increased; yet the patient daily becomes more and more emaciated. Such are the symptoms of what may be considered as the first stage of diabetes. In no two cases, however, are the symptoms exactly alike. If the disease be thus early recognized, and met by the proper treatment, it may frequently be arrested in its progress, or even removed altogether, and the patient restored to perfect health. But, if the aid of the physician be not invoked, or if an improper course of treatment be adopted, the disease will, more or less rapidly, advance to its *second stage*.

In this stage, we have all the symptoms assuming a much more violent character. The amount of urine discharged is greatly increased, the skin more dry and harsh, and the mouth and fauces still more parched than before. To support the enormous drain upon the system, and to quench the intense thirst, large quantities of water and other fluids are taken. The appetite becomes more craving, sometimes even ravenous, and although a large amount of hearty food may be ingested, it fails to satisfy; and there remains a hollow, longing, sinking feeling at the stomach, accompanied by a sensation of heat. It is said that, in this stage, the breath and body of the patient, as well as the urine, exhale an odor like that of new-mown hay, and the fæces may lose their characteristic fetid smell. The emaciation progresses rapidly; the mind and body become more and more enfeebled and averse to exercise; in many instances, the sexual power is lost entirely; the irritability increases even to peevishness, and the life of the wretched sufferer becomes a burden to himself, if not to his friends. At this stage of the disease, the gums often become spongy, like those of persons

laboring under scurvy, bleed readily, and retract from the teeth, thus leaving the latter loose. Whenever this scorbutic state of the mouth occurs, the breath loses its sweetish odor, and becomes extremely offensive.

If, now, the patient's life is not terminated by some trivial cause, which, under more favorable circumstances, would but slightly disturb the system, the diabetes ends in what, as it seems to me, might be appropriately characterized, as the *third stage*.

Some one or more of the viscera become organically affected. Most frequently tuberculous matter is deposited in the lungs, and the patient dies of phthisis. Prout has graphically described this termination as follows: "In addition to the other symptoms, there are now flying pains about the chest; the breath becomes short; and there is more or less of cough and expectoration. The emaciation and debility now rapidly approach the maximum; the tongue and fauces assume a dark red color, and often become aphthous; the urine," at this stage of the disease, "generally diminishes in quantity, and loses much of its saccharine property; the feet and legs become œdematous; and, finally, after almost a total suppression of the renal secretion, the patient becomes comatose, in which state he expires." Sometimes the kidneys take on a disease, the character of which is similar to that of the "*morbus Brightii*." Besides the lungs and kidneys, other organs, as the stomach, brain, and liver, are liable to become organically affected. Especially is this the case with the liver; and it is one of the most singular features in this disease (diabetes) that, while general causes which affect the whole system, such as fever, put an entire stop to the glycogenic function of the liver, and so cause false hopes of the patient's recovery from his first malady to be sometimes entertained, yet the formation of sugar goes on with unimpaired vigor, when the whole substance of the organ presents the characteristics of the fatty liver. Even cysts, hydatids, and cancer of the liver do not interfere with the formation of sugar in those parts which are not the immediate seat of the disease.

Death may occur in diabetes in a variety of ways. Sometimes the immediate cause is an apoplectic attack; sometimes it is a dropsical effusion, or a colliquative diarrhœa; more frequently,

the fatal result ensues from distending the stomach with an improper quantity or quality of food; and sometimes even death seems to be the direct result of exhaustion and debility. These are the most common of the immediate causes.

[TO BE CONTINUED.]

---

ARTICLE XXXV.—*A View of "Raspail's Theory of Health and Disease."* By GEORGE E. SHIPMAN, M.D., of Chicago, Illinois.

In presenting the homœopathic public with a view of "Raspail's Theory," it is not my intention either to endorse or to criticize it. Raspail is, and has been, for many years, a laborious student, an original thinker, a fearless advocate of what has seemed to him to be right; the opinions of such a man are worthy of respectful consideration—no one can afford to be ignorant of them—they need no endorsement. Should I, however, assume to criticize the works of M. Raspail, I should not inquire how far they agree with homœopathy, and hence how far they may be adopted by homœopaths, but how far do they agree with truth, taking it for granted that all true homœopaths prefer truth to party.

The work in which Raspail's Theory is found, is entitled "The Natural History of Health and Disease of Vegetables and Animals in general, but more particularly of Man." The first edition appeared in June, 1843; the edition before me is the second, published in 1846.

The object of the work, Raspail declares to be "a modest attempt to consider a science which has special reference to ourselves, and which, unhappily, we study at too great a distance from ourselves." The work is divided into four parts. In the first, the author inquires, whence we derive health, and, by a necessary consequence, whence comes disease. "In the second part (etiology)," he says: "after having shown, in the first section, by direct analysis, or by the analogy of facts observed, the natural causes of morbid effects, I shall return, in the second section, by synthesis, from the effects described in our system of nosology to the determination of the causes of these different cases; that is to say, I shall make, in this second section, the counter-proof; and, if I may thus express myself,

the synonym of the first, which I shall take up, finally, by an attempt at a new classification, and a new nomenclature.

"In the third part (therapeutics), I shall seek to base practical applications upon the principles of the analytical theory, and, after having shown whence disease comes to us, little more will be necessary than to announce the reciprocal proposition, to indicate the treatment and the remedy."

The fourth part contains his pharmacopœia, into which I shall not follow him at present.

The first part consists of several theories, some of which it will be sufficient to announce—of others, I shall give the explanation of the author at more or less length.

**THEOREM I.**—*A living being, however complicated may be its structure, whether plant, animal, or man, is a unity.*

**THEOREM II.**—*Every organized being—plant, animal, or man—may be considered as a single and simple organ, which becomes complicated in developing itself.*

**THEOREM III.**—*To disturb the functions of the organized being, however complicated it may appear to us, it suffices that the disturbance should introduce itself into the most minute of its parts, provided that this part communicates vitally with the general economy, by means of the circulation and the nervous system.*

**THEOREM IV.**—*The vesicle, that is to say, an extensible envelop, and imperforate to our means of observation, connected by a hilum to the internal wall of a maternal vesicle, is the type of the general organ, which we style individual, as well as of each of its parts, whatever may be their place, dimension, and age.*

**THEOREM V.**—*Every vesicle develops itself in reproducing its type; it grows in begetting; its development is but an indefinite series of generations.*

In following the development of an organized being—whether vegetable or animal, from its embryony to its foetal state, that is to say, from the first phases of incubation to a period more or less remote from the time of parturition—which may be done by having at our disposal a numerous collection of ova, which we

dissect successively, and at different ages, we cannot fail to convince ourselves that the most compact organ, the largest, and the least divisible, at adult age, has attained to that structure, and to those dimensions only by the indefinite reproduction of a vesicle, producing in its interior other vesicles, which, in their turn, produce others, and so on indefinitely.

This reproduction may take place either upon the exterior or the interior: upon the internal or the external surface of the maternal vesicle. In the first case, the vesicle extends and increases in all its dimensions; in the second case, it either projects or becomes elongated; and, if this development continues upon the exterior, we have under our eyes series of cells one added upon the end of another; we have a cylinder, articulated and divided at each articulation by as many double diaphragms, while the internal wall of the maternal vesicle is composed and paved with globules, all ready to receive the benefit of development; yet all the globules of the vesicular wall are not developed at once—there are many which slumber eternally. On the other hand, when we examine the adult organ, we observe that the globules of predilection, that the globules which have received the benefit of an impulse, always preserve among themselves, with the different individuals of the same species the same symmetry of position and the same resemblance of form.

On what depends this symmetry in the effects, if not upon a symmetry in the cause? What is, then, that cause which brings order and harmony into these promiscuous generations? We shall inquire in the following theorems.

**THEOREM VI.**—*Every vesicle, whether vegetable or animal, encloses in the interior of its walls one or more spires.*

The existence of the spire, as regards animals, is known only in the long respiratory tubes of insects; and, in vegetables, only in those long vessels of the woody vegetables which, by analogy, are called *tracheæ*, and which are considered as respiratory organs, analogous to the tracheæ of insects.

I have demonstrated, in the "New System of Vegetable Physiology," that the tracheæ were only imperforate cells, which empty themselves in consequence of age, or from the effect of dissection, and that the spire, which seems to distinguish them

from all the other organs, exists in every vegetable vesicle, to whatever order it belongs, and at whatever age it is observed. I have demonstrated it in the grains of pollen, in the green fecula, and even in the amylaceous fecula.

In the "New System of Organic Chemistry" I have admitted the existence of the spire in all animal cells; for I have observed it in the imperforate and vesicular cylinders which form the element of the muscular system—cylinders which, in their youth, present exactly the appearance of the cells of the vegetable cellular tissue. Somewhat later, I have met the same spires, perfectly marked in relief, in the articulations of the antennæ of the larva of the *thrips*, which live upon the concisseræ, then in the antennæ of the young of the *surynthurus viridis*, Lamk (*podura viridis*, Linn.); in those of the *aphis*, which reside in the vesicles of the elm, and, finally, in the hairs of the mammiferæ, which I shall describe a little more in detail.

Every hair, whatever length it may attain, presents itself, at its first appearance, upon the skin, under the form of a simple little tubercle, a little ampulliform tuberosity, which the mind has no trouble to refer to the type of an imperforate vesicle, of a globule of the smallest dimension; somewhat later, it is a cylindrical vesicle, and, if we unite several of them in bundles, we shall have before our eyes, by a transverse section, the representation of one of those composite bundles which botanists designate by the name of vessels or trachææ, in the tissue of branches and leaves.

Analogy sufficiently indicated to me the existence of the simple or compound spire in the cavity of each one of these animal hairs. But it was much later, and only by comparative study, that I obtained the direct and ocular proof.

The human hair, observed by the microscope, whether in water or in oil, is so permeable to the light that it shows in its interior merely a black line, which seems to be its medullary canal. In removing the port-object, so that the superior surface only of the hair shall be in the focus, we may distinguish upon this surface a reticulation analogous to that of leaves, and whose meshes take a spiral direction. It is these meshes, indices of cellular compartments—which observation has often taken for scales, at a time when microscopic phenomena had not been sub-

mitted to a rigorous appreciation, nor established upon the laws of vision.

However, if, with a magnifying power of a hundred and fifty diameters, we observe a hair lying in a stratum of water, and throw the light upon it in different directions, by moving the mirror, we shall succeed in throwing in relief the infinitely small spiral turns which this cylinder encloses.

Upon lamb's wool, observed in water, the same thing is still more apparent, although more irregularly spaced.

The hair of the Thibet goat, more transparent, displays clearly this disposition of its irregular spires, which, by an optical illusion, have the appearance of being traced in relief upon the surface of the cylinder. But the spire becomes indisputable when we observe, in a stratum of oil, the hair of the rabbit, the hare, the beaver, the mole, the cat, and especially the rat.

The figures 1, 2, and 3 represent the three usual sizes of the fur of the beaver—the two larger are sections of the long and stiff hairs which are called *le jarre* (fig. 1 and 2); the finer (fig. 3) forms the fur proper. Now, in the larger (fig. 2), we may distinguish perfectly a double spire, which displays itself there with the utmost regularity. In the medium-sized hair (fig. 1) the spiral turns are more compressed, and hence less distinct from each other.

But it is in the hair of the rat and the mole that the spire is the most evident to the eye. The figures 4 and 5 represent a section of the hair of the muskrat; it seems laid out in lozenge-form (fig. 4), which appearance is produced by the spaces intermediate to the crossing of the compact spires, which unroll themselves symmetrically in the interior; and if, in place of observing one of these large sections, we subject to the microscope the end of the hair, or even of the fur (fig. 5), then we have under our eye but a single spire, which, deprived of all those which it has left behind, unrolls in the interior of this cone its lax and widely-spaced convolutions.

The animal cell—the most distinct and the most simple which it is possible for us to observe, isolated, and without the aid of dissection—shows us, then, the element which it is easy to find in every vegetable cell. And, as we have found the same spire



in the elementary muscular cell, and in that of the nerve, analogy lays down the law to admit its existence in every animal cell, of whatever nature it may be, and to whatever order of function it may belong.

**COROLLARY.**—Every organized cell is composed of two apparatuses, equally necessary for its elaboration and its development—a vesicle or external envelop and one or more internal spires.

**THEOREM VII.**—*The spire is the element which presides over the development of the organized vesicle and the symmetry of its generations.*

Let any one place in water, in a watch-glass, under a microscope, a conferva of our brooks, young, and but just escaped from the germ—a green filament, which, more attenuated than a hair, seems to have fallen from the locks of the Naiads—he will observe between each of the knots (*entre nœuds*) a green ribbon, smooth, and unrolling itself in a spiral manner, without offering upon its surface the least roughness, which might divert the rays of light.

The next day, or the day following, there appears in the same knot a new spire, which, if it takes a contrary direction, does not fail to join itself at each turn to its fellow spire, and soon presents a net-work, the meshes of which, in lozenge-form or in square, according to the age and the development of the individual, might readily lead one to take the different individuals for as many distinct species, perfectly well marked.

But it is important not to forget the observation that, upon each crossing, a little globule is formed, which looks as if it might be the nail, by means of which the two spires are held together at that point.

We have said that every organ, even the most important,—that every individual, even the most gigantic,—has entered upon life under the dimension of a globule; that it is, in fact, nothing but this globule progressively developed; that, in consequence, every globule has within itself all that is necessary, if it receives the fecundating impulse, to become the mammoth or the cedar of Lebanon. The globule of each inter-crossing of the spires of the conferva is then an organ in germ.

On the other hand, we have established that each one of these

organs which develops itself upon the internal or external wall of the maternal vesicle, has primitively made an integral part of the wall itself, whose tissue should be considered as formed of globules, parietally disposed. It follows, from all these considerations, that the privileged globules, which develop themselves into organs, are those which each inter-crossing fecundates—that is to say, each inoculation of two spires, which, ever seeking and ever flying from each other, play reciprocally the part of male and female, as many times as the development of the maternal vesicle permits them to meet.

**THEOREM VIII.**—*The product of the elaboration of an organ is the sum of the products of the elaboration of the different elementary cellules which enter into its organization, and of which it is composed.*

**THEOREM IX.**—*The organized vesicle, provided with all its elements of vitality, inspires and expires gases, water, and the salts which water naturally holds in solution.*

Place in the sun, under a test-tube filled with atmospheric air, mingled with carbonic acid, a certain number of the confervæ of one brook, covered with a layer of water, you will soon see the water mount a little in the tube; and, if you analyze the gas, you will find a diminution of the carbonic acid and an increase of the oxygen. Hence, we may conclude that these confervæ (and all the green vegetable tissues act in the same manner, in the same circumstances) absorb carbonic acid, assimilate its carbon, and give off its oxygen. Increase the number of these confervæ, you will increase the activity of this absorption and elimination. Diminish the cause, you will diminish the effects. So that, if we can reduce, in thought, the confervæ to its microscopic element, to one of these simple cells which compose its filaments, we shall be necessarily obliged to say of it that which we have said of the whole: the result of the general elaboration of the mass of these filaments being only the sum of the products of its elements. The microscopic cell then inhales the gases.

Let any one place in the focus of a microscope, in a small vessel filled with water, a tube of the *chara*, prepared in the

manner which we have explained in the "New System of Vegetable and Botanical Physiology," Vol. I., § 600. This tube is by itself a gigantic cell, in which elaboration continues, and manifests itself by an incessant circulation of the liquids which it contains, even when it has been isolated as completely as possible from the tissues of the individual to which it belonged. Now we may see that, as long as the water in which this organ lives preserves its purity and its level, the circulation continues with uninterrupted regularity. The least drop of a liquid not assimilable arrests the circulation at once; the organ is struck with death, and this although the wall seems to be very thick, and does not appear to be changed in the least possible degree by the action of the poison; that wall absorbs, then, and instantly transmits to the interior the product of that absorption.

If the level of the layer of water becomes lowered, and the tube is in almost direct communication with the external air, we shall see the circulation slacken, and this will continue till the water is almost entirely evaporated. From that moment the circulation hesitates, wavers, and, finally ceases; soon the tube collapses, and its superior and inferior extremities become united without its having experienced in its structure the least solution of continuity. Hence an exhalation of fluid has been produced through the walls of the cell.

If, at the instant when the liquid commences to hesitate, the tube is covered with a fresh supply of water, we see the circulation suddenly resume its course with all its former energy, which may be taken as a counter-proof of that which we have just said upon its faculty of absorption. Hence the vegetable cell absorbs gases and liquids, and exhales them in turn.

We shall easily obtain, as regards the animal cell, a demonstration nearly as direct and as evident to the eye. In fact, I consider that I have demonstrated: *First*, That the phenomenon of inspiration manifests itself under the microscope by a visible movement of attraction, which causes the corpuscles, floating on the surface of the water, to move directly and in parallel lines towards the inspiring surface; *Second*, That the phenomenon of expiration inherent to the former, and its necessary consequence, manifests itself by jets scintillating and as if luminous, and which micrographers have nearly always taken for

vibrating cilia—for little hairs in a constant state of agitation. This double phenomenon may be very well observed upon the respiratory and uterine organs of the *mollusca*: for example, the muscles of our rivers (*unio et anodonta*). Now, upon these species of animals, (much more vivacious than others, because their organs, less complicated, are habitually plunged in water—a medium more conservative of life than is the atmosphere); upon these species, I say, it is easy to assure one's self that that faculty of inspiration and expiration is inherent to each cell (even the smallest, provided it be entire) which composes the respiratory tissue. Each shred, in fact, which is detached, puts itself in motion in the water, inspires while drawing to itself the corpuscles suspended in the liquid, and expires by the cilia, which seem to agitate themselves with the rapidity of as many flashes of lightning. Each shred has become an individual, complete, whose life and motion may often continue twenty-four hours.

Every cell of an organ, then, performs its functions as does the general organ, and every cell, to whatever order of organ it may belong, is endowed with the faculty of inspiring or expiring gases, or liquids impregnated with gases.

[TO BE CONTINUED.]

ARTICLE XXXVI.—*On the Motions of the Heart.* By E. C. FRANKLIN, M. D., of St. Louis, Mo.

*Movements of each of its cavities.—Auricular systole.—Auricular diastole.—Ventricular systole.—Ventricular diastole.—Order of succession of the heart's motions.—Duration of the several movements of the heart.—Period of repose of the heart.—Frequency of the heart's action.—Frequency of the the pulse.—Effects of posture on the pulse.—Cause of the influence of change of posture on the pulse.—Ratio of the pulsations of the heart to the respirations.—Rapidity of the passage of blood through the heart.—Force with which the blood is propelled by the left ventricle.*

The office of the heart is to propel the blood contained in it, through the vessels which are connected with it, to the remotest parts of the body, and to receive the blood thrown into it on its

return through the great venous trunks. To accomplish this purpose, it is endowed largely with muscular fibres, by means of which these functions are performed. These muscular fibres, by alternate contractions and relaxations of their tissue, perform the office of circulation, and, by these movements, the vital fluid is incessantly flowing from the heart, and again proceeding to it, through the whole period of our existence, in one continuous and interminable stream, hence not inappropriately termed the circulation.

In reviewing the various subdivisions of the mechanical structure of this organ already discussed, its adaptation to the important and manifold labors imposed upon it, and its harmonious machinery, so beautifully and so accurately fitted by the all-wise Creator for the government and support of our material existence, we are at the most prepared to understand and appreciate its compound structure and duplex functions; the diminution and enlargement of its cavities necessarily corresponding to the contraction and relaxation of its muscular walls, reacting, of course, upon the blood therein contained. The ventricles are the principal and direct agents upon which the systemic and pulmonic circulation depends. The auricles are those indispensable appendages of the heart which perform the office of supplying the organ with that regular supply of fluid without which the functions of the ventricles could not be maintained. Thus we may have three circulations instead of two, as classified by modern authors. If the systemic circulation is dependent upon ventricular contraction of the left side of the heart, and the pulmonic circulation is due to the same contraction on the right side, surely cardiac circulation may be said to be owing to auricular contraction; as ventricular contraction produces systemic circulation, so does auricular contraction produce cardiac circulation. If we admit the diastolic theory of circulation to be true—viz., that the blood is projected into the chambers of the ventricles by an *active*, viz., an *atergo* force, and without this force they could not be thus filled—surely we find *another power* interested in carrying on the continuous movement of the blood, independent of, and entirely disconnected with the forces producing the two circulations (the greater and lesser) which we have denominated the cardiac circulation. The contraction of

the ventricles or the systole is termed the *active state* of the ventricles; the contraction of the auricles or their systole is called the *active state* of the auricles. The period intervening between the termination of the *active state* of the ventricles and the commencement of its increase is called their *period of repose*; while that which takes place from the beginning of its increase to its perfect dilatation is called the *diastole* of the ventricles, or their passive state. The period between the termination of the ventricular systole and the beginning of the auricular dilatation is called the period of repose of the auricles, or their *passive state*, and from the termination of the period of repose of the auricles to the commencement of their contraction is termed the diastole of the auricles. I have made these several divisions of the movements of the heart that the student may understand my position in reference to the theory of circulation, which I have adopted, and which I believe to be the true and correct one. In confirmation of this theory, we refer the reader to the elaborate treatise of J. H. S. Beau,\* and to a still later discourse on the diastolic theory, by our countryman, Prof. Stillé,† of Philadelphia, to the observations of Dr. Thos. Robinson,‡ of Petersburg, Virginia, in which he refers to the case of a newborn infant, in whom the breast-bone was wanting, and the heart was exposed to view, uncovered by the pericardium; also a record of two other cases of ectopia-cordis, presented by M. Beau,§ and his observations thereon to the Academy of Medicine, at Paris; to the experiments of M. Aran and M. Bernard || upon frogs and young animals at birth, and, finally, to the observations of Drs. Brown and Cartwright,¶ on the "Impulse of the Heart."

*Auricular Systole.*—The systole of the auricles is a short, quick, and sudden motion, taking place immediately preceding, and being continuous with the ventricular systole. In fact, so closely are these two movements connected that they seem to be one motion, yet having two distinct and positive effects—the one

---

\* "Traité Experimental et Clinique d'Ausculation," Paris, 1856.

† "Elements of General Pathology."

‡ *American Journal of Medical Sciences*, Vol. XI., Feb., 1833.

§ *Archives Generales*, April, 1851.

|| *Archives Generales*, April, 1854.

¶ *London Lancet*, 1851.

(the auricular) causing ventricular dilatation; the other (the ventricular) producing arterial dilatation. The auricular systole is performed with a considerable force, as I shall endeavor to prove, by my own, as well as the experiments of others. The contraction begins at the entrance of the great veins into the auricles, and is thence continued onward towards the auriculo-ventricular orifices. Physiologists differ in opinion in regard to the beginning and direction of the auricular contraction. Some authorities ascribe the origin of the systole as taking place first at the appendages, while others assert, with equal earnestness, that the auricular appendages are the last portions which contract. There can be but little advantage gained to either party which portion is the first to contract, so far as the actual results of the contraction is concerned, so long as we recollect that the effect of the systole corresponds with the distention of the ventricles and the impulse of the apex of the heart against the thoracic walls. The auricles receiving their blood from the great venous trunks by a gradual and continuous stream, it follows that, after the ventricular systole, there must be a greater or less quantity of blood within their cavities; this blood, modern physiology teaches us, flows onward into the ventricles during the earlier portion of their diastole, by the force of gravitation. Now, if the respective cavities of the auricles and ventricles are equal to each other in capacity, as the same authority teaches—a portion of the blood having already found its way into the ventricles—will, with the additional quantity forced onwards by the auricular systole, more than fill to repletion the ventricles, and regurgitation into the auricles must be continually occurring; but the conclusion irresistibly forced upon us—if we admit this theory of *influx of blood into the ventricles by gravitation* (the auriculo-ventricular orifices being patent), *in advance of that sent forward by the auricular systole*—is, that there is either a considerable disparity between the auricles and ventricles in capacity, or these orifices are closed by their respective valves during the filling of the auricles, and are forced open by the force of auricular contraction, in the same manner as the arterial valves are forced open by the power of ventricular contraction. It is almost generally conceded, by modern writers upon the physiology and anatomical structure of the heart, that

"the two ventricles and auricles do not, in health, present any marked disparity;"\* although this observation is doubted by others, who claim that "the auricles exceed the ventricles in this respect" †—viz., capacity. From a number of vivisections and observations of various kinds, it is my conviction that, in a normal state of all the chambers of the heart, the capacity of the auricles slightly exceed those of the ventricles; but, in this country, where men run riot to excess in eating, drinking, and smoking, a perfectly normal condition of these cavities is rarely seen, at least among those guilty of such excesses. To these causes do I refer the alarming number, and continually increasing cases of heart disease that are found throughout the broad extent of our country, in every city, town, and village from the Atlantic to the Pacific Ocean, and from the Canadas to the Gulf of Mexico.

Regurgitation of blood into the great veins, consequent upon the quick and forcible movement of the auricular systole, is prevented in a great degree by a synchronous contraction of their muscular coats, with which they are enveloped some distance from their entrance into the ventricles, and, while they resist the reflux motion of the blood, lend their contractility to advance the onward current of blood contained within their walls, into the auricles. But this contraction is not sufficiently forcible, at all times, to completely hinder the regurgitant blood from pursuing its eccentric course, therefore a small portion at the distal extremity of the auricular systole is retarded, flows backward, or rather remains passively in the vessels at the termination of each auricular systole. In disease, or an abnormal condition of the organ leading to obstruction of the pulmonary circulation, this reflux is considerably increased, and is entirely dependent upon mechanical causes. That the auricles contract with considerable force has been exemplified by experiments performed, not only by the author, but by others, and the results, though in the main coinciding, yet the conclusions deduced therefrom have been widely at variance with each other. To prove that the auricular systole is executed with considerable force, let

---

\* "Diseases of the Heart." By Austin Flint, M. D., page 22.

† "The Heart and its Diseases," page 22.



the student introduce a canula (an experiment performed by Cruveilhier and others) into the cavity of the ventricles, or, what is more satisfactory, into the depending portion of the auricles. During the systole of the auricles, a jet of blood will be forcibly sent through the canula, with a pulsative leap corresponding with their contraction.

This is an experiment I have often tried, even before I adopted the diastolic theory, and which led me to abandon the position I had occupied before my professional career began. This experiment was also performed by Cruveilhier,\* who introduced a canula into the ventricle, and found that, during their diastole, a "volume of blood was thrown out with a vigorous jet;" the result of this action was referred by him, not to auricular systole, but to ventricular diastole, or, as Carpenter suggests, to "some power inherent in the walls themselves." This conclusion of Cruveilhier is at variance with the law of muscular contractility, and is opposed to reason and facts. Instead of building up a theory subservient to, and founded upon natural and intelligible processes, these processes have been twisted and distorted to build up the theory of Cruveilhier, and, in a foot-note,† the author suggests "whether there may not exist in muscle '*an active force of elongation, as well as an active force of contraction.*'"

Why the muscular fibres of the heart, which obey the same law of contractility as do all other muscles of the body, should be thus singled out, and charged with such an unnatural and irrational function, is not explained, except it may be by the "*power of elasticity*" of which the author‡ speaks in the same foot-note. The author proceeds in his query, and gravely suggests "whether this active force of contraction may not arise from the mutual *repulsion* of particles whose mutual attraction is the occasion of the shortening." Let my answer be most unqualifiedly, No! and I believe the deduction not only untenable, but utterly at variance with our knowledge of the law of muscular contractility, and, if carried out to a general principle, would entirely subvert the grand harmony of our organizations. It seems that the inge-

---

\* "Carpenter's Physiology." Action of the Heart.

† "Carpenter's Physiology," foot-note, page 249.

‡ "Dunglison's Physiology," page 249.

nity of some persons shines more brilliantly, and occupies a more conspicuous elevation, among the *literateurs* of the land, in entangling and circumventing, than in simplifying and elucidating a natural and appreciable function. It is to this growing and determined spirit of *bending facts to theory*, and forcing conclusions upon our profession at variance with reason and common sense, that our literature is so interwoven with contentions and irreconcilable theories, and which has, and is still plunging the science of medicine into an impenetrable labyrinth of doubt and uncertainty. In no branch of our science is this spirit more visibly observed than in that which we are now discussing. There is no authority that I am acquainted with, consistent with the conclusions asserted by Cruveilheir, and advocated by Carpenter and others; but, on the contrary, all authors who have written upon the properties and functions of muscular fibre oppose such a conclusion. Carpenter himself cannot, or does not boldly assert his belief in such an unreasonable proposition, and only submits his theory by way of query, making an ingenious defence, by assuming a position perfectly at variance with the physiological law of muscular contractility as enunciated in other portions of his work. Let us further examine this "*active force of elongation*," this power of "*elasticity*," of which the author speaks, and see how it agrees with the views presented by eminent writers upon the physiology of muscular movements. Schwann, who may be adduced as competent authority upon the subject, says: "An exciting cause (the blood) which is capable of producing contraction when the muscular fibres are at full length (diastole), cannot maintain the contraction when the fibres have been shortened (systole); the fibres consequently relax, and dilatation takes place." Again Mr. Bowman\* remarks that, "Contraction is effected by an approximation of the constituent parts of the fibrils (systole), which, at the instant of contraction, without any alteration in their general direction, become *closer, flatter, and wider*; a condition which is rendered evident by the approximation of the transverse striæ seen on the surface of the fasciculus, and by its increased breadth and thickness." The contraction of the muscular walls of the heart, in obedience to the

---

\* "Kirke and Paget's Physiology."

uniform law of muscular contraction and dilatation, is, therefore, a simple, and, according to Edward Weber, "a uniform and simultaneous shortening of each fibre and its contents," and is precisely what takes place during ventricular systole—nothing more, nothing less. "Again," says the last named authority, "this hardness of muscle in the stage of contractility is due to the increased tension to which the fibres are subjected, from the resistance ordinarily opposed to their contraction." This resistance, to which the fibres of the heart is opposed, is the column of blood thrown into the ventricles by the auricular contraction, and into the auricles by the contraction of the coats of the great venous trunks. It thus appears evident that *all* muscular contraction depends upon a shortening of its fibre by an *increase* of its *breadth*, producing a state of tension or hardness of muscle; the contraction being a change of *form*, not of size, the fibre gaining in *thickness* what it loses in *length*. This general law, which regulates the contraction of muscular fibre in other parts, is equally applicable to contraction of the cardiac fibres, and, until it be satisfactorily established that the muscular fibres of the heart are an exception to the general law, we are compelled to oppose the theory of the "active force of elongation," and the "power of elasticity," advocated by Carpenter. There is no principle or law in the vital economy that contains the elements of antagonism within itself. The auricles, in obedience to this general law of muscular contractility, contract upon the volume of blood within its walls, and, after the contraction, they relax, and dilatation ensues, and thus a series of contractions and dilatations are incessantly succeeding one another.

The auricular systole, in comparison with that of the ventricles, is performed with much less force, inasmuch as the labor imposed upon it is comparatively inferior to that of the ventricles; while the former is limited to the projection of blood into the ventricles, the latter propels it throughout the system and lungs. This inequality of labor corresponds with the relative difference in its muscular walls, and is in an inverse ratio with the functions they perform in the animal economy. The auricular systole commences at the termination of the heart's repose; its duration occupies a period of time equivalent to about one-sixth of an entire beat of the heart.

[To BE CONTINUED.]

ARTICLE XXXVII.—*Cases from Practice.* By S. B. BARLOW, M. D., of New-York.

CASE 1.—Mr. J. H., a Frenchman, aged fifty-five, came on foot to my office, with great difficulty, a distance of half a mile, having to sit down and rest some five or six times on the way. He was excessively lame with chronic rheumatism, located in both lower limbs; all motion very painful, and in walking was often thrown to the ground by involuntary painful convulsive twitches of the flexor muscles of the legs. He was constantly affected with shooting and jerking pains of the limbs, to such a degree that he declared he had not had a comfortable night's rest in two years, notwithstanding an almost constant use of the best allopathic medicaments. His life was a burden, and he often wished for death; his mind, naturally pleasant and even, had become peevish and irascible. He lived a martyr to the constant dread of these excruciating twitches; his muscles were wasted and shrunk, and his whole frame emaciated by long-continued cruel suffering. I gave him a few pellets of Rhus-tox., third, to be taken that night, at bedtime, with a request that he would report himself to me again in a week.

In a week he reported himself quite free from pain and lameness; that the night he took the medicine was the first night's rest he had enjoyed in two years. It is now over two years since his application to me for advice: he remains well, has regained his wonted cheerfulness, and, to a good degree, his *embonpoint*.

CASE 2.—Mr. William Goble, aged forty-three, was, for about the fifth time in his life, taken with spasmodic colic, at sundown of a hot summer day in August. He called in allopathic assistance; had his feet placed in a tub of hot water, with a plentiful administration of Laudanum, Peppermint, emetics of Tart.-emet. and Tobacco; chewed and swallowed whole Mustard-seed; was bled to the amount of twenty-four ounces, and Mustard cataplasms were applied to the feet and abdomen. He was unable to lie down or stand up; sat up the whole night, with his feet and legs in hot water, in most intense agony; reeking with perspiration, constantly nauseated, but, through the whole night, unable to eject one spoonful from the stomach, and nothing passed his bowels.

I saw him at daylight the next morning, when he had been suffering fourteen or fifteen hours, and had taken at least six teaspoonsful of strong Laudanum, without the least effect toward easing his distress or abating the spasmodic trouble. I told him I was not certain

that the remedy I wished to use would act when put into a stomach filled with Laudanum, Tartar-emetic, Tobacco, Mustard, Peppermint, &c., but I would try it. I dissolved six pellets of Nux-vom., third, in a tablespoonful of water, and gave it at once.

In ten minutes he vomited freely; in twenty minutes he was perfectly easy, went to bed and slept an hour, waked of his own accord, feeling perfectly well. Took nothing further. After his former attacks he suffered much from soreness of the bowels, but now was left without any such feeling.

---

ARTICLE XXXVIII.—*Cases from Practice.* By LEWIS HALLOCK, M. D., of New-York.

CASE 1.—*Membranous Croup Successfully Treated by Iodine.*—The uniform fatality of this dreaded form of tracheitis renders the history of every case successfully treated a subject of special interest to the physician, by encouraging more hopeful efforts to subdue a disease considered by many irremediable.

February 7th, 1853, I was called to visit a son of C. V., a stout, vigorous boy of six years, whose only previous illness had been two attacks of catarrhal croup, about two years before, both of which yielded readily to Aconite and Hepar-sulph. The mother, supposing the present attack to be like the former, had occupied nearly twenty-four hours in the use of the common remedies. I found the child with moderate fever, breathing with great difficulty, unable to speak but in a low whisper, with a frequent hoarse, suppressed cough, which, from the degree of stricture about the larynx, was, like the voice, hardly audible. This was aggravated, at intervals of fifteen or twenty minutes, by a desperate effort for more free inspiration, when the struggles of the patient required the help of an assistant to keep him on the lap of the mother; the face became of a dark, almost purplish hue, and the cough more loud and distinct. After a while the head was thrown back, the eyes upturned, and the little sufferer, moist with perspiration, lay exhausted by the struggle. On examining the fauces, the whole membrane was seen of a deep red color, with patches of lymph upon and behind both of the tonsils. Deglutition was painful, attempted only with small quantities, and performed in a peculiarly anxious and hurried manner.

About eight drops of the tincture of Iodine was added to four ounces of water, and a dessertspoonful directed to be given every half-hour, with a solution of Aconite, first, at each intermediate fifteen minutes.

The following morning, February 8th, found the symptoms unchanged. The remedies had been continued through the night, excepting that twice, when the child seemed in danger of suffocation, the mother gave Tartar-emetic sufficient to vomit it, but with little relief,

and an expectoration only of frothy mucus. The Iodine was now doubled in strength, and continued with Aconite, first, as before. In the evening the dryness of skin had yielded to a general moisture, amounting after each paroxysm of coughing to free perspiration about the face and head, but the other symptoms remained as before. The Aconite was now omitted, and Iodine alone given every fifteen minutes.

February 9th.—Found slight improvement: the respiration was less oppressed, and the paroxysms of strangling cough less frequent. The throat was still very red, with the whitish lymph distinct on one tonsil, but less apparent on the other. Prescribed Iodine as before. In the evening found slight fever; but the cough was less urgent, with occasional expectoration of a little tenacious mucus with the frothy saliva. Iodine was now directed only every half-hour, and Aconite again given at the intermediate time.

February 10th.—Found the child better. Had slept quietly for half an hour at two or three intervals during the night. Cough more free and distinct, and expectoration increased. The throat, however, looked but little improved. Hepar-sulph., was now substituted for the Aconite, and the Iodine continued. In the evening the symptoms were still further relieved, the hoarseness continuing, but the cough less urgent.

February 11th.—Continued amendment. Cough loose, with expectoration, at times, of shreds of tenacious mucus; the paroxysmal aggravations almost ceased, the respiration easier, and swallowing more free and deliberate. The fauces were less inflamed, and the patches nearly gone. The voice, however, remained unchanged, the child speaking but seldom and only in a whisper. Iodine was continued, of lesser strength, and at longer intervals, the patient slowly but steadily improving for the two following days, after which Phosphorus, the first, was substituted every three or four hours, and continued for several days; but the patient did not recover his voice sufficiently to speak aloud until nearly two weeks after the relief of the other symptoms.

CASE 2.—October 24, 1853. A healthy son of L. T., aged three years, was yesterday attacked with hoarse croupy cough, without fever, for which syrup Ipecacuanha had been given in large quantities without relief, until I was sent for this afternoon, and found slight fever, thirst, oppressive breathing, frequent hacking cough, and hoarse whispering voice. Deglutition was but slightly impeded, some appetite for food remained, and the child, in the intervals of coughing, was playing about the room, the mother feeling but little apprehension for its safety. On examining the throat, however, the serious character of the disease was unmistakably apparent. The fauces, although much less inflamed than in the former case, were slightly reddened, and exhibited distinct patches of whitish lymph on their posterior surface and on the left tonsil. One drop of the decimal solution of tincture of Iodine was directed every fifteen minutes, and two grains of Tart.-

antimony, dissolved in a gill of water, to be given to produce vomiting, if, during the night, the cough and oppressive breathing became greatly aggravated.

The next morning, October 25th, the symptoms were increased. Fever greater, swallowing more difficult, and with characteristic quickness; cough unchanged. The Iodine had been given steadily through the night, with but two interruptions, when the Tart.-antimony was administered without apparent effect. The fauces were found more inflamed, but the lymphatic spots less distinct. Aconite, the first, was now given in alternation with the Iodine every fifteen minutes, and continued with little variation till the following morning, October 26th, when the throat looked better, the cough was less frequent and occasionally moist, the respiration, however, remained unimproved, and the voice was reduced to a low whisper. Prescribed Iodine, of increased strength, six drops of the tincture to a gill of water, with Aconite as before. In the afternoon I found slight abatement of all the symptoms, excepting the aphonia, which remained unchanged. Continued the remedies at longer intervals, and on the next day, October 27th, found the cough loose, with occasional expectoration of whitish stringy mucus; throat red, but patches gone. Continued Iodine, with Phosphorus, first, alternately every hour.

October 28th.—The aphonia slightly improved, but all the other symptoms better. Hepar-sulph. was now alternated with Iodine at longer intervals, and in two days the voice had returned, and the case was dismissed cured.

It is worthy of remark that, in neither of the above cases did the urgent symptoms yield until the Iodine had been given from thirty-six to forty-eight hours; it seems, therefore, that its frequent and persistent use for that long period was necessary to secure the ultimate success.

CASE 3.—*Morbus Coxarius Cured by Colocynth.*—In the winter of 1850, Miss M. R., aged fifteen, of light delicate complexion and general strumous condition, complained occasionally of pain in the right knee and hip, with slight tenderness of the dorsal vertebræ on pressure. The pain was usually aggravated by exercise and fatigue, but sometimes was most severe during repose at night. It gradually increased in severity, the limb feeling weak, with a tendency to stumble in walking. Pressure upon the knee occasioned no suffering, but, when applied to the *hips*, over the trochanter-major, the pains and soreness were much increased. Soon after I commenced the treatment, the patient was incidentally seen by (Dr. —), a distinguished professor in one of our city medical schools, who pronounced it "a decided case of hip-joint disease," and advised a seton inserted behind the joint, and rigid confinement to the recumbent position.

Sulphur, Nux-vomica, and Rhus-tox. were each given a week, without benefit, when Colocynth, third trituration, was administered three times a day. After one week the symptoms were slightly relieved. The remedy was continued twice a day, about a month, when the pain

and tenderness on pressure had nearly disappeared, and, in another month, with doses only three times a week, the limb was considered cured, and has remained so, now nearly four years since.

At the earnest request of the patient, she was allowed to continue her attendance at school more than half a mile distant, where she walked daily, except in stormy weather, during the whole treatment.

CASE 4.—*Marasmus Cured by Arsenicum.*—In August last I was called to see the infant son of John Dolan, aged fifteen months, who had been sick and under allopathic treatment during the previous four months. From the mother I learned that the disease commenced with watery diarrhœa and vomiting, which had continued with little change to the present time, the alvine discharges varying from six to twelve and fifteen a day, mostly of a greenish watery appearance, sometimes colorless, and occasionally small and slimy. To this protracted cholera-infantum I found added: constant fever, dingy dry skin, pale worn face, insatiate thirst, loose frequent cough, hard tumid belly, extreme emaciation, and the general appearance of confirmed and advanced marasmus. Three drops of *Arsenicum*, of the third dilution, were added to a gill of water, and a teaspoonful ordered every four hours. As all nourishment but liquids was refused, toast water and gum water were allowed, in moderate quantities, and the anodynes and cordials previously given strictly forbidden. Two days after the diarrhœa, vomiting, cough, and intense thirst were found diminished. The remedy was continued for one week, with an uninterrupted and rapid improvement of all the symptoms. The thirtieth was then substituted for the third of *Arsenicum*, and given twice a day for two weeks longer, when the diarrhœa had ceased, the abdomen become soft and natural, the cough greatly diminished, thirst and fever gone, appetite returned, and the whole aspect of the case changed to one of comparative health.

No more medicine was given; the child soon became fat and vigorous, and, excepting slight occasional cough, has so continued to the present time, December 6th, 1854.

---

ARTICLE XXXIX.—*Nitrate of Mercury in Conjunctivitis.*

By Dr. JOHN F. GRAY, of New-York.

I have frequently cured scrofulous conjunctivitis, with ulcers on the cornea-transparens, by the Nitrate of Mercury, internally and externally applied. For external use, I put one grain to one hundred and fifty drops of water. Internally, I give one drop of a solution containing one two-thousandth of the Mercury. The last case was one of several months' standing, during all of which it had been treated without the least benefit by O. M. Weld, M.D., of Jamaica Plains, Mass., an excellent homœopathic physician, who had taken vast pains with the case. In all, I think, I must have treated twenty-five cases of this kind by this remedy alone, with perfect success.



The salt is dissolved in water; no Alcohol is used, nor can I think it necessary to use it, or to resort to succussion or trituration in this or any other case where the drug is readily and perfectly soluble in simple water.

ARTICLE XL.—*Miscellaneous Cases from Practice.* Contributed to the Illinois State Hom. Society by J. C. MORGAN, M. D., of Alton, Ill.

CASE 1.—Master C., aged ten, June 14th, 1859, had for four months been troubled with cracked skin, especially on the feet, with *furfura* over the whole cutaneous surface—unaffected by bathing. Other symptoms not remarkable—family scrofulous. Gave him on the spot a few pellets of Lycopodium, 200. After progressive improvement, cured in ten days without other treatment. A month after he had an itching herpetic eruption on the loins,—cured promptly by Sulphur, 30, one dose.

CASE 2.—Mrs. F., an old lady of seventy years. Has experienced every summer, for four years, a profuse eruption on the whole surface, lasting from May to September, exhibiting a continuous thick, flaky scab, from head to foot, with chaps on the knuckles, and constipation. Lycopodium, 200, one dose. In six days the face was half cleaned; in six weeks the whole body was perfectly restored, without other medicine, except for a fright, ten days after the former prescription—viz., Opium, 30, and Aconite, 30, each one dose.

CASE 3.—Mr. J. M., aged nineteen. Rhagades on the palms of the hands. Being actively engaged in laborious business, and of vigorous organization, gave Rhus-tox., 3, every night, and Calc.-carb. every morning. Cured in a short time.

CASE 4.—Mrs. S., aged forty, of nervous temperament, having several children, and suckling an infant, whilst affected with prolapsus uteri, leucorrhœa, and lumbar distress, had frequent convulsions, with loss of consciousness. A firm bandage, with strong pressure at the hypogastrium, *but none above the navel*, did some good, but did not cure. Gave Aurum-met., 30, four doses (one daily), with the effect of removing the symptoms in ten days. (Aurum is suited to cases with centrifugal tendencies of the blood; Kali-carb. for the contrary variety.)

CASE 5.—Mr. H., aged sixty, a German, of drinking habits, had lately been considerably drugged. Found him with the liver much enlarged, as proven by percussion; frequent loose stools, with oily deposit (fatty diarrhœa), also with an offensive odor. The pericardium seemed full of fluid; brain oppressed by the same cause apparently; sleeps constantly, but is easily aroused; has little conception of the lapse of time; is obliged to walk holding by the wall, and with a cane, totters; has some rheumatic pains in the back and limbs.

Gave Arsenicum, 30, every morning for four days, with progressive improvement; thence to the eighth day, fluctuating; thence constant improvement for a month; then an ague-chill and fever, one day in the forenoon. Next evening China, 30, one dose. Immediately after this, he was able to go to St. Louis (twenty miles) alone, and to walk about a whole day alone whilst there. Returned to his business the week following. By exposure and drinking beer and wine (probably drugged) got a severe diarrhœa, and, after taking homœopathic remedies a short time, took advice and medicine from an allopath, and died in a week or two under his treatment.

**THERAPEUTICAL REMARKS CONCERNING A FEW OF OUR REMEDIES AND THEIR CLINICAL WORTH.**—In females, after confinement, I have been disappointed in the effects of attenuated Arnica. The mother-tincture seems to be more useful,—also promotes parturient pains, in drop doses. But Sulphur, 30, is almost a panacea, given every six hours, against pains, constipation, sore nipples, indurated mammæ, &c., at least in those cases which are marked by some exhaustion.—*Query*: In a case of suspended motions of the fœtus, after metrorrhagia and threatened miscarriage at five and a half months, leading to the suspicion of its death, what should be the homœopathic treatment? I have recently given, for prostration of strength (the only notable symptom), Arsenicum, 30, twice daily, at morning and noon, with benefit.

In colic with constipation, in *mild temperaments*, Colocynth, alternated with Sulphur, is very useful.

In the bowel-complaints of children, it would seem important to watch for the indications of *inflammation*, for which Aconite and Belladonna are essential remedies in most cases.

For ulceration of the larger bowels, with colic and bloody stools, I have found Lycopodium, 200, with Bell., 30, at intervals of a fortnight, most efficient.

To antidote massive doses of Quinine, Cinchonine, &c., *recently taken*, we must give the Ipecac., Puls., &c., in proportionate doses; say one drop of the mother-tincture. After a longer period, the drug having been measurably excreted, the attenuations do very well.

An inveterate nocturnal enuresis, in a boy of ten years, of sanguine temperament, has been greatly benefited by an occasional dose of Aconite, 3, at night, and Mercurius-cor., 3, in the morning, assisted by abstinence from fluids after dinner. The enuresis has occurred almost nightly from infancy, but could not be relieved by allopathic treatment.

**A LUSUS-NATURÆ.** Reported by DR. J. L. KELLOGG.—J. B., aged thirteen years, of slender form and fragile appearance in general, came under my observation some eight months since, when I was requested to prescribe for him for occasional discharges of blood from his urinary organs. At the time, supposing it to be hæmaturia, no examination of his urino-genital organs was instituted.

His bed-clothes in a few days ceased to be soiled, and no further attention was deemed necessary until some four weeks after, when there was a return of the discharge, and for it a renewal of the prescription. For several turns, of about four weeks interval, there were similar attacks and like subsequent improvement.

An examination being had, a most singular conformation was found to exist. A pendulous body, occupying the position of a natural penis, and measuring some four and a half inches in length, and about half an inch in diameter at its base, was discovered. This pseudo-penis gradually enlarged to three-fourths of an inch, or perhaps an inch in diameter, at its distant extremity, where it terminated in a rounded surface, which was perforated near its centre by the urethra. Nothing like a glans-penis or ordinary prepuce were discoverable. The skin covering this appendage was uneven in its surface, by reason of varicose veins of variable size, and some of which clearly indicated that the occasional flow of blood resulted from their rupture. There was no properly-formed scrotum; but, lying near the upper surface of this organ of which we have spoken, and just upon the left ramus of the pubal bone, there could be felt a miniature testicle, of the size and form of a kidney-bean. By questioning the boy, I was unable to find that this curious organ was capable of erection. Should the patient continue under my observation, I will make what further disclosures I can.—KELLOGG.

---

ARTICLE XLI.—*Case from Practice.* By F. S. BRADFORD, M. D., of Charleston, S. C.

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 III., 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 contributions towards such a proving, by those who feel inclined to test the remedy, will, without doubt, be gratefully welcomed by the profession.

### Reviews and Bibliographical Notices.

1. *The American Journal of Medical Sciences*, No. 76, October, 1859. Philadelphia: Blanchard & Lea.

It is needless to call attention to this, the leading quarterly medical journal of this country; in point of fact, almost the only original quarterly journal, except our own. We merely wish now to call attention to two articles on the use of alcoholic liquors in tubercular disease: the one by Dr. Bell, of New-York, Physician to the Eastern Dispensary, the other by Austin Flint, M. D., Professor of Clinical Medicine in the New Orleans School of Medicine.

We there read (see page 409) that, in the *New England Quarterly Journal of Medicine*, for 1843, Dr. Jackson has given the results of the autopsies of thirty-five persons, who were known to have been intemperate; in these, tubercles were found in five cases. He infers, therefore, that the use of alcohol is advantageous, so far as liability to phthisis is concerned. Again, we read, in the *New-York Journal of Medicine and Surgery*, for 1844, that Dr. Peters has given the results of about seventy autopsies of persons of similar habits: from the appearance of the lungs, he draws the same conclusions, as to the effects of alcohol, as Dr. Jackson.

This is the first intimation that we have had that any one had preceded Dr. Peters in his investigations on this subject. We can safely and truly say that Dr. Peters has never seen Dr. Jackson's article or any extract from it before.

"In the *Nashville Journal of Medicine and Surgery*, for 1856, is an essay by Dr. Washington, in which the author merely theorizes on the subject. In the *Buffalo Medical and Surgical Journal*, of the same year, is a short essay, in which the writer gives his opinion in favor of the use of alcohol in phthisis, and one or two cases are related in which recovery from that disease occurred under its use."

"Two theories as to the causes of the deposition of tubercle in the lungs, from each of which the utility of alcohol as a therapeutic agent has been inferred, have lately been extensively circulated in the medical journals. The first of these is a *chemical* one; it supposes that the tissues of the body, and particularly of the lungs, are too rapidly oxidized, and, accordingly, that alcohol, like cod-liver oil, might supply the fuel for this abnormal combustion, and thus prevent a continual waste, if not supply material itself. The *second* theory is a *mechanical* one, and attributes the origin of tubercle to a deficient circulation of the blood, and a consequent retrograde metamorphosis of the tissues; in this hypothesis, too, alcohol is the remedy,

by increasing the action of the heart. These theories need not be noticed further, as they are only mentioned here as having assisted in giving currency to the now prevailing opinion."

On page 423 we read: "Dr. Peters, of New-York, in 1844, gave the results of the autopsies of nearly seventy persons who were intemperate. In these he did not meet with a single instance of tubercular abscess in the lungs; but a small number of chalky tubercles were frequently found, and also a number of cicatrices, surrounded by scattered tubercles. These last facts would seem to imply, from the manner in which they are stated, although it is not directly so said, that the author of the paper believed them to have been cured, or in the process of cure, from the use of alcohol. These facts deserve a careful examination, as they are one of the few instances where the author does not indulge in theory and seems to have none to sustain."

On page 424 we read: "The number of cases in which there were cicatrices, or other appearances indicative of a tendency towards health, is not given. Such appearances, at the early time the paper was written (in 1844), might very properly have been considered as extraordinary; but, at present, the observations of pathologists have shown them to be common—thus :

" In 100 autopsies,	Rozii	found them in	51
" 116	"	Boudet	61
" 73	"	Bennett	16
" 160	"	Bean	157
449			285

"These were deaths from other diseases than phthisis, and they show that, if such appearances are to be taken as indicative of preëxisting phthisis, the disease much more frequently ends in recovery than is supposed, and that we are not justified in supposing, with Dr. Peters, that his cases were in progress of cure from the use of alcohol." Still Dr. Bell does not state how many were in the habit of using wine or spirits; yet he adds, on page 428: "When phthisis has actually commenced, it might, perhaps, be prudent to prescribe the use of alcohol with only a probability of advantage resulting from it; although it might, perhaps, be considered sufficient to have shown that this agent probably favors the approach of tuberculosis in the healthy, to argue that it could be of no great benefit in those who are actually diseased. This inference would be strong with all, except those blinded by Hahnemannian theories; but, if it should prove that the inference was not correct, it would certainly appear to be an argument in favor of that absurd system."

On page 440, Dr. Flint answers this question for Dr. Bell, thus: "If there be any article in the *materia medica* which may be considered as in any measure specially efficacious in exerting a remedial effect on the morbid condition or cachexia, on which the deposit of tubercle depends, we [Dr. Flint] believe it to be *alcohol*. The effects of the abuse of alcohol, terrible as they are, since they involve destruction of the mental and moral, as well as the physical constitution, are *antagonistical* to the deposit of tubercle; and clinical experience shows a decided influence of alcohol as a remedy in arresting and retarding tubercular disease. The extent of this influence, and the circumstances which, in individual cases on the one hand, favor, and on the other hand obstruct it, are yet to be determined. A grave question is undoubtedly connected with the anti-tuberculous in-

fluence of alcohol, viz. : How far its use as a remedy for tuberculosis may tend to encourage intemperance? we are not disposed to overlook or depreciate the gravity of this question. We are free to admit that, as an alternative, *intemperance* has, to our mind, more terrors than tuberculosis. Thus far, our [Dr. Flint's] own experience, which has been considerable, has not afforded an instance of intemperate habits formed by the use of spirits remedially in cases of tuberculosis. We [Dr. Flint], have heard of such cases, but the advice of the physician is sometimes made a convenient pretext for indulgence of an appetite which he has had no hand in producing. To prescribe an alcoholic remedy is not to sanction the use of spirituous beverages as an element of dissipation or of social enjoyment. Prescribed as a remedy, it is to be taken like other remedies—not at public places, nor at the festive board, nor with boon companions. Moreover, as a remedy for tuberculosis, it is to be taken within the limits of any appreciable excitation of the nervous system. Tuberculous patients sometimes bear large quantities without being sensible of any of the characteristic exhilaration; and the latter, when produced, is evidence that the proper bounds have been passed. Regulated with every precaution, it is probable that in some persons, constituted with a proclivity to carry the use of alcoholic stimulants to excess, they cannot safely be employed. It is to be hoped that the objection on the score of danger of intemperance applies only to those with whom a craving for stimulants is an idiosyncrasy. But, with reference to this remedy, a correct diagnosis of tuberculous disease is vastly important; and the practitioner may well tremble at the responsibility of advising it, if he be guided in his fears of phthisis by the apprehensions of the patient. It is a dangerous remedy for the melancholic and hypochondriac; and cases are common enough in which, under these circumstances, patients fancy that they are either tuberculous or in danger of consumption."

"We do not advocate intemperate indulgence at the table, but we do advise good living as among other things diminishing the chances of phthisis. As a reason for this advice, let it be considered that, with our present views of the hygienic treatment of the tuberculosis, so soon as a deposit of tubercle occurs to live as generously as possible. Now, if this be important directly tuberculosis is declared, would it not have been advisable prior to the development of the disease? In other words, if certain dietetic habits are curative, is it not fair to conclude that they are, to a certain extent, prophylactic? With this inquiry we leave the subject.

## 2. *Proceedings of the Ninth Annual Meeting of the Illinois State Medical Society (Allopathic).* Held in Decatur, June 7th and 8th, 1859.

This is a very respectable pamphlet, of one hundred and forty-eight pages, embracing several interesting reports, papers, &c. Among items worthy of note, we select the following. A Dr. Goodbrake offered the following resolution, which we are told was adopted :

"*Resolved*, That the Rev. Mr. Buck, and all other clergymen of Decatur favorable to *regular* medicine, be invited to seats in the Hall, during the present sessions of this Society."

At page thirteen, we remark the choice of a committee of three, to report at the next meeting upon "Itinerant Practitioners." "Charity begins at home," and it is high time these erratic sheep were cared for.

Two Prize Essays were reported to the Society,—one upon “Opium in Inflammatory and Febrile Diseases,” and the other upon “Miscellaneous Topics in Medicine.” The former drew a prize of twenty, and the latter of fifty dollars, offered by private members in 1858. A good idea; and one which the American Institute, as well as our auxiliary State societies, would do well to act upon.

The Valedictory Address of the President, Professor H. A. Johnson, of Chicago, upon the subject of “Human Dissections,” is a characteristic and readable production. This address bears learnedly, and logically, too, upon the legalization of anatomical studies, declaring in effect that physicians and students should not, of right, be compelled to have all their dissecting “done in a corner.” New-York and Massachusetts throw something of a protection and safeguard around them, and why should not Illinois, and, indeed, every other State?

In a report “On the Sore Mouth of Nursing Women,” Dr. Hollister reaches the following conclusions:

“1. That it is a disease of very general occurrence in some localities, while it is never known in others.

“2. That females *alone* suffer from it, and then only during the periods of gestation, lactation, and occasionally with a recurrence after lactation had ceased.

“3. That the intensity of its development is very uniformly dependent upon impoverishment of the blood; and, so far as is now apparent, upon diminution of the *red* corpuscles.

“4. That the concurrence of influences which depress the vital powers, favors its development in epidemic form.

“5. That, though not positively limited to malarial districts, yet it most frequently occurs when and where malarial diseases are most common.

“6. That its development is due to the causes which produce *anemia* acting coincident with the demand upon the system for the development of the child.

“7. That its three forms are but different manifestations of the same disease, and that, of these, the erythematous form is migratory in character; that any of the mucous membranes are liable to its metastasis, while the more common complications are in the *lungs, stomach, and bowels*.

“8. Relief is to be anticipated from a generous support of the vital powers by all the means at our command, and, in addition to these, the suppression of the lacteal secretion may be imperative.

“9. The prevention of this disease dates back to the *early healthy physical development* of the daughter; inured during maturing years to that amount of physical *labor* that shall give firmness and health to the whole organism, with abundance of sunlight and fresh air, cheerful associates, and a happy home. The avoidance of *premature marriage* is not the least imperative; while the too frequent occurrence of pregnancy is also to be deprecated.”

Beneath all this verbiage, and the rounding out of ambiguous phrases, which well-nigh conceals the thought, we may find the Doctor's *resumé* worthy of reperusal and reflection.

Dr. Young “On Chloroform in Parturition,” claims, among other things, that “there is less danger in administering Chloroform in parturition than in any other class of cases.” We extract the following from the text, as illustrating the why and the wherefore of this sentiment:

“1. In labor, the pain is real and present, and *not simply anticipated*,—this being the only true and reliable indication for its administration.

"2. In surgical and dental cases, with the looked-for pain, we have the depressing influence of fear operating upon, and agitating the patient.

"3. It is impossible that we may otherwise explain the immunity from death in the inhalation of Chloroform in parturition, if it be not that *pain* and *posture* exert a beneficial and preventive influence.

"4. Experience confirms the greater relative safety and success of the Chloroform anæsthesia in obstetrical, than in surgical or dental practice.

"5. The narcotism need be less profound in obstetrical than in surgical cases."

In elaborating these with other views, the Doctor is discovered to be heartily in favor with this agent in the hand of the competent obstetrician, to have really done himself credit in the monograph before us. Such a candid discussion of the subject is rarely encountered, for it would appear a singular fact, that writers upon Chloroform are much given to deport themselves as if, while in labor with an article, and through some kindred witchery, they had suddenly grown as oblivious to our needs as to their own pains, and that, which is yet more unfortunate, the birth is very apt to be acephalous.

Dr. C. Goodbrake (the father of the resolution quoted), reports two cases of threatened miscarriage at the sixth and seventh months of utero-gestation. Pains came on, the os was somewhat dilated, &c., &c., and the alarm seemed a genuine one. In the first, he "concluded to give Ergot in order to hasten the birth;" but, lo and behold! after two or three tolerably severe pains, and he had "supposed the case would soon terminate by the child being born," the patient suddenly grew easy, and examination revealed the mouth of the womb entirely closed! The patient went on to the full term with happy results. And the second was very like the former.

The report, entitled "*Extraordinary Effects of Ergot*," concludes with the query: "Was it the *Ergot* in this case that produced contraction in the mouth of the womb, and the subsequent quietude of that organ?" Here we have the phenomena of a convention of medical men, including the "regular" ministry, and some half dozen professors from colleges in this metropolis, the chairman of the committee, Dr. Byford, himself a teacher of obstetrics, &c., gravely sitting upon the "extraordinary," *id est*, the *homœopathic*, effects of one of our most common remedies, and not one of them frank enough to acknowledge the force of the illustration. We do not hesitate to affirm that the Ergot, although given in teaspoonful doses of the wine, really produced the effect in question. Our experience confirms its value, in minute doses, under just such circumstances, and so likewise does that of hundreds of homœopathsists the world over. We heartily recommend the members of this Society to prosecute their inquiries in this direction as far as may be, by a practical test of its chief indications and extensive usefulness. They may, perhaps, as well be brought to the light through the medium of labor-pains, as children generally are, as in any other possible manner!

Other interesting reports might be noticed, but we forbear. Dr. C. D. Jones has our thanks for a copy of the Proceedings, the reading of which has contributed both to our pleasure and profit.—LUDLAM.



3. *A Monograph upon Aconite.* Translated from the German of Dr. REIL, by HENRY B. MILLARD, A. M., M. D. New-York: Wm. Radde. 1860.

This monograph, probably the best which has ever been published upon the subject, has been translated and given to the public in English by Dr. Millard of New-York. Apart from the intrinsic value of the work, which is well known to all medical German scholars, the translation of it has been completed in the most thorough and pains-taking way; and all the Latin and Greek quotations have been carefully rendered into English. We can ourselves speak as to the labor which all this has involved; for, apart from the translator's knowledge of German, he has had to be thoroughly "up" in the medical jargon of the mediæval writers, whose Latin and Greek are probably the *worst* doggerel which one could be doomed to translate. These Dr. Millard has successfully overcome, and for this he deserves all praise.

The book itself is a work of great merit, thoroughly exhausting the whole range of the subject. To obtain a thorough view of the spirit of the action of the drug, we can recommend no better work.

4. *Hahnemann's Organon of Homœopathic Medicine.* Fourth American Edition. Wm. Radde. 1860.

This new edition of the "Organon" has been thoroughly revised, and also carefully compared with the latest English edition, and made to correspond with the latter in all particulars. Our space precludes an extended notice of it, but criticism upon such a work would indeed be an unnecessary and presumptuous undertaking.

5. *The Homœopathic Domestic Physician and Traveller's Medical Companion.* Containing plain Instructions for Curing Diseases, including those of Females and Children, by Homœopathic Remedies. By Dr. FERD. GUSTAV OEHME, of Concord, N. H. Second Edition. pp. 165.

A late number of the JOURNAL contained a review of a number of domestic treatises. We have now to notice another candidate for popular favor. Dr. Oehme's book was first published, we believe, less than a year ago. As a second edition has already been issued, it may be inferred that the work is meeting with a ready sale. The most striking features of the book, and, in our opinion, the most valuable one, is its small size. The section on the treatment of diseases, which is the most important for the non-professional public, occupies a little less than one hundred pages. Yet, in this short space, diseases and their treatment are described with a brevity and clearness which is but too often missed in more bulky volumes. The worst feature in the book is the uncertainty as to the dose to be given. Except in cases of poisoning, the author only recommends the use of globules, and does not even specify whether they are to be prepared with tinctures, or with dilutions, high or low. In other respects the book is worthy of recommendation, and does credit to its author, who, to judge from his contributions to German homœopathic literature, is a man of industry, good sense, and culture.—HOFFENDAHL.

NORTH AMERICAN  
HOMŒOPATHIC  
JOURNAL.

MAY, 1860.

Original and Translated Papers.

---

ARTICLE XLII.—*Some Remarks on the Therapeutics of Chlorosis.* By R. LUDLAM, M.D., of Chicago, Ill.

IN treating of chlorosis properly, we apprehend there are *two* grand indications which should be kept constantly in view. These are, viz.: to cure the anæmia, and to remove its secondary symptoms or sequelæ.

1. *To Cure the Anæmia.*

Chlorosis may be viewed as the *most* perfect type of anæmia. Essentially, there can be but little doubt that the depraved condition of the blood which characterizes it has its origin in some derangement, either of the respiratory, the digestive, or of the assimilative processes. Hence a rational and successful course of treatment will look first and foremost to the correction of any such derangement. In fulfilling this indication, as an indispensable auxiliary to the cure proper, we are to direct attention, first, to the diet, and second, to the exercise of the patient.

a. OF THE DIET.—Certain irregularities of diet and appetite may either occasion or accompany an attack of the chlorosis. Most patients suffering with it are prone to indulge and

to foster a fickleness of desire for certain varieties of food, to the exclusion of a more suitable and miscellaneous aliment. Thus, in a majority of examples of this disease which have fallen under our observation, patients have striven to accustom themselves to a vegetable diet, rejecting all animal substances whatever. From this there would result an appreciable sense of *want* in the system, and the organism, whose vitality is being taxed in the inauguration and maintenance of a new and particular function in the reproductive species, would be found to suffer from the lack of a healthy quantity and quality of the chyle furnished to the circulatory system for the supply of its physiological necessities. Under these circumstances the relative proportion of the ingredients of the blood is wanting, and this fluid becomes most certainly impoverished. The calorific digestion being disordered, the sympathy between the respiration and the circulation is impaired, the general system suffers from the want of a requisite supply of materials necessary to the production of animal heat, the vital forces are embarrassed, and the whole train of phenomena, pathognomonic and general of chlorosis, may be introduced.

There is no question that thousands of cases of this trying disorder originate in some such "trivial" departure from the dietetic regularities which must be classed as requisite to health; and we shall most certainly and speedily off-set the consequences thereof by directing our early and earnest attention to the correction of these abuses wheresoever they are found to exist. If, in the moral world, alms should accompany the petitions of the charitable, so, likewise, in the medical world, should the coin of common-sense be sometimes brought as an auxiliary in aid of the prescribed "*similar*." It is lost time to rely exclusively upon attenuated remedies in such cases, hoping or believing them capable of curing an attack of chlorosis which has been caused and is kept going by an irregularity of diet or exercise. These remedies may be never so well chosen, may, indeed, be entirely adequate to the relief of the secondary symptoms of the anæmia, but cannot, in the very nature of things, and unaided, remove a physiological disability which owes both its origin and perpetuation to an infraction of physiological laws. Certain agents, in common use by other me-

dical schools as medicines, may be, and are in a certain measure nutritious; but there are none such in the more orthodox catalogues of our school. No one will pretend that the use of sugar of milk and alcohol by the homœopathist can possibly supply a deficiency of their individual elements to the organism; and it were almost needless, at least in this instance, to attempt the restoration of health unless the proper conditions for its maintenance are placed beyond a peradventure.

To regulate the diet of a chlorotic patient, therefore, should be the first item in our prescription. If, from choice or caprice, it has been an exclusively vegetable one, we should order a mixed aliment for the future, and, no matter what loathing or disrelish she may experience, insist upon her partaking of more or less animal food every day. Oysters, beef, mutton, fowl, venison, &c., comprise a list from which a suitable selection may be made.

Or, if the diet has been irregular in other respects, the first great care should be to recommend its improvement for the future. The desire to eat such *outré* articles, as dirt, chalk, slate-pencils, pickles, cinders, &c., while it affords particular indications for certain of our remedies, should be overcome as speedily as possible.

If disturbances of digestion interfere with the prescription and taking of a proper diet, medicines should be given to remove the complication itself, and in preference to prescribing for other symptoms, as for amenorrhœa, palpitation, &c.

In brief, we may expect the best success in the treatment of a majority of the cases of chlorosis where we are most careful so to order the regimen of the patient as best ensure a supply of the blood-making elements in proper amount and proportions; and when we have properly regulated the

**6. EXERCISE TO BE TAKEN.**—Exercise in the open air is as important a requisite in the cure of this complaint as is a proper diet within doors. We are all, male and female, so constituted as to require fresh air and light, the same as plants, and if withheld their enjoyment, must suffer the consequences. An anæmic female resembles the plant the complexion of which betrays that its chlorophyle or coloring matter is wanting, and the lesson taught by its pallor—to bring it from the cellar to

the sun—is significant in case of the more exalted organisms which we are to treat.

Riding is a good, but walking is a better method of exercise for these patients; and the one or the other should be persevered in daily so long as is necessary. A hint which some of our brethren in country places may not consider as worthy of mention, perhaps, is to see to it that, if our patients insist upon riding in preference to walking, it shall not be in close carriages, which shut them in from the sun-light, and thus prevent one-half the good results of the airing prescribed. Such a ride is but little better than spending a half-hour in the easy-chair at home; and we may find it best sometimes to know, that when we have prescribed an out-of-door draught of air, our prescription is literally taken.

We prefer to settle upon some definite hour in which this exercise is to be taken. Early in the morning, and before breakfast, is generally thought to be the best time for it, although other hours may perhaps prove more convenient. Only let it be taken regularly, through storm and sun-shine, and so thoroughly systematized as by no possibility to be omitted in the daily programme; and, if not an over-task, if properly graduated to the strength and the susceptibility of the patient, and if, in addition, it is made agreeable to her, we may certainly look for good results from its use.

This last item we conceive to be a very important one. To connect some enjoyment with such exercise, in order that it may not degenerate into the style and character of a task, is one of the most delicate and yet beneficial ingredients which we may incorporate into such a prescription. If one rides a mile to see a friend, or with a friend, or upon some errand pleasantly associated with something apart from the benefit to be derived from the jouncing, *nolens volens*, the exercise may prove of immense practical advantage,—otherwise, perhaps not; and thus may we frequently graduate the result by ruling in some petty personal gain to charm away weariness, and work wonders in a curative way. Many a man will saw wood for an hour daily, if he may save a dollar thereby, to whom it would be but a sorry task—if he knew it at the time—to pay such a tax for getting rid of a dyspepsia. Tell a patient, whose habits are se-

dentary, and whose digestive powers are weakened through a want of physical exercise, to walk a mile before breakfast each day, and, if you associate with the toil prescribed the idea that it is necessary for him to plump into a cold bath when he has half done his morning tramp, or that he is to meet some friend, or to make a few dollars thereby, the benefit derived from the walk will be in ratio with the freedom of his mind from any inference of the fact that the toil is prescribed and undergone for the simple sake of his health alone. We have seen young ladies exercising for the cure of chlorosis, whose heads were full of the idea that to do penance in a daily round of the labor and drudgery of riding and walking, would be to court health and help the doctor's remedies to a happy result; but such patients and their physicians have been almost invariably disappointed in their expectations. And so must it ever be. The whole secret of making exercise beneficial to invalids lies in the possibility of concealing its ultimate design from the patient himself.

One very great advantage to be derived by chlorotic patients from exercise in the open air is due to the more perfect aëration of the blood. The sanguification of the chyle, supplied by the measures aforesaid, and the thorough oxygenation of the resulting fluid, are of vital importance to the health of the economy, and we are necessitated to minister to the proper play and performance of these functions. Being vital, the relief of their derangements may not be adjourned, but we must rather lay hold of the root of the matter, and learn if, by striking at their first cause, it may not be possible altogether to remove their effects.

Thus, by directing attention to the cause of the anæmia, we have shown it possible to remedy the chlorosis, and, by just such simple means, sometimes to cure our patients. Comprehending the essential nature of the complaint, and having no hypothesis concerning its uterine, hepatic, or cardiac complications to support or to gratify, it becomes comparatively an easy matter, through such medicinal measures as may be deemed requisite, to adjust the balance in favor of health.

Perhaps a majority of failures in treating the chlorosis successfully may have been due rather to the mistaking of secon-

dary for primary symptoms, or to the wrong theory of physicians regarding its nature, &c., than to the intractable or mortal character of the ailment itself.

2. *To Remove the Secondary Symptoms or Sequelæ of the Anæmia.*

This brings us to speak of the legitimate sphere and value of homœopathic remedies in the therapeutics of this disease. We shall chronicle the more important of these sequelæ in specifying the corresponding remedies, and need not, therefore, detail them in advance. Only a few of the remedies ordinarily recommended by authorities in the treatment of chlorosis will be spoken of in the present paper. Of these we wish it distinctly understood in the outset, the writer is not prepared to endorse the idea that, separately or collectively, they are entitled to the rank of *specifics*; but that, in the majority of cases, perhaps, the one or the other may be advantageously employed, either alone or in alternation with something else.

The first remedy in order is the

I. APIS-MELLIFICA.

The value of this agent in this place, we believe, is not yet fully understood. In our hands it has proved one of the most satisfactory medicines we have employed in the chlorosis. The Apis has seemed more appropriate to those sequelæ which betray some functional disorder, either of the circulatory, the respiratory, or of the reproductive systems, than to any others. We may speak of these indications separately.

1. *Of Sequelæ Involving the Circulatory System.*

The Apis appears to be indicated in such examples of this disease as are marked by the deposition, in the cellular tissue more especially, of a pale and colorless serum. It is well known that an excess of this serum over the remaining constituents of the blood is a peculiar characteristic of the chlorosis; and it is likewise understood that, among the more prominent pathogenic results of the Apis, are derangements of both the central and the capillary circulation. Putting this and that together, therefore, and in a very general way, our attention would be directed to this agent, as promising somewhat of relief for this

class of sequelæ. To specify more minutely the symptoms which, under this head, appear to demand the Apis, we may mention :

*a.* A TORPID CIRCULATION.—Sluggishness in the arterial and venous systems is a very natural consequence of what Simon has styled *spanæmia*, or poverty of the blood itself. This deterioration of its quality is an indirect means of subtracting from the force, whether *à tergo* or *à frontè*, requisite to its normal circulation; and it is to the relief of symptoms indicative of this very condition that the aforesaid remedy seems most appropriate.

If the heart's impulse be feeble, or if the pulse at the wrist lose an occasional beat, while, at the same time, the systole and diastole of the former are even more rapidly, although feebly maintained, we may consider it an indication for the Apis. Under such circumstances its effects will, of course, be modified by a conjunction with the means already recommended for the relief of the anæmia.

For a general feeling of lassitude, with trembling and fatigue from the slightest exertion, or cold extremities, and kindred evidences of torpidity of the function named, this is an invaluable remedy.

*b.* EDEMA OF THE CELLULAR TISSUE.—Dropsical swellings of the extremities are frequent accompaniments as well as sequelæ of the chlorosis, for which the Apis will, other things being equal, effect the most signal relief. Puffiness of the eye-lids and face, as well as a more or less general anasarca of the post-chlorotic type, may sometimes be cured by this agent alone.

*c.* HEADACHE.—Frequent headaches, of a periodical nature, with determination of the blood to the head and face; congestive headaches, which are aggravated by motion or stooping, and characterized by the head feeling as if swollen, afford strong indications for the Apis. If, in addition to these, we find the cephalalgia accompanied by soreness of the eye-balls, with some puffiness of the scalp, as well as of the eye-lids, and of the general features, this indication is confirmed.

*d.* PALPITATION.—This symptom of debility, the indirect consequence of a torpid circulation, will sometimes yield most



readily to a few doses of the Apis. When we have that marked frequency of the pulse which is so characteristic of the prostration resulting from anæmia, accompanied by palpitation, or either of the more prominent among the foregoing symptoms, a glance at the provings of this agent will suffice to confirm its promised value as a means of speedy relief.

The "fluttering" sensations, of which those patients often complain, will sometimes disappear almost miraculously under its employment.

## 2. *Of Sequelæ Affecting the Respiratory System.*

The more prominent among the symptoms betraying these disorders of respiration are :

*a.* **OPPRESSION OF THE CHEST.**—One of the most ordinary complaints of chlorotic patients is of a "breathlessness" or dyspnœa, which they report as being aggravated by lying down, and ameliorated by inhaling the fresh air in an upright posture. This symptom is apt to be succeeded by bruised sensations over the thorax and elsewhere, similar to those which asthmatic subjects so often experience.

Sighing, with a sense of weight, of fullness, of soreness, or of heat in the chest, are also frequent symptoms, all of which are among the pathogenetic features of the Apis, and may be relieved by it.

If the before-named oppression of the chest occur more especially at night, provoking insomnia, and so wearing the patient out by reason of insufficient repose and particularly if this species of embarrassment be accompanied by a harassing cough, or palpitation, or with a night-sleep which is full of dreams, and from which she awakens weary beyond expression,—may we add another plea for the Apis.

*b.* **COUGH.**—This is so common and yet so illusory a symptom as, through its very presence and persistence sometimes, to have led physicians into the most mischievous errors of diagnosis.

The varieties of cough most readily removed by the Apis are the following: hoarseness, with a constant disposition to cough, characterized by a sensation as of scraping in the throat; short, irritating cough, with oppressed breathing, which is always worse at night, and apt to be accompanied by a choking pain

in the chest; croupy cough, with laryngitis, and hysterical choking (*globulus hystericus*); cough attended with excessive "nervousness," which prevents sleep as well as repose; or such as is indicative of a thin liquid in the bronchial tubes, recognized by the auscultatory sign of a crepitus less fine than in pneumonia.

It is this particular division of respiratory difficulties which, more than any other, perhaps, is most successfully combatted by the Apis; and we recommend the study of its pathogenesis as promising great good, not only in the coughs of chlorotic subjects, but wherever kindred symptoms indicate other and different disorders of so important a function.

As in the chlorosis, there is no one class of phenomena so alarming to the patient and her friends, or the import and bearing of which it is more difficult for the physician properly to estimate, so it will frequently prove desirable to quiet those fears, and to remove any professional embarrassment concerning the diagnosis, by the employment of a remedy which promises and is capable of performing so much for their relief.

c. PULMONARY ŒDEMA.—The œdema of the lungs—whether of the extra-vesicular cellular tissue, of the air-cells themselves, or of both these together—occasionally met with in long-standing cases of chlorosis, may be ameliorated, if not radically cured by the Apis. Hydrothorax itself, if not too chronic or complicated, has been known to yield to the same medicament.

Hydropericardium. A certain quantity of serum in the pericardial sac would appear to be normal, but, if this be in excess, it may constitute disease. And this result does sometimes follow a deterioration in the quality of the blood, whereby it becomes pale and aqueous as in chlorosis. Such a state of things may, now and then, be successfully combatted by the Apis.

d. HYPOCHONDRIA.—For the want of a better place, we have classed this as a symptom of pectoral disability. Dejection of spirits, with the most ominous forebodings, while, at the same time, if the cloud be removed for a little, the intellect is clear, is one of the most trying and tenacious among the symptoms of this disease. We have found no remedy so happy in the power to remove it as that of which we are speaking. One young lady patient, who was thoroughly impressed with the conviction

readily to ... will not survive to another year, and whose evil imagination ... at least to her own mind—at the mouth ... under the use of the Apis, abandoned ... either of ... has successively outlived some two or a glance ... promised

The " ... *Involves the Reproductive System.* ... but that, in chlorosis, the uterine functions are more ... than is any other. Hence the disorders will be classed as causes,

2. *Of Sequelæ Affecting the Respiration.*—a mistake by no means ... Of the more obvious disorders of respiration are :

a. *OPPRESSION OF THE CHEST.*—One of the most common complaints of chlorotic patients is of a "breathless" variety of dyspnoea, which they report as being aggravated by the want of fresh air. Inhaling the fresh air in an upright position, the term "breathless" is to be succeeded by bruised sensations, which is a variety similar to those which attend asthma.

of fullness, of soreness, the most frequent symptoms, all of which are relieved by the use of the Apis, and may be

the chest occur more especially when the patient is so wearing the patient is particularly if this is accompanied by a harassing cough, the patient is full of dreams, and depression,—may we

Illusory a symptom sometimes, to have a variety of diagnosis. The symptoms relieved by the Apis are a disposition to cough, a soreness of the throat; short, gasping, which is always relieved by a choking pain

whether they exist as a complication or sequelæ of this latter, or of some other affection—we speak of *suppressio mensium*—it is a good rule to remember and to act upon the old maxim, that “*the woman is not sick because she does not menstruate, but that she does not menstruate because she is sick.*”

It were a query, difficult of solution, whether, in the hands of the ignorant and the vulgar, *alteratives* or *emmenagogues* have been the more injurious weapons!

Whatever theory of its *modus operandi* is adopted, it cannot be questioned that the *Apis* has a powerful influence over the uterus and its appendages. Among the symptoms capable of being relieved by its rational employment, agreeably to the homœopathic method, are the following: Amenorrhœa; habitual irregularities of menstruation, accompanied by bearing-down pains as if the flow were coming on, or by inflammation of the uterus, with excessive tenderness either of this organ or of one or both the ovaries; suppression of the menses in young girls, whether from cold, or any other exciting cause sufficient to produce so manifest a derangement.

If either of the above symptoms be present, along with such irregularities as have been already specified under the foregoing heads, we may conclude the indication to be a strong one for the *Apis*, although remaining and different symptoms may seem to demand some other remedy in alternation therewith.

*b. A SCANTY FLOW OF THE MENSES.*—This symptom, if accompanied by abdominal cramps, labor-pains, leucorrhœa, or great nervous debility, with a tendency to hysterical developments, headache, &c., may, in general, be most readily remedied by the *Apis-mellifica*.

These are the indications which, confirmed by clinical evidences in our professional experience, have led us to speak at such length of the value of this agent when employed under the indications we have laid down. We hope that others may be induced to test its efficacy in the chlorosis, and to report through the *JOURNAL*, at an early day, the results of a multiplied experience.

For ourselves, we prefer a trituration of the *Apis*, as being of more uniform strength, and altogether more reliable than a tincture or dilution of the same; and have somehow become

possessed of the idea that the reason why so many of our brethren have failed to witness good results from this remedy is, that they have employed the latter, instead of the former preparation thereof. Our Chicago pharmacutists, Halsey & King, have recently made a trituration, in every way valuable, of the posterior third of the body of the bee, thus securing both the sting and its pouch, with very little animal matter, to be rubbed up while perfectly fresh with the sugar of milk, in the proportion of ten bees to the ninety grains of that vehicle. This is the preparation we have employed, and which we recommend before all others.

## II. CALCAREA-CARBONICA.

Whatever may be said of sexual influences, as creating or modifying certain examples of the chlorosis, it cannot be denied that disorders of *digestion* are frequent precursors of its attacks; that they very often contribute to its perpetuation; or that it may become imperative, in a large proportion of cases, that we address our remedies primarily to the removal of this class of sequelæ. When it has happened that the regulation of the diet and exercise, already recommended, are not in themselves adequate to the relief of these disorders, we may find that medicines will prove requisite to aid in its accomplishment. Of these latter, perhaps, the more prominent and promising is the Calc.-carbonica.

This remedy is especially adapted to the removal of those digestive sequelæ of chlorosis which fasten themselves upon a tuberculous diathesis, and in which the general organism is not invigorated by the food which is taken, for the simple reason that this supply of material is not assimilated to the repair of its tissues. The blood is become degenerate; the external and internal tissues pale and exsanguinous; there is an evident *marasmus*, or wasting away of the flesh, at which the patient's friends are greatly alarmed; while, indirectly, the *anæmia* is increased, and one by one the organic troubles common to chlorosis, in one or another of its stages, are begotten in the unfortunate patient.

This condition represents briefly the more important sphere of the Calcarea in this disease, the advance to which state of

things is chronicled by such symptoms as the following, all of which are common both to chlorosis and to the remedy of which we are speaking :

Anorexia, especially in young girls ; perversions of taste, which are styled as bitter, sour, or metallic ; dejection of spirits, with a sense of great fatigue ; aversion to every variety of meats ; impure breath ; pyrosis ; cardialgia ; swelling and hardness of the abdomen ; heaviness at the pit of the stomach before or after eating ; scanty and hard stools ; diarrhoea ; palpitation of the heart, at night ; cough, with irregular and troublesome perspirations ; extreme sensitiveness to cold air ; numbness of the extremities ; emaciation, &c., &c.

Without pausing farther to detail the characteristic indications for this invaluable remedy, under the head already laid down, it is sufficient to insist that physicians should not so frequently overlook its promised efficacy in the complications incident to the chlorosis. Nothing is more certain than that, as we have attempted to demonstrate, it is in many cases quite impossible to cure this latter affection until we have imparted a healthful tone to the digestive apparatus, and each and all of its peculiar functions are reestablished, and fortified through persuasion into a normal and necessary activity.

Lycopodium may sometimes be advantageously given, in alternation with the Calc-carb., where there is obstinate constipation, or cough in a tubercular habit of system ; or Sulphur may be useful with the Calc., should the like symptoms become chronic, and fail to yield to this latter remedy when employed alone.

The sphere of the Calc.-carbonica is not, however, limited to the aforesaid derangements of the nutritive system. It will frequently be found *en rapport* with sequelæ affecting the reproductive, the circulatory, and the cutaneous systems as well, in which case additional strength is given to its indication, and under which circumstances we may the more certainly anticipate great good from its employment. The symptoms which call for its use under these heads are quite too familiar to demand mention here, and we accordingly pass to the consideration of the third and only remaining remedy of which, out of the whole catalogue of those recommended, it is proposed to speak in the present article.

## III. FERRUM.

In one form or another Iron has been the great remedy for chlorosis with both the schools of medicine. These two sects of medical men employ it, however, under very different circumstances—the old-school physicians, with an eye single to its chemical effects upon the blood, and those of the homœopathic school, as comprehending, in a word, its dynamic or vital relationship to the entire human organism.

*a. Of the CHEMICAL Properties of the Iron in Changing the Color of the Blood in Chlorosis.*

This division of our subject involves one of those *rotary* questions in medicine which have as many supporters as sides to the sun. Notwithstanding the discovery of hematosin, or that, for the best of reasons, its peculiar state of combination in the blood has not been ascertained as yet, with any degree of certainty, it is more than possible that iron, in some form, does really furnish the coloring matter of that fluid. Even this, however, is an unsettled point. That this metal exists in some form in the blood there is no question, since it may be obtained by burning a portion of the same, or through the chemical agency of chlorine; but the practical import of such knowledge is of very slight significance indeed. Such crude and coarse experiments, instituted with a view to the precise therapeutical data for this or any other remedy, remind one most forcibly of Charles Lamb's version of the primitive method of obtaining roast pig among the "Celestials," who could not conceive it possible to procure the delectable dish without the sacrifice of a cottage to those flames which were to cook the one, while they destroyed the other.

But, granting the theory that the chalybeates, in some unheard of combination, do afford the coloring matter of the red corpuscles, what have we then learned of the conditions and particularities of this function? Because, forsooth, iron has been discovered in the ashes of the blood, or subtracted from among its peculiar organic affinities by the destructive agency of chlorine,—because we may most wisely adopt the conviction that it is this substance alone which gives the florid hue of health to the life-current,—are we, therefore, in a case of chlorosis, for example naturally to infer that the greater the amount of Iron introduced

into the stomach, the greater and the more speedy the good to be accomplished? Certainly not. When we consider the delicate combinations into which this element may enter, the embarrassment which the whole organism, but more especially the circulatory system, is liable to suffer from an overplus of the same,—or reflect upon the futility of such poor, short-sighted creatures in assaying the chemistry of Providence,—how crude and worse than worthless are all our practical deductions of this sort, and how meagre the display of science and reason!

The lines which separate a vital physiology, on the one hand, from a material chemistry on the other, are not drawn with sufficient distinctness for practical purposes, and there is no question but that our patients sometimes suffer because of it. The chemical doctrines of disease and its cure, which so many of our brethren have either inherited or begotten themselves, need frequent correction and revision, or they soon grow to be dangerous, through engrossing one's thoughts and practices, tending as they do, all the while, to make him a mechanical routinist. The natural fruit of the chemical theory aforesaid, considered apart from the physiological questions involved, is found in the almost universal practice of the dominant school to prescribe great quantities of Iron for the supply of coloring matter to the blood in chlorosis.

A few leading minds, however, are beginning to take a more rational view of the subject. Thus Bernard, the celebrated physiologist, is of opinion that the curative effects of Iron in this disease are not to be attributed to its absorption into the blood; since, after the injection into the stomach of Iron-filings, the Lactate of Iron, &c., he has not been able to detect more than the usual quantity of Iron in the vena-portæ. He further inclines to the belief that, as Iron exists in the food, it very likely requires a certain combination in order to the absorption of this metal—a very natural and much more satisfactory conclusion. We cannot but hope that, for the good of humanity alone, many others of his standing and influence may come, at an early date, to acknowledge the above sentiment, and to adopt that practice which is but a necessary outgrowth of the same.



*b. Of Iron as a VITALIZED Element of the Blood, and its true Indications in the Treatment of Chlorosis.*

It appears a singular fact, that, since the iron of the blood is held by so powerful and yet so peculiar an affinity, physicians do not take the hint that its indications in this disease are based, not so much upon its reconstructive, as upon its sanitary relations and efficiency.

When we reflect that, administered as a material element, it must undergo a process which so changes its relations and identity as to render it altogether insensible to the tests which detect it in every other of its numerous combinations; that by this change it becomes, so to speak, an organized element, vitalized, or charged with life in itself and to the tissues; that but a very limited amount of this substance can, by any possibility, be appropriated as an elementary constituent of the blood;—the lesson is most distinctly taught, that, as a therapeutic agent, it should be given in such form and quantity as will best recommend it to the purpose it is designed to subserve. Here, then— if physicians will continue to insist upon having a physiological rather than a pathogenetic indication for the Ferrum—is the precise sphere for the homœopathic attenuations of this remedy. If, instead of the tincture of the Chloride, we employ the second or third homœopathic dilution, or, in lieu of the Carbonate, prevented from oxidation from combination with sugar, in the form of *Vallet's* Ferruginous pills, we were to administer a trituration of the same in the *saccharum lactis* of our own school, who shall declare us disappointed in the comparative results of the remedy used?

There is, therefore, no reliable criterion for the exhibition of Ferrum, save in its pathogenesy. Physiological and chemical indications may confirm the pointings of the former, or may, indeed, be the first to call attention to this agent, as promising somewhat of relief in a given case; but, with the enlightened practitioner, they can never constitute the sole reasons for its selection before others as a means of cure.

ARTICLE XLIII.—*On the Motions of the Heart.* By E. C. FRANKLIN, M. D., of St. Louis, Mo.

[Continued from February Number.]

*Auricular Diastole.*—The diastole of the auricles, like that of the ventricles, is a passive movement. Their cavities are gradually and persistently filled by the return blood, which flows into them through the venæ-cavæ and pulmonary veins, and continues, from the termination of one auricular systole, through the ventricular systole and diastole, to the commencement of the succeeding auricular systole, and during the period of repose. The dimensions of the right auricle exceed those of the left, and its capacity for containing blood is greater than that of its fellow, owing, no doubt, to the larger quantity of blood consigned to its chamber. This increased quantity of blood over that of its corresponding auricular chamber is fully met, in the healthy state of the heart, by a corresponding increase in the cavity of the right ventricle over that of its corresponding chamber. The duration of the auricular diastole is about four-sixths of an entire beat of the heart. It may be proper to state, in this connection, that these several divisions of time, corresponding to the different motions of the heart, are merely arbitrary, hardly two authorities agreeing in their various estimates. I have adopted the above divisions, because we think it a nearer approach to the true measurements of the heart's movements.

*Ventricular Systole.*—The systole of the ventricles is a forcible and progressive motion, not performed with the rapidity of the auricular systole, nor yet the gradual gliding motion of most modern authors, and follows immediately the contraction of the auricles—the two movements, to inexperienced observers, being more like a single one. It is accomplished by its muscular walls contracting suddenly and simultaneously in every part, and appears to be the continuation and completion of the contraction began in the auricles—the two movements being almost imperceptibly lost in each other. During this movement, the apex of the heart changes its form, and, from occupying the more conical shape and elongated figure corresponding to the volume of blood projected into it by the auricular sys-

tole, it becomes more globular : the apex, receding from the parietes of the chest, approaches the base of the heart in a slightly spiral manner from left to right, and from before backwards and upwards towards the right shoulder. The contraction is more forcible than the auricular systole, and is performed with considerable rapidity ; the apex describes a portion of the segment of a circle, and moves from left to right, owing to the arrangement of the muscular fibres composing its walls, they being stronger and more numerous in the left than in the right ventricle. During their systole the surface becomes rugous, the parietes are pale and hard, the convexity of the organ is more marked, becoming shorter and more globular than in the relaxed and distended state of the ventricles, the apex is drawn from, instead of projecting towards the thoracic walls by the muscular fibres, which run in a spiral direction from the base to its apex.

If we bear in mind the position of the heart in the thorax, and its relative situation to other organs—the base looking upwards and backwards towards the right shoulder, and lying in juxtaposition to the bodies of the dorsal vertebræ, its length shortened, its apex approached towards the base—it becomes a mechanical impossibility, in view of all these contending circumstances, that its apex during the ventricular systole should infringe against the parietes of the chest, and is diametrically opposed to both the physiological and anatomical position of the parts. The theories concerning this movement are almost as diversified as the authors themselves, and, indeed, in such confusion is the whole subject precipitated that it is exceedingly difficult for any two to agree. The observations and conclusions given in this work are the result of careful and unbiased scrutiny, and are written with a disposition to “testify to those things which we have seen,” rather than to present imaginary theories, couched in elegance of style and beauty of diction. Nor is it my purpose to marshal before the reader the various conflicting opinions and hypotheses that have distracted the professional mind from the illustrious Harvey to our own time. My only aim is to present the truth as I have seen it through the glass of experience and experimentation. With this digression, let us turn our attention to the muscular fibres of the heart, and the agency they occupy in this movement of the

organ. Mr. Searle\* and M. Gerdy† have given much attention and study to the minute investigation of the fibres of the heart, and to the former are we indebted for the summary presented under the title of "Structure of the Heart." The direction of these fibres, says Mr. Searle, are, for the most part, oblique, running from right to left on the anterior surface of the heart, and from left to right on the posterior aspect to the apex. It is the preponderance of muscular tissue running from left to right, composing the left ventricle of the heart, that we have the slight tilting or twisting motion observed by Sibson, Cruveilhier, and others. This spiral movement can hardly be said to describe a segment of a circle. If so, the segment must of necessity be a very small one, owing to the antagonistic power of the muscular fibres on the anterior side, which draw that portion of the heart in the direction of those fibres running from right to left; both these movements jointly, and acting at the same time, have the more decided tendency of drawing the apex towards the base, producing a jerking or tilting of the apex, which slightly moves in a spiral direction, from left to right; but the maximum of the motion being from before backwards and upwards, and *from* the thoracic walls instead of *towards* them. Taking into view these facts, it appears exceedingly problematical that the heart, during the systole of the ventricles, should impinge against the walls of the chest, and, if we adopt the axiom of Sir Isaac Newton, "that more causes than are true or sufficient ought not to be assigned," we will avoid the discrepancy and confusion thrown around this subject by most physiologists.

During the ventricular systole the diameters of the cavities are diminished in all their measurements, but especially so in length. In this complete, sudden, and uniform contraction the ventricles entirely empty themselves, differing in this respect from the auricular systole. In the former, the auriculo-ventricular orifices being perfectly closed, any farther ingress of blood into their chambers is prevented by the force of its muscular contraction and the pressure of blood against these valves,

---

\* "Cyclopædia of Anatomy and Physiology." London.

† "Journal Complimentaire du Dict. des Sciences." Vol. IX., page 97.

while in the latter the orifices of the veins are continually open, and their contents are constantly flowing into the auricular cavities. Some authors contend that the ventricles are not completely emptied of blood during their systole, among whom are Drs. Hope, Bellingham, and others; while many more assert that the cavities during contraction are entirely exhausted of their blood. I incline to the latter conclusion, and base my opinions upon: *First*, the examination of those subjects suddenly deprived of life, in which the cavities of the heart are found emptied of their blood; and *Secondly*, to the greater disparity such a condition of things would produce between the relative capacity of the auricles and ventricles, which, if true, would be continually engendering morbid processes. The conclusions elicited by Drs. Pennock and Moore, in their experimentations, were, that the apex of the left ventricle was not observed to approximate the base during the systole of the heart, and that the expulsion of the blood from the ventricles, during ventricular contraction, was affected by the approximation of the sides of the heart only, and not by a contraction of the apex towards the base; that the heart performs a spiral movement, and becomes elongated. This conclusion, at variance with the observations of by far the larger number of experimentators, has been recently adopted by Dr. Flint, in his recent work on "Diseases of the Heart," and which he characterizes as "the American doctrine." I have no fellowship with this doctrine, even though it be the "American doctrine," and believe it to be founded in error, and antagonistic to the mechanism of the parts involved in the process, and will give the following reasons: *First*, it is opposed to the conclusions elicited from my own experiments; *Second*, it is at variance with the general observations of those who have closely examined the matter; *Third*, it is a mechanical impossibility, from the position of the parts; *Fourth*, the apex of the heart, not being a fixed point, must yield to the traction of its muscular fibres; *Fifth*, this traction is from the apex to the base, the only fixed point of the heart; *Sixth*, "approximation of the sides of the heart only" cannot take place during ventricular systole. My own experiments, venesections, &c., lead me to deny the conclusions of Drs. Pennock and Moore. The theory that the impulse of the apex against the thoracic

walls is coincident with the contraction of the heart, rests principally on the observations and experiments of Drs. Hope and C. J. B. Williams.\* The phenomena presented by the systole of the ventricles, as described by Cruveilhier, in his celebrated case of ectopia-cordis, are described in the following language: "During their systole, the ventricles become paler, their surface wrinkled, the superficial veins swollen, and the spiral fibres, which form the apex of the heart, become more evident; at the same time the ventricles diminish in all their diameters, the appearance of shortening being most perceptible in the vertical diameter." The ventricular systole "*is not accompanied by a motion of projection of the heart forwards,*" and, indeed, in this movement many observers agree with him. It is impossible, from the structure of the heart, that it should elongate during contraction. Can any one reconcile to the law of muscular movements the *elongation of contraction*, or the *active dilatation* of muscular tissue. The assumption appears to me too absurd to require further comment. After the blood has been received into the cavities of the ventricles, they immediately contract, by the stimulus given to their walls by the pressive column of blood projected into their chambers by the auricular systole; the blood is then propelled by the systole of the ventricles through the arterial orifices to the lungs and all the parts of the system. In its passage through the mouths of the arteries, the semilunar and sigmoid valves are thrown back, lying against the walls of their respective vessels. The auriculo-ventricular orifices are closed by the tension of the carnæ-columnæ, which prevent regurgitation into the auricles. After the termination of the ventricular systole, and the column of blood has left the cavities, the distended vessels contract, by means of their muscular coats, the valves expand and close the orifice, not with a sudden jerk, but with a gentle and gliding motion towards the centre of the vessels, meeting each other with their free edges, effectually closing the mouths of the vessels, and preventing the regurgitant blood from entering again the cavity. Dr. Watson describes this movement as similar to the "unfolding of an umbrella," and asserts that it is ac-

---

\* *Vide* their treatises on this subject.

complished with an "audible check as they tighten," and is produced by "the recoiling blood forcing the valves back, as one unfolds an umbrella." This movement, if the observation be true, if continued for a short time only, would not merely seriously impair the integrity of the valves, but injuriously affect the integrality of the instrument to which the process is compared. By this beautiful contrivance of valvular apparatus the orifice is completely closed, and regurgitation of blood into the ventricles is prevented. If we consider the delicate structure of these valves, consisting simply of a duplicature of the soft lining membrane of the internal coats of the ventricles, enclosing a slip of fibrous tissue only, we are compelled to look for some other cause of their action than the mere mechanical one suggested by Watson. We do not believe that in any portion of the human vital organization there is a single instance of absence or want of that vitality that adapts each individual organ to the purposes or functions for which it was created, and I do most emphatically object to that theory of passive mechanism applied to these valves and other portions of the heart. That they serve an important part in the circulation, all physiologists admit; that they are highly endowed with nervous and vital energy, directed to the fulfilment of their office, and not the mere plaything of mechanical law, I earnestly believe. To disprove that they are closed by the weight or quantity of blood recoiling against them, let me mention a simple experiment which may be performed by any one. We placed a youth upon a wide plank, upon his back, and firmly bound. Having noted the frequency of the pulse, the number of respirations, the character of the cardiac sounds, all of which were normal and healthy, I elevated the subject quickly by the aid of pulleys, his feet occupying the elevated position and his head downwards, describing an acute angle with the plane of the horizon. Now, upon examining his pulse, we found it increased in frequency, but lacking that force it possessed before the experiment. The respirations were slightly increased, and the clacking, attributed to the sudden tension of these valves by the recoil of blood, still as distinct as before. Some slight alterations were observed in the intonation of the first sound of the heart, which will be more minutely described in another portion of this work. If the

clacking and closing of the valves is due to the recoiling blood by gravitation, surely, in the above experiment, this clacking should have disappeared, the cause producing it having been destroyed, but the contrary effect obtained, and the sound, or clacking, was as loud as before the experiment. So much for the *mechanical* agency attributed to these important agents in the circulation.

The comparative difference in the amount of force exerted by the contraction of the two ventricles, as compared with the two auricles, is very great. The dissimilarity in the contraction of the two ventricles is also marked, and corresponds to the amount of resistance to be overcome. The left ventricle, having to propel blood through every portion of the system, is provided with a greater amount of muscular power than the right, whose exclusive service is to supply the lungs with blood; and, taken collectively, they exercise an immense force, in comparison with the auricles, whose office is to project the blood into the cavities of their corresponding ventricles. The ventricular systole occupies about one-third of the entire beat of the heart.

*Ventricular Diastole.*—Immediately after the contraction of the ventricles, their diastole begins; it is a sudden and instantaneous movement, and corresponds to the volume of blood forced into it by the auricular systole. During this motion, the ventricles increase in all their dimensions, the apex recedes from the base towards the thoracic walls with a sudden jerking motion, the previous globular shape of the organ is changed, assuming a more conical form, the heart becomes elongated, the convex surface assumes a smooth and more flaccid appearance, approaching the shape and position it possessed previous to the systole. This is termed the passive state of the ventricles, or period of rest. This movement of the heart has been divided into two stages, "the first, which immediately follows the ventricular systole, is sudden, the apex being pushed downwards, and, *apparently*, passing deeper into the chest, and is occasioned by the return of the heart to its state of rest." The second is also "sudden, and is attended by a rapid, but not very extensive enlargement of the heart in all its dimensions." It is this second motion of the organ that is caused by the blood being forced into it suddenly and forcibly by the contraction of



the auricles, producing the elongation of the heart, and its impingement against the thoracic walls. It is of this motion of which M. Cruveilhier speaks, in his account of the phenomena observed in the celebrated case of malformation to which we have hitherto alluded. He says: "The ventricular diastole was sudden and instantaneous; the ventricular cavities became filled, swelled out, elongated, and the apex was projected downwards—it seemed at first as if this constituted the active movement of the organs, so rapid and energetic was it. One forms no idea of the force with which the dilatation overcomes any pressure upon the heart; the hand close round it is violently opened." With the exception of the concluding sentence of M. Cruveilhier's, which, no doubt, is an extravagant expression, peculiar to the nationality of the man, I could not draw a fairer picture of my views concerning this part of the heart's movement than is here portrayed, and I am willing to attach these observations of Cruveilhier to my own opinions, but cannot subscribe to his deductions, &c. Let us examine the observations of Dr. Thomas Robinson,\* of Petersburg, Virginia, and M. Beau,\* of France, and compare them with those of M. Cruveilhier. In the case of Dr. Robinson,\* the following was the succession of the heart's action, as obvious to the eye. "Beginning from a state of rest, the heart suddenly and forcibly dilated in all directions, the dilatation commencing, apparently, with the auricles, and proceeding with great rapidity to the ventricles. The apex thus elongated, was projected *forwards*, and would, of course, in the normal condition of the parts, have *struck against the parietes of the chest* and *produced an impulse*. Immediately after the completion of the diastole, and without the least observable interval, the heart contracted forcibly, and was now diminished in all its dimensions, with a receding of the apex. The systole began also in the auricles, and proceeded to the ventricles with great velocity. The whole of this complicated movement was made with such rapidity that it seemed almost like one act of the heart, the systole beginning

---

\* These were cases of new-born infants, in whom the breast-bone was wanting, and the heart was uncovered by the pericardium and exposed to view.

in the auricles at the instant of the completion of the diastole in the ventricles, and altogether occupying less than half a second. A period of rest followed, which considerably exceeded the time occupied by the diastolic and systolic motions combined." The cases presented to the Academy of Paris by M. Beau, are of great interest to those who are willing to accept the evidences of things seen as a basis of faith. He says: "The heart, starting from a state of repose, appeared suddenly to dilate in all the dimensions of the ventricle, with *projecting* of the apex, and then immediately to contract without observable interval, the apex retreating,—after which came the period of rest."

At a meeting of the Medical Society of the Hospitals of Paris, M. Aran stated that he and M. Bernard had performed experiments upon frogs, and young animals at birth, which confirm M. Beau's opinions as to the successive actions of the heart—namely, that the auricle, having been passively dilated during the repose, suddenly contracts, thus throwing the blood into the ventricle, which, consequently, suddenly dilates, and subsequently contracts, without any observable interval. Hence, of the two periods of the heart's action, the *first* is occupied by the contraction of the auricle and the dilatation and contraction of the ventricles successively; the second by the dilatation of the auricles.

It is not difficult to reconcile the foregoing observations with those of Mr. Cruveilhier, and arrive at a conclusion consistent with the active diastolic theory.

In antagonism to the theory of Drs. Pennock, Moore, Williams, &c., let us examine the observations made by W. Oesterreicher, in his experiments made upon the heart of a frog.\* "After removing," he says, "the frog's heart from the body, and laying a substance upon it sufficiently heavy to press it flat, and yet so small as to not conceal the organ from view;" he then observed, "that during the systole of the heart the weight was raised, but that during its diastole the organ remained flat." This experiment has been quoted by Muller to prove that the diastole of the ventricles was not a muscular act (*i. e.*, the active force of contraction, as advocated by Carpenter), and not without much force.

---

\* "Muller's Physiology," Vol. I.

Another experiment, performed by Dr. Clendinning, goes far to subvert the conclusions advanced by Drs. Pennock and Moore, and to prove that the impulse of the heart, caused by the sudden distension of the ventricles, is due to one cause alone, and that is auricular contraction. The latter authority performed his experiments by applying the points of a pair of spring calipers on the heart of a live ass, and he found that their points were separated as often as the heart swelled up in the diastole of the ventricles, but approached each other by the force of the spring *after* the contraction of the ventricles, *i. e.*, during their diastole. By examining this experiment, and substituting the word *systole* of the ventricles in lieu of *diastole* (an obvious mistake of the author, these two motions of the heart, no doubt, being confounded with each other), it affords additional proof of the diastolic theory. I might enumerate many experiments of this nature, all, in their totality, opposing the theory of elongation of the heart during the systole of the organ. But I will take leave of the subject, after presenting my own experiments and the conclusions deduced therefrom. The experiments performed by myself were upon the hearts of live dogs, not with the calipers and their admirably adjusted spring, as used by Dr. Clendinning, but with an ordinary pair of long forceps, the blades being held in juxtaposition by a firm india-rubber band, an instrument as fully capable of giving truthful results as the calipers. After causing the animal to inhale a sufficient quantity of chloroform to produce its anæsthetic effects, and keeping up artificial respiration by mechanical contrivances, I opened the thorax, exsected a small portion of the ribs sufficient to observe the movements of the heart, and then applied the forceps on the heart. I now could distinctly see its movements, and whenever the heart swelled up in its systole the points of the forceps separated, at the same time pulsation was felt in the carotid artery, and whenever diastole of the ventricles took place the forceps approached each other by the force of the india-rubber; the heart never elongated, and pulsation of the ventricles was felt by the finger placed between the heart and thoracic walls—again the blades separated as before, and the finger upon the carotid indicated ventricular contraction. These phenomena have been witnessed three times, and upon different animals, by

others beside the experimenter. The pulsation of the ventricles was a sudden and instantaneous movement, the apex of the heart moved rapidly and with a visible jerk, bulging out towards the walls of the chest. With one finger at the apex of the heart, and another upon the carotid artery, a scarcely definable interval occurred; in fact, so synchronously were the two pulsations felt that the beating of the carotid seemed but a prolongation of the impulse to the finger placed at the apex. In another experiment I grasped with the forceps the bases of the venæ-cavæ, and, as far as possible, prevented the blood from entering the right auricle; the heart now beat tumultuously and without regularity, the blades of the forceps being retained more closely together, and at no time separating as wide as before. The pulse at the carotid was weak and fluttering, corresponding with the imperfect and irregular action of the heart. To give as faithful a representation as is possible of the effect of the movements of the heart upon the forceps grasping the organ, we will divide an entire beat of the heart into six divisions. Beginning from a state of rest, the auricles contract suddenly and forcibly in all directions, the blood being projected into the ventricles; this contraction rapidly passes to the ventricles, and the blood is forced into the arteries. In the first, or auricular systole, the heart bulges out and is elongated; in the second, or ventricular systole, the heart becomes globular, and is diminished in length. The first period occupies about two-sixths of an entire beat; the second, three-sixths, and the period of repose comprises the remaining sixth. Of course this division is merely arbitrary, and may be liable to objection, as it is exceedingly difficult to make a precise measurement of these periods on paper:

<u>Rest.</u>	<u>Auricular</u>	<u>Ventricular</u>	<u>Rest.</u>
	Systole.	Systole.	

From these experiments we may reasonably infer that the swelling up and elongation of the heart during the auricular systole is dependent upon, not "an active state of elongation" of the muscular fibres of the ventricles, but upon the active *vis a tergo* force of the auricular systole, projecting its blood into the chambers of the ventricles, and, as a necessary result of this distension and elongation, we have the shock or

impulse of the heart against the thoracic walls. Such are the opinions I have entertained, and which have been verified by experiments and vivisections upon the inferior animals, and the conclusions of those I have named also corroborate the inferences advanced upon this subject. To any one who feels at all skeptical upon this matter, the author only appeals to a fair, unbiased, and careful system of experiments, and he is satisfied that any one making such experiments will agree in the main with the opinions advanced in this work. Prof. H. P. Gatchell, of the Homeopathic Medical College at Cleveland, Ohio, a gentleman of high literary and scientific attainments in the field of physiological science, has also made quite extensive researches upon this subject, and, during an epistolary correspondence with the author, says he has demonstrated the correctness of this theory by vivisections, and otherwise, to the different classes of students, while he held the high post of teacher of physiology in the above-mentioned university, in the following graphic language: "I hold the heart's impulse to occur during the ventricular dilatation, and to be due to auricular contraction. As ventricular contraction causes arterial dilatation, and hence impulse against the finger; so does auricular contraction cause ventricular dilatation, and hence impulse against the thoracic walls, or hand, if it could be applied." This is demonstrable with the heart of the sheep, dog, cat, and frog, as has been satisfactorily established to the minds of many able and scientific physiologists. Thus I affirm that with the systole the ventricles contract in every direction, and cannot impinge against the thoracic walls; and with the diastole they increase in all their dimensions, the heart becoming elongated by the volume of blood forced into its cavities, and impulse takes place as a necessary result. In conclusion, let me record my firm belief in the *unpardonable physiological absurdity* of Bouillaud, that the impulse and shock of the heart coincides during the diastole of that organ.

ARTICLE XLIV.—*Pathology of Diabetes-Mellitus.* By F. S. BRADFORD, M. D., of Charleston, S. C.

[Continued from February Number.]

Post-mortem examination has failed to reveal as yet any characteristic lesion (if such there may be), in diabetes, or to shed any light upon the nature and seat of the complaint. The only lesion, bearing any approach to a characteristic, found by that most distinguished of all neroscopists, Rokitansky (first made known to the American public by our Dr. Peters), was hypertrophy of the kidneys. But this is accounted for by the increased labor which is thrown upon the kidneys in the elimination of so great an amount of fluid from the system; for the same hypertrophy is found in most cases of *chronic diuresis*, or simple polyuria, where no sugar is excreted; and in cases of true diabetes, which are unaccompanied by diuresis, this augmentation of volume does not take place. In the same manner we may dispose of the other organic lesions to which the phenomena of diabetes have been attributed, such as the thickening of the mucous coat of the stomach, the want of alkalinity of the blood, &c., &c. All this would seem to indicate that the source of the disease is mainly, if not wholly, functional.

I have endeavored to draw a picture of diabetes which should include all its symptoms, and present its full and regular course. But in this, as in all other diseases which the physician is called upon to treat, no two cases will be exactly alike, and some may be widely different. One case may be *acute*; running its course rapidly to a fatal termination; another may be *chronic*, mild in its earlier stages, and lasting, perhaps, for years. One case may be *intermittent*, the sugar appearing in the urine only during the periods of digestion to disappear in the intervals: this form, however, often ends in the *continued*, which is by far the most dangerous; another may present itself under the type described by Rayer, and termed by Bernard "diabetes-alternant," where the diabetes is preceded by the symptoms of another malady, particularly those of gout and rheumatism. We sometimes see gouty patients, whose urine contains a large quantity of uric acid, suddenly present the phenomena of diabetes—that

is to say, the gout is changed into an access of diabetes. There may be other forms of the disease, but those here alluded to are the most important.

When we come to examine the different symptoms of diabetes, with reference to their comparative diagnostic value, we find them presenting great variations in constancy and intensity. The only one, I believe, which is never absent in the beginning, is the appearance of sugar in the urine. This, therefore, deserves to be called the characteristic mark of the disease. But is the presence of this sugar in the urine sufficient of itself to establish the diagnosis, and is a person to be called diabetic from the single fact that sugar has been found in his urine? I think the definition should not be so inclusive as this, for we find that certain aliments and medicinal agents will, sometimes, cause the temporary passage of sugar; an epileptic attack will often cause the same phenomena, and Dechambre states that, in the "Hôpital Salpêtrière," he invariably found sugar in the urine of aged females. It is also stated that it will make its appearance in certain pathological states of the lungs in old persons, and in senile gangrene. But in all these cases the quantity is comparatively small and its presence temporary. To constitute diabetes, therefore, it should be more abundant, more permanent, and accompanied by other symptoms. Of these the most important is the emaciation of the body. If we have a case of progressive emaciation without apparent cause, and even in spite of a good appetite, and upon examination we find that the urine contains sugar, we may be quite sure that we have to deal with a case of diabetes. Thirst, dry skin, debility, and other symptoms previously mentioned, will serve to confirm the diagnosis. Of the proportion of urea, uric acid, and other constituents of the urine, it is not necessary to speak, as it is still a matter of dispute, and not essential to a satisfactory diagnosis.

The *prognosis* of the disease is unfavorable as a general thing, more, *perhaps*, on account of a want of knowledge of the remedies to act upon the function disordered than from any inherent fatality in the disease itself.

In seeking to ascertain the seat and nature of the lesion in diabetes, we have to deal with the most difficult part of the

subject. Upon this point writers have held the most conflicting opinions, and at the present time, perhaps, no two can be found whose views exactly coincide. One thing, however, seems certain, as we consider the symptoms and course of the disease in its earlier stages, in connection with the negative results of autopsical examinations, and that is that the lesion must be one of function and not of organic change. Bernard has proved, beyond a doubt, that to the liver has been assigned the function of producing a certain amount of grape-sugar, and the most distinguished physiologists are agreed that upon the performance of this function by the liver in a proper manner and to a proper extent depends, in a great measure, the healthy nutrition of the various tissues of the body. Now, when we see this sugar eliminated from the system in such quantities through the urine, and the waste of the tissues which usually accompanies it, to what other conclusion can we arrive than that those phenomena are due to some serious disturbance of the glycogenic functions in one or other of its aspects and relations. Moreover, Bernard has shown, it seems to me, that this function, like every other in the body, is under the control of a certain portion of the cerebro-spinal axis, or of its adjunct ganglionic systems. The series of experiments by which he determined the portion of the spinal cord which forms the centre of nervous influence for the function of glycogeny is fully described in his "Leçons de Physiologie."\* There seems to be some difference of opinion between Bernard and other physiologists in regard to the portion of the system where the sugar is destroyed, or ceases to exist as sugar. Bernard thinks it is destroyed in the capillaries of the lungs, he not having been able to detect its presence in the blood going from the lungs to the left ventricle of the heart, while others claim, most emphatically, to have found it there, and hence conclude that it is destroyed in the capillaries of the systemic circulation. Whether the one or the other, or both are right, the sugar answers the same purpose in the end, namely, to place the alimentary materials, particularly the albuminous portion of them, in that transformable state in which they may be converted by cell-action into the various

---

\* Tome 1, Leçon XV., ou Cours du Semestre d'Hiver 1854-5.



tissues of the body. Reasoning, "*à priori*," from these data, we should say that this function of glycogenesis, which is carried on by means of a certain amount of nerve stimulus, may be disturbed in one of several ways. Either (*a*) the normal amount of sugar may be secreted by the liver, but not all employed (as it should be), and is so allowed to accumulate in the blood,\* or (*b*) a greater amount than is normal may be secreted, the power of destroying remaining at the natural standard. In both these cases the sugar which is not destroyed would be eliminated by the kidneys, and we should have the phenomena of diabetic urine produced. Again, (*c*) a less amount of sugar might be manufactured by the liver than the wants of the system required, and we should then have a disease which, as yet, has not been recognized.† Leaving the latter for the future developments of medical science, and the first-mentioned supposition as one worthy of discussion by the ablest minds, we will confine ourselves to the second case, in which we supposed the liver, through over-stimulation, to secrete a greater amount of sugar than the necessities of the system demanded. Now, the nerves which supply to the liver the stimulus necessary to carry on the glycogenic function belong to the reflex system, or as Dr. Campbell, an eminent Southern writer, has named it—the excito-secretory system. And I might say, in passing, that this discovery of the excito-secretory system of nerves by Dr. Campbell is, I believe, second only in importance to Dr. Marshall Hall's discovery of the excito-motory system, and Dr. Hall himself, before his death, was led to acknowledge its great value. Now, the exciting cause or irritant which would stimulate the liver to an over-secretion of sugar might have its seat at one or several points. It might operate upon the ex-

---

\* I account for the appearance of sugar in the urine of old women, as found by Dechambre, at the Hôpital Salpêtrière, on this supposition, as the process of nutrition (or the nutritive power of the cells) is impaired by the advance of age. This does not constitute a true diabetes-mellitus.

† I have sometimes thought that the tubercular diathesis might arise from this particular form of derangement of the glycogenic function. Tubercular deposit is composed largely of albumen, and it may be that it is so thrown out because it is not operated upon by the sugar in such a way as to render it capable of being assimilated by the cells of nutrition.

tremities of the nerve filaments spread out upon those cells in the liver which secrete the sugar. This I believe to be the case in those examples of temporary diabetes caused, in some persons, by particular articles of food taken for a length of time. Again, the abnormal stimulus might be conveyed to the liver through the nervous centre of this function of glycogenesis, having been sent up to that nervous centre from the distal extremities of the nerve filaments, spread out around and upon the cells,\* whose action is complementary to that of the liver; whose duty it is, in other words, to take up and employ the sugar to the purpose for which it was produced. In this instance we should, in all probability, have an obstinate case of continued diabetes, and its cause would be disordered cell-action or cell-nutrition. In the last place we might have the abnormal stimulus which is sent to the liver, caused by some irritating influence acting upon the nervous centre itself. And here it might be well to state that Bernard's experiments, in puncturing the spinal cord of different animals, seem to prove that this nervous centre is situated within the space bounded by two lines: the upper line running transversely between the tubercles of Wenzel, the lower line running from the origin of one pneumogastric nerve to the origin of the other. The least irritation of the space between these two lines will cause sugar to appear in the urine. In the human subject irritation might be produced at this point by a poisonous or medicinal agent having a specific relation to this portion of the nervous system, or by any inflammation or other morbid process going on in the nervous centre itself. All three cases, however, would have this feature in common, namely, the excess of nervous stimulus received by the liver, and this stimulus would proceed directly or indirectly from the nervous centre; and from this fact may we not derive a valuable therapeutic indication? Upon whichever point the irritating cause might be directly acting, if we could exhibit some remedy which would

---

\* In the lungs, according to Bernard; and this intimate relation of the lungs to the glycogenic function of the liver is rendered more probable by the frequent termination of diabetes in phthisis-pulmonalis. In the general system, according to other writers, for the reason before stated, that they claim to have found sugar in the blood going to the left ventricle of the heart.

exercise a specific sedative or alterant effect upon the nervous centre, we should be able to control, in a great measure, if not to stop entirely the progress of the disease. Of course we are speaking of it before it has reached the stage of serious organic lesion in the lungs or other viscera. It may be possible that, in diabetes, we may have each of these three sources of irritation coëxisting in the same subject. Our attention, in the treatment of such a case, would be mainly directed to those causes which would produce the chronic form of the malady.

A few pages back I started with certain data, which I believe to have been fully established by Bernard and others, and, reasoning upon the general principles accepted by all physiologists, arrived at the deductions which have been set forth in the form of a hypothesis. As it explains to my mind, more satisfactorily than any other, not only the common phenomena of diabetes, but also all its variations of form and development, I have adopted it as the true theory of the pathology of diabetes. Nor is it a valid objection against this theory that it is not possible, just at the present time, to diagnose in the living patient the particular form of irritation and its seat, in a given case; for we see this same insufficiency of diagnosis repeatedly in diseases whose pathology is well understood.

If this theory be true, we see "that one and the same symptom may spring from a multitude of causes, and that as saccharine urine is not of itself the disease, but only the most prominent symptom of a hidden complaint, it, too, may be the product of a variety of morbid actions,"\* differing in their nature, and requiring differences in the course of treatment.

ARTICLE XLV.—*The Need of Homœopathic Cliniques.* By JOHN DAVIES, M. D., of Chicago, Ill.

"Knowledge is power." This trite axiom has become proverbial. Its influence is felt alike in science, literature, and art. Mind overshadows matter, impressing every form with design and spirituality. To acquire this power, and to com-

\* Harley on the Physiology of Saccharine Urine.—*Brit. and For. Medico-Chir. Review.*, July, 1857.

municate it, imposes on man the necessity of applying himself unweariedly to the investigation of truth in every department of knowledge, and especially does this fact present itself to the student of natural science—to him who is in pursuit of knowledge the most useful and most to be desired, for its own sake, as well as for the benefits it can confer upon humanity. Indeed, it has become a universal rule with the laity, in selecting a physician, to test his qualifications by the standard of experience, as though this quality were superior to every other in the medical attendant. From this we infer, and rightly too, that to be possessed of a well-cultivated experience in the art of healing, implies that it is to be derived only through scientific observation, careful and positive experiment, and the judicious application of medical theories thoroughly studied. Notwithstanding this is a self-evident proposition, how little is it appreciated by the medical schools of the present day. It is fully admitted as an abstract truth by many, who are profuse with rhetorical quotations from classic authors, and effusions of Latin phrases, illustrative of speculative scholarship, to captivate the ear, or dignify the profession (it is difficult to tell which), while they fail to communicate the principles of medicine derived from personal experience, as of paramount value to the student. Through the medical press, the lecture-room, and the office there is too much of theory and too little of practice. We have to endure, frequently, a jargon of confused and inexplicable theories, as unsatisfying to the practitioner, the student, and practical editor as the yellow-covered literature is to the truth-seeking reader. How often is it asked by contributors to our journals: "Will some of your correspondents communicate their experience?" &c. And here, allow me to state, lies the secret of success of the N. A. JOURNAL OF HOMŒOPATHY, that its pages invite clinical knowledge of a practical character, and cares little for evanescent theories, or dew-drop sentimentalisms in the art of healing—desiring, rather, to educate and qualify the student by philosophical deductions and practical suggestions.

By immature phenomena, illusory symptoms impoverish medical experience. A vivid imagination, a sensitive organism under the influence of a drug, which seems to disturb every function, excite the caprice, elate or depress the mind, frustrate

the designs of the animal economy in proximate and remote parts, by irritating, tickling, or slightly impressing mysterious phenomena as the toxicological provings, is not evidence sufficient to guide the physician, who desires drug-symptoms which are not produced at *will*, but the matured and inevitable results of medicinal agents. Our materia medica is overgrown with such phenomena, tempting the inexperienced to credit these hot-house blossoms as the mature development of out-door growth. The exquisite discrimination, careful analysis, cultivated intellect, and healthful body, absolutely essential for the production of a true pathogenesis, is overlooked.

Thus it is that our materia medica resembles a richly laid-out fruit-garden, overhung and overspread with clustering vines, the offshoots of exotic weeds. Much of these delusive phenomena are to be attributed to the pathogeneses supposed to have been derived from provings with high attenuations. A glance at these sublimated provings will suffice to show their unscientific basis, and the use of them in the sick-room will amply demonstrate their inaptitude. That certain impressions may be made upon the healthy organism is not to be questioned, but the quality and character of such impressions is so extremely doubtful as to render an opinion in their favor hazardous to an honest mind, as well as unreliable evidence to the medical student. The vigorous and well-balanced organism will not respond to the mythic touch of the dreamer in science, no more than the well-tuned instrument will play a symphony without a performer. There must be something more than spiritual causes to produce toxicological effects.

Dr. W. E. Payne, in the *N. A. JOURNAL OF HOMŒOPATHY*, No. 19, has referred very ably to this defect, in his suggestions relative to a scientific arrangement of the materia medica. He says: "The unmethodical and complex condition of the Hom. materia medica must be obvious to every member of the profession, who has had much experience in its use. Instead of that symmetry and perfection which nature presents for our study in all her works, and which we might reasonably expect to find here, we have the most unnatural and unscientific arrangement of symptoms, according to the regions of the body, and we have offered for our study and use, in combating disease, a fragmentary

and confused work, when we should have all the precision that well-arranged scientific truth can point out." In the same strain Dr. Holcombe, in his usual practical style, remarks upon "the difficulties, perplexities, anomalies, and contradictions familiar to every physician who has faithfully endeavored to use our materia medica at the bedside." Where do our students derive their knowledge of most of the remedies now in use? In the homœopathic colleges is it not from one whose fanciful and arbitrary type of mind has led him to publish his erratic experience, under the title of "Teste's Materia Medica?" This work is referred to by some in the profession as the institutes of homœopathy, when, of a truth, it can be said, in the language of Dr. Peters, that "Teste's book contains more lying and stealing, more flippant and unjustifiable assumptions, and more brazen hardihood of assertion than any modern book on the materia medica with which we are acquainted."

We hail with delight the dawn of a richer experience, and a more ingenuous investigation of remedies, that shall dispel the hazy phenomena surrounding our symptomatology, make luminous our career of therapeutic research, and redeem the "Materia Medica Pura" from the odium of *Materia Medica Obscura*. Mr. Gelstone, of England, in the October Number of the *British Journal* for 1859, is the most recent writer upon this subject, and from the character of his propositions and comments, evidently recognizes that abstract phenomena, visionary presentiments, and complicated arrangements, in contradistinction to many of the first principles of pathology and physiology, are too ridiculously sublime to be of practical utility in this sphere of mortal existence.

Nor is experience in the art of healing to be acquired merely by a perusal of the materia medica, or attendance upon lectures, or reporting hypothetical cases. This regular method, which is invaluable, so far as it tends to open the way for the student to gain a knowledge of the ground mapped out by those who are familiar with the route, is but the symbol of medical culture, and through it, or rather by solely depending upon it, without ever having become personally familiar with diseases at the bedside, grave errors are committed in diagnosis. Empiricism finds its votaries among this class. The name is

what they are ambitious to pronounce, more than the *ensemble* of symptoms which constitute the disease, and oftentimes cannot be expressed by a name nor be treated by a universal panacea. Hence, we find them mistaking pneumonia for bronchitis, hydrops for pregnancy, concussion for compression of the brain, &c. Disappointed in their confidence in technicalities, the prescribed formulas, the special remedies of others, they pass on to the opposite extreme, of being guided by their own experience, irrespective of medical jurisdiction; forgetting that, to be able to form a correct opinion of the disease, and select a remedy according to a given law of medical science, is the foundation-stone of successful reputation in theory and practice; whilst an empirical diagnosis and treatment is fraught with danger to the patient, and untold reproach to the physician. We might dwell here upon the experience of the eclectic, the empiric, and the specific treatment of the old school, to illustrate the failures made by each class in the application of their theories for the cure of the sick during the past century, but it is unnecessary for our present purpose to state more than to show that their miserable bankruptcies in therapeutics have been due to a false diagnosis and misapplied treatment—this has been the rock upon which their medical experience has stranded.

It is alike true in the case of the practitioner of medicine as in that of the merchant, that much time and study is requisite to qualify either to become masters of their business, and that nature must have peculiarly fitted them for their avocations. There are some as really born physicians and surgeons as poets are said to be, while there are those who have not the genius, but who become equally eminent in the profession by continued application. To develop the latent resources of the one, and direct the tendencies of the other, something more than the ordinary channels in use among us of the new school of medicine is absolutely imperative, if we intend to progress and honorably compete with our brethren of the opposite school for the palm of a rich and successful therapeutical experience.

To accomplish this, cliniques should be multiplied whenever it is practicable. By or through these, correct views of our art can be communicated and acquired by the laity as well as

the profession, if lecturers could be obtained whose Hahnemanian purity would not be as mysterious as pantheism, nor crudeness as presumptuous as quackery. The history of diseases, their causes, their varied forms of manifestation, their course, the symptoms peculiar to each would be better understood by thus minutely observing patients presenting themselves for treatment, than could be imagined from the perusal of the best descriptive nosology extant. The sense of touch, so valuable to one who has to judge of the condition of parts concealed from observation, will be more thoroughly appreciated, if practice is afforded to the student similar to the opportunities allowed in the cliniques of Europe. The effects of remedies would be more publicly authenticated by dispensing them to the poor, at such times and places as might offer, to test the curative powers, not merely the pathogenesis of remedies, when addressed to parts affected according to the law of "*Similia*." Life might be prolonged and wisely preserved among this class of people by thus collecting them together, to be treated for their maladies according to the humane therapeutics of our school. They could be taught the untold injuries inflicted upon humanity by the antipathic treatment in hospitals and dispensaries, where oftentimes gross experiments are made, and poisonous doses administered, to the destruction of life, health, and happiness.

The strength of the dose, also, would be correctly defined, probably, as would the special chemical and physiological affinities of drugs for particular parts of the body and states of mind, with other characteristic phenomena of diseased structures. A better classification of diseases and remedies would grow out of a general system of cliniques and dispensaries that would be deemed a blessing in these days of bungling *materia medica*, and worse than useless repertories. The axiom that "figures and facts are stubborn things" would be verified, and, perhaps, admitted by the medical world, if we should place before them annually or semi-annually statistics of homœopathic treatment in private and public hospital practice to which they can have access. This plan was adopted by our earlier practitioners, and, to some extent, is being revived in most of our cities with great advantage, yet not so much so as by the German school, which is too distant to enrich our experience publicly, still



is of some benefit under certain circumstances. The correct application of medical theories would form another advantage to be acquired through the facilities above-named. The tendency to exclusiveness would be obviated and refuted by a liberal interchange of opinions and comparison of results of treatment according to any favorite theory or special practice. It would be then seen that it is not the pure expectant method of Bigelow, nor the nature and art cure of Forbes that can be relied upon to explain the *modus operandi* of the art of healing.

That the selection of remedies from any source, irrespective of a scientific basis, is not to be tolerated by those who seek an experience in medicine, which has its foundation in science—that the polypotencies of the Pittsburgh school and the high dilutionists of the Hahnemannians would be thoroughly tested and applied in order to establish their hypothesis. The theories of allopathic authorities would be shown to be fallacious in many of their works upon diseases and their remedies. Time does not permit us to suggest any further good resulting from overthrowing the edifice of empirical experience, and building a superstructure upon new principles that should prove a blessing to suffering humanity as well as a monument to the profession, by establishing cliniques, dispensaries, and hospitals, and reporting carefully-collected statistics of mortality under homœopathic treatment. The want of such facilities, where actual observation of homœopathic treatment can be enjoyed, is much to be deplored, when we reflect how unsatisfying is our knowledge of diseases and the effects of remedies derived from allopathic sources. What mental culture and life-long application is put forth to accomplish results which could more readily be brought about by a combination of efforts? how much more uniform would be our practice, corroborated by universal experience? What concert of feeling and action, overwhelming testimony in support of our claims to the charitable institutions of the people and the posts of medical honor under the government, which are at present monopolized by our more zealous brethren of the old school practice? Never, until we are fully aroused to the necessity of multiplying public cliniques, shall we perfect our knowledge of medicinal agents by personal observations or scientific experiments; never will our students acquire the medical tact and

talent which imparts confidence and success to the experienced physician and surgeon.

Connected with the facilities referred to for communicating and acquiring experience in the art of healing, another suggestion presents itself—to institute a bureau of provers in every city or town of sufficient importance, to reëxperiment with the remedies in general use, as well as to test the sphere of action of those substances not as yet fully proven. Experiments accurately conducted by those who are in a healthy condition of body and mind, in accordance with the rules laid down by Hahnemann for the proving of remedies upon the healthy, will develop, if scientifically arranged and correctly observed, a materia medica replete with symptoms surpassing in analysis, order, and practical utility every work of the kind in present use by the profession.

The necessity of establishing a proving society, in connection with every state, county, and city medical organization, is absolutely imperative, if we glance for a moment at what has been already urged in behalf of the student and practitioner of homœopathy requiring facilities for obtaining medical experience; also at the evidently painful facts of the complex condition of our materia medica, the increased tendency to empirical practice in our midst, leading us to employ remedies in the cure of disease, some of which have been only partially proved upon the healthy, whilst others have never been tested to elicit a pathogenesis in the slightest degree. It is to this branch of therapeutics that we owe and shall continue to owe our success as physicians and reputation as men of science.

It is the proving of drugs upon the healthy that will conduce most to distinguish the practitioner of true specific treatment from the mere empiricist, and falsely-termed eclectic, and why there are so few diligent and self-sacrificing workers of this mine of inexhaustible treasure—first penetrated by the experimental shaft of Hahnemann—is remarkably strange. Why we should be content with admiring a mound of glittering gems, surrounded and mixed with so much debris as is our present work of symptomatology, without sifting and separating the whole mass, and reproofing each ingredient therein contained, is a problem which cannot be solved. With over two thousand

physicians, more than ten thousand patrons, three progressive colleges, presided over by well-qualified teachers of homœopathy and men of experience in the profession, there can be no reason offered to exonerate any one of the members from exercising a constant influence to build up a more complete practice of medicine, which shall diffuse a more intelligent and scientific experience through the medium of public cliniques, proving societies, ably-conducted colleges, authenticated statistics of private and public treatment, and a liberally conducted press. To accomplish grand results, there must be noble efforts put forth. Cliques and petty jealousies must be unknown. Indolence and indifference shaken off. There must be high-toned sentiment cultivated, practical demonstrations of inductive philosophy for the benefit of humanity and the divine art of healing; and, above and more than all, a richly-endowed mind, disciplined to hard study, unbiased, *a priori*, by the dogmas of the schoolmen—ambitious to do the greatest good for the greatest number.

---

ARTICLE XLVI.—*Localized Electricity*. Translated from the German of HUGO ZIEMSEN. By S. LILIENTHAL, M. D., of New-York.

This is the method of the isolated irritation of motor nerves, through the inductive stream of the volta-electric battery, (*Vélectrisation localisée, Faradisation localisée*).

For physiological as well as therapeutical purposes the volta-electric induction apparatus is vastly more suitable than the magneto-electric instrument, although there is very little difference between them in their effect upon the organism. The latter, also, is more costly than the former and gets more frequently out of repair; needing, also, in its employment, one or more assistants, when the experiments last some time. The interruption of the stream can never be so equal or so rapid, on account of the construction of the apparatus, as well as through the unequal expenditure of force by the assistants, as in the volta-electro apparatus, where the stream itself produces the interruption, with inconceivable quickness and an invariable equality. This circumstance, as well as that the strength of

the stream in the rotation apparatus, cannot be moderated and adjusted with such precision as in the volta-Faradaic, renders the application of the magneto-electric stream on sensitive parts, as on the face or neck, extremely painful and useless.

The electrodes or conductors must be straight, inflexible metallic rods, which cannot be affected by rust. The thickness should be that of a goose-quill, the length, including the wooden handle, four or five inches. The point should be simply rounded, and provided with a slit on the point, to fix firmly the thread which binds the sponge.

For more sensitive parts, as the face, neck, or forearm, I use electrodes of the thickness of knitting-needles, permitting the finest localization of the stream, and demonstrating the precision and certainty of this method.

The points of the electrodes must be armed with several layers of the very finest bathing-sponge, which, especially on the finest electrodes, should be wound with a net of thread up to their extremest point. For moistening the sponge or the skin, nothing is better than warm salt water of 30—40°, R., thereby considerably reducing the great conducting resistance on the part of the dry and cold epidermis, as well as the weakening of the stream caused by the overcoming of that resistance and the irritation of the cutaneous nerves.

To wind moist leather round the points of the electrodes, as Duchenne and Remak propose for subtile regions, is not practical, as the moisture is badly conserved by the leather.

The conducting wires, spun over with silk, are then coated over with a fine coating of india-rubber, gaining thereby considerably in durability.

Besides the powerful pressing of the electrode, which conducts the stream, and reduces considerably the cutaneous pain, we have, also, in faradizing, to put in a secure position the body, or, at least, the affected part of it; to be careful that the skin will not be moved in putting on the electrode, which is easily done in spare individuals; finally, always to keep the same position at every sitting. These are valuable points for him who intends to become acquainted with this method. If the skin gets moved, the electrode misses the motor nerve and produces either no effect at all, or an irritation, not called for, of sensory nerves.

Thus, it happens very often that one slides from the n. musculo-cutaneous to the medianus, or from the motor branch of the m. vastus-internus to the n. saphenus-major. I fix, therefore, the lax skin on that point, under which the said motor nerve runs, with the thumb, as the vein in venesection, and put the electrode before the point of it. If the position of any part is altered, it alters also the relations of the surface of the skin to the deeper lying portions and the relations of the latter among themselves. Therefore the same motor points, marked on an extremity in an extended position, will not agree perfectly in a flexed position.

It is advisable, therefore, for the beginner to faradize the patient constantly in the same position, the best is a horizontal position on the bed, in order equally to relax all the muscles.

For beginners I add the advice, as soon as they want to use the *faradization localisèe* for therapeutical purposes, to find out at the first sitting the motor points and to fix them on the skin with Argent.-nitratum, in order to save at every consequent sitting the painful, time-consuming seeking, and to and fro movements with the electrodes, which may take from the patient all desire of continuing the treatment.

It is also valuable to know that the positive pole exercises a stronger power on the nerves of sensation and motion than the negative one, provided that the electrodes are of the same thickness. We can easily convince ourselves of it by irritating on our own bodies sensible parts and changing the poles. By marking with ink on the face the motor point of two equal muscles, and irritating at the same time the two facial branches—that on the left side with the positive, and on the right with the negative—the contraction and sensation will be more energetic on the left side than on the right; but by changing the poles the proportions also will be changed.

I use the positive pole, on account of this stronger effect in irritating the muscular nerves, and close the circuit on any indifferent point with the negative electrode, which is provided with a greater surface of contact to augment the strength of the positive pole. On which point of the induction apparatus the positive stream passes out, we easily discover by the known electrolysis of Jodkalium.

Duchenne advises, passingly, in his work, that it is well in faradizing the muscles of the face not to close the circuit upon the muscle, but in its vicinity, as on the neck, in order to weaken fully the stream. This is the only case where Duchenne does not close the chain on the muscle. Remak remarks on this, that on the muscles of the face the chain could be closed outside of the muscle; for, in consideration of the great sensibility of the facial branches, it suffices if they are only struck by a part of the stream. This could also be applied on all muscular nerves, if we need a weaker effect. But this is only a plaything to astonish the uninitiated. It might be useful by having in view to set in motion two muscles from their marginal points at the same time and with the same stream. I have proved this proceeding more strictly, and have found that it is of far more practical value than Duchenne and Remack acknowledge. I only mention the law, that the electric stream will be so much weaker as the enclosed body is larger, and, especially, the more conducting opposition the stream has to overcome in its through-passage (Ohm's law). Thus the contraction, *e. g.*, of the *triangularis-menti*, whose nerve I irritated on myself with the positive electrode, will be the weakest by putting the negative electrode on the foot, stronger by putting it on the sternum or in the neighborhood of the *depressor ang.-vis.* The contraction will be the strongest by closing the chain on the muscle itself, for then not only a short space of the best conductors (the very moist muscular and subcutaneous tissue) is included between the poles, but also because on one side the positive pole irritates the motor nerve, and on the other side the negative pole those branches of the nerve running through the muscular belly, thinned more or less by subdivision, or, at least, their peripheral expansion. In most of the larger muscles of the rump and of the extremities we have also to consider that they are provided for not by one, but by two or three nerves. Here it will be necessary to enforce complete contraction, if two motor nerves enter the muscle, to put the negative electrode on *that* point of the latter where the auxiliary motor nerve enters; if there are more than two nerves (*e. g.*, on the muscles of the belly), either to create four or more electrodes by branching off the streams, or to be satisfied with intramuscular irritation.

In the practical application of this proceeding, to close the chain outside of the muscle, we certainly do not consider the weakening of the stream, for we can guard against that by increasing the density of the stream. If I act on the face or the neck, I close the chain always on the rump, in order to miss the inevitable irritation of the branches of the trigeminus and the sensible cervical nerves by the negative pole.

I use this procedure also on the rump, whenever I wish to learn strictly the anatomical state of the nerves, or to judge of the pathological state of the muscles or nerves.

As long as two electrodes rest on the muscle, we cannot say from which electrode or on which point the irritation comes. In small muscles we cannot obviate thus a simultaneous irritation of neighboring muscles and nerves.

This proceeding I found of excellent service to elucidate on the living the course of the nerves and their entrance into the muscles. Here the patient himself or an assistant fixed the negative electrode on the sternum or the patella, points which appear very indifferent by the absence of motor nerves and muscular fibres and their poverty of sensible nerves. With the positive electrode I looked for that point in the muscle whose irritation produced the most complete contraction, and marked it with the colored lapis solution. In the muscles nourished by several nerves, I could thus study the entrance of each single branch.

We know further that the course of many nerves, before their entry into their respective muscles, permits of their irritation at a point more or less distant from their place of entry, thus producing an isolated muscular contraction, without having the muscle at all included in the chain. This can be beautifully demonstrated on the several branches of the *n. communicans-faciæi* and *n. radiales*, on the external branch of the *accessorius-Willisii*, and on the several branches of the *plexus-brachialis*.

We have mentioned already that every pole of the stream is capable of producing isolated irritations of the nerves of motion and sensation. This holds true, also, of the several branches of the subdivided stream, yet all the branches of the negative pole show less energy than those of the positive.

Duchenne remarks, in a few words, that he has tried to irritate two muscles with *one* stream, on analogous muscles of the face, but had relinquished the practice, because the unequal contraction of both muscles appeared to him not practicable for his physiological studies. He used, therefore, the divided streams (*courants dérivées*) for the irritation of the homologous muscles, in such a manner that there was applied on each muscle a branch of the positive and a branch of the negative stream. Such a proceeding I have to pronounce, according to my experiments, as for all therapeutical purposes quite unpractical, as it needs assistants and a great deal of time.

Remak says, in a note to the second edition of his work, that he has applied both poles with benefit to electrify the tongue and velum-palati.

I have long used this method, not only for irritating homologous (?) muscles, or the tongue or the velum-palati, but for physiological and therapeutical purposes on all the muscles of the body, and can assert that the difference in the energy of the positive or negative stream, used with *some* force, is only trifling. But when we have to do with with the faradizing of paralyzed muscles and anæsthesia of the skin, then the difference vanishes entirely, for we have then to act with powerful streams, and it amounts to nothing if the one muscle is exposed to a somewhat stronger force than is needful for the production of a complete contraction. But where, in finer regions, we have to count the difference, there I put the positive electrode on the motor point of the *stronger* muscle, and the negative one on that of the *weaker* muscle. The utility of such a proceeding, which (by division of the streams) could be extended to more than two streams, appears very plainly; not only is time spared in the therapeutical application, but it gives us the power of making complex movements, which are so to the point on extremities partially paralyzed, and of proving the physiological co-working of a pair or more of muscles.

#### SPECIAL DIRECTIONS.

In giving the motor points we follow the course of the nerve, from their trunks to the branches. In the study on the living the irritation was always produced by the fine positive



electrode, having fixed the negative one on the sternum, and using it only as an adjuvant, when a muscle was treated, provided from two nerves. This is always specially mentioned.

*Head and Neck.*—The trunk of the *n. facialis*, according to Duchenne, can be irritated from the external meatus-auditorius, by pressing a thin electrode against the lower wall; but this procedure, which I have proved frequently on myself and others, is very painful, even at a medium force, and produces only a small effect—only a very weak contortion of the face on that side follows; while at the same time stronger streams through the thickness of the mucous membrane of the external meatus-auditorius appear insupportable, producing a sensation of tenesmus in the ear. Duchenne's producing such energetic contractions of the facial muscles by such an addition, is explained by his closing the chain with the second electrode on the parotis. This second electrode is the cause of the irritation of the facial branches, but not the one applied on the meatus aud. ext.

Practically, therefore, this proceeding of Duchenne amounts to nothing. Less painful, although hardly any more powerful, is the irritation, frequently used by me, of the *facialis*, after its exit from the foramen stylomastoideum, by pressing the thin electrode closely under the ear, between the proc.-mastoidens and the joint of the lower jaw-bone (II., 1). Only sparsely-made persons feel thus a proportionally strong effect on the muscles provided by the *facialis*.

Of the branches which the *facialis* gives off, shortly after its exit, the *ramus auricul. post. prop.* ascends on the front rim of the processus-mastoidens, and lies here quite superficially, right back of the connection of the cartilage of the ear with the cranium (II., 3, 6). Irritation of it, which is painful, on account of its manifold anastomoses with the *n. auricul. magn.* and *occipital. minor* (plexus cervic.), contracts the *musc. retrahens auricul. and attolens* (back part), and also the *m. occipitalis*, raising also the concha backwards and upwards, and drawing down the scalp. After its division, which we find sometimes higher up or lower down, every branch can be irritated for itself. The *ramus posterior* (II., 3) gives the detraction a depression of the galea; the *ramus ant.* (II., 2) raises the concha backwards and upwards. An isolated *retractio* or *attractio auriculæ*

without raising cannot be produced, it being impossible to avoid an impression of the branches going up to the attolens during the irritation of the very fine branches of those small muscles.

I have very frequently found the small branch of the ram. aur. post. prop., which supplies the *musc. tragicus* and *anti-tragicus*, over the middle of the processus mastoideus, and could follow it up to the fissura antitragica. Irritation of it on the proces. mastoideus (II., 4), even at a distance of about three-fourths of an inch from their muscles and the ear generally, narrows the fissura intertrag. with wrinkling of the skin, inasmuch as the tragicus gets attracted to the antitragicus, and both are pulled inwards and upwards.

The *m. helix major and minor* narrow the concha a little from above downwards. This branch comes from the rami temporales, and is sometimes found in the neighborhood of the tragus (II., 8, a). Duchenne tried to find out the function of those muscles only by a direct position of the electrode on the muscles—a proceeding giving rise to mistakes, through the movability of the concha and the subtlety of the motion of the muscles.

The branches for the *m. stylohyoideus and digastricus* may be irritated in spare persons—although seldom isolated—(II., 1, a & 1, b), moving the lingual bone outward, backward, and upward. In their passage through the parotid, the particular larger branches of the pes anserinus are easily to be found and irritated; they produce contractions in certain muscular groups, corresponding generally to the anatomical division in rami zygomat., temporal., buccal., subcutanei, maxill.-inf. and colli.

Now, those branches resting less firmly upon the bones, may be most exactly acted upon in their several branches by the help of the very finest electrodes. But it is more difficult—and only in very spare-made people will it succeed—to follow the course of those branches which are imbedded deeply in soft parts; namely, the rami zygomat. and subact. colli (even if only partially), also especially the rami buccales, after having passed the internal rim of the masseter. Here we must be satisfied to irritate every motor branch in the neighborhood of its muscle or at the entrance of it.

On examining—in a great many persons—the expansion of the facialis to the facial muscles, we find a great many varieties,

and my statements, therefore, will not suit every given case. Nevertheless, with their guidance it will be more easy to succeed.

Except the difference in the branching off of the n. communicans, I found on the muscles the following notable deviations: The m. frontalis was sometimes developed so weakly that it showed no effect; the corrugator supercillii very strongly marked; the zygom. maj. rising very far outside, when a zygomat. minor was present. If the latter were wanting, which I observed very seldom, then the origin of the zygom. maj. was more central. The muscles of the nose and upper lip I sometimes found so intermingled that they could not be isolated; the risor Santorini frequently missing; in one case the triangul. and quadratus menti, with the platysma, were entirely missing, but the levator menti was greatly enlarged; the platysma hypertrophied with people who perform heavy bodily labor, as blacksmiths, lumbermen, &c., because those people are in the habit of straining the platysma with every stroke energetically brought down; and the platysma poorly developed in those who lead a sedentary life, as tailors.

Considering the single branches of the n. facialis, the irritation of the smaller branches for the *atrahentes auriculae* and *m. attolens auricul.* (anterior part), which is done the best on the zygomat. process (II., 5), produces raising of the concha upwards and simultaneously a little forwards. The inevitable irritation of the sensible filaments of the n. auriculo tempor. will be easily paralyzed by strong pressure with the electrode.

*M. frontalis* and *m. corrugator supercillii* may always be separately shortened by extra-muscular means; the nervous branch, belonging to both, branching off at some distance from the muscles, namely, above or even below the proc. zygomat.

The *m. frontalis* (II., 6) wrinkles the frontal skin horizontally, and draws down the galea in front.

The *mus. corrugator* (II., 7) draws the eye-brows upwards to the glabella, or down to the root of the nose, and, if irritated on both sides, wrinkles the skin on the glabella longitudinally.

The *orbicul. palp.* (II., 8) closes the eye fully, and thereby wrinkles the skin of the eye-lids.

In the neighborhood of the orbita always use weak streams,

for I have observed on myself and others, from a moderately strong stream, irritation of the retina (appearance of light). Weak streams, on the contrary, are perfectly innocuous, and I have frequently conducted them even in the cavities of the eye (within the lids), to the separate muscles of the bulb, without the slightest injury.

The *m. zygomaticus major* (II., 9) gives to the face, as Duchenne has shown, a laughing expression; the *m. zygomaticus minor* an angry one.

The muscles on the nose and upper lip, namely, *m. levator lab. sup. et alae nasi* (II., 11), *compressor nasi* (II., 12), *depressor nasi*, *levat. lab. sup. prop.*, and *levator ang. or.* (II., 10), offer difficulties; for, on one side, the growing of one into the other, and the situation of some over the others, renders an isolated contraction impossible; and, on the other side, the excessive sensibility of the skin, through the ram. infratrochlearis and n. infraorbitalis trigemini, puts a close observation out of the question. Every irritation of one muscular nerve produces commotion in other muscles through this painful sensation. I have examined, therefore, those parts in persons deeply under the influence of chloroform, and have found that we are thus enabled, with the help of a very fine electrode, to bring on isolated contractions, either through extra or intramuscular irritation in those muscles, provided they are not grown together through their whole length.

The *m. orbicular. oris* (II., 37, 38) receives its nerves from different parts. We need, therefore, several electrodes to put it completely in activity. I always found—though the circular muscle-fibres on the lower lip are never interrupted—the irritation of the nerve entering on the left margin produces only shortening of the left half of the lower lip to the mesial line, without any action on the right side, and *vice versa*.

Duchenne, observing this, tried to overcome this difficulty, and to put this fact in harmony with the doctrine of the irritability of the muscular fibre, by the explanation, to have this muscle divided “electro-physiologically (!) in four totally different portions”—a supposition wanting every anatomical proof.

The *n. buccinatorii* have a migratory course, and are most easily looked for on the internal rim of the masseter (II., 14, 6).

The nerve of the *m. triangul. menti* is best found near the

external rim of that muscle (II., 26). The branches of the triangul., quad. ment., and lev. m. run sometimes one next to the other on the jaw, and thus allow an isolated irritation far from the muscles (II., 26, 33, 34), but this branching off is mostly only done on the triangularis, and we then have to irritate the branch for the m. quadratus (II., 35) through the fibres of the triang. The *levator menti*, whose nerves are easily found on the outer edge (II., 36) was, in my examinations, always found as a considerable muscle.

The *platysma myoides* receives its nerves from the n. communicans faciei and plexus cervicalis, and we need, therefore, the negative electrode to produce a complete contraction.

But the irritation of the cervical branches in the middle of both m. sterno-cleidomast. (II., 19) suffices to bring in view the remarkable effect of this muscle of the skin; for, in its contracted state, it forms a plain between clavícula and mandibula, provided with furrows running downwards and outwards.

The idea of Duchenne, that the muscle gets contracted during strong emotions, as rage, fright, appears justified by contracting the muscles on both sides simultaneously with the m. front. and corrug. superc., and then looking at the expression of the face.

On account of the deep and inaccessible point of entrance of the nerves (from ram. crotaphitico buccinatorius trigemini), the *m. temporalis* and *masseter* can only be moderately contracted, through intramuscular irritation of their radiation, by putting the electrode for the masseter over the incisura semilunaris, between process. coronoid and condyloid (entering point of nerv. massetericus), for the *m. temporalis* the positive electrode on the back part, and the negative on the front part of the muscle, following the course of the ram. tempor. prop. ant. and post. The effect of this intramuscular irritation with open mouth is a pretty energetic pulling up of the lower jaw-bone, with chattering of the teeth.

To get well acquainted with the complicated situation of the nerves on the neck, we do well to select spare adults to experiment on, who possess a broad fossa supraclavicularis, and not filled in with fat; move the head in a quarter section to the opposite side, and make the experiments always strictly in the same position.

The *ram. ext. n. access. Willisii* lies always superficially, after its exit behind the m. sternocleidomast, in its whole course to the m. cucullaris, and cannot be missed (II., 18). We reach the branches for the m. sternocleidom. with most certainty by pressing with energy the thin electrode under the muscle from outside close to the exit of the accessorius-endastes (II., 17).

If we also want to irritate the branches going to the sternocleidomast. from the plex. cervicalis with the same stream, we have to press the negative electrode half an inch below the first behind the muscular belly. But this last proceeding is not to be recommended—even if we do not consider that the cervical branches are immaterial for a complete shortening—as, hereby, we cannot fail to irritate the n. auricul. magn. and the n. cervicales superficiales (n. cerv. III.) where they wind themselves round the external rim of the sterno-mastoid muscle.

A *simultaneous* powerful shortening of the st. cl. m. and cucullaris are produced through the accessorius alone, by pushing the electrode on the place of its exit, behind the belly of the st. cl. m.

The *m. cucull.* receives a sufficient degree of shortening through the irritation of the n. access. But we increase it by irritating simultaneously with the negative electrode the cervical branch, entering about half an inch under it in the muscle. This produces either an elevation of the shoulder, back and upwards, with attraction of the scapula to the vertebral column, or it draws the head downwards, backwards, and outwards; or both movements are made, according as the head or shoulder are more or less fixed by the corresponding antagonists of the cucullaris, but not, as Remak says, by leaving the second electrode at the end of the head or shoulder. The second electrode is here of no consequence, affecting only a stronger contraction of the muscular portion, on which it rests, than the other one irritated only extramuscularly, from reasons already explained. For the study of the physiological effect of the irritation used on the accessorius, the putting of the negative electrode on the muscle itself can only be disturbing, as shown previously. Without the least pain we can irritate the accessorius in the vicinity of the cucullar margin, for here no sensible nerves of any magnitude can be injured.

A little upwards, towards the centrum, we find, not far from

the place of exit of the st. cl. m. the n. occipitalis minor (n. cervic. III.), crossing the accessorius.

The n. *phrenicus* is to be found on the external rim of the st. cl. m., before the m. scalenus ant., and above the m. omohyoideus (II., 21). By looking not too deep for it, we press the electrode softly against the external rim of the st. cl. m. By pointing the electrode too high, it acts on the n. cervicalis quintus, which forms with the phrenicus a kind of pointed angle. I have produced the irritation of the n. phrenicus innumerable times on one side, and simultaneously on both, on the healthy and on the sick, without perceiving the least injury. According to Duchenne and my own experience, therefore, the fear of Remak, "of tetanising the two phrenici," is entirely unfounded. On the contrary, I do not only consider it innocuous, but absolutely indicated in all states of asphyxia.

I intend to publish in the pathological part a desperate case of asphyxia by charcoal oxyde gas, where artificial respiration was produced with excellent effect through the faradaic stream. This was continued with longer intervals (of from one-half to one hour), during which other irritants, as sprinkling with ice-water and rubbing of the body, were applied for twelve hours, and health was restored. I advise, in such cases, in the application of the faradaic stream, to use large sponges, in order to irritate *with* the phrenicus also all the branches going from the plex. cervicalis and brachialis to the respiratory muscles, in order to produce as complete an expansion of the thorax as possible (the intercostales hereby escape the irritation). Assistants are employed to fix the head, scapula, and upper arm, in order that the accessory muscles of inspiration may be enabled strongly to assist in expanding the thorax. I always use strong streams in such cases, and always give to the irritation the time of the usual inspiration (one to two seconds), waiting for the expiration with opened circuit, to reclose it again with the beginning of an inspiration.

The remarkable effect of the irritation of both phrenici is a rapid contraction of the diaphragm, enlarging downwards the space in the chest, and thus allowing a larger quantity of air to penetrate the lungs. This rapid inspiration can as plainly be heard as the sobbing of crying children. As a subjective

symptom, all the provers described it, "as if the breath left them suddenly." It is easily understood that, in these trials, we can only use a stream of moderate power, and the irritation must not last longer than one or two seconds.

An irritation of the *n. hypoglossi* will be prevented by the *st. cl. m.*, which covers it; but the branches of it are easily reached on the internal rim of the latter. But we have to remember that a well-developed *platysma* interferes greatly in the investigation, if it does not render it impossible. My notes are founded on the faradaic exploration of persons in whom the *platysma* was entirely wanting.

The branch of the *n. omohyoideus* (II., 25), which runs along the sinew to the back belly, may be irritated on the internal rim of the *st. cl. m.* The *os hyoideus* is drawn down outwardly with all annexed to it, whereby the muscular belly of the *m. omohyoideus* is plainly seen in the *fossa supraclavicul.*, moving a little upwards.

The *m. sternothyroideus* and *n. thyroideus*, whose external borders are not entirely covered by the *st. cl. m.*, sometimes allow irritation of its branches (II., 29 and 29 *b.*)

The branch of the *m. sternohyoideus*, which comes quite perpendicular from the *ansa hypoglossi*, entering at the lower end of the muscle, may be reached the easiest by a half turn of the head through the gap between the original portions of the *m. st. cl. m.* (II., 80).

The *n. hypoglossus* (II., 27) is most easily reached close to the greater horn of the *os hyoid.*, in front of the *m. hyoglossus*. The total effect produced by an irritation of the *hyoglossus* I have not yet entirely discovered. I sometimes clearly saw an elevation of the tongue *in toto* towards the hard palate. At other times this was not so plain. And then a simultaneous irritation of the *m. hyoglossus* and other muscles cannot be prevented.

Close below the *n. accessorius Willis.* runs the branch, coming from the fourth cervical nerve, for the *m. levator anguli scapulae* (II., 20). An isolated irritation of it, which can only be effected by a very fine electrode, raises the scapula, and especially the inner angle upwards, inwards, and forwards, and the acromion, fixed by the weight of the arm and the action of the



antagonistic muscles, does not take part in it. That the contraction of the *angularii scap.* is an isolated one can be clearly felt on the points of the fingers. The shallow cavity, above and below the clavicles, become deep holes, between which the clavicle appears so much raised that it can be touched all round. This proves that the anatomical hypothesis, that the *lev. ang. scap.* raises the whole shoulder and thus produces shrugging of the shoulder (*musc. patientiæ*), is only partially true, as the raising of the acromial end of the scapula is performed by the clavicular portion of the *pectoralis major*, the *m. serratus anticus* and the *m. cucullaris*; the *lev. ang. scap.* on the contrary, raises only the internal angle upwards and in front.

The nerves of the shoulder and thorax, going from the *pars supraclavicularis* and *plexus brachialis*, may all be isolated under favorable circumstances; yet there are always individuals where those or other nervous branches are easily touched, when at the same time others cannot be found. The difference in the thickness and constituency of the integuments, the individual deviations in the course of those tender nervous branches, easily explain those difficulties. In spare persons we have the best chance to move every muscle of the shoulder singly, yet I would remark that there is necessary for those portions some skill in faradising and an exact knowledge of their anatomical situation.

The *n. dorsalis scapulae* we find close under the *n. acc. Wil.* on the border of the *m. trapezius* (II., 22), contracting the *m. rhomboideus* and *m. serratus post. sup.* The scapula then approaches the vertebral column, with an upward inclination.

The *n. thoracici posteriores*, after their passage through the *scalen. medius.*, can be reached close over the clavicle, not far from the border of the *cucullaris* (II., 23). Their irritation produces, especially if the *n. thoracis longus* comes under the electrode, very powerful contraction of the *m. serratus anticus major*, so that the scapula gets pushed forward and outward. It then touches the thorax only with the internal border, so the whole internal side can be freely touched from the external border. This throws the clavicle yet more forward, as in the contraction of the *angularis* the *reg. infraclav.*, especially the *fossa supraclavicul.*, will be very deep, and the deepest towards the acromial end.

The *n. suprascapularis*, running close to the lower end of the *m. omohyoid.*, outwardly, can sometimes be irritated shortly before its entry into the *incis. scapul.* (II., 24). The muscles, provided by it, *supra* and *infraspinatus*, sometimes antagonize one another, and an irritation of the *n. suprascap.* therefore produces only an outward rotation of the arm.

The irritation of the *n. subcapulares*, on account of their deep situation, is seldom successful.

The *n. thoracici anteriores* are to be found after their passage under the *clavicula*, on the upper edge of the *m. pectoralis major*, or behind it (II., 32). They are often entirely covered by the *clavicular* origin of the *pectoral. maj.*, and thus entirely escape all irritation. In this case the *intramuscular* irritation of the *pectoralis major* could be best effected by putting the electrode on the middle of the *fascicles*, because the nerve of the *pectoral. maj.* crosses its fibres, in its downward course, in a right angle and nearly in their middle.

But if we succeed in the irritation of the *thoracici*, the upper arm is drawn, by the contraction of the *musc. pector.*, strongly to the anterior surface of the corresponding half of the body, even so that the elbow is put on the *linea mamillaris* of the corresponding side.

I observed the contraction of the upper (*clavicular*) portion of the *pectoralis major* in a man, where the whole lower (*sterno costal*) portion and the *pectoral. minor* were wanting (*congenitally*). By pressing the electrode quite deeply under the muscle up to the *clavicula*, to irritate the nerve, the contraction of this portion produced a raising of the shoulder directly upwards, and a little to the front.

We very frequently hit, in irritating the *n. thoracici ant.*, the *plexus brachialis*, from which the *musculocutaneus* and a part of the filaments of the *medianus* arise (I., 31). Strong flexion of the forearm and hand is then added to the adduction of the arm.

This painful irritation of the external cord of the *plex. brach.* may be obviated by pushing the electrode in an oblique direction inwards and behind the edge of the muscle of the breast.

The trunks of the *pars supraclavicularis of the plex. brach.* are of no value for the isolated muscular irritation, as the irri-

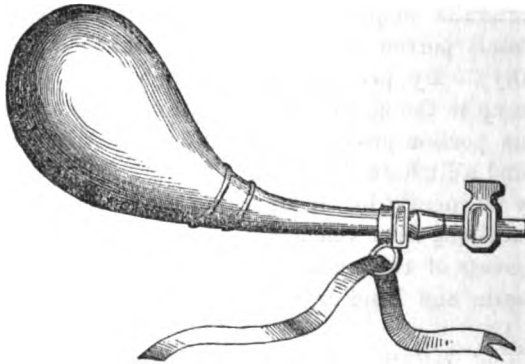
tation of every individual trunk sets whole groups of muscles in contraction, which—in greater part diverging in their effect—receive their nerves from one plexus. But, if we do not care for isolated irritation of the muscle in the therapeutical application of the inductive electricity, and if we have not to mind the inevitable irritation of the sensible filaments, as in the complete paralysis of the whole arm, then the faradizing of the plexus brachialis through its superficial position is just the thing for the uninitiated. To which nerves of the arm the separate fasciculi give rise, may be seen in every anatomical text-book.

TO BE CONTINUED.

---

ARTICLE XLVII.—*The Colpeurynter and Colpeurynter.* By T. G. COMSTOCK, M. D., of St. Louis, Mo.

The colpeurynter—which is from two Greek words, signifying vaginal dilator (and colpeurynter, which signifies the application of the colpeurynter, viz., its insertion within the vagina and afterwards filling it with water), invented and first used by Dr. Carl Braun, Prof. of Obstetrics at the University of Vienna—is an instrument which should be in the *armamentarium portabile* of every practitioner of obstetrics.



*The Colpeurynter when distended.*

The instrument, of which we give here an illustration, is a vulcanized gum-elastic bag (or bladder), from two to four inches in diameter, and having attached to it a tube seven inches long,

made of horn (or metal), and covered with india-rubber. There is fitted to the end of this tube a stop-cock, and a ring for the insertion of a piece of tape, in order to fasten the instrument to the thigh, after its introduction in the vagina, and keep it *in situ*.

To use the instrument, it must be well oiled, and the bag compressed together in the right hand so as to occupy as little bulk as possible. It is then introduced within the vagina, and gently filled with water by means of an ordinary four-ounce syringe, and whenever the water contained in the syringe is discharged into the colpeurynter, the stop-cock must be quickly closed; this proceeding is to be repeated until the colpeurynter is completely distended, when the stop-cock is to remain closed.

The instrument is a substitute for the ordinary tampon-plug, so requisite, and which has been sanctioned and employed by all the elder obstetricians. The advantages over the ordinary tampon are, that the bag may be filled with tepid or cold water at discretion as the case may require.

If it be desirable to produce uterine contractions, then the colpeurynter is to be introduced within the vagina, until it rests against the mouth of the womb, then filled and completely distended with warm water. It will be readily seen how the presence of such a foreign body will act as an irritant upon the os-uteri, and thereby excite muscular contractions of the womb. On the contrary, should hæmorrhage be present, no matter how frightful, the colpeurynter is to be filled with ice-water; it will then act, not only as a tampon to arrest the flooding, but likewise the cold generated from the ice-water will act as a hæmostatic, causing a coagulum of blood to form, and a quick closure of the open mouths of the blood-vessels, and thereby stay the hæmorrhage. As the water becomes warm it can be let off, by opening the stop-cock, and the bag may be then immediately refilled with the ice-water, and this repeated until the bleeding is staunched.

The following are the indications for the use of the instrument, as taught us by Prof. Braun, translated from my notes taken while in Vienna.

1. In metrorrhagia (in the first stage of labor, when the os-uteri is being dilated) caused by *placenta prævia* or *mola*

*hydatidosa*; or in hæmorrhage from a threatening or commencing abortion; or in flooding after the removal of the placenta, if the seat of the hæmorrhage is assumed to be in the inferior segment of the womb, which does not contract, although the fundus-uteri does contract properly.

2. In cross-births, the pelvis being of normal dimensions, when either podalic or cephalic version is decided upon, to dilate the mouth of the womb, and preserve the bag of waters, until the moment when the obstetrician shall wish to make the turning, *i. e.*, bring down the feet or the head, as the case may be; the latter proceeding is in some cases preferable to bringing down the feet.

3. In deformed pelvis, when the head presents, and the application of the forceps or perforation are found to be requisite; or after turning, to facilitate the *exæresis* of the fœtus; in order to produce a dilation of the os-uteri and to prevent a too early rupture of the membranes.

4. To bring on or hasten the labor, in case eclampsix set up during pregnancy, or in the first period of a regular labor.

5. In hernia intestino-vaginalis, after a replacing of the same by the *taxis*, in the last weeks of pregnancy, colpeuryisis serves to retain the hernia *in situ*.

6. Colpeuryisis acts similar to the *uterine douche* in bringing on premature labor, when the pelvis is too narrow, or when the mother suffers from general diseases.

7. When the pains and uterine contractions are insufficient, in the first period of labor, to produce contractions of the womb, it is a good substitute for *Secale-cornutum*, which may endanger the life of the child, especially in primiparæ.

#### *Resumé.*

*a.* Colpeuryisis is a very simple proceeding, not tedious, always convenient, and unattended with any dangerous consequences; it permits a gradual increase of the irritation upon the uterine nerves, and excites a continuous energetic activity of the labor-pains.

*b.* The colpeurynter possesses also the advantage of being applied without causing any pain, as it can be filled and emptied and refilled without removing it from the vagina.

c. In cases where speedy dilatation of the mouth of the womb is required, the employment of the colpeurynter is certain to have the desired effect. Its action upon the inferior segment of the womb is similar to that of the uterine douche.

d. This proceeding requires no previous preparations,

e. Neither injures the membranes nor genital organs, and does not expose the foetus to any danger or ill consequences.

f. It may be employed with the same effect upon primiparæ as upon others who have born several children.

g. In cases where the position of the child *in utero* is uncertain, it may be applied to effect a dilatation of the orificium-uteri, previous to making the turning.

h. In puerperal convulsions, especially in the first stage of labor, the colpeurynter will speedily bring on uterine contractions, followed by dilatation of the os-uteri, so that the turning may be accomplished, and the woman quickly delivered, after an easy labor, and thereby that dreadful operation of the Cæsarean section be avoided.

i. In cases of deformed pelvis, where it is necessary to bring on premature labor, or in cases of accidental abortion, where a speedy delivery of the foetus is necessary, colpeurynter (as well as Kiewisch's uterus douche) will effect this very quickly.

k. And, lastly, we have found the colpeurynter applicable after the replacement of an inverted or prolapsed womb, as a substitute for the old fashioned pessary.

In placenta-prævia, *to still at once the hæmorrhage, and yet cause uterine contractions at the same time*, it is of priceless value, and will save life in cases where nothing else could be so conveniently, safely, or effectually employed. We have seen it used in several instances of placenta-prævia in Vienna, and in every case the life of the mother and child was saved.

No other method of treatment in placenta-prævia seems so rational or offers such hopes of success as the application of the colpeurynter; for this reason let no professional obstetrician be without it.

We will only add that we have seen, in the Vienna obstetrical clinic, the instrument frequently applied under nearly all the circumstances as above described, and invariably with success. We are confident that we have not only repeatedly seen

life saved by the use of this simple instrument, but that its use in our own private practice, for nearly three years past, has been followed by the most *eclatant* results.

We will give one case here :

In June, 1857, Mrs. B., primipara, aged nineteen, was taken with labor-pains. We were called, and, by a careful examination, first by *palpation* (as is always our custom when we come to a lying-in woman), we found the head to be rather high up and directed towards the left side of the womb; the pulsation of the foetal heart was found in the region of the navel. On account of the foetal pulsation being heard in this unusual position, our suspicions were not only excited that this was a mal-position, but we were absolutely certain that we had to deal with a cross-birth presentation. The internal examination proved our first diagnosis.

Upon making the touch, we found the vagina capacious, the temperature raised, the usual secretion very considerable. Upon pressing the vaginal portion of the neck of the uterus (fornix-vaginæ), we did not find it rounded out (or convex), as is the case when a head presents; upon examining the os-uteri, we found it soft and dilatable, of the size of a twenty-five cent piece, and the bag of waters not yet distinctly protruding; through the latter, however, we could reach something unlike the head, but which felt to us like a shoulder, and our first diagnosis was perfectly confirmed.

“What were the indications here for treatment?” let me ask those who have never used the colpeurynter, and who, perchance, may turn a deaf ear to the proposal of introducing a new instrument in obstetrical practice. Without the colpeurynter, all the practitioner could do would be to wait until the os-uteri was sufficiently dilated, and then turn and deliver. But, by means of the colpeurynter, we can hasten on the pains, and at the same time, by its presence, preserve the bag of waters as long as possible, until the moment when the mouth of the womb is fully dilated, then rupture the membranes, and at the same moment (before the escape of the waters) bring down the feet, and effect the delivery. Here the colpeurynter was applied, and filled with warm water; the pains, which, by-the-by, were previously moderate, were now increased, and in the course of four hours

the mouth of the womb was fully dilated, at least three inches in diameter, and the pains were very strong; another examination proved to us that it was the first shoulder position. Accordingly with the right hand we ruptured the membranes, and introduced it high up within the womb, quickly seized the feet and brought them down, and thus effected the delivery of a living male child, without further trouble. The placenta came away half an hour after the delivery of the child; the mother convalesced, and recovered without much difficulty.

The colpeurynter we have used time and again, not only for metrorrhagia, but also menorrhagia, where all other remedies had failed. We will here relate one case:

Mrs. S., aged twenty-one years, mother of two children, has always suffered from uterine difficulties, and especially from hæmorrhages, so much so that I had suspected polypi; was attacked with metrorrhagia during an inter-menstrual period. The attack was very persistent and resisted all treatment. Chamomilla, Hamamelis, Secale-cornut., Cinnamomum, Platina, Ferrum, &c., were all tried, as they seemed to have been indicated; in addition thereto the patient was kept very quiet, with the head low, and the hips raised, cloths dipped in cold vinegar were applied, and even a ferruginous injection of—

℞.—Tinct. Ferri-chloridi, drachmas tres,  
and Aquæ puræ, libram,

(as taught by the late Prof. Kiewisch, of Prague), was tried—all to no effect. More than two weeks elapsed, the lady was becoming very weak, and the hæmorrhage seemed to be as active as ever. I finally induced her to allow me to use the colpeurynter; this was introduced, and filled with ice-water, which latter was renewed for some hours, but the flooding was arrested almost immediately after its introduction.

It will be readily seen that the colpeurynter possesses the double advantage of acting as a tampon, as well as by causing closure of the open mouths of the uterine bleeding vessels, and likewise exciting strong uterine contraction. The last described case is no isolated one; we have used it repeatedly in similar cases and (as we have already stated) with the most *eclatant* results.



For the information of our friends, we may add that this instrument may be procured of Mr. Gemrig, in Philadelphia, and from Mr. Leslie, in St. Louis, instrument makers.

---

ARTICLE XLVIII.—*A View of "Raspail's Theory of Health and Disease."* By GEORGE E. SHIPMAN, M. D., of Chicago, Ill.

[Continued from February Number.]

Every cell of an organ, then, performs its functions as the general organ; and every cell, to whatever organ it may belong, is endowed with the faculty of inspiring or expiring gases or liquids impregnated with gas.

**THEOREM X.**—*The cell susceptible of development inspires gases to elaborate them into liquids; then liquids and salts to elaborate them into tissues.*

Our author sustains this proposition by referring to the well-known absorption of carbonic-acid by plants, and the disengagement of oxygen, while appropriating to themselves the carbon; to the facts of animal respiration, and to the power which the skin has of absorbing air, as well as water more or less saturated with salts or organizing substances. Passing, then, from physiological to chemical researches, we find that the wall of the ligneous cell, and that of the least complicated of the animal cellular tissue, is resolved into oxygen and hydrogen, representing the proportions of water and carbon, more or less in excess, together with an appreciable quantity of cinders, chiefly composed of potash and lime. The most continued filterings, even with acidulated water, never can deprive the organic element of that inorganic element which incineration eliminates. These two elements vary in proportion, according to the age of the organ, and in nature, according to the nature, and hence the kind of elaboration of the organ. The older the organ the more the inorganic element increases; the younger the organ the more the liquid organic element exceeds. "The bone," he says, "the most compact and the most rich in the carbonates and phosphates of lime, has commenced by being a cartilaginous substance; and this, by being a pulpy substance; and this latter,

finally, by being a simple fluid, in which the salts are the less abundant, according as it is of more recent formation, The liquid organizes itself; and then, separates into vesicles, by the combination of the earthy bases with the organic element; the wall of the cell is, finally, a combination, in which the earthy element plays the part of base, and the organic element that of acid.

Let us recall, now, parallel with this datum, that which we have already established in Theorem VIII.—to wit, that every vesicle develops itself in the bosom and upon the internal wall of a maternal vesicle, which we have just seen absorbing gases and liquids—and, certainly, we shall admit that the development of the vesicle of the second generation takes place in consequence of an elaboration of gases and liquids absorbed; in consequence of an intimate combination between the products of the gaseous and the liquid inspiration. For the organized cell absorbs water charged with salts, carbonic acid gas, oxygen, hydrogen, atmospheric air; and itself, as well as its products, is but the result of the association of two elements: *First*, organic—water (oxygen and hydrogen) and carbon; *Second*, inorganic—lime, potassa, soda, iron, &c., or ammonia (azote and hydrogen).

The organized cell, then, is but a mould, a matrix fit to combine, in other matrices equally organized, the materials of the earth and the air. Find me the law of association of water and carbon with the earthy bases, and you have found the law of organized life, the laboratory of organization. Discover, finally, the laws which preside over the different combinations of these elements susceptible of entering into the combination of an organized cell, and you will have produced with the same stroke the different results of the animal or vegetable elaboration; you will be able to create at will the cell which elaborates gum; that which, in the same circumstances, elaborates albumen; that which elaborates chyme, bile, chyle, blood; and, finally, that which, in abnormal circumstances, elaborates pus. A little more or a little less of water, or of carbon, of oxygen, or hydrogen,—a little more or a little less of earthy salts, or of earthy bases, varying upon an infinite scale,—this is organized life; this is variety in unity, the infinite in the finite, power in weakness, the visible in the invisible, the sentiment in the atom.

**THEOREM XI.**—*The organized development cannot take place but at a certain temperature, which has its limits, varying according to the species and even to the individuals.*

**THEOREM XII.**—*The faculty of inspiration (imbibition?) inherent to the organization of the elementary cell, is the mechanical cause by means of which are effected both the natural union of cells between themselves, to form the cellular tissue, and the artificial union of organs with each other, which takes the name of graft, either animal or vegetable.*

**THEOREM XIII.**—*The two-fold faculty of inspiration and expiration, with which we have seen that the organized cell is naturally endowed, is the only cause of the circulation, both of the liquids which it contains, and of the surrounding fluids.*

Let us admit that a pore of the cell absorbs and inspires, appropriates and assimilates to itself a molecule of the surrounding fluid: the nearest molecule will necessarily take the place of that which is absorbed, the others in order and successively will advance to take the place of this latter; hence movement of the whole mass of liquid. But, if the inspiration continues, and the mass of liquid be contained in some cavity (*capacité*) we have circulation set up till the whole has been absorbed by inspiration (imbibition). By circulation, I understand a circular movement of a liquid; and this circular movement takes place in the liquid, whether it is contained in a single cavity or in that of a net-work of canals and tubes.

The same result will take place whether a gas or a liquid be inspired—impulsion, in fact, produces upon a mass of liquid the same effect as displacement. In the first case, the liquid moves by virtue of the force which is communicated to it; in the second, by virtue of the force of gravitation, which causes equilibrium of liquids.

Now inspiration by the external surface of the cell becomes an expiration in the interior, and upon the liquid of the elaborating cell. This interior liquid, then, must be agitated, and must take a circular movement, under the impulse of the liquid molecule which the cell has taken up by inspiration from the

surrounding fluid, and which it has introduced into its own proper cavity.

But, as the cell cannot inspire without in time expiring the excess, the expiration will add yet more by its impulse to the motion impressed upon the surrounding liquid by the displacement which the inspiration has produced, and thus give increased activity to the circulation without.

*Corollary First.*—Let us combine now the solution of the two preceding theorems. Suppose two cells plunged in a liquid, and endowed with the faculty of inspiration, and hence of expiration. These two cells, if they inspire with a certain energy, will approach each other. The liquid will be forced back by this constant approaching, the two opposite walls will be in contact; hence a close adherence. Let a third cell, likewise inspiring, approach, in a contrary direction to the two former: when contact takes place there will be adherence by three points of surface, and, necessarily, between the three cells a canal. Suppose that a new series of cells supervenes, inspiring, and agglutinating themselves to the former, it will go to form an aggregate of cells and a net-work of lacunæ, which, at length, and by the approaching of the points of contact, will become a net-work of vascular communications, cylindrical, because they are full of liquid, and their walls are elastic. From that moment, vascular circulation is established, a circulation which brings the liquids suitable for inspiration, and carries away the liquids expired by each cell.

Let us remember, now, that the cells are produced upon the walls of a maternal cell, and we shall understand how, being thus in proximity to each other, they must, while inspiring, end by approaching each other.

*Corollary Second.*—We may suppose that there exist tissues which inspire, more actively than others, liquids or gases (the inspiration of gases impresses upon the circulation a greater energy). The tissues thus organized take the name of *respiratory tissues*; it is there that the circulation seems to commence, for it is there that it is most active. In man, as in all ærial animals, this tissue is in the lungs: the lungs are the source of the circulation; the heart is, so to speak, only its repository—it is a double vessel, more muscular than the vessels which arise

from it. Animals are found without hearts, but none are known without respiratory organs, without branchiæ, or without a lung.

*Corollary Third.*—As every cell ceases its functions by the desiccation of its walls, the gases which the cells inspire cannot reach them but under favor of moisture. The cell inspires only liquids; it inspires no gases, except through the medium of water. Hence, it occurs that the branchiæ are external to the body in aquatic animals, in the greatest number of cases, and that the lungs, deeply protected in aërial animals, only communicate with the air over a long extent of surface, which is incessantly lubricated by the salivary product of various glands.

*Corollary Fourth.*—There must exist various centres of circulation in a living being; this flows from the idea that we have advanced of the generative development of cells. Each organ has, then, a circulation peculiar to itself, the products of which it communicates to contiguous organs by the vehicle of the surrounding (*ambiante*) circulation. The sanguineous circulation, in man, is but a circulation common to the different centres of special circulations, circulations which are able to produce various colors, distinctive of their special elaboration; yellow, blue, green, black, or white, according to the elaborating organs. Thus, the circulation is black in the choroid and the ciliary processes of the eye, yellow in the adipose tissue of man, rosy-white in the elementary tissues of the kidneys and other glands, changeable in the iris, black, brown, or red in the tissue of the hair, milk-white in the aponeuroses, the tendons, the inner tissue of the veins and arteries, in the brain, the substance of the nerves, &c.

All these special circulations nourish and sustain themselves from the general circulation by means of the hilum of their organ, which inspires that which is proper for its assimilation, and by expiration discharges its excess and whatever the organ cannot assimilate into the circulating current.

*Corollary Fifth.*—Chemical analysis demonstrates to us that the vesicles vary in their elementary composition, according to the nature of the products which they elaborate; we must then admit the reciprocal propositions—to wit, that the products of

the elaboration of the elementary vesicle vary in their nature, according to the proportion of the elements which enter into the composition of their walls. Now, the wall of every vesicle resolves itself, by analysis, into carbon, water, and salts; to produce a change in the products of the elaboration of a cell or organized vesicle, it suffices, then, to change the proportions of carbon, of oxygen, and of hydrogen, and then to vary the nature of the bases and the salts, to determine a revolution in the elaboration of the vesicle. Hence, it happens that the products of a recent vesicle are diametrically opposed to those of a vesicle of longer duration; that the products of a ligneous vesicle have scarcely anything in common, in appearance, with those of an albuminous vesicle. A uniform scale, equal development, combination in the different proportions, difference in the results of elaboration.

But the vesicle elaborates in its bosom only the gases and the liquids which it inspires in the medium which surrounds it. This medium is the same for all the cells of different elaboration. Then each cell effects, in this medium, a kind of choice, inspires only that which it should elaborate, or else expires all which it cannot assimilate. Hence, the cells have different methods of inspiring and of effecting this choice, a difference of inspiration which constitutes the difference in the proportions of water, of carbon, and of the bases which enter into the composition of the inspiring wall. It may readily be conceived that a certain cell-wall will give passage to molecules, which a certain other wall will condense upon its external surface, if we will but represent graphically the difference of molecular interstices or pores which two combinations necessarily possess, in one of which the integral molecule shall be formed of one molecule of carbon and four molecules of water, and in the other of which the molecule of carbon shall be associated with but three molecules of water, especially if we place the molecule of carbon in the centre of the two systems. See, then, in how many ways these interstices will vary in diameter and form, and, hence, in the property of inspiring and effecting their choice, if the central molecule of carbon is enveloped by six, eight, twelve, or more molecules of hydrogen and oxygen. These modifications, with but few elements, will go on to infinity.

**THEOREM XIV.**—*Every liquid stagnating in a cell which has become inert, ferments in a manner at variance with the laws of vitality—it is no longer a nourishing juice, it is a poison.*

The truth of this proposition results from the truth of the inverse proposition: every liquid elaborated by a cell endowed with vitality is a liquid which contributes, in its turn, to the general life. Now, it is the nature of all organic liquids never to maintain the same condition. Every liquid absorbs oxygen, and the organizing juices do it more than all the others. Every organizing and vital liquid, exposed to the contact of the air, ferments; normally, if it finds itself in normal circumstances; abnormally, if the circumstances as well as the conditions of the medium change—a fermentation which is a modification in the form and in the nature of the liquid, because it is an augmentation of its substance at the expense of the air, a fermentation which is a decomposition, if it is not a development. The blood which forms our flesh in the torrent of the circulation, is changed into putrefaction when issuing from the veins; it becomes pus if it extravasates itself under our integuments, or in the deeper tissues, for, under the integuments, the air may still penetrate by the influence and inspiration of an organized cell-wall.

**THEOREM XV.**—*The disorganization of the elementary vesicle of an organic tissue may be the commencement of the poisoning of related vesicles, a poisoning capable of extending itself to organs of a different order of functions.*

After enlarging somewhat upon this theorem, our author goes on to say:

Consequently the germ of the death of a giant may be found in the smallest of his atoms; a drop of liquid, a puff of the most subtle gas may overthrow the colossus; a spark, in extending from atom to atom, from molecule to molecule, from beam to beam, from roof to roof, may, with the aid of the wind, embrace in an instant the Queen City, Babylon the Great; and, as Pascal has it, a grain of sand was able to arrest all the conquests of Alexander.

*Corollary First.*—Cells, as well as individuals, may be divided into two distinct categories: those which have commenced, and those which have finished; those which are in the full tide of their elaboration, and those which look towards decline. The former are always internal in relation to the latter, which they push aside and force outwards. Generating exhausts the mothers. See the cochineal, which lays its eggs where it attaches itself to the barb of living vegetables; its gestation is a slow and gradual exhaustion; its young grow large in its belly, which swells and becomes progressively distended under the effort, and ends by becoming the whole body and by serving as an epidermis to a new generation; that viviparous accouchement is a posthumous accouchement; this expansion, becoming dry, opens to bring forth that which it contained;—such is the image and the literal translation of the development of our organs, of the *spiro-vesicular* development.

The caducous organs, evidently, will not absorb, as the organs are full of life and power; they will not be as active vehicles of poison as these latter. You may handle with impunity arsenious acid, the mercurial salts, mineral and organic poisons; the epidermis of the hand, especially of callous hands—the epidermis, a caducous organ—is there to protect from all contagion the subjacent tissues, the tissues animated with vitality.

The same holds good as regards the dermis, less caducous and less advanced in age than the epidermis, but older than the tissues placed at a greater depth; the dermis will transmit contagion less quickly than the more interior tissues; the same with the buccal cavity, which, in more continued and more frequent contact with the air, will absorb a poison and infection less promptly than the anal, and, especially, than the vaginal orifice.

*Corollary Second.*—An organ advances more rapidly to a caducous state as it is in more immediate contact with the atmospheric air. Consequent upon a solution of continuity, the deep tissues of the trunk of a tree or of the body of an animal pour out the liquid of their lacerated cells; and, little by little, the superficial layer of the uninjured cells exhausts itself by transudation, then become dry, and changes itself again into bark and epidermis, which gradually take on all the characters



of one or the other kind of normal organs, protectors of the elaborating tissues. The more a cell is in contact with the air the more it elaborates; the more it elaborates, the more rapidly it traverses the circle marked out for it by its organization, and the more rapidly, in consequence, it hastens towards its decline. To live fast, is to grow old fast, alike for organs and individuals.

**THEOREM XVI.**—*An organized cell has a limit of development which it cannot transcend; when it has attained this limit it ceases to perform its functions, it dies.*

**THEOREM XVII.**—*The organized cell continues its development without interruption and without modification as long as the conditions of the surrounding medium remain the same.*

Development is a law and not a caprice. If it is in the law of nature that an atom of oxygen is combined in an organized vesicle with a certain number of atoms of hydrogen and carbon, under the influence of so many rays of light and heat, the combination must, necessarily, take place when all these elements are present. The properties of bodies must be caprices, if such a combination did not occur, which is a contradiction in terms.

Hence, that the functions of an organ should be disturbed, it is necessary that the medium from which it draws its elements should be modified, or that some obstacle should intercept its communications with them, or that a destructive agent disorganizes the vesicle, and appropriates to itself the organizing principles. An organ does not disturb itself.

*Corollary First.*—If the constitution of our atmosphere should become modified, a newly organized world would succeed to ours: the size of animals would increase or decrease; the most hardy imagination would recoil before the consequences which logic might rightfully draw from this simple induction.

*Corollary Second.*—To live is to develop; to die is to have reached, either naturally or artificially, the term of development. To develop is to elaborate gases into liquids, liquids into tissues, by the action of the organized vesicle. Health is the regular exercise of this development; disease is its disturbance; death

its cessation. The diversity of age is but a change in the direction of development. In this regard, the old develop as the adults, for every day they lose and every day they repair their losses; every day their tissues enrich themselves with bases, and tend to become osseous; everything in him elaborates; nothing rests; all repose is death.

#### FINAL COROLLARY.

*First.*—A normal organ placed in normal conditions cannot but elaborate normally—it cannot become sick; it can only grow old.

*Second.*—The healthy organ does not beget its disease; it receives it from without—it does not become sick, nor does it die before it has reached its term, except by accident.

*Third.*—Disease is not a being of reason, an ideal entity, it is a disturbance introduced into the functions of an organ; it is an obstacle which opposes itself to the law of assimilation and development; it is an effect, whose active cause is external to the organs, which in this case is purely passive.

*Fourth.*—If we know the nature and the number of these external causes of internal troubles, we would then have the power to remove the disease, and to maintain or restore the health; and medicine would leave the domain of empiricism and of conjectural hypothesis, to take rank as one of the true sciences of observation.

---

#### ARTICLE XLIX.—*Case from Practice.* By GEO. E. SHIPMAN, M. D., of Chicago, Ill.

The patient whose case I report this evening was a German lady, twenty-three years of age, of small stature, rather spare figure, dark hair and eyes, and face well furnished with dark spots on the forehead and right side of the face. She was the mother of three children, the youngest of which, at the date of my first visit, April 28, 1857, was six or seven months old, and was still nursing. She had been complaining for about seven weeks, previous to which time she had always enjoyed good health. From her first attack she partially recovered, and then

relapsed again. The first thing she noticed amiss with herself was that she had no stool for four or five days, with much wind in the bowels, and cutting pains. Two weeks from the above date she took to her bed, complaining of pain in the back and in the lower part of the bowels; pain when urinating, this had been the case for five weeks, the pain seemed to be in the neck of the bladder, a pinching, burning pain, sometimes as if pricked by needles, or a sticking pain as if a pin were there. Has burning there all the time now; for the last three days, the urine has passed involuntarily. There was brick-dust sediment in the urine last week. Her appetite is tolerably good, or *was* rather; had great thirst at night, pain in the bowels from wind, much rolling and rumbling in the bowels; it seems sometimes as if the pain would cut her through; pain is always about the navel. Her bowels have moved lately every day or so; the stools were hard, large balls, mostly whitish; she had no nausea, nor pain in the back, nor in the thighs; pulse 122, regular; hands cold. Gave Cannabis, 6, twenty pellets or so in half a glass of water, a teaspoonful every two hours.

April 24.—No better. The urine runs away all the time, with as much pain as ever, except when she is asleep. She sleeps two hours at a time, perhaps, but seldom after two, A. M. Has pains constantly while passing water. Examined the bladder with the catheter: introduction extremely painful, but a few drops of water came away, the patient screamed and cried from the pain; abdominal muscles were tense, which made the examination more difficult. Found no stone, contrary to my expectations.

Cantharis, 1, gtts. xij., one every two hours. The urine ceased to flow spontaneously after taking the second powder; was obliged to urinate often, but could control it; some burning, but none of the very severe pain which she had before. From this time to the second of July there was no very decided change. Some improvement in her general health occurred, as she was able to leave her bed and be about the house, but, in the main, urination was frequent and painful. The pain on urinating was chiefly as the urine ceased to flow; this was a dreadful burning—when she rose from the vessel there was a dreadful pushing pain in the bladder, which lasted for about a minute.

There was a constant burning pain at the mouth of the urethra. The urine was more or less albuminous during this period; the specific gravity was about 1.010. On the twelfth of May the urine began to flow unconsciously, but was promptly checked by the *Cantharis*, 1. Sometimes she could not walk, on account of the burning which it occasioned at the orifice of the urethra, at others she could walk better than she could stand. About this time I noticed blood in the urine.

Her bowels continued constipated the most of the time during this period (from April 23 to July 2), although during the latter part of the time she was somewhat troubled with diarrhœa. She felt the same trouble from wind, sometimes amounting to a dreadful pain, generally located about the navel. About the 20th of May a short hacking cough was first noticed. The medicines given during this time were *Cannabis*, 6, *Cantharis*, 1, 3, 6, and 30, *Allium-sat.*, 3, *Merc.-corr.*, 12, and *Kreosote*.

July 2, 1857, I made the following entry: Urine still albuminous; she has been better since the last record, walked out several times six or eight squares and felt better after it. For a few days after the last visit (June 24th), had a dreadful pain in the region of the liver, a constant stitching pain, worse when she passes her hands down the abdomen, a sound as if water were rolling in the abdomen; bowels have been very regular, though sometimes two days have elapsed without any passage; has had much pain from wind. Urinated six or seven times a day, and four or five at night; pain at the time, but not as bad as it has been, pain soon passes off; face looks rather cleaner, some of the liver-spots on the forehead still, dreams less about passing water, has a good appetite, no nausea, no pain in the limbs, back is better. *Sepia*, 6, one dose in the morning.

During the month of July she was, in many respects, much better, so that she was able to walk more than half a mile and back; still there was more or less pain in the bowels, as from wind and pain, attending urination. The urine is clear, reddish-looking, and stains the linen red. On the 14th, she began to complain of severe ear-ache in the left ear, lasting only for a moment, and constant pain in the forehead. Slept pretty well at night, and was very drowsy during the day.

On the second of August I found her very much depressed.

She had passed a small clot of blood when urinating, but could not tell its source. Last night she said she had a queer turn; when dozing, strange faces appeared to her, her blood seemed to become heated, and she was hot all over; seemed as if asleep, but was not, and could not move, throbbled all over. She complained also of headache, stitching pains in the face and cheek-bones, pains in urination much less. I discovered a tumor occupying the right lumbar region, sensitive to pressure, especially towards the navel—gurgling produced in the abdomen by pressing upon the tumor. On a subsequent visit I endeavored to define the tumor more exactly, but did not succeed much to my satisfaction, as pressure upon it induced tension of the abdominal walls. This tumor was distinct from the liver, and extended towards the umbilicus.

In September she seemed much better; there was less pain, the tumor in the abdomen seemed to subside to some extent; she had more milk for the baby, and her health and strength seemed to be improving. This state of things continued until December, during which time she took Sulph. and Lycopod., 30, every other morning, Nux-vom., and Lycopod., Cantharis, 6 and 30, in alternation with Merc.-viv., 6 and 30, and Croton-tig.

During the month of December she was alternately better and worse, in the main much easier. About Christmas she was out shopping, and, being unable to hold her water, and finding no place where she could relieve herself, her clothes became very wet, and she took cold. After that time, till December 30th, she was not able to carry her water more than an hour. Her cough now began to trouble her more, and there was more blood with the urine—sometimes, indeed, she passed little but blood.

In January the urination began to be more painful again. The cough was worse at night, and seemed to be induced by tickling in the throat, no expectoration. On the twentieth of this month she was again relieved of the urinary troubles, so that she was out all the afternoon without urinating or experiencing any trouble. The cough, however, was worse, and often attended with vomiting.

During February she was much the same. The cough was very bad; began to have fever at night, and pain and numbness of the right leg, down the outside; the bowels were relaxed,

running away like water, a foaming yellow discharge, sometimes like brownish water, with lumps of undigested food; before the evacuations, nausea; pain just above the navel; great deal of thirst; sore throat; when she urinates with the stool there is not much pain, but when she passes urine only it burns her almost to death. Has turns of gaping, looks very pale, is losing flesh, dreadful headache, sleeps poorly; when she stoops to pick up anything it makes her head and heart throb dreadfully, has fallen down several times when attempting to stoop.

March 3.—Called in the afternoon; found her with great pain in the abdomen, the pain came on in paroxysms, her face was flushed, groaning and shedding tears, and seemed to suffer greatly. Had been pretty well until to-day. This pain came on suddenly. Pulse full and rapid. Gave Aconite, 1, six drops in half a glass of water, a teaspoonful every half-hour or so, with a salt-water injection.

Her husband called in the evening to say the injection operated promptly and largely, and was attended with a large flow of urine. The flow was uncommonly large, and without pain. She had three or four motions in the afternoon subsequent to this, and urinated afterwards, the discharge being more scanty and attended with pain, but without any blood.

March 4.—Husband called in the evening to say that the bowels had not moved to-day, and that the pains in the abdomen had returned to some extent. Ordered salt and water injections again.

March 22.—Has been better and worse by turns; passed water four times a day, pain in the bowels, with rolling and rumbling, several motions, brown-watery; is very weak. Gave Verat.-alb., 3.

March 26.—Urines six times a day. Pain in the abdomen very severe. Sent Merc.-sol. last night. Bowels moved four times during the night; pain no better, is about the navel and in both sides, like after-pains, crampy; face pale, distressed appearance, much thirst, pulse 120. Sec.-cor., globules xx., in half a glass of water, a teaspoonful every hour.

April 1.—Patient died yesterday, at nine, P. M. Has been gradually falling for some time; has urinated but three or four times a day. Of late there has been great pain in the bowels,

chiefly about the umbilicus, with nausea and vomiting of bile. Diarrhœa some of the time, with frequent motions, brown and watery; had fever for the last few days, pulse 122, small; much thirst, restless, features expressive of pain, no appetite, and rapid loss of strength. For the last few days has been confined to her bed, suffering meanwhile the most intense pain, and which nothing seemed to alleviate.

April 2.—Autopsy showed the substance of the right kidney to have been entirely destroyed, nothing being left but the capsule, which latter contained about half a pint of creamy, caseous-looking matter. The right ureter was enlarged to the size of the little finger, and completely filled with the same kind of caseous matter which was found in the kidney. This occlusion probably occurred in an early stage of the disease, as the urine never contained any similar matter. I regret that no *post-mortem* notes were taken of this case, which was to me alike interesting and obscure; but to-day suffice that no striking indications of disease were observed other than those detailed above. The morbid anatomy of the parts will be seen in the accompanying preparation, and which is herewith presented to the Society.

ARTICLE L.—*Cases from Practice.* By GEORGE W. RICHARDS, M. D., of Orange, N. J.

CASE 1. *Dysentery.*—August 31, 1859. Mr. B., aged eighteen, light hair, blue eyes, spare habit, of nervo-sanguine temperament, states that eight days ago he was attacked with diarrhœa, which continued four days, when he was taken with dysentery.

Present condition: Pulse rather weak, but not accelerated; tongue coated; bowels move about every hour; stools thin, bloody, and mixed with mucus; has tormina, but no tenesmus; considerable tenderness on pressure over the transverse and lower third of the descending colon. Prescribed Apis.-mel., 30, every three hours.

September 1.—Feels much better. Bowels continue to move about once an hour, for six hours after commencing treatment, when they ceased for ten hours; moved twice this morning. The first evacuation was of quite good consistence, and contained only a very little blood; abdominal tenderness much less. Apis.-mel., 30, once in four hours.

September 2.—Patient is up and moving about ; says that he feels quite well, with the exception of being a little weak. Bowels have moved only once during the last twenty-four hours ; stools were of natural color and consistence ; no tenderness of the abdomen.

CASE 2. *Dysentery*.—August 23, 1859. Miss E., aged seventeen, of nervo-sanguine temperament, has been suffering for nine days past with derangement of the bowels. During the first seven days it amounted to simple looseness, but for the last two days it has been dysenteric.

Evacuations thin and slimy, attended with tenesmus and tormina ; pulse 120 ; skin hot and dry ; considerable tenderness over the lower third of the descending colon. Acon. 30, Apis.-mel., 30, alternately every two hours.

August 24. Marked improvement ; fever subdued ; had no stool during the last sixteen hours ; tenderness over the colon diminished. Sacch.-lact.

August 25.—Has had only two evacuations since my last visit, which were nearly natural. Apis., 30, once in three hours.

August 27.—Is quite well.

CASE 3. *Pneumonia*.—October 23, 1859. John, aged five years, has had, for three days past, a dry cough, fever, poor appetite, and disturbed sleep at night.

Pulse 120 ; skin dry, and tongue slightly coated. Auscultation reveals crepitant and sub-crepitant rale over the inferior third of the right lung. Prescribed Acon., 30, and Phos., 30, alternately, two hours apart.

October 24.—Fever diminished ; cough less troublesome ; slept better last night than during any night since taken sick ; crepitant rale less marked. Acon., 30, and Phos., 30, in alternation, every three hours.

October 25.—Fever very slight. It rose much less last night than usual. Expression of face decidedly better. Ordered Phos., 30, every third hour, and Acon., 30, to be alternated with it every two hours, when there is much increase of fever.

October 28.—Steadily improving ; had no fever yesterday nor last night ; cough loose and much less. The rale is more sub-crepitant, and is heard over only a small portion of the most inferior part of the lung. Phos., 30, every three hours.



October 30.—Is well. No rale heard on auscultation ; respiratory murmur natural.

CASE 4. *Catarrh*.—September 10, 1859. Mr. W., aged thirty-five, constitution robust, temperament nervo-sanguine. Has been subject during the last ten years to attacks of catarrh, attended with more or less asthmatic trouble. They usually begin about the first of September, and continue from four to six weeks. He is now suffering from an attack, which commenced yesterday, and which appears like those which trouble him annually at this season.

Has considerable fever ; pain in the head, back, and limbs ; eyes injected ; nose stuffed up, and discharging a thin serous fluid ; throat sore and much inflamed ; rather dry cough. Last night chest was somewhat oppressed and respiration impeded. Ordered tinct. Camph., one drop on a lump of sugar every half-hour, until better ; then every one or two hours, according to the severity of the symptoms.

September 14.—Patient states that the medicine acted like a charm ; that the next day he was much better, and continued rapidly to improve, and that now he feels quite well.

We have employed tinct.-Camph. in the first stage of nasal catarrh with more marked benefit than any other remedy. This medicine alone will, generally, arrest and promptly cure this disease, when its use is sufficiently persevered in.

CASE 5. *Herpes Circinatus*.—October 25, 1859. John, two years of age, has an eruption on the back of the left wrist, of three weeks' standing. It is characterized by vesicles arranged in the form of a circle, the centre of which is nearly free. The disease occupies a space about an inch and a half in diameter. Many of the vesicles have been broken, and most of the part is covered with thin yellowish incrustations. Sepia, 12, at bedtime.

October 28.—Little better ; parts dryer, and less inflamed. Sepia, 12, three times a day.

November 9.—Well.

CASE 6. *Chronic Eczema*.—January 2, 1858. Mrs. L., aged fifty-five, eyes dark blue, hair brown, moderately robust, temperament sanguineo-limphatic.

For about thirty-five years past she has been troubled, more

or less, with an eruption on various parts of the body, but chiefly on the face and hands. It always disappears during the summer, but invariably returns in the winter and spring, being at its worst in the latter season. It sometimes yields a serous discharge, but usually it is quite dry, and the surface is covered with scaly incrustations. It is attended with much itching. The parts now affected are the face, ears, and legs. Prescribed Rhus-tox., 15, one drop in a tablespoonful of water in the morning, and one of Sulph., 15, at night.

February 26.—No improvement. Ordered Rhus-tox., 15, and Ledum.-palustre, 15, in alternate drop-doses, morning and evening.

March 15.—Marked amendment; parts assuming a healthy appearance; itching less. Continued Rhus, 15, and Ledum, 15.

April 15.—Cured.

February 23, 1860.—Has had no return of the eruption since last report, although nearly two years have elapsed.

CASE 7. *Tapeworm*.—February 4, 1860. Catharine, aged about twenty-five, of full habit and lymphatic temperament. She states that, during the past two years, she has discharged from the bowels, from time to time, small pieces of a flat worm; that, for about one year past, she has been gradually losing flesh, and that during this time she has had a very strong desire for a milk diet—can take, with a good relish, a quart of milk morning and evening. Prescribed three doses of the oil or ethereal extract of Male-fern; eight drops in two table-spoonsful of milk morning and evening, and ten drops the following morning, and an ounce and a half of Castor-oil two hours afterwards. Enjoined a very light diet while taking the remedy.

February 12.—Took the medicine five days ago, as directed, but no worm has been expelled. Ordered fifteen drops of the oil of Male-fern, in a teaspoonful of milk morning and evening, and twenty drops the next morning, followed in two hours by Castor-oil.

February 14.—The worm was expelled in the third evacuation which followed the administration of the Castor-oil. On measurement I find its length is a little more than twenty-two feet. It is of the *tæniai solum* variety.

ARTICLE LI.—*Cases Selected from the Patients Treated at the "Good Samaritan Hospital," St. Louis, Mo.* By T. G. COMSTOCK, M. D., *Attending Physician.*

Among the great variety of cases treated in our institution, intermittent and remittent fevers predominate.

Remittent fever is a disease which is very prevalent in our climate, and its successful treatment requires an accurate knowledge of its history, course, and pathology. It originates from the same causes as intermittent fever (viz., malarious infection), and is very nearly related to the latter; indeed, the diagnosis between them is sometimes a matter of great difficulty. We will define remittent fever as a febrile process, which is characterized by occasional exacerbations, but the *stadium apyrexia* is incomplete; the patient may have a fever, and in a few moments a perspiration sets in, the skin is moist, still the pulse is accelerated, and the fever returns immediately. This fever is very apt to change its type and run into a regular intermittent. On the contrary, it not unfrequently assumes the nature of a continued fever, and then it is sometimes difficult to decide whether or not a typhus fever is present. Some believe that typhus fever is never the sequel of an ordinary bilious remittent fever, but that the disease was in the first instance typhus; this is, perhaps, true in the northern countries of Europe, and our own observations go towards confirming this opinion, but we have seen, in this climate, typhus and typhus-abdominalis (or typhoid fever) frequently set in as the direct result of a remittent fever.

Remittent fever prevails mostly in the hot months, but we constantly have cases of it all the year round. It is ushered in by pains in all the limbs, headache, thirst, sticky feeling in the mouth, swelling of the liver and spleen, pressure in the pit of the stomach; the urine is high colored, the conjunctivæ of the eyes look reddened, patient feels very sleepy, but nevertheless cannot rest. The duration of this disease is from three to twenty-one days, and even longer. Relapses are very frequent, organic diseases of the lungs, liver, spleen, and alimentary canal are apt to follow; dropsy, especially, is a frequent result.

The cases under our treatment have usually been cured in

from eight to fourteen days, and our usual remedies have been: Bryonia, Antimon.-crudum, Arsenic, Belladonna, Mercurius, China, and Aconite, administered from the second up to the sixth dilution. The following case we have selected, as it may be taken as a type of the severer and more protracted form of the disease, frequently met with in our hospital.

CASE 1. *Anamnesis*.—Thomas Haggerty, aged twenty years, entered our hospital August 19, 1859.

Has been sick for two weeks; illness commenced with pain in the head and all of his limbs, loss of appetite, and feverish feelings, followed by chilly sensations in the morning. Has been previously well all his life; was brought up in the mountainous regions of Pennsylvania, and has recently come to St. Louis, the first time he was ever away from home.

*Status Præsens*.—Skin a little sallow; pulse 116; tongue coated and moist; breath fœtid; bowels constipated; urine high colored; appetite poor; much thirst; respiration a little difficult; countenance sunken.

℞.—Arsenicum dilut, 2,	Gtt. iv.
Aq. distill.,	Unc. iiii.
Misc. Every two hours one tablespoonful.	

Diet—toast, tea, and oat-meal gruel.

These symptoms continued without much change until the 27th. In the meantime the bowels acted regularly, and the patient had his chill every morning, followed by a partial perspiration; the tongue still much coated, with a slight nausea, and pains in the limbs. Antimon.-crud., 3, was given the same as Arsenic, and continued for several days; in the meanwhile the fever remained stationary, and the chills, if anything, stronger, and came on earlier daily; patient very languid, and averse to all food or nourishment.

Aug. 8.—Chinoidine, 10, was then given, five grains every two hours, and continued for several days. In the meanwhile the patient's symptoms were much the same; more or less fever through the day.

At first the chill seemed moderated by the Chinoidine, but not suppressed. Cedron, 0, was given for one day, the chill stopped for three days; then a diarrhœa set in, and the pains

in the limbs and chill every night at 12 o'clock. Arsenic, ℞, and Bryonia, ℞, were then administered, in alternation, every two hours, and the patient allowed a little more nourishment, viz., mutton-broth.

Sept. 18.—Patient is gradually losing the sight of the left eye, and sees things double with both eyes. Belladonna, ℞, was prescribed for two days.

Sept. 20.—Vision not improved; patient cannot distinguish objects with the left eye, and right eye somewhat affected; no lesion could be discovered upon examining the eye externally, but, by the ophthalmoscope, discovered a slight hyperæmic condition of the vessels of the retina; patient complains of the chill and constant aching in his bones, has also a slight watery diarrhœa. Ordered *Eupatorium-perfoliatum* infusion, to be drunk warm and pretty freely just preceding the chill, and, until the symptoms accompanying it had abated; then the Eupatorium tea to be drunk cold every hour.

Sept. 22.—Patient feels better in every way, but dropsical symptoms have now set in; the feet and abdomen are swollen; complains of dyspnœa, and coughs; the diurnal fever and dryness of the skin have given way very much; the chill, which comes every night at mid-night, has not yet subsided.

The Eupatorium was continued until the 26th. Chill has moderated considerably; fever during the day irregular; has diarrhœa, but no tenderness in the bowels, although the abdomen is distended by a dropsical effusion.

Sept. 26.—Gave China, ʒ, every two hours.

Sept. 28.—Diarrhœa better; dropsical symptoms the same; pulse 90; tongue moist; patient complains of nausea; sees very little from either eye. Arsenic, ℞, and Ipecac., ℞, were then prescribed.

Sept. 29.—Patient has a coldness again at night, and followed by a distinct chill, fever, and sweat. Prescribed Chinoidine, 10, every hour.

Oct. 3.—Had no chill yesterday, but now has diarrhœa worse. Veratrum, ʒ, every two hours.

Oct. 5.—Diarrhœa still continues; has fever occasionally; appetite better. Mercurius-corrosiv., ℞, every two hours, and patient to have raw beef, pounded into a pulp, mixed with sugar,

four times a day, to the exclusion of all other food, except of a cup of coffee every morning. This last he particularly desired.

Oct. 7.—Patient digests his food well, and is willing to abide by it has now five stools daily, and more natural and small. The dropsical symptoms have increased; patient languid, and fears he shall never recover. Arsenic-album, ʒ, and the same diet for eight days.

Oct. 13.—Allowed the patient a more liberal diet, which he seems to long for; diarrhœa is cured; continued this treatment until

Oct. 26.—When his chill returned at mid-night the same as before; then gave Chinoidine, 10, every hour for three days, when it ceased and returned no more.

Patient is now encouraged, and feels better in every way, but the dropsical symptoms remain unabated; sees very little with one eye, but the other eye is improving. I now gave him an infusion of *Baccæ-juniperi*, to be drunk cold *ad libitum*, and ordered the patient a tepid bath daily, with a liberal diet. The dropsical symptoms disappeared, his eyesight improved, and the patient was discharged cured, November 10, 1859.

REMARKS UPON THE ABOVE CASE.—From the history of the case, it will be seen that the fever ran an unusually long course, and was very obstinate to treat. On this account we gave *Eupatorium* in appreciable doses, and a large experience in using it has convinced us of its efficacy. *Chinoidine* we gave in the first trituration, in five grain doses; we find this remedy excellent in many obstinate intermittents, but seldom use it in remittent fever, unless the symptoms expressly indicate it; and here it was certainly indicated, because every nocturnal chill weakened the patient more and more; it failed, however, to act as a specific, and necessitated us to use the *Eupatorium*.

Raw beef, reduced to a pulp, and mixed with white sugar, as an article of diet in diarrhœa, where there is a low state of the system, or in chronic diarrhœas, has proved worthy of confidence in our practice. We have proved it in hospital and private practice, especially in chronic diarrhœas of children, and the results have been most satisfactory. For the dropsical sequelæ, the Juniper-berry tea was given, as the best remedy we know of in such cases. We have tried Arsenicum, Apis-mell., Indian

Hemp, Digitalis, Helleborus, Squilla, *et id omne genus*, but with no such satisfactory results as with the Juniper tea; not but what one of the above may be sufficient in some cases, as we are well aware; but when the case becomes desperate we resort to palliatives, which, by acting strongly upon the kidneys, enable them to eliminate from the system quantities of the accumulated serous effusions, and thereby nature is left in a better condition to promote the curative process.

We need only instance such authorities as Hartmann and Dr. Wurmb in Vienna. In the hospital of the latter we have seen similar palliative measures resorted to in dropsical affections and with good results. Hartmann says, in the third volume of his "Acute Diseases," p. 189, speaking of dropsy: "Those who undertake to treat this disease in the strictly Hahnemannian fashion, will find themselves sadly disappointed."

A medical gentleman, eminent in the profession, some years ago, while professor in Philadelphia, in a conversation with myself, expressed his disapproval of resorting to anything but infinitesimal doses in the treatment of diseases in the West; a few weeks since we had the pleasure of meeting this same physician, who has been for two or three years past a resident of Chicago. We asked him if he had changed his opinions at all in regard to doses while practicing in the West. He informed us frankly that he had, and that he frequently had occasion to employ a cold infusion of Red Peruvian Bark (and sometimes other remedies in the same form) in the treatment of lingering fevers, where the system was torpid, and infinitesimal doses seemed insufficient. This gentleman was Prof. A. E. Small. We advocate the whole scale of doses, though we seldom go higher than the 30th attenuation; but, on the contrary, instances will occur, in diseases of the South and West, where it is absolutely necessary, for the welfare of the patient, to resort to a remedy proved efficacious by experience: although its action may not be so well understood as we could wish, still it will relieve, and, in order to produce any effect, it will be requisite to give it in appreciable doses; it is our duty, as ministers of nature, not to blindly refuse to employ it.

CASE 2. *Remittent Fever.* — Rudolph Diefenbrook, aged twenty-one years, was admitted September 9, 1859.

*Anamnesis.*—Patient has been sick for six weeks, and was treated for bilious fever with Blue-mass, laxatives, and Quinine. The fever commenced as a quotidian intermittent, but, from the patient's description, seems to have assumed the type of a remittent, which was temporarily suppressed by the above treatment; has been comparatively free from fever for eight or ten days, but has now a relapse.

*Status Præsens.*—Patient rather sallow, verging upon icterus; complains of pains in all his limbs; is feverish; skin dry, but says he perspires at times; has had a slight chill for two nights past, followed by headache; tongue is coated and eyes red; has no appetite, but is very thirsty; bowels are rather constipated; says he feels cold in the limbs, although they seem hot. *Arsenic.*, ʒ, every two hours, and gruel-tea and toast for diet.

Sept. 10.—Symptoms slightly abated.

Sept. 13.—The chill at night is slighter, and the fever during the day is not so constant.

Sept. 17.—Patient's tongue looks better, and desires a little more food; says he has no chill at night, but a paroxysm of fever; the bowels act every second day. Medicine has been continued without change.

Sept. 22.—Patient has sat up for the last two days; appetite increased, and is free from fever; says, however, that he does not sleep well at night, but is very sleepy during the day; bowels are irregular. *Nux-vom.*, ʒ, every three hours was given.

Sept. 24.—Patient seems quite well and complains of nothing except weakness. Color and appearance much improved, and discharged cured.

REMARKS UPON THE ABOVE CASE.—It is always our aim in the treatment of disease to cure a case, if possible, with but one remedy; however, this is rarely possible; frequently several remedies have to be given before all the symptoms disappear, and this is especially the case with malarious fevers.

In the above case, it will be seen, but two remedies were used; but we are rarely so fortunate as to be able to treat a case for fourteen days and not change our remedy more than once during the whole time.



**CASE 3. *Catarrhus-Ventriculi.***—Heinrich Meyer, aged thirty-three years, admitted May 16, 1859.

*Anamnesis.*—Commenced to be sick three weeks since, with loss of appetite, slimy taste in the mouth, pressure at the pit of the stomach, and vomiting, for which he took at the time Tartar-emetic, as prescribed by his former physician, and vomited well; this was followed by no relief; symptoms have continued ever since unabated.

*Status Præsens.*—Has great pressure at the pit of the stomach; tendency to vomit; tongue coated, and has achings in his limbs; has had no chill, nor does he seem feverish, but feels very badly, and thinks at times that he has fever; pulse 96. Bryonia, ℞, every two hours, and oatmeal-gruel and tea for diet.

May 18.—All the symptoms are, perhaps, better, except the nausea, which continues unabated, for which we prescribed Ipecac., ℞, every two hours, and same diet.

May 20.—The nausea is better, but the appetite not improved; the bowels are constipated, and have been so during the whole attack; tongue is still coated with a slimy mucus; he has a slight headache, also flatulence and colic pains; the latter, he says, are due to his constipated habit, as he always has such feelings after the bowels have been constipated for several days. Prescribed Nux-vom., ℞, and Plumbum-met., ℞, every two hours, in alternation.

May 21.—Patient much the same, but the headache and colic pains have improved. Continued medicine, and ordered an enema of Castor-oil and milk.

May 22.—The enema produced several good evacuations, and he seems better; still the appetite fails; pulse 84 (has been usually 90 and 96), and tongue still looks slimy. Continued medicine.

May 23.—Has had a natural evacuation to-day, and feels a little relieved, still the stomach is swollen, and "burns" him a little, and the nausea is not yet gone; pulse 84; appetite a little better. Gave him same diet, with mutton-broth and boiled rice. Arsenic.-alb., ʒ, every three hours.

The patient continued to improve slowly, but the stomach remained a little tender upon pressure, and seemed a little full.

We continued the medicine some days, and he gradually improved in appetite and strength, until December 31, when he was discharged cured.

Such cases as the above are very frequent in our latitude, and the diagnosis is, *status gastricus, vel catarrhus ventriculi, vel gastricismus* (catarrh of the stomach). It is sometimes difficult to diagnosticate them from gastric fever or mucous fever, and, in some cases, they even assume the prodromic symptoms of typhoid fever. These catarrhs of the stomach frequently require (as we see by reference to fifteen or twenty other cases which we have treated during the last year), other remedies, such as Antimon.-crudum, Mercurius-dulc., Pulsatilla, and Calcarea-carbon. It is a disease frequently met with in children above two years of age, and often, if not properly treated, is followed by grave lesions of the alimentary canal. It yields, sometimes, very readily, but in other instances it runs a very long course. The application of cold water compresses to the stomach is a valuable adjuvant to the treatment.

CASE 4. *Typhus-Abdominalis, or Typhoid Fever.*—Mary H., aged twelve years (female child), admitted November 22, 1850. Child is delicate, and in September last had a severe attack of inflammatory dysentery, which continued six weeks, and from which she recovered, but has since been weak. A week ago she was attacked with diarrhoea and tenderness in the bowels; this, however, was thought nothing of until now; but a quotidian fever set in, which, at present, seems continuous.

*Status Præsens.*—Patient feverish, skin dry, tongue coated, and the coat of a darkish hue; very thirsty, and mouth tastes bad; lips dry, and teeth commencing to be covered with sordes; complexion sallow, but one cheek is flushed. The *ala-nasi* rise and fall, corresponding with the respiration; this, although a *subjective* symptom of typhus, is, nevertheless, always of importance, and should not be overlooked by the physician. Child's head aches, and especially at night; pulse 132; abdomen tender, especially in the left iliac region; bowels moved some seven times the last twenty-four hours, the stools being thin, watery, and lightish colored; the spleen seems a little prominent; this is insisted upon as almost a constant objective symptom in typhus, by Skoda. It is not, however, in our climate, although we find the spleen occasionally enlarged.

The excitement was so intense that the child did not seem altogether clear in her mind. Upon examining the breast, we found, exquisitely developed, the peculiar rash or *petechiæ* (sometimes a roseola and again a miliaria) of typhoid fever. This rash looks like flea-bites, and often we may find only two or three of these spots; they are, however, sufficient to establish the diagnosis. The patient has a slight hacking cough. Our diagnosis here was typhus abdominalis (or typhoid fever).

Prescription.—Acid-phosph., 2, in water, every two hours.

Diet—gum-water and boiled milk, as the child desired this latter.

Nov. 23.—Morning visit. Pulse 134; less tenderness in the abdomen; bowels moved some seven or eight times last night, fever continuous; other symptoms unchanged. Continued.

Nov. 24.—Symptoms much the same as yesterday. Rhus-tox., 2, and Acid-phosph., 2, in alternation every two hours.

Nov. 25.—Symptoms unaltered, except the tongue is dryer; coughs a little more, was delirious last night, and is more or less so constantly; hearing a little affected; had four evacuations in the last twenty-four hours; pulse 126. Little patient sinking; tenderness in the abdomen increased. Arsenic, 3, every two hours, and diet the same as before.

Nov. 26.—Child is still delirious, and all the symptoms seem the same, with the exception that she coughs much more and shows marked dyspnoea. Examined the lungs, and found slight crepitant râles in the upper lobes of both lungs; fever intense; pulse 140.

At this stage of the disease I pronounced the prognosis as unfavorable; none of the other symptoms having abated, the real danger being inflammation of the lungs. Phosphorus, 1, and Rhus-tox., 2, in alternation every two hours.

Nov. 27.—To-day all the symptoms are better: the pulse is 128, tongue not so much coated, the cough has not increased, rather abated; by auscultation of the chest we find the condition of the lungs the same as yesterday—crepitant râles, perhaps, not so distinct; the tenderness in the abdomen and diarrhoea much the same; the fever is still marked. Continued the same medicines.

Nov. 28.—Child slept somewhat better, the delirium was not as great as previously, the dyspnœa lessened; expectorates a rusty-colored sputa; pulse is more soft, 118—120; the diarrhœa lessened, only seven stools the last twenty-four hours. The same remedy was continued. The improvement continued steadily from this time forward.

Nov. 30.—The diarrhœa is much abated, only four stools daily; fever less, and the child is not delirious any more; the rusty-colored sputa have disappeared, and the cough is less, pulse 108. The patient has still a slight diarrhœa, and we gave for this China-offic. The child is much reduced, and we have for several days given mutton broth, and to-day a liberal allowance of panada, with sherry wine added.

Dec. 10.—Child has improved sufficiently to sit up in bed, but the last evening was attacked with a slight chill and fever. This we treated with Arsenic, 160, and China, 0. For three days the exacerbations of fever came on every afternoon, a little earlier, and the fever was followed by a distinct intermission; for this we gave, on December 13th, Chinin.-sulp., 0, one-sixth of a grain every two hours, for thirty-six hours, when the fever disappeared, and the child convalesced from this time forward, and recovered entirely without further relapse.

We are free to admit that it is an exceedingly difficult matter for a young practitioner to decide upon the remedies for typhus, and we will here give a few general indications for remedies in this disease.

In typhus of a moderate grade—where the irritation is not very great, but the disease runs still a very rapid course—*Rhus-tox.* is the remedy. In those cases of typhus where the irritation of the general system is but slight, and yet the diarrhœa predominates, *Acid-phosph.* is suitable. In very grave cases, attended with great irritation and depression, with gradual sinking of the vital powers, *Arsenic-abb.* is indicated.

*Bryonia* is indicated where the fever assumes an erethitic character; the tongue is coated, with bitter taste in the mouth; the patient complains of slight nausea, with frontal headache, constipation, feeling of fullness in the abdomen, with tenderness. Other remedies—such as *Belladonna*, *Carbo-vegetabilis*, *Veratrum*, &c.—are also frequently indicated in special cases.

The German pathologists regard *typhus* as an intoxication of the blood, or a zymosis, or blood-poison, and *typhoid fever* (*typhus-abdominalis*) to be simply a form of typhus, or a localization of the diseased process, developing itself in a peculiar inflammation and infiltration of the glands of Peyer and the solitary follicles, and this metamorphosis terminates either by resolution or absorption, or else results in ulcerations or intestinal perforations, or, if favorably, in cicatrizations of the ulcerations upon the intestinal mucous membrane. The track of the ileum, just above the ileo-cæcal valve, is almost always the position where this ulcerative process develops itself, and the infiltration may go on either upwards or downwards in the course of the intestine, but usually upwards.

We believe ourselves that typhoid fever (or typhus-abdominalis) is a variety of typhus; nevertheless, in this country, there does seem to be quite a difference between the two diseases.

Typhus and typhoid fever run a severer course in adults than in children. Typhus fever is caused more from bad air, damp situations, and illy-ventilated apartments, and is highly contagious. Typhoid fever may be produced by epidemic or endemic influences, even by taking cold, and is not so contagious. Typhus, in its course, is more regular, fever more contagious, and terminates in from fourteen to twenty days. The *stadium prodromorum* is usually short—not more than three days—ushered in by vertigo, dizziness, and nausea; although the tongue may be clean, sometimes the tunica sclerotica oculi highly injected. In typhoid fever its course is more inconstant and insidious, rarely ending in less than twenty-eight days; the *stadium prodromorum* is longer, gastric disturbances and diarrhoeas more frequent and almost always present; the fever is not so constant, remissions in the morning and nocturnal exacerbations, sometimes even intermissions occur; pressure over the region of the spleen and ileo-cæcal region is painful; if an eruption appears, it is a fine rose-like petechiæ, looking like flea-bites, disappearing under the pressure of the finger, and such eruptions are often very few in number (two or three such spots being sufficient to establish the diagnosis), appearing usually in the epigastric or abdominal region, and never on the face. The intensity of this eruption (exanthema) is believed, by Dietrich

and Schalk, to accord with the existence or non-existence of the peculiar typhoid ulcerations in the ileum.

In typhus, pressure over the region of the liver is often painful; the fever is of a rheumatic or inflammatory character, often complicated with symptoms of a bronchial or pulmonary irritation. On the thirteenth to the fifteenth day it reaches its crisis, which, if favorable, declares itself by general perspiration and critical evacuations or expectorations; convalescence is more rapid and complete, unless decubitus, or inflammation of the parotid gland is present. Relapses are very rare, and one attack protects the patient from future contagions. The autopsy shows very little change in the intestinal glands; hyperæmia of the liver and spleen, and especially a serous effusion upon the brain, are constantly found.

Typhoid fever is seldom fatal before the seventeenth to the twenty-first day; if the issue is favorable, a critical perspiration sets up, and the fever never assumes the type of an intermittent. Convalescence is always slower; diarrhœa, chronic enteritis, dropsy, and relapses are frequent. Typhoid fever may attack the same individual several times in a life-time.

The essential nature of typhus seems to be the propagation of a contagion, which, by intoxicating and decomposing the blood, produces its specific action upon the brain and nervous system. In typhoid fever the post-mortem examination exhibits a general infiltration of the mesenteric glands with intestinal ulcerations. Cerebral and meningeal inflammation is seldom found. The essential nature of typhoid fever seems to be rather a primary irritation of the intestinal mucous membrane, which produces later a disturbed blood-crisis, causing consequent derangements in the nervous system, great sympathetic nerve, and spinal marrow. Typhoid fever may be developed from a primary gastric, or bilious fever; whereas typhus fever is originally an idiopathic disease caused by a specific contagion. Such are the views of those pathologists who make a difference between typhus and typhoid fever.

*Typhus-ambulatorius* (walking typhus) is an insidious form of typhus, which attacks the patient with a slow fever, almost imperceptible in its approach and course; the patient feeling constantly dejected, with loss of appetite, thirst, and

lassitude, yet still pursuing his ordinary avocations; and one case is reported of an actor, in Leipsic, who had been affected with this form of fever, and who played upon the stage the evening previous to his death. The post-mortem examination exhibited the specific intestinal typhoid ulcer. Prof. Bock is our authority for this statement. We have ourselves seen occasional examples of the walking typhus in Germany, especially among medical men and students attending the wards of hospitals. Its prognosis is almost always favorable, the disease usually terminating without any treatment.

Another very grave form of typhus is sometimes observed, though rarely—viz., *typhus-icteroides vel icterus typhoides*, or bilious typhoid fever of some authors. It is a consequence of a state of the blood termed *cholæmia*, signifying an intoxication of the blood with bile, caused by some derangement in the chylopoëtic viscera. This condition of cholæmia is a peculiar dyscrasia of the blood, which is darker, and wanting in its proportion of fibrin; the serum of the blood is also of a yellowish color. In many diseases a symptomatic jaundice of the skin sets in; but cholæmia is a higher grade of bilious degeneration than simple icterus. This form of typhus is very dangerous. It may be readily diagnosticated by the subjective symptoms, viz., the peculiar darkish bilious hue over the whole body. The abdomen is tympanitic, the bowels constipated, or if anything passes them it is clay-colored, and of a tar-like consistency, and very foetid; the urine is dark-colored, foul, and of a strong ammoniacal odor; the tongue is darker coated; sordes is about the teeth and lips; pulse 140 to 150, and intermitting; the patient starts often, as if in pain somewhere, or as if about to go into a spasm; the extremities are at times cold, and again correspond to the rest of the body; the liver and spleen are sometimes enlarged; in other cases yellow atrophy of the liver is the cause, and this last renders the termination necessarily fatal.

Our only remedies for this form of typhus are *Arsenicum*, *China*, and *Aconite*. The indications for each must accord with the peculiar symptoms, as found in the materia medica.

ARTICLE LII.—*Transactions of the Chicago Homœopathic Medical Society.* Compiled by R. LUDLAM, M. D., *Secretary*, of Chicago, Ill.

[Continued from page 431.]

XXXVII.—REMARKS UPON CURES WITH A SINGLE REMEDY. *A Case of Nocturnal Enuresis Cured with Causticum*, 6. By L. PRATT, M. D., of Rock Creek, Carroll Co., Ill.

We seldom see reports of cases cured with a *single* remedy. There is a continual inclination in the profession to prescribe two or more remedies in alternation, perhaps with the hope that, if one fails, the other, at least, may relieve. Where such is not the habit, it too often happens that a reasonable time does not elapse in their repetition to know with any degree of certainty the effects of the first medicine before a second is administered. This should not be so. Each case should be more carefully studied, and its true relation to the pathogenesis of *one* remedy fully perceived, before a prescription is made. Otherwise it will be difficult to decide which of them cured the patient, if he recovers; and the knowledge necessary for such a decision is very important as a means of confirming the curative powers of the drug used.

When a case is reported as having recovered under the action of from two to fifteen or more remedies, administered in alternation or in rapid succession, where is there an opportunity afforded for that close observation upon a scientific basis which is to add to our store of useful knowledge in the direction needed? Perhaps we may benefit the profession and community by a more careful and rational method of treating those who place their lives and health in our care.

CASE.—G. W., twenty-two years of age, had "wet the bed" nearly every night since early childhood. He is a farmer, in apparently good health, and able to perform as much manual labor as most men of his age. This "trouble" was very mortifying to both himself and friends. He could not be induced to remain all night away from home, and his anxiety to enjoy society and to travel, at times, made life almost a burden to him.

All the common means for the removal of his disease had



long ago been resorted to, with no good result. He had, at times, sharp pains in the knees, calves of the legs, and soles of the feet. The urine was apparently normal, and no unnatural symptoms of the urinary organs were manifest during wakefulness. It was an involuntary emission of the urine, *while sleeping at night* which alone troubled him.

Prescribed *Causticum*, 6, centesimal dilution, in drop-doses, taken in a little water at bed-time, to be omitted when better. Four doses seemed to cure him. It is now more than a year since the prescription was made, and there has been no return of the disease; neither has he had the pains in his knees, limbs, or feet since that time.

**XXXVIII.—IMPERFORATE HYMEN.** Reported by McCANN DUNN, M. D., of Bloomington, Illinois.

Was called, June 12, 1859, to see Miss D., aged about fifteen years. Found the patient and friends greatly alarmed about her condition, which her mother would not wait to detail, but, hurrying me to the patient's bed-room, gave me, without ceremony, ocular demonstration of her condition, which I recognized as an imperforate hymen.

The labiæ were sufficiently separated to expose the orifice of the vagina, from which there protruded a livid tumor, about one inch and a half in diameter.

I quieted the fears of the patient and her friends by explaining, as best I could, the nature of the difficulty, assuring them that I could remove it in a very short time, which I did by making a free incision in the middle of the tumor, whence followed a copious discharge of thick or rather black blood. The amount of this discharge cannot be stated accurately, but it, perhaps, exceeded two quarts.

To render the history of this case complete, I will state that I had prescribed for the patient on several previous occasions, for symptoms that usually attend the irruption of the menses, and which, of course, up to this time, had not made their appearance. On these occasions, which were somewhat periodical, she suffered severe labor-like pains in the back, uterus, and pelvic region generally. After two or three days these would cease, and she would regain her usual good health, excepting an

uneasy sensation about the rectum, resembling hæmorrhoidal tumors.

During the intervals between these periodic attacks, her general health was good, not presenting any of the cachectic symptoms usual in patients suffering from retention of the menses. Her health since the operation has been uninterrupted.

The deduction I draw from the foregoing case is, that, in so far as the organism was concerned, the catamenia were established during the former attacks of illness, but that their external manifestation was prevented by mechanical causes. Am I right?

#### XXXIX.—AN ANOMALOUS SEQUEL TO SPINAL MENINGITIS.

—Dr. LUDLAM related the following clinical cure as worthy of record: Mrs. S., during convalescence from a severe attack of spinal meningitis, experienced great trouble from a distressing cough. This symptom, the characteristic peculiarities of which were its *marked excitation and aggravation by the slightest current of cold air from without into and through the room*—set in motion even by the most gentle opening and closing of the doors, as well as by *the simple and easy movement of her attendant across the chamber*, and, whether she were asleep or awake, appeared to increase in ratio with the decline of the complaint above-named. This feature of its only remaining sequel was remarked by the nurse and attendants, and more fully confirmed throughout the three entire days and nights in which it harrassed the patient exceedingly. Prescribed Silicia, 6, centesimal dilution, ten drops in half a glass of water, two teaspoonfuls once in four hours.

Three doses effected a cure, which has proved a radical one, for, during an interval of some two and a half years, it has never recurred.

**XL.—A METHOD FOR DISGUIISING OUR REMEDIES.—***Important to Certain Country Practitioners, and to those who are Secretly Testing the Value of these Remedies.* By JOHN L. ARMSTRONG, M. D., of Valparaiso, Ind.

In my practice, I have very frequently found patients who would

become weary with our powders, pellets, and solutions, thinking that, as they were all of the same color, it must be they were all alike, that they had nothing in them of a medicinal nature, or, in other words, were nothing but unmedicated globules, sugar of milk, or water. In such cases I have found the process of coloring these vehicles to give great satisfaction.

The following is my method for preparing a *liquid coloring* for medicated tinctures or waters :

Take of Saccharum-lactis a sufficient quantity. Scorch to a dark or brown color in a porcelain mortar, or a common table-saucer, upon a heated stove. When of the proper hue, and while hot upon the stove, add distilled water sufficient to form a syrup, stirring until all the Saccharum is dissolved, when it will be ready for use.

When a liquid is required to be colored, add a few drops of the above preparation, agitate it well, and it will have a very beautiful light or dark brandy color, according to the amount of coloring matter added, and, by filtering through paper, will add much to the transparency and beauty of the attenuated medicament.

My *coloring for powders* is made from sugar of milk, which is first scorched, as above, then allowed to cool, and afterwards pulverized in a mortar, when it is fit for use. This makes a very nicely colored powder, which can be used either alone or mixed with an equal portion of the original Sacch.-lactis for medication.

I am confident a knowledge of this simple and available process may be of essential service to those who are commencing practice in the South or West, in localities where homœopathy has not been previously introduced.

XLI.—CLINICAL ITEMS. FROM J. C. MORGAN, M. D., of Alton, Illinois.

*a. Case of Syphilis of recent date, marked by a superficial ulcer on the glans-penis, a small one also on each side of the frænum, and a large one on the prepuce.*—A wash of Cupri-acetici, one-fourth of grain to the fluid ounce of water, applied on lint, kept constantly moist with the preparation, and Merc-corr., 30, six pellets at bedtime. In twenty-four hours the sores were nearly well, and quite so when seen in forty-eight hours thereafter.

*b. Case of Fistulous Abscess of the Pleura, resulting from a stab received nine years ago.* Has sometimes healed for a week or two externally, with aggravation of the usual cough and expectoration, afterwards breaking out afresh. General health poor; complexion sallow; been under irregular treatment for more than a year—meeting symptoms as they appeared, without hope of cure.

First, Sulphur, 3, which was allowed to act for a long time. Afterwards, for diarrhœa, &c., Ars., China, and Merc.-corr.; then Phosphorus, 200, in rare doses, which seemed to keep it healed up longer at a time; Puls., 30, for intermittent fever. This summer, China, 3, and Merc.-corr., for diarrhœa. Ars., twice daily, for debility after the intermittent; and, lastly, he took Phos., 200, at intervals of a week or two.

The fistula has now been healed for several months, without the usual protruding nipple-like body, and with no increase, but rather decrease of the cough and expectoration.

*c. Four years ago, in a case of Diarrhœa, in Philadelphia, I prescribed Gallic-acid in two-grain doses. Phthisis was also present, of the kind known as broncho-pneumonic. The result of its employment (I do not recollect whether Opium was combined with it or not) was a greatly aggravated diarrhœa. Dr. D. F. Condie informed me at the time that he had seen Gallic-acid have the same effect before. Hence, if this agent be of value in diarrhœa, one would conclude it must be by virtue of its homœopathicity.*

*d. I have found Bry., 30, and Tart.-emetic., 30, useful in Inflammatory Croup, when the aggravations occurred between four, P. M. and three, A. M.; Cham. when the aggravations were more marked during the supplementary portions of the day—from three, A. M., to four, P. M.*

**XLII.—NEPHRITIS AND SCIRRHOUS ENLARGEMENT OF THE KIDNEYS.** Reported to the Society by H. BRADLEY, M. D., of Quincy, Ill.

*a. Case of Nephritis.*—August 28. Mrs. M., aged thirty-four, after the appearance of her menses, had intercourse with her husband, by which means they (the menses) were suppressed. She was seized with pain, soreness, and swelling in

the lumbar region, abdominal tenderness, with almost total suppression of the urine—which was very high colored and contained muco-purulent matter—with constant urging; pain in the right knee, with swelling like rheumatism; considerable thirst, and almost constant nausea, with retching and some vomiting; restlessness, feeling, as she expressed it, “in a perfect rack of misery the whole time.”

The pain and swelling of the knee were soon relieved by Bry. and Rhus-tox.; but the other symptoms continued without alleviation until September 5th, when symptoms of a much graver character manifested themselves. These were as follows: Total suppression of the urine, coma, and slight *subcultur-tendinum* of the whole of the right side of the body, with great difficulty of articulation when she was aroused, which state of things lasted from noon until late in the night.

The next morning I found that secretion of the urine had taken place, and drew with the catheter nearly a quart thereof, which was very bloody, but which afforded relief, so that she rested some during the forenoon, and was quite herself until about noon, when the same symptoms again manifested themselves as on the preceding day. These were, however, worse in degree, with the exception of the urine, which was not again suppressed. The next morning I drew off a considerable quantity of that secretion, but this did not afford the relief that it had done the day before. After this the urine continued to flow involuntarily and profusely, staining the bed a bloody hue.

The case now grew rapidly worse; the *subcultus* becoming general, excessive, and horrible to witness, and, on the fifth day from this aggravation, she expired. I made no *post-mortem*, as I desired to do, on account of pressing professional engagements.

I have omitted to give the treatment, not thinking it essential to say more of it than that it was such as the *materia medica* would lead any one to resort to.

One thing was not plain to me—viz., the profuse secretions of urine at the last, when the kidneys were so diseased as to cause death. I have reasoned that, at the same time it was suppressed, hydrocephalus was induced, and that death ensued more immediately from that, since it presented a perfect picture of the death of a child from that cause.

I will state that I attended Mrs. M. during a similar attack in June last, which attack was induced by over-exertion and a catarrh, and which lasted a fortnight. At that time the urine was not bloody, neither muco-purulent, nor was there any coma. For some years she had been troubled with a *profuse* secretion of urine, and a too frequent, profuse, and difficult menstruation. Her complexion was of the sallow hue attending kidney complaints; and that there was organic disease of one or both these, I have no doubt.

*b. Scirrhus Enlargement of both Kidneys.*—This patient was a little girl of two years. A tumor appeared in the left hypochondrium when she was a year old, and continued to increase in size. As it grew, the complexion became sallow, the appetite poor, there was continual fever, with the exception of occasional slight chills; bowels costive and very flatulent; urine scanty; abdomen enlarged and tense, with a very troublesome cough, and continual restlessness and crying. When nearly two years old a similar tumor was noticed in the right side.

The father had treated the child homœopathically until a month or two previous to the time I saw it, with some assistance from a German preacher, who was a homœopathic physician. He had consulted a physician in the first place, who paid no attention to the demands of the case.

I was called the first of April last, and found the child in the condition above stated, with a tumor on each side, extending from the ribs downwards and forwards into the pelvis; but how much of the abdominal cavity they filled, and how nearly they approached to the median line, could not be determined, on account of the tenseness of the abdominal walls.

I prescribed Bry. and China, third decimal, every hour, in alternation, but gave no encouragement to the parents to hope for anything more than a little relief from its sufferings. After three or four days' administration of these remedies, the fever was alleviated, and the bowels became more natural in their action than for a long time before; but the abdomen was as tense and the urine as scanty as ever. Ordered Apocynum-cann. tincture, four drops in one-fourth of a glass of water, of which a teaspoonful was to be taken every two hours. In three or four days there was an increased flow of urine, and the size of

the abdomen was perceptibly lessened—the child being easier and more quiet under its employment.

I now discovered that the tumors extended nearly across the abdomen, and that they were of about an equal size. In a week all of the old symptoms returned again in an aggravated form, when nothing that was given afforded the slightest relief, and the patient died on the twenty-fourth of April.

A *post-mortem* revealed two kidneys, weighing one and a half pounds each, which organs were of a homogeneous, cellular, very light straw-colored mass, the cells of which were filled with an acrid, serous liquid, as was also the peritoneal sac. The cutting of the kidney gave the same peculiar sound that any scirrhus tumor does. The liver was normal in size, as was the spleen, but both were rather darker than natural, and mottled externally.

I forgot to mention that the cough would always yield, for a short time, to a dose of Cantharis.

XLIII.—CASES FROM PRACTICE. By JOHN DAVIES, M. D., of Chicago, Ill.

*a. Calendula in Flesh Wounds.*—Miss H. W., aged twenty-two, having occasion to return home at an earlier hour than the usual departure of the trains northward, got upon the gravel train, which left at four, P. M. As it approached the depôt, the passenger cars were about leaving, which rendered it necessary (in the opinion of the employées) for her to jump off before it arrived at the depôt. In attempting this, and while the train was in motion, her dress caught in some of the fastenings of the cars, dragging her partly under the wheels,—producing frightful lacerated wounds, literally mangling the muscles of the thighs, displacing the patella laterally, spreading deep and extensive ecchymosis along the tissues of the lower extremities, and general pallor and insensibility throughout the system. Unable to move, she was conveyed in a carriage to her residence, where I first saw her.

On entering the room, I observed her stretched upon a lounge, and suffering excruciating pain from the reaction consequent upon the terrible contusions. I requested the torn and saturated garments to be removed, and then wrapped the injured limbs in Aqua-Calendula, the compresses to be kept constantly

wet with this medicament, administering, at the same time, Arnica, ʒ, gttss. ij., in aqua ʒij. To adjust the patella, I designed from stiff pasteboard a cap to fit the knee, and which was well padded with cotton batten. The limb was extended and bandaged loosely.

Continued the topical use of Calendula, in the form of tincture and salve, until what had appeared complex and doubtful of recovery, from its tendency to mortification, became healthy and vigorous as before, and in less than four weeks she was restored to her usual buoyancy of spirits and *esprit de manière*.

*b. Acute Articular Rheumatism.*—Mr. F. P., was actually groaning with pain in the left knee-joint, and which extended down the leg. He begged me to cut off the limb, so insufferable were the shooting and deep-cutting pains of inflammatory rheumatism. His skin was hot, secretions suppressed, and the throat somewhat inflamed. To subdue the acute pain and nervous excitement, I immediately ordered hot fomentations to the part, to be followed by topical applications of Rhus-tox. liniment, with friction with the hand every half-hour. Administered internally Rhus-tox., 1, gttss. iij. in aqua ʒij., a teaspoonful every hour.

In less than twenty-four hours, a decided improvement took place, to the astonishment of all who had seen him during former and similar attacks, in which he would writhe in agony for four to six weeks, under the use of Calomel, opiates, &c., given by his previous medical attendants.

Nux-vomica and Lycopodium covered the functional derangement of the digestive apparatus, and, in the course of a few days, he left his room in health, being a confirmed homœopathist.

*c. Hepatic Colic.*—Mrs. R., aged thirty-two, of nervous bilious temperament; of sedentary habits; having been for several years a resident in a hotel, was suddenly attacked with "cramps in the stomach," as she termed them. When I saw her she was lying partly on her face, with the knees drawn up, her hands pressing lightly upon the epigastrium, the extremities cold, head hot and aching, skin dry, features expressive of intense anguish; complained of a heavy, pinching, twisting pain in one spot, extending to the centre of the back; increased nausea, followed by vomiting, first of a watery substance, then bitter bilious ejections, which did not relieve the internal pain.



From her sister I learned the following history: Three years since, while residing in New-York city, she was suddenly attacked, after a meal of rich viands, with a similar train of symptoms to those described above, only in a much less degree of violence. Dr. Peters being their family physician, he was sent for. He told the family then—what has proven correct now—that the disease was hepatic colic, and demanded considerable treatment. He prescribed sugar-coated pills, a liberal diet, and out-door exercise, which soon alleviated her sufferings. Since she has been West, several physicians have, during the past two years, had charge of the case, but without apparent benefit.

She had been well under my care for two months. I employed Nux-vomica, Puls., Coloc., Ipecac., and Veratrum, without any good results. Finally, I employed Chloroform externally to the seat of the pain complained of, and administered Acetate of Morphia, grs. ij., in aqua  $\zeta$ ij., internally, in solution, a teaspoonful every fifteen minutes. This procured tranquil sleep, removed the pain, and restored consciousness of rest. As soon as the acute stage was passed I examined the urine, and found it to be of the color of beer, staining the linen; the fæces appeared dark green, while the whole of the exterior of the skin was yellow.

To meet these phenomena I prescribed Merc.-viv., 3, and Podophyllin, 3, to be taken twice daily, a plain vegetable diet, and plenty of out-door exercise.

For months she improved, the paroxysms did not return; but, after having removed to Brooklyn, she had a slight return of the same train of symptoms, when she fell into the hands of an old-school physician, who applied Croton Oil externally, and the same course of anodynes, which aggravated the troubles, until she again was placed under the care of Dr. Elliott, homœopathist, of Brooklyn, who has been doing much to restore this estimable but unfortunate patient. The case being one of hepatic colic, will be interesting to the profession, in so far as it points out the symptoms of biliary calculi and its treatment.

#### XLIV.—CLINICAL CASES. By J. ULRICH, M. D., of Chicago

a. The son of Mr. S., ten years of age, with rather a weakly constitution, but cheerful disposition, had measles in the spring

of 1859, from which disease he recovered without any apparently unfavorable circumstances. He was considered well on the twentieth day of April last. The same night the father called, and informed me that the boy was suddenly taken ill with violent sticking pains in his side. I sent Aconite, 18, to be taken for three hours, and, if not better after its employment, to take Belladonna.

On the morning of the twenty-first of April, visited patient. Found him lying in bed, apparently quiet, face very red; eyes glistening; respiration hurried; the surface hot and dry; pain in the cardiac region; no thirst, but the tongue dry, rough, and brown, as in typhus; and no cough. Prescribed Hyos.-nig., 18, three globules every hour.

At three, P. M., tongue is red and a little moist; has some thirst. The father exhibited the last urinary discharge, which is *black*—as black as coffee—with considerable black sediment.

Next morning the patient was reported to have rested quietly through the night; drank more; has no pain; perspires freely, and the urine is jet black. Patient lies perfectly quiet, is apparently cheerful; countenance deathly pale; skin cold; more thirst; tongue moist; vomited once, a black mass like coffee; is very weak; has no pain in his side. Arsenicum, 18, every three hours, in a little water.

April 23.—Has vomited once more of a black mass; no appetite; urine of a light brown color; and all the previously violent symptoms much abated. Ars., 18, every six hours.

April 24.—All the functions are restored to their normal condition. Patient is cheerful; urine of a light hue, and deposits no sediment. Pronounced well.

b. About four weeks ago, we attended Mrs. N. in confinement. Her delivery was speedy and happy, and mother and child bade fair to do well. The umbilical cord, however, being unusually swollen, I did not under-tie it immediately.

On the evening of the second day the husband informed me that the babe was crying considerably, which I, however, did not regard as very unusual, and consequently sent nothing for it.

As I entered the sick-room on the third day, my olfactories were met with a most offensive odor. I could not, at the first, assign any cause for this, but the nearer I approached the sick-

bed the more offensive was this odor. While examining the child, my suspicion was aroused that it must spring from this as a source, and so it did. The umbilical cord was found to be of a soft, mucous character; the surface above was yellow, and below of a violet-brown hue; the epidermis of the umbilical ring was also violet brown, and could be removed.

By raising the cord, I found that this gangrenous condition around it was extending also internally. I feared pyæmia, and cut the cord about an inch from the ring. Arsenicum, 18, in a little water, was applied locally, and the same remedy in globulæ given internally, once in three hours. In the evening the offensive odor had subsided, and the hue of the skin became of a bright red. The next day the cord dropped off, and healthy sup-puration with bright granulations were observed. Child is well.

c. I wish here, also, says the Doctor, in concluding his paper, to call the attention of homœopathic physicians, and especially of my American colleagues, to the *Æthusa-cynapis*, from which I have witnessed such beautiful (I almost wish to say wonderful) effects in children when they vomit large pieces of curdled milk (cheese), accompanied with a painful and greenish diarrhœa. I have seen surprising effects from the *Æthusa*, where children who were nearly suffocated with vomiting this substance have found speedy relief from a very few doses. I generally find the sixth potency sufficient, and administer the same in water.

ARTICLE LIII.—*Epitome of the Foreign Homœopathic Journals.* Prepared by H. L. H. HOFFENDAHL, M. D., of Boston, Mass.

I. *Report of the Homœopathic Dispensary in Leipzig for the Year 1858.* By Dr. CLOTAR MÜLLER.

According to the tabular statement, 2,045 patients were treated during the year, including 181 remaining from 1857. Of this number 876 were discharged cured, 157 were much improved, 390 appeared but once, 351 absented themselves after several visits, 39 left town or embraced other treatment, 9 died, and 223 remained under treatment at the end of the year. Of the 9 deaths, amounting to rather less than one-half per cent., one

boy 1 year old, one girl of 2 years, and one boy of 19 weeks died of *tabes mesenterica*; a boy of 3 and a girl of 6 died of *encephalitis*; a woman 58 years old of *Bright's disease*; a child of 18 months, and another of 7 weeks, of organic disease of the heart; and a boy of 15 months of *hydrocephalus*.

According to the usual custom of reporting at length upon some particular form or class of disease, Dr. Müller this year favors us with a treatise upon the most important *diseases of children*.

501 children came under treatment during the year, exclusive of those that remained from 1857. But of this number many were not affected with infantile diseases, properly speaking; while many others exhibited slight disorders of a more surgical nature, such as toothache, whitlows, wounds, sprains, &c.

1. DISEASES OF THE DIGESTIVE ORGANS.—In young children disease most frequently attacks the digestive organs. It is natural, therefore, that diseases of this nature appeared often at the Dispensary;—61 cases occurred in which the mucous membrane of the stomach or intestines was principally affected. They were arranged under the four heads of acute gastric catarrh or gastric fever, chronic gastritis, chronic gastric- and intestinal catarrh (atrophy), and acute intestinal catarrh (acute diarrhoea).

*a. Acute Gastric Catarrh.*—Of the 23 cases which occurred, 20 were discharged well, 1 disappeared after being improved, 1 left town, and 1 appeared but once.

This disease is without danger, and easily remedied in older children. But it is more dangerous in young nursing infants, when it is the consequence of long continued noxious influences—such as improper nourishment, &c. These cases often degenerate into chronic dyspepsia and intestinal catarrh (atrophy). Regulation of the diet, as well as decided medical treatment, are both indispensable. The remedies principally used were *Acon.*, *Ipec.*, *Nux-vom.*, and *Pulsat.* In the first stage, *Acon.* removed not only the febrile symptoms, but cut short the whole disease. *Chamomilla* could rarely be prescribed, because, in most of the cases, Chamomile tea and similar infusions had already been used to excess.

In older children the disorder was generally owing to over-

loading of the stomach, and pursued its course without any fever or other alarming symptoms. In such cases, *Ipecac.* or *Pulsat.* generally sufficed to effect a speedy return to health. In only a few cases of real gastric fever was it necessary to employ *Acon.*, generally followed by *Bryon.*

*b. Chronic Gastritis.*—With this disease, three children came under treatment, of the respective ages of 9, 13, and 14 years. They were all discharged cured. In every case there had been severe gastric catarrh of long duration, with great irritability and tenderness of the tissues of the stomach, so that the ingestion of the slightest quantity of solid food, as well as external pressure, and even gentle motion, caused violent pain.

In two cases, *Bellad.* was the principal remedy, causing the disappearance of the pain in two or three weeks, and leaving only a slight, simply catarrhal affection. In the third case, *Bellad.* had no good result, but *Iodine* effected a complete cure; this remedy being indicated by the presence of a voracious appetite, and a feeling of comfort after eating, although the stomach was painful, digestion difficult, and the body pale and thin.

*c. Chronic Dyspepsia and Diarrhœa (Atrophy).*—25 cases: 9 cured, 7 appeared but once, 2 absented themselves, 4 died, and 2 remained under treatment. Under this head were placed cases of chronic, gastric, and intestinal catarrh, occurring in children who were nursing or brought up by hand, or who were being weaned. The cause was generally an insufficient or improper nourishment, rarely an idiopathic disease of the digestive organs. The diagnosis of these cases is easy, on account of the characteristic and very constant symptoms, such as dyspepsia, diarrhœa, emaciation. But it is often extremely difficult to determine whether this affection is idiopathic or a consequence of other diseases, such as tuberculosis, chronic hepatization of the lungs, &c. Every case in which such a pathological condition of another organ was detected was excluded from the class under notice. Of the 25 cases included in this class, the disease was caused in the majority of cases by improper nourishment and care. Three-fourths of the children were brought up by hand, on gruel, tea, and diluted cow's milk, and in other respects they were very much neglected. The directions as to nourishment

and other cares were but little attended to, and therefore it may be presumed that the purely medicinal treatment contributed more to a favorable result than is the case in patients more comfortably situated. For these reasons the result attained at the Dispensary may be considered as quite favorable.

As regards the treatment, only two remedies were found decidedly beneficial. These remedies were *Calcarea* and *Arsen.* When these failed the prognosis was considered as unfavorable.

*Calcarea* is indicated when the course of the disease is not rapid; when there is swelling of the glands; when the discharges are slimy, white, and clayey; when the appetite is voracious and perverted, with acidity of the stomach, weak apathetic look, without much fever. If the discharges were frequent and copious, *Calc.-acet.* was given, in the second or third centesimal trituration, in other cases *Calc.-carb.*

*Arsen.* was used with good results when the discharges were acrid, watery, foetid, and dark-colored, with abdominal pain, loss of appetite, thirst, fever, restlessness, and crying.

Sometimes certain discharges required a few doses of *Merc.*, the indications for which will be mentioned in another place.

When the disease is far advanced, anæmia affects the nutrition of the brain, and is the cause of the so-called hydrocephaloid. In these cases, at least temporary relief was obtained from *China* and *Phosph.*, if the state of sopor was not too pronounced, and if there were no violent convulsions. In the latter case neither the remedies just named, nor *Bellad.*, *Zinc*, *Artemisia*, &c., could save the patient.

In two milder cases *Ethusa-cynapium* arrested continual vomiting of milk and green discharges; and *Rheum* was often used with effect for acid, dark discharges, with violent pain and tenesmus.

The four fatal cases died respectively on the ninth, seventeenth, fifth, and thirteenth day after entering the Dispensary. It is therefore evident that none of these patients were under treatment long enough to ensure a favorable result, and that the disease was already too far advanced to be amenable to treatment.

*d. Acute Intestinal Catarrh (Diarrhœa).*—10 cases: 8 cured, 1 appeared but once, 1 disappeared. In almost every case this

disease attacked children several years old, in consequence of indigestion or taking cold. Of this number there were four cases of so-called summer complaint or cholérine, caused by great heat and subsequent cold, or by taking an excessive amount of cold water or fruit. Fatal cases of this disease are very rare, and appear to be owing to exhaustion from the excessive discharges.

*Ipecac.* was given when there was gastric complication, and in slight cholérines caused by indigestion. *Veratrum* for violent watery discharges, with burning, restlessness, cold sweats, prostration; also for more violent cholérines. *Bryonia* for summer diarrhœas after taking cold, greenish-brown, somewhat liquid discharges, with tenesmus and colic. *Acid-sulph.* for watery foaming discharges, with burning in the rectum, or for chopped, fœtid discharges, with rumbling and flatulence, heart-burn and liquid vomiting. *Chamom.* for bilious and slimy discharges of infants, of a yellowish or greenish tinge, with rumbling and distention of the abdomen, accompanied by pain, loss of appetite, restlessness, and crying. *Rheum.* in infants before teething, for green acid discharges, with pain, drawing up of the legs, restlessness, pallor of the face, and drawling. *Arsen.* for violent vomiting and diarrhœa, with sudden prostration, especially if the discharges were dark and fœtid, with excoriation of the rectum, with violent thirst, anxiety, and vomiting, or discharge after eating or drinking. *Merc.* for slimy, green, or bloody discharges, with tenesmus, or if the dejections looked like chopped eggs, with irritation of the rectum, bad smell from the mouth, and perspiration about the head. For the last two years the writer has used, not *Merc-sol.*, but *Merc-dulcis* (*Calomel*), in the second or third centesimal trituration, with remarkably good effects. In dysenteric processes *Calomel* is less useful than *Corr.-subl.* *Nux-mosch.* was used in a number of cases, without effect.

In watery discharges of long duration, with much rumbling in the bowels, but without pain, *Acid-phosph.* was often useful, but, if the disease threatened to become chronic, and if much whitish mucus was discharged, then *Calc-acet.* was the most valuable remedy.

2. CATARRH OF THE RESPIRATORY ORGANS.—62 cases are placed under this head, without including chronic pulmonary

and bronchial catarrhs. The latter generally accompany or follow more important diseases, such as tuberculosis, hepatization, pneumonia, &c., and they were classified accordingly.

*a. Acute Catarrh.*—39 cases: 34 cured, 3 appeared but once, 1 disappeared, 1 remaining under treatment. Under this denomination are included simple catarrhal affections, and also cases of capillary bronchitis. In capillary bronchitis *Bryonia* was the principal remedy when the cough was dry, or only a little tough mucus was expectorated; if the voice was hoarse, with attempts at vomiting after eating, moist crepitation, and indistinct or almost vesicular murmur. *Bellad.* for dry spasmodic cough, shaking the whole body; with red face, thirst, pain on swallowing, and impeded respiration. *Ipecac.* when the bronchitis was far advanced, with large mucous râles, suffocative cough, red or bluish coloration of the face, interrupted breathing, nausea, and vomiting of mucus, with subsequent alleviation. *Tart.-emet.* in similar cases, with loud mucous râles, uncertain, almost bronchial respiration, pain in the chest, and pale sunken countenance. *Pulsat.* for catarrhs, with loose cough, easy expectoration, and continual tendency to cough, especially when lying down at night. *Sambucus* for catarrh and bronchitis, with violent suffocative attacks of coughing, especially at night, with noisy, whistling respiration, crying, and bloated bluish-colored face.

*Aconite* was sometimes given at the beginning of the disease, when there were severe chills and feverish symptoms, pain in the head, throat, and chest—in fact, in cases where it was probable that a catarrhal pneumonia was about to be developed. It is difficult to decide if these apprehensions were unfounded, or if the remedy cut short the disease in its first stage. So much remains certain, that, after using the Aconite, the disease followed a milder course, without any pneumonic symptoms.

*Nux-vom.* was used once, in the case of a boy eight years old, with a dry, difficult cough, shaking the head and abdomen, with cold in the head, and dryness and tickling in the larynx.

*Capsicum* was also given once, in the case of a girl of nine years, with cold in the head, hoarseness, and dry cough, occurring at a time when influenza-like dry coughs prevailed, against which Capsicum was found very useful. The average duration of treatment was from six to nine days.



*b. Whooping Cough.*—23 cases: 21 cured, 2 appeared but once. As usual, whooping cough appeared epidemically from July to October. But the number of cases was not large, and the form was not severe. Two remedies, *Bellad.* and *Ipecac.*, were used almost exclusively, previous experience having shown that, in the majority of cases, these remedies are absolutely curative.

*Bellad.* is most effectual when there is violent dry, barking cough, with difficult drawing respiration, when little or no mucus is discharged, even after violent efforts, when the fauces and throat are reddened, and painful on swallowing or to the touch, when the face and eyes are injected, when there is affection of the brain, congestion, and somnolence.

*Ipecac.* was used when the cough frequently and constantly caused vomiting of mucus or of food, when fits of spasmodic coughing caused blueness of the face, epistaxis, or vomiting of blood. Also when there were symptoms of disordered stomach.

*Pulsatilla* was given once with effect, after the real whooping cough had been cured with *Bell.* and *Ipec.*, for a loose, troublesome cough, occurring principally at night. *Conium* was used once for a dry cough, occurring at night, with occlusion of the nasal passage. *Bryonia* was used with effect in the same case, after *Conium* had changed the cough so that it appeared less at night, but more after eating or drinking, with vomiting, pain in the chest, and expectoration of clots of blood.

*Cuprum* was given three times with good results, and twice without effect, in violent cases, when respiration was entirely suspended during the attack, with alternations of spasms and rigidity, the patient's consciousness returning gradually. *Hyos.* was used without effect in one case of nocturnal cough. *Tart-em.* was given twice, after *Bellad.* had removed the spasmodic cough, for profuse secretion of mucus, with loud mucous rales and difficult expectoration. *Sambucus* was used once in a similar case, after *Bellad.*, when, in spite of more easy expectoration, there was continual dyspnoea, and tendency to urinate while coughing. *Drosera* alone cured one light case, with much secretion of mucus, hoarseness, and sibilant respiration. *Cina* was used, without effect, in the case of a boy exhibiting decided symptoms of worms. *Cuprum* caused a speedy improvement in this case.

3. PNEUMONIA.—6 cases: 5 cured, 1 disappeared. These were all cases of what is called broncho-pneumonia infantum, affecting only small portions of the lung, and causing lobular pneumonia. Notwithstanding its limited extent, this disease is often fatal, death occurring during an attack of suffocation or convulsions. The diagnosis is often difficult, from the absence of dullness on percussion and of the characteristic expectoration. The average duration of this disease was 10½ days; in the shortest case 6, in the longest 16 days.

*Phosphor.* was used when the cough was frequent, dry, interrupted, and painful; respiration short, accelerated, and superficial, with great anxiety, restlessness, thirst, and sleeplessness. The countenance being pale and emaciated, and the physical signs indicating occlusion of single bronchial tubes and lobules of the lung.

*Tart-em.* was used when the disease was more of a catarrhal nature, with affection of the trachea and bronchi, with moist, loose cough and loud mucous rales. *Bryonia* was almost always useful when the disease resembled capillary bronchitis, when the cough was dry, or there was difficult expectoration of little tough mucus, with tendency to vomit. *Bellad.* was used with good effect in one case, with dry, spasmodic, hacking cough, with pain and redness of the fauces and throat. *Acon.* was used in one case for twenty-four hours, and seemed to relieve the violent fever and loosen the cough. *Merc.* was used once, when, after the disappearance of the more urgent symptoms, green discharges and stomatitis set in.

4. PULMONARY TUBERCULOSIS.—5 cases: 1 cured, 2 improved, 1 appeared but once, [1 remained absent. This list includes only those cases where the existence of tubercular disease could be positively detected by physical exploration; although there was no doubt that many children who were affected with scrofulosis, who were not properly cared for, or in whom other diseases of the chest had been neglected, were suffering from incipient tubercular disease not yet sufficiently developed to be detected.

The successful case was cured in ten months, and received *Bell.*, *Bry.*, *Ars.*, *Phos.*, *Nux-v.*, *Ipec.*, *Iod.*, and *Ferrum*. Several of these remedies were given for a chronic gastric affection.

Of the two improved cases, one girl of 13 years was discharged in two months, having received *Mang.-ac.* The other, a girl of 6 years, received *Bry.*, *Merc.-sol.*, and *Phos.-ac.*, and was discharged in 74 days. A boy of 15, who appeared but once, received *Bry.* A boy of 13, who did not return after ten days' treatment, received *Phos.* One case of acute emphysema (?) was entirely cured with *Hyosc.*, 3.

DISEASES OF THE EYE.—66 cases : 33 cured, 4 improved, 7 appeared but once, 12 disappeared, and 10 remained under treatment. The most frequent disease was—

*a. Scrofulous Ophthalmia.*—44 cases : 14 cured, 3 improved, 6 came but once, 11 disappeared, and 10 remained under treatment. These cases varied in intensity from simple blepharitis to violent inflammation of the cornea and of the internal tissues of the eye, sometimes with irreparable destruction and organic metamorphosis. The cases were all extremely obstinate, owing to improper nourishment and care, and the advanced stages of many cases when they were first submitted to treatment at the Dispensary. Many had already been treated without effect at the ophthalmic clinique of the University, and at other institutions. These circumstances explain why the number of cases that were cured was so small. The principal remedies used were—*Merc.*, *Hep.-sulph.*, *Calc.*, *Bellad.*, *Euphras.*, *Apis*, *Arsen.*, *Colch.*, *Spigel.*

*b. Catarrhal and Rheumatic Ophthalmia.*—20 cases : 18 cured, 1 appeared but once, and 1 remained absent. These cases were much less severe and obstinate than those of the last class. The principal remedies used were: *Acon.*, *Euphras.*, *Bellad.*, *Hep.-sulph.*, *Nux-vom.*, *Pulsat.*, and *Arn.*

*c. Myopia.*—A boy, 13 years old, suddenly became near-sighted after an attack of scarlatina, two years ago. There was no other morbid symptom, except that the eyes were rather sensitive to light, and could not bear protracted exertion in reading or writing. *Cannabis* was given for three months, and then followed for three months by *Euphras.*, with considerable improvement of the sight.

*d. Amblyopia.*—A girl of 8 years was attacked with almost complete blindness and convergent strabismus of the left eye. The only other abnormal symptoms were dilatation and dimi-

nished mobility of the pupil. But there were decided symptoms of worms. *Spigelia* effected a complete cure in two months.

6. DISEASES OF THE SKIN.—73 cases : 40 cured, 3 improved, 1 left town, 1 went under other treatment, 12 appeared but once, 13 remained absent, 3 remained under treatment. Of these cases 57 were chronic and 16 acute.

a. *Impetigo*.—13 cases : 8 cured, 1 improved, 1 left town, 2 appeared but once, 1 remained absent. The seat of this disease was generally the face and head. Some cases of so-called crustacea were light and of recent origin, but the majority were chronic and obstinate. The principal remedies were : *Sulph.*, *Rhus-tox.*, *Merc.*, and *Hep.-sulph.*

b. *Prurigo*.—13 cases : 5 cured, 3 came but once, 5 remained absent. This remarkably obstinate affection was cured but five times with *Sulph.* and *Merc.*, and even in these cases there was no certainty of the duration of the cure. At the same time, great cleanliness and frequent washings with soap were enjoined, but these directions were probably not often complied with.

c. *Scabies*.—10 cases : 3 cured, 5 came but once, 1 disappeared, 1 remained under treatment. In every case, inunction with the *sapo viride* was ordered, for the purpose of destroying the *acari*, which are the cause of the disease. In some old cases frictions with undiluted tincture of Sulphur were used, with apparently good effect. After the death of the *acari*, the vesicles and pustules healed rapidly, under the internal use of *Sulph.* and *Merc.* It was impossible to form a decided opinion of the effect of the remedies, because the patients presented themselves too irregularly, and did not follow the directions about cleanliness and the inunctions. Deleterious results, such as the metastasis of the itch, were never observed after the inunctions.

d. *Tinea Capitis*.—11 cases : 3 cured, 1 improved, 2 appeared but once, 4 remained absent, 1 underwent other treatment. Of this number, 2 were cases of real *favus* ; the others came under the head of eczema, lichen, psoriasis, and impetigo. Of the 3 successful cases, there were 2 of eczema-impetiginodes, and 1 of *favus*. The remedies used were : *Rhus-tox.* (generally the most valuable in eczematous forms), *Hepar-sulph.*, *Staphys.*, *Spongia*, *Lycopod.* Nothing was used externally, except washing with soap and luke-warm water.

*e. Eczema.*—7 cases: 4 cured, 1 disappeared, 2 remained under treatment. The eruption was generally spread over a considerable portion of the body. It appeared especially on the arms as *eczema-rubrum*, and on the face as *eczema-impetiginosum*. The principal remedies were: *Sulph.*, *Merc.*, *Ranunc.-bulb.* No outward applications were made.

*f. Ptyriasis.*—2 cases: 1 improved, 1 disappeared. This unfavorable result shows the difficulty of a cure. But the irregularity of the patients contributed to this bad result—one appearing but three times, and the other remaining absent, although much improved, after six visits. *Sulph.* and *Lycopod.* were prescribed.

*g. Psoriasis.*—1 case, cured. A girl of 18, who had been suffering from this disease for some weeks, was cured with *Arsen.*, the sixth and third centesimal, in six weeks. A similar good result has often been observed in this disease from the same remedy.

*h. Morbilli.*—5 cases, cured. The cases were all mild. The whole treatment consisted of a few doses of *Acon.* at the beginning, to moderate the fever, and subsequently of a few doses of *Pulsat.* to allay the dry cough.

*i. Variola.*—8 cases, cured. Of this number there were 5 cases of *varicellæ*, 2 of *varioid*, and 1 of *variola-vera* in an unvaccinated girl nine months old. They all terminated favorably, and required but little medical interference.

*k. Urticaria.*—3 cases, cured. Although all these cases were cured, the effect of remedies was not very decided. The eruption would disappear and reappear for a period of one to four weeks, and the itching and burning were not easily allayed. Various remedies were tried, such as *Urtic.-urens*, *Dulcam.*, *Rhus-tox.*, *Cancer-flw.*, *Calc.*, *Carbo-veg.*, and *Bell.*

No cases of *scarlatina* were treated during the year. Two cases that had run an apparently favorable course under other treatment, on the ninth and eleventh day suddenly exhibited signs of meningitis, with serous exudation. Both patients succumbed, one on the fifth and the other on the third day. *Acon.*, *Bellad.* and *Helleb.* were given, without effect.

7. INTERMITTENT FEVER.—5 cases: 4 cured, one appeared but once. Three of the cases were quotidian, and two quartan. Three of the four cases cured were light and easily managed.

One case (quotidian) was cured in thirty-three days, with *Nux-vom.*, *Ipecac.*, and *Cina*. The second (also quotidian) was cured in fourteen days, with *Nux-vom.* and *Cham*. The third case (quartan) was also discharged well in fourteen days, after taking *Nux-vom.* and *Arsen*. It should be mentioned that the patients were not discharged at once after the disappearance of the chills, but remained under treatment some days longer, for the removal of remaining difficulties.

The fourth case was more important. The patient, a girl of 14, had suffered from attacks of tertian fever for three months, had often taken fever-drops, and was very feeble and prostrated. She received *Arsen.*, 6, and the attacks ceased in six days. The remedy was continued for some time, and the patient was discharged entirely cured in thirty days.

8. SCROFULOSIS.—Under this head are included diseases of many different organs, all originating in the same abnormal condition of the system, and presenting many resemblances in their importance, course, and treatment.

*a. General Scrofula.*—12 cases: 2 cured, 4 improved, 3 appeared but once, 3 remaining under treatment. In these cases there was scrofulous disease of the whole system, rather than of single organs. It is well known that, in such cases, besides the medical treatment, attention to diet, care, cleanliness, &c., are of the greatest importance. It is needless to say that these attentions are, in the majority of cases, not properly regarded by dispensary patients. The principal remedies used were *Calc.*, *Sulph.*, *Hepar-sulph.*, *Baryta*; in a few cases also *Iod.*, *Mercurum*, *Cina*, and *Arsen*. They were generally given in the higher dilutions and at long intervals, and the result was necessarily slow and uncertain.

*b. Glandular Tumors and Abscesses.*—23 cases: 10 cured, 2 improved, 3 came but once, 5 remained absent, 3 remained under treatment. The glands of the neck were generally the seat of the disease, more rarely the parotid and the glands of the inguinal region. Cases of chronic induration were more obstinate than cases where suppuration had occurred, often accompanied by fistulous tracts. The remedies used were *Calc.*, *Sulph.*, *Baryta*, *Iod.*, *Con.*, *Silic.*, *Cistus-can.* and *Carbo*. It is often very difficult to find precise indications for these reme-

dies. The recommendations to be found in our literature, such as Jahr's directions, Hartmann's therapeutics, &c., are almost all unreliable, because they have been manufactured from books, and are not the result of actual observation. For suppuration of the glands, with callous edges and fistulous passages, *Merc.* and *Silic.* were most useful, while *Calc.* and *Baryta* were used with most effect for indurated painless glands. *Cistus* has been greatly praised, but was never used with any effect. When the glands were inflamed and painful, *Bellad.* often gave relief. When swelling of the glands of the neck was accompanied by eruptions of the scalp, *Rhus-tox.* often caused their speedy disappearance.

c. *Otorrhœa, Otitis, Dysekoia.*—18 cases: 12 cured, 2 improved, 1 sought other treatment, 1 appeared but once, 2 remained absent. These affections, although different in some respects, were all of a chronic nature, and originated in a scrofulous tendency. The two improved cases were children, who had partially lost their hearing in consequence of previous otorrhœa. *Sulph.* and *Mangan.* were used in one case, and *Sulph., Calc.,* and *Graph.* in the other. Inflammatory symptoms were easily allayed with *Bell., Puls.,* and *Merc.* Otorrhœa was more rebellious, and required *Silic., Ars., Hep.-sulph., Lach., Conium,* and *Kali-carb.* No external measures were used except injections of warm water and instillation of drops of oil.

d. *Rachitis.*—11 cases: 3 cured, 2 improved, 2 appeared but once, 2 remained absent, 2 remained under treatment. In the cases reported as cured, the pain and weakness of the joints was relieved so much that the patients were again able to walk about with considerable facility. As a matter of course, the enlargement of the joints and the distortion of the long bones was but little relieved. The remedies used were: *Calc., Silic. Asa-fœt., Ac.-phos.,* and *Rhus-tox.* In one of the cases remaining under treatment, there is rachitic swelling and distortion of the right fore-arm. After the use of the *Calc.* and *Asa-fœt.* the swelling was considerably diminished, and the power and mobility of the arm was increased.

e. *Hip-Disease.*—5 cases: 1 improved, 3 remained absent, 1 remained under treatment. This unfavorable result is explained by the fact that the cases were all old and neglected, and that disarticulation had already taken place. The object of

treatment was only to diminish the pain and immobility of the joint, and to cure fistulous carious ulcerations when they were present. The first result was attained, with remarkable success, with *Kali-carb.*, all disorders except the disarticulation disappearing in a very short time. In former years more recent cases were cured with *Bell.* and *Merc.*

9. STOMACACE.—11 cases : 9 cured, 2 appeared but once. Under this head are included cases of *aphthæ* and *stomatitis*. These diseases are very similar in their nature, and generally yield to the same mode of treatment. *Borax* was used when there were isolated although numerous spots upon the tongue, lips, and gums, without much disturbance of the digestive organs, except, perhaps, slight diarrhœa and acrid urine. *Merc.* was used when, beside the isolated *aphthæ*, there was swelling and ulceration of the gums and mucous membranes of the mouth, with considerable salivation, fœtid odor, and diarrhœa. In these cases *Calomel* was given several times instead of *Merc.-sol.*, and with good effect. *Staphys.* was given when the inflammation was caused by carious and broken teeth, with ulceration of the gums, vesicles and ulcers on the lips and tongue, and swelling of the neighboring glands. *Ac.-mur.* was given for ulcers and pustules upon the tongue which were apt to return, with difficulty of moving the tongue, rancid, putrid taste, salivation, and scorbutic affection of the gums.

10. WORMS.—12 cases : 8 cured, 1 improved, 1 appeared but once, 2 remained under treatment. There were 7 cases of *ascarides*, treated with more or less success with *Ignat.*, *Acon.*, *Calc.*, and *Ferrum*;—4 cases of *lumbrici* were treated with *Cina*, *Spigel.*, *Sabad.*, *Cupr.*, and *Bellad.* In the treatment of the troubles arising from tape-worm, the author has often used *Filix-mas.* and *Cicuta* with good results. Of course, these remedies, when given in the third and sixth dilution, will not destroy the parasite. When this is required, the author has used a strong decoction of the bark of Pomegranate-root, given on an empty stomach, with speedy effect.

11. CHOREA.—5 cases : 1 cured, 1 improved, 1 remained absent, 1 remained under treatment. In previous years many severe and chronic cases were cured with *Stramon.* This remedy was also found useful during the present year. The



patient that was cured was affected with scirrhus, hypertrophy of the heart, and insufficiency of the bicuspid valves. On account of the disease of the heart, *Arsen.*, 6, was given. The heart symptoms were soon considerably improved, but the chorea was entirely cured in 71 days. 1 case of *epilepsy* was cured with *Sulph.*, *Ignat.*, and *Opium*.

12. *Prolapsus-Ani.*—5 cases: 2 cured, 3 came but once. When this trouble was caused by constipation and consequent bearing down, and pressure, pain, and bleeding, *Nux-vom.* was used with success. When the disease was owing to violent diarrhoea of long duration, *Merc.* and *Ruta* were used in vain, but a cure was effected with *Arnica*.

---

II. *Report of the Homœopathic Hospital at Leopoldstadt, Vienna*, under the direction of Dr. WURMB, for the months of January, February, and March, 1859. By the *Assistant Physician*, Dr. EIDHERR.

195 new cases were received, and 36 remained under treatment from the previous year, making a total of 231 cases. Of this number 185 were cured, 2 improved, 4 transferred, 7 died, and 33 remained under treatment. Of the deaths, 4 were cases of typhus, 1 of apoplexy, and 2 of consumption.

*Intermittent Fever.*—Only one case was received of the tertian type. *Nux-vom.* effected a complete cure after four paroxysms.

*Rheumatism.*—Out of 41 patients, all the joints were affected in only 5 cases. In 18 cases the fever was violent (pulse 112 to 120), in 10 cases it was moderate (pulse 96 to 108), and in 13 cases it was absent. The latter were mostly cases of muscular rheumatism. The average duration of the disease was 11 days. The same remedies were used that are mentioned in the Report for 1858: *Bry.*, *Chelid.*, *China*, *Coloc.*, *Colch.*, *Rhodod.*, *Rhus-tox.*, and *Spigel.*; more rarely, *Ledum*, *Mezer.*, *Nux-vom.*, *Plectranth.*, and *Tart-em.* Complication of pericarditis or endocarditis were observed but twice out of 62 cases during 1858, and not at all during the period under notice. Many writers—such as J. Vogel, Fuller, Ouneroth, &c.—have observed that these complications are much less frequent than would appear from the statements of Bouillaud.

*Typhus*.—The 8 cases that came under treatment in March were much milder than those which occurred in January and February. The eruption was either absent or very scanty. The decubitus was confined to a simple congestion of the skin, or the appearance and bursting of isolated vesicles, leaving small excoriated surfaces. The diarrhoea was sometimes rather obstinate.

*Acute Pulmonary Catarrh*.—This disease was most violent at the end of February and in March, and was accompanied by violent fever. The most effectual remedies were *Hep-sulph.* and *Phosph.*

*Chronic Pulmonary Catarrh*.—Of the 3 cases occurring in elderly people, who had for years been troubled with cough, especially in cold weather, 1 case was accompanied by asthma, and was quickly relieved by *Arsen.* The other 2 cases were cured with *Phosph.*

*Laryngeal Catarrh*.—2 cases came under treatment: 1 chronic, the other acute. The former was cured in eight days with *Carbo-veg.*, the latter in seven days, with *Hepar-sulph.*

*Pleuritic Exudation of the left side*.—The patient, a girl of twenty-four, had been sick for twelve days before applying for treatment. Posteriorly there was a dull sound on percussion, from the middle of the scapula downwards. At the same point respiration was feeble and bronchial. *Sulph.* was prescribed, and the patient was discharged as cured in six days.

*Pneumonia*.—5 cases were received, and all discharged well. The duration of the disease was from nine to sixteen days. In one case there was a complication with pleuritis, treated with *Bryon.* and *Sulph.* The other patients received *Phosph.*

*Pulmonary Consumption*.—1 acute and 2 chronic cases were observed. The acute case succumbed in four weeks, with typhoid symptoms. One of the chronic cases was much relieved by *Phosph.*

*Parulis*.—This disease was always accompanied by the presence of one or more carious teeth. It was necessary to extract the tooth if there was purulent accumulation about its root. The remedies used were *Silicea* and *Merc.*

*Aphthous Stomatitis*.—One case was observed where the disease was very extensive—the aphthæ extending over the in-

ferior surface of the tongue, the lips, and the cheeks. At the same time there was considerable constitutional disturbance. After the use of *Merc.-sol.* the patient was discharged well in seventeen days.

*Angina Catarrhalis.*—This disease was generally severe, usually extending over both tonsils. In some cases there was danger of suffocation; and, from the difficulty of swallowing, it was necessary to give the remedy in the form of globules. The duration of treatment was from four to twelve days (the latter being a chlorotic subject). The principal remedies were *Bell.*, *Apis*, and *Merc.-sol.*

*Gastro-Intestinal Catarrh.*—The largest number of cases occurred in January. Diarrhœa was more common than emesis. *Ipecac.* was used in the majority of cases; more rarely *Cham.*, *Coloc.*, *Nux-vom.*, and *Rheum.*

*Peritonitis.*—The cases were all of a threatening form. The disease reached its height between the sixth and eighth day. *Bryon.* was used in every case. If there were signs of exudation, *Sulph.* was prescribed.

*Icterus.*—Only one light case appeared, and was cured with *Nux-vom.*

*Hepatitis.*—Only one case was observed, characterized by enlargement and tenderness of the liver, disordered digestion, periodical vomiting, and occasional constipation. *Chelid.* and *China* were the principal remedies.

*Profuse Menstruation.*—In several cases of long duration, *Crocus* gave very speedy relief. In one case *China* was necessary to restore the patient's strength.

*Measles.*—Only one case occurred. The course was regular, and *Pulsat.* was the only remedy used.

*Scarlatina.*—2 cases were received. The feverish symptoms were severe, but the course regular. *Bell.* was the only remedy used.

*Variola.*—Severe cases were necessarily transferred to more appropriate localities. In milder cases *Acon.* was given during the fever, and *Tart.-em.* after the eruption.

*Scald.*—A cook, female, thirty-three years of age, scalded her left hand and fore-arm. The affected parts had lost their epidermis, suppurated, and were very painful. *Urtica-urens*, used

externally and internally, soon caused cessation of the pain, healthy granulations, and speedy cicatrization.

*Erysipelas*.—3 cases attacked the face, and 1 the right leg. *Bellad.* was the only remedy used.

*Phlegmon*.—Only one case was received, the disease attacking the right cheek and lower jaw. The swelling was very hard and painful, and prevented the patient from opening his mouth. *Merc-sol.* was prescribed, and the patient was discharged cured in ten days.

ARTICLE LIV.—*On the Modus-Operandi of Homœopathic Remedies.* By GEORGE W. RICHARDS, M. D., of Orange, New-Jersey.

Our earth, by the advent of moral evil upon it, became subjected to a new influence—infernal in its nature, deranging and destroying in its tendency. One of the results consequent on this was the introduction of physical diseases and poisonous substances—animal, vegetable, and mineral. In the latter we find our appropriate weapons against the former; and, obliged as we are to use such weapons, how strange, indeed, would it be if the Creator had established no law to guide us in their safe employment. But we know that a therapeutic law does exist, and that its truth has been confirmed by the experience of thousands, and that it is expressed in the words "*Similia Similibus Curantur.*"

We will attempt to show :

1. Why "*Similia Similibus Curantur*" is the true law of cure.
2. Why, when medicines are administered according to this law, a small dose only is requisite.

In doing this, we think the *modus-operandi* of our remedies will be clearly seen.

1. Why is "*Similia Similibus Curantur*" the true law of cure?

Our earth receives an influence from two worlds—viz., Heaven and Hell; and everything that belongs to it derives its cause and origin from the Lord, through either the one or the other of these worlds.

The Lord is the source of all life; and, by virtue of a vitalizing influence flowing from Him, through Heaven into the earth,

are produced all things of a harmless character in the three kingdoms of nature. But, when this influence flows through Hell, and ultimates itself in the natural world, it causes the production of those things that are injurious and poisonous.

The character of Hell is the reverse of that of Heaven; hence it is, that whatever flows from the Lord into it is turned into its opposite—as, for example, Divine love is changed into infernal love, and Divine truth into what is false. We know that, in the natural world, recipient subjects turn that which flows into them into what agrees with their own nature, as, for illustration, stagnant waters and carcasses turn the heat of the sun into offensive odors.

The nature and tendency of all influences that come to the earth from the Lord, through Heaven, are orderly and regulating, but those that come to it from Hell disorderly and deranging. All morbid influences are of the latter character, and they have their origin from the latter world, and they flow primarily into man's spiritual organism, and through it produce in its material investment certain changes and symptoms.

Since the causes of diseases are spiritual and immaterial, hence man's material body, when deprived of its spiritual organism, is no longer susceptible to morbid derangements.

The origin and nature of morbid influences being such as we have stated, consequently they can only be controlled and removed by an opposite one from the Lord. And such an influence is constantly flowing from Him through Heaven, and it is what is often denominated the "*vis medicatrix naturæ*."

The Lord is indeed the Great Physician. When He was on the earth diseases vanished at His touch. The afflicted subject, coming in such close proximity to Him, was brought under His direct curative influence, and thus immediately restored.

To attribute to men or to medicines the power to subdue morbid disturbances, is to attribute that to them which belongs to God the Lord alone. But, cannot man assist in this benign operation? Experience proves the affirmative; and that the true, direct, and most effectual method in which he can assist is to introduce into the system an agent, identical in its origin, and similar in its nature to the morbid influence. Because it is only for such an agent that this influence can have any re-

lation or affinity. This agent or remedy acts by forming a plane, on which the deranging influence is more easily and effectually expelled by one of an opposite nature from the Lord; and it forms either a perfect or imperfect plane according to the degree in which it is similar in its nature to the disturbing cause.

2. Why, when medicines are administered according to this law of "*Similia*," is only a small dose requisite?

When we consider the nature of the causes of diseases and of the organism on which they primarily operate, and the office which the remedy is called to fulfil, we see that the dose, in order to act efficiently, must necessarily be small.

We have seen that it is not the material portion of the drug, but its spiritual and immaterial essence or principle that is needed (which is developed and liberated by the process of trituration and dilution); also, that we are not required to excite a new similar or dissimilar disease in the economy, but simply to present to the disturbing influence a plane which shall act as a passive rather than an active agent. Hence it is not surprising that the thirtieth attenuation should act with such marked efficiency, nor that the two-hundredth or eight-thousandth potency should possess medicinal virtue.

It may be asked, how it is—if the above theory be true—that the cure of a disease is sometimes promoted by the allopathic method of treatment? We reply, it is done in either one or the other of the two following ways: *First*, by a medicine happening to be administered which is homœopathic to the malady; *Second*, by producing a medicinal disease of an opposite character from the natural one, which holds in check the latter, thus assisting, only in a very indirect and imperfect manner, the "*vis medicatrix nature*."

ARTICLE LV.—*On Constipation.* By O. S. SANDERS, M. D., of Boston, Mass. Read before the Boston Academy of Homœopathic Medicine.

[Continued from page 435, February Number.]

This brings me to consider the therapeutic agents under the head of our theme, which, in nature, are many and various. I shall consider them under two heads: *First*, RELIEF, and *Second*, CURATIVE.

Relief agents are those which remove or have a tendency to remove all irritating substances from the alimentary canal (when the disease is idiopathic, or becomes a cause of serious injury to any organ or function of the body), and thereby afford the patient, for the time being, a degree of comfort, at least, which he could not otherwise enjoy.

These agents may be reckoned by the host; but I shall consider only two, as being sufficient to produce the desired result. I shall call your attention to pure Castor-oil, to be administered by the mouth in pressing emergencies,—and water enemata.

From the aggravated circumstances under which a homœopathic physician is often called, to attend a patient who has been subjected more or less to the operation of drastic cathartics, we are obliged to regard the welfare of our *new friend* in the highest degree, in meeting every necessity, both in *relief* and *cure*.

In the few *extrema obstinate* cases of constipation which we meet—where relief *cannot be* obtained by throwing water into the rectum—it is not only *consistent*, but even a duty to administer an agent by the mouth, which is the least objectionable and most certain in its action.

This is often needed by those patients whose systems, from habit, demand a stimulus, to excite the tone of the muscular fibre of the stomach and bowels, as well as to call out the secretions, to aid nature in her work.

*Mechanical aid* must be resorted to whenever there is mechanical obstruction, and nature has lost her ability to perform one of “her first works,” particularly if other morbid symptoms are becoming obnoxious, in consequence of retained fecal matter.

I trust that homœopathy will soon see the day when there will be no need of resorting to *either* Castor-oil or water enemata *for relief*; for every homœopathic practitioner finds how readily the system, *unmedicated* by previous drugging, will yield to the action of homœopathic remedies. The victory is much more readily achieved when we are not obliged to contend against the perverted forces of nature, produced by nostrums, medicated mixtures, and unknown compounds.

Give the homœopathist a non-medicated and non-medicating community, and, *however great has been* his success and

triumph with potentized drugs in infinitesimal doses, *it will be greater*. But, under the existing circumstances or condition of society, we must occasionally subscribe to the use of relief agents. As, for example: I once had a patient—a lady of thirty-one—who, having taken more or less active medicine through life, became a great sufferer from constipation, complicated with chronic enlargement of the uterus, and prolapsus of both the *uterus* and *rectum*;—she was feeble and delicate in her organization. After endeavoring to overcome this morbid condition by homœopathic medicines, combined with injections, for three weeks, and not succeeding, I ordered a dose of Castor-oil. The effect was salutary; relief not only followed, but an entire change of symptoms ensued, and from *that moment* I could date her convalescence. This occurred eight years and a half ago; and I think, since that time, with one exception, she has not been obliged to resort to anything of the kind. By a course of regimen and attenuated medicines, her health is completely restored.

I have met with other similar cases (not many), where the effect of retained fecal matter was becoming highly injurious, and one or two doses of Castor-oil *proved* a needful agent, and successful, with other simpler means, in exciting a harmonious and physiological action.

In cases of long protracted or complicated labor—where the parts become partially paralyzed, and loss of power ensues—the patient, in time might suffer from an overloaded state of the colon and rectum, insomuch that enemata might be insufficient. In two such instances I have seen the happiest result follow the administration of Castor-oil.

I have known patients (of other physicians) to suffer with constipation, because the doctor thought it did not correspond to his "pathy," to give *injections or oil*, and endeavored to rely wholly upon attenuated medicines. *In such cases* I would advocate the exercise of a little good common-sense as a man, and judgment as a physician, explain my *position* and the condition of the patient to him, order an injection, and, if that will not do, a dose of Castor-oil, to *give relief*; then prepare the system for curative agents, so that the bowels may be induced to act *freely and voluntarily*, according to *nature's modus*—



*operandi.* It will be remembered that *Castor-oil* is an agent which exerts its influence upon the whole length of the alimentary canal, while *Mercury* excites the action of the liver; *Rhubarb, Colocynth, Colchicum, Jalap, and Senna* the small intestines, and *Gamboge, Salts, Elaterium, and Aloes*, and a host of others, the larger bowel. So it may be seen, from this fact, that medicinal agents possess a singular preference for different portions of the intestinal tube or body, and my reasons for selecting oil in preference to other aperients. The circumstances under which this agent should be given demand the greatest attention, as well as caution. For, indeed, great sorrow might be occasioned by the indiscriminate use of this drug and water injections, as has been the case with other purgatives and enemas.

The friends of homœopathy have reason to rejoice that we live in an age of great medical reform; as one evidence, look at the victory recently achieved in our city.

And, although we hold the principle of *truth over error*, and are strong in the faith of the law, "*Similia Similibus Curantur*," yet, in all instances, and under all circumstances, we cannot rely upon potentized or homœopathic medicines to excite immediate action of the bowels, any more than we can correct at once the wrong notions entertained by the inexperienced on this subject.

Early associations, it should be remembered, are strong and interwoven, like early impressions, into the very principle or web of life; therefore it is not the easiest thing to make people believe that cathartics are not indispensable to life, and, without purgation for every little stitch here, pain there, and ache somewhere else, death will overtake them.

Truth, which is a divine attribute, is mighty, and will prevail, so will the principle of the law, "*Similia Similibus Curantur*," it never can become obsolete, although it may be slow. But we may be assured that the day is not far distant when the pernicious effects of compound pills, powders, and decoctions will be as much dreaded as the life-destroying powers of Corrosive Sublimate, Arsenic, and Prussic-acid.

Let us be loyal, then, to our principles; and the little one shall become a thousand, and a small one a strong nation; for truth, principle, and resolution will make our success secure.

But, to return from this digression. The second class of agents to which I propose to call your attention is the *curative*, which will be briefly considered under the heads of *diet* and *attenuated medicines*, with a few *auxiliaries*.

The subject of diet, in connection with the art of maintaining a healthy action of the bowels, is imperative, and demands our special attention.

A long and interesting essay may be written upon homœopathic regimen; but, as this is not *the time* nor *the place* for such a dissertation, I shall exercise a proper respect for your patience, and allude to it only so far as it may be necessary to elucidate our subject on this occasion. I would not lay so much stress upon a *dietetic creed* as to be understood that diet will cure constipation without medication; for there are many cases which might be alluded to where the experiment has been thoroughly tried, and found wanting in success.

Observation, as well as good judgment, teaches us that our food should be plain, simple, and not of the finest, refined quality, with "*sweet-meats*," and all sorts of *nick-nacks*, as are so much sought after. Food, plain and substantial, should be taken into the stomach at regular intervals, and when the body and mind are free from fatigue or excitement. The quantity as well as the quality is of great importance. To fill the stomach *to over distention*—as many are apt to when very hungry from fasting too long—greatly impairs the muscular tone of this organ, and weakens the force of digestion.

I would not restrict one to a prison-diet or fare—"to drink a tumbler of cold water, and to eat a few ounces of bread for a meal, and repeat this three times a day."

There is no one kind of food or rule of diet which can be laid down as universal in its application; for what is suited to the necessity of one may not be adapted to the wants of another. Only so far as this, the food should not be too highly seasoned or compounded with medicinal elements. *Nevertheless*, I have known men to eat and drink, with apparent impunity, almost everything set before them. This does not argue that it was for their best good, or that injurious consequences would not sooner or later follow.

Many contend that homœopathic medicines will not prove

beneficial or effectual with *such* epicures. Doubtless it makes a difference—*indeed it does*; but not enough to cause us to despair. Homœopathic medicine, in the hands of an educated physician, *like the little leaven*, will produce the desired result, and astonish a wide-spread community.

It may seem strange or absurd to order a dose of Capsicum to a man who has taken strong Cayenne pepper upon his meats at dinner, or Tabacum to the chewer and smoker, or Calcarea to a man who has partaken freely of oysters, or to expect to see the effect of *any* homœopathic drug upon one who has indulged in the use of coffee, wines, or tobacco; or another case, which is still more striking, to look for a curative action from Natrum-muriaticum, an article which is used so freely and constantly in almost all our food.

These are all strange; but life is stranger still, and we are utterly unable to unrævel the complex influences on which *its integrity* depends. Neither can we understand how powerfully and quickly, sometimes, substances act in their curative sphere of operation, which are *quite inert* in their nutritive sphere.

I have occasionally seen individuals, whose habits were not altogether the most temperate in eating and drinking, more readily yield to the curative action of homœopathic medicine *by continuing* the use of their *wine, coffee, or tobacco* than by discontinuing *them*. They were generally men of great endurance, approximating old age, and had for years been accustomed to the habit or habits *referred to in a moderate degree*. It cannot be denied that, even under all the disadvantages the homœopathist may meet with—resulting from long-continued medication, with improper diet, pernicious habits, &c.—homœopathic medicine will, in a wonderful manner, secure the attention of the nervous system.

Be the explanation of the *modus-operandi* of these remedies what it may, fortunately the fact admits of no doubt, that an infinitely minute quantity of medicine is found sufficient to excite a curative action whenever it is selected and administered according to the homœopathic law, while large *heroic* doses prove *inoperative or injurious*.

I allude to this matter in connection with diet because these arguments have been raised against the beneficial results and

impossibility of the curative action of homœopathic medicine particularly in that of constipation.

I will close my remarks on regimen by saying that proper care and attention to diet will do *much* towards correcting and curing constipation.

A few general suggestions on treatment, and I am done. There are no medicines capable of curing constipation except those which act according to the law, "*Similia Similibus Curantur.*" However startling this assertion may seem, I state it not as a theory, the conclusion from the evidence is unavoidable.

I do not propose to discuss the merits or demerits of that class of medicines which are so effectual to excite a curative action in constipation at this time; for, should I undertake this task, and speak of the many virtues of each article, it would occupy more time than has already been consumed. I would therefore recommend the forthcoming book on this subject, by Epps, for your careful perusal. The judicious practitioner takes into consideration, in selecting the remedy, not only the totality of symptoms which characterize the malady, but age, sex, temperament, habits of life, the tissue involved, the nature of the exciting causes, peculiarities of constitution, idiosyncracies, &c.—all of which are included in his record.

The dynamic power of homœopathic medicines are manifested in a wonderful manner in restoring the normal condition of the bowels in this disease.

When remedies have failed which I have selected under the head of symptomatology, I have met with excellent success by seeking the remedy to which the idiosyncrasy of the patient renders him susceptible. *For instance*, I find, in some cases, Aconite, Nux-vomica, Bryonia, Pulsatilla, also Mercurius, Lycopodium, Sulphur, and many other medicines, of which we have such valuable provings, wonderfully *effectual*, almost altogether independent of the exciting cause or combination of symptoms (selected as a temperament remedy).

From some unknown law or cause, individuals are known to be very susceptible to certain medicinal agencies, in the same manner as two individuals who are exposed to the infection of small-pox—one is able to resist it, *the other is not*; therefore, in a large majority of patients who are afflicted with constipa-

tion, either idiopathically or symptomatically, cure may be expected by homœopathic regimen and medication, if an opportunity or sufficient time be allowed.

Much aid may be derived, in some cases, from the curative action of electro-magnetism, sitz-baths, girdles wet with water and applied about the body, applications of cold water with friction to the entire surface of the body, exercise in the open air, and the habit of soliciting a stool regularly every morning; all of which do much towards inducing daily evacuation from the bowels.

I wish to relate only one case of constipation—chronic and complicated in character—which came into my hands some eight years ago:

Mrs. B., a married lady of forty-seven years, had been troubled with constipation, internal hæmorrhoids, prolapsus-ani, &c., for twenty-five years, since the birth of her first child. Her habits were to take an active cathartic medicine once a week, use some medicinal enema, and consume the entire day in trying to procure an action of the bowels, and recovering from its debilitating effects.

The family physician said nothing could be done short of an operation with the knife. While she was considering the proposition, I was called; and, without entering into detail, it will be sufficient for me to say, that never after my first prescription was she obliged to take a cathartic, and only occasionally an injection of simple water, with a few drops of Arnica tincture added. By the simple means, therefore, of Arnica, Sulph., and Nux-vom., I was successful in exciting a healthy condition of the bowels, and a motion once in every two or three days, and that without the slightest pain or discomfort. Thus was her life rendered a blessing, as her pathway was illuminated by the rays of the glorious light discovered by the illustrious Hahnemann.

The enthusiasm of the neophyte in homœopathy is often greatly aroused (as was mine) to see the mighty effect produced by such infinitesimal doses.

The majority of medical men have yet to learn how small a quantity of medicine is required to produce the desired result, *if rightly chosen*—although many of them have become

quite discreet and cautious in their labors—by observing the simplicity and obedience of the young child, homœopathy, in its growth.

SANDERS.

I can most cordially recommend "DAVY'S ERVALENTA CRACKERS," for the palliation of constipation, costiveness, and some forms of attending dyspepsia.

They may be eaten in the simple form of the cracker (two at a meal), at any and all times; but the following preparation has been found very agreeable, viz.: Pour on two of the crackers (each one ounce) a pint of *hot* boiled milk. They will dissolve sufficiently in half a minute. Add to the mixture a piece of sweet butter, of the size of a hickory nut. A little powdered sugar to taste. A little flavoring (if desired), such as vanilla, lemon, or any other that may be relished. Stir, and eat leisurely.

The effect of the Ervalenta is *gradual* and *gentle*.

The most solemn assurance is given that there is *not a particle of drug or medicine, and nothing but vegetable* in their composition.

They can be procured at McGay's bakery, 219 Forsyth-street, near Houston; but, doubtless, our homœopathic pharmacutists will soon keep them on hand, as they do homœopathic Cocoa, Chocolate, Broma, &c., &c.

I have found the Ervalenta crackers an unexceptionable article of food for infants suffering with obstinate constipation. The composition of the crackers will readily suggest itself to the learned physician; but I would merely add that the proprietorship is held by a gentleman suffering with disease of the heart, whose main support their sale obtains. They contain no medicinal substance, but, like Delluc's biscotine, Hecker's farina, &c., &c., are purely dietetic.

PETERS.

---

ARTICLE LVI.—*Abortion: Its Prevention and Treatment.*

By E. M. HALE, M. D., of Jonesville, Mich.

It is intended, in this article, to treat particularly of the medical treatment of abortion, considered in relation to the various causes of this malady. It were a work of supererogation to attempt a profuse history of the symptoms and pathology of

abortion. The works of Whitehead, Tyler Smith, and other prominent writers, contain all that is at present known in that division of the subject.

But it happens that the allopathic treatment of abortion is extremely unscientific and unreliable. With very little, if any belief in the specific action of drugs, they grope in the misty mazes of "general indications." True, there are occasional cases in which some local lesion has been discovered, and the physician has acumen enough to use specific means with excellent effect. But when there is functional disorder, which is generally the case, the routine treatment avails but little. The homœopathic treatment, as laid down in our text-books, is far from perfect. Few of the remedies enumerated have really any specific value, either in preventing or treating abortion. The treatment adopted by the so-called eclectic school of this country is greatly superior to the allopathic, from the fact that they unwittingly use certain remedial agents, selected from our indigenous plants, which exercise a profound and specifically homœopathic relation to the malady in question.

It will be my aim to introduce these agents, together with some others sanctioned by experience. But more of this anon.

I believe, with Tyler Smith, that "for practical purpose, abortion may be defined as the premature expulsion of the ovum, at any time after the ovum becomes visible, and before the twenty-eighth week of pregnancy." I also concur with his emphatic remark, that "this is, probably, one of the subjects open to the greatest improvement in obstetric practice." For not only is a wide field open to investigations into its nature and treatment, but because *never*, perhaps, in the history of the world, has abortion been so common and frequent as in this century. Consider the fact related by Dr. Whitehead, that "of 2000 pregnant women who applied at the Manchester Lying-in Hospital, the collective number of their abortions amounted to 1220."

Every physician of any experience must be convinced that his estimate, that ninety per cent. of all women who have lived in wedlock until the menstrual decline had been the subjects of abortion," is abundantly verified by their own observations. From my own observations, I am satisfied that, not only is the above statement true, but that it can be safely asserted that there is

not one married female in ten, who has not had an abortion, or at least *attempted* it. For not only have the generally enumerated causes become more prevalent, but the intentional production of abortion is especially noticeable. Now-a-days, if some married female happens to go a few days beyond the menstrual period, she either doses down some domestic emenagogue, or, either at that time or the next menstrual period, procures some one of the many nostrums so shamelessly advertized as "warranted to *regulate* the menses," with the especial caution that it "*should not be taken during pregnancy.*"

This depraved habit is not confined to the cities and large towns, but the extremest recesses of the quiet country are contaminated with it. Much of this is owing to the thousands of *quasi* physiological books, generally vulgar and obscene, which flood every State in our Union. They are advertised in all the popular and local newspapers, and thus are paraded before the curious eyes of youth, and attract the attention of men and women at every fireside. I will venture the assertion that ninety per cent. of the youth of both sexes, who can read, are possessed of, or have perused one of these "physiological" treatises. If a complete and healthy course of physiological study were introduced into our schools, it would do much toward destroying this prurient curiosity which leads to so many grave moral and physical evils. Nearly every physician of any practice will testify that there is not a week during which he is not solicited by one or more persons, from all grades of society, to produce abortion, either upon themselves or some person in whom they are particularly interested. Not, perhaps, openly, for at first many of them declare "it is only a suppression, but that they must be brought on at all hazards."

In fact, abortion, both from unavoidable and intentional causes, is becoming so alarmingly prevalent that it must soon attract the open attention of all philanthropists and law-givers. Some great physical and moral improvement must be opposed to the onward progress of this evil, or it will undermine the very foundations of all domestic relations, and reduce marriage to the degraded position which it occupies in some old-world countries.

It will not be necessary, for the purpose of this article, to



enumerate the symptoms which precede or accompany abortion, except to point out the specific indications for certain remedies.

The causes of this accident, and its appropriate treatment by medical and other remedial measures, considered as preventive of abortion, by arresting the tendency of those causes, will be treated of first in this article.

In this division must be placed all those causes, either general or local, enumerated by obstetric authors. Without discussing the relative importance of those causes, I shall mention them as I find them, and annex to each the treatment which seems most appropriate. And here let me add that I shall advance no theoretical notions: the means used and the remedies employed are all sanctioned by my own experience, and of some of my colleagues in the West. The remedies are all chosen according to their strict homœopathic relation to the symptoms and physiological state.

**DEBILITY AND EXHAUSTION.**—If from loss of blood or excessive discharges, *China*, *Ferrum*, *Hydrastin*, *Manganese*, and *Phos.-ac.*

If from debility from exhausting disease, with deficiency of muscular and nervous tone, *Nux-v.*, *Ign.*, *Hydrastin*, *China*, and *Secale* will be found appropriate.

**GENERAL PLETHORA AND OBESITY** has been known to predispose to abortion, and many women are most plethoric during pregnancy. This condition, when it threatens abortion, should be treated with *Aconite*, *Verat.-vir.*, and *Bell.*, aided by *Kali-carb.* or *Kali-hyd.* in appreciable doses, and an exclusive vegetable diet, with copious acid drinks.

*Uterine* plethora, congestion, or engorgement should be treated with *Aconite*, *Aletris-farinosa*, *Bell.*, *Plat.*, *Sepia*, *Crocus*, *Salina*, *Macrotin*, *Senecin*, *Verat.-vir.*, and *Hammamelis*.

**GENERAL NERVOUS IRRITATION.**—In extremely sensitive women, the nervous system becomes so irritable as to be acted on by the most trivial causes. This extreme irritability is often an indirect cause of abortion. The remedies best calculated to give quiet and strength to the nerves are *Scutellaria*, *Ignatia*, *Nux-v.*, *Cypripedium*, *Coffea*, and *Chamomilla*.

**REFLEX NERVOUS IRRITATION.**—Tyler Smith is the especial champion of this theory, and, although he may be too sanguine,

there is undoubtedly much important truth in his teachings. He arranges the reflex nervous actions as follows :

*Trifacial.*—"Irritation of these nerves should be treated by Aconite, Cham., Coccionella, Merc., and even extraction of the decayed tooth—extraction of the teeth of pregnant women is not to be so much feared as the intense irritation of the pain—or plugging the teeth with a mixture of Aconite tincture, Chloroform, and Gum-copal.

*Mammary.*—"Lactation should not be continued after conception takes place. But, if abortion threatens from mammary irritation, use Aletris and Sabina.

*Gastric.*—"Several cases have come under my own observation where excessive vomiting has caused abortion. But generally the stomach may be quieted by *Nux-v.*, *Podoph.*, *Ipecac.*, or *Macrotin.*

*Rectal.*—"Dysentery, hæmorrhoids, or the use of certain purgative medicines cause abortion. *Aloes*, *Podoph.*, *Mercurius*, and *Nux-v.*, with opiate injections, will generally be called for.

*Vesical or Renal.*—"Stone in the bladder, albuminaria, and other irritation of these organs are often sufficient to induce abortion. The use of *Canth.*, *Cannabis.*, *Terebinth.*, and *Apis* will be found very efficient when specifically indicated.

*Ovarian.*—"The tendency to abort at the catamenial dates will be best controlled by *Caulophyllin*, *Sabina*, *Apis*, and *Aletris.*

*Vaginal.*—"Any irritation or distention of the vagina should be avoided. Pessaries should not be worn. If pruritus or aphthæ be present, use injections of tincture Caulophyllum, weak dilution of Ammonia, or Borax and Morphine solution."

Certain functional and organic diseases of the uterus are prone to cause miscarriage. The following are most notable :

*Ulceration of the Os.*—The patient use of Arsenicum and Macrotin, with daily injections of weak Calendula water, or Chlorate of Potash, or a dilution of tincture of *Hydrastus-canad.* Fissure of the os and cervix-uteri, about which so much has been written of late, will generally heal up under the use of the same remedies. Injections of dilute Nitric-acid are very efficient in the latter disease.

*Irritable Uterus.*—The peculiar spasmodic, painful affection

thus designated is readily controlled by *Caulophyllin*. No other remedy compares with it; yet *Plat.*, *Stram.*, and *Sabina* have been used with benefit.

*Atony of the Uterus.*—*Secale* is a great remedy in this condition. Dr. Gardner, in his edition of Tyler Smith's "Lectures on Obstetrics," thus speaks of Ergot: "If, however, the hæmorrhage was not the primary symptom, or if the abortion was threatened in consequence of some fatigue, great exertion, or excitement, where there may be a debilitated condition of the uterus, which, in its relaxed state, opens the os, or in some way diminishes the circulation, and impairs its vital functions, I have found great benefit from the tonic (?) effects produced by *small* doses of *Secale-corn.*, the slight contraction consequent upon its action closing the bleeding orifices, and frequently entirely arresting all further discharge."

This is what any homœopathist would expect, from the nature of the drug and its well-known homœopathicity to such cases. But Dr. Gardner, being blind to the law of "*Similia*," reasons in this wise: "The *judicious* administration of Ergot improves its [the atonic uterus] tone, invigorates it, and prevents the threatened miscarriage. Ergot is not a medicine of the cumulative order, neither is it confined to single action. In small doses it does not produce the convulsive, evanescent contractions which accompany labor, but a *slow*, molecular character, permanent and prolonged. If this local tonic is too freely administered, it passes on still further, and then a too high stimulation produces, from an opposite cause, exactly the same result that was threatened by the previous debility." Did the Doctor ever hear of Hahnemann and his law of cure, and of homœopathic aggravations? *Caulophyllin*, *Macrotin*, and probably *Gossypium*, have precisely the same effect on the debilitated uterus as Ergot, and in some cases are preferable.

*Metritis.*—This is almost certain to result in abortion if it is not arrested promptly. In most instances this can be done, if the fever is of ever so high a grade, by the free use of the tincture of Aconite, Gelseminum, or Verat.-vir. Armed with either of these potent remedies, we need not fear the result. By giving two or three drops of either every hour or two, we shall soon see the most intense vascular excitement subside. The

external application of a poultice of *Ulmus-fulva*, or of cloths wet in hot Aconite water (one ounce of tincture of Aconite to one pint of water) will materially aid us in subduing the inflammation. The above remedies can be advantageously alternated with Bell., Stram., Aquaphobia, Nux, or Merc.

*Prolapsus*.—Quiet in the recumbent posture, avoidance of severe exercise, lifting, &c., and the use of *Podoph.*, *Nux*, *Aur.*, *Asclepias-tub.*, *Aletris*, *Aquaphobin*, and *Macrotin*, with the cool sitz-bath, will, in most cases, overcome this displacement. The use of supporters or pessaries, in such cases, cannot be too severely reprobated.

*Retroversion*.—In my practice, this displacement is more apt to occur than any other. In fact I have sometimes thought that this peculiar form of displacement is growing more frequent every year. It requires all the skill of the physician, and patience of the female, to treat it successfully. It should be carefully replaced as often as it occurs, and a position on the side or face persevered in. The remedies most useful are Iodide of Iron, *Caulophyllum*, *Thuya*, and *Podoph*. In one or two cases, some benefit was derived from a small round pessary, inserted in the *cul de sac*, behind the os.

*Congestion and Inflammation of the Placenta* is considered by Prof. Simpson as a frequent cause of abortion. One of his most elaborate memoirs is devoted chiefly to this subject. "Its symptoms are obscure, consisting of pain in the uterus, near the site of the placenta, pains in the back and thighs, and general fever." The treatment of this affection should be the same as for metritis.

*Fatty Degeneration of the Chorion and Placenta* has attracted some attention of late, chiefly through the original researches of Dr. Robert Barnes (see Tyler Smith's "Obstetrics," page 185). In such cases, the strength of the mother should be kept up, if possible. Gardner recommends "Chlorate of Potash, Nitric-ac., mild preparations of Iron, and above all fresh air." The treatment of fatty placenta should be the same as for fatty degeneration of the heart or any other organ (Iod. of Potash, liquor Potassæ, &c.)

The older authors, in considering the various causes of abortion, mentioned the "irritable uterus," or used the term "habi-

tual abortion," meaning thereby those instances in which no tangible lesion or pathological condition was discoverable. In these cases there was considered to be a tendency to abort at the catamenial date, often at one particular date, as the twelfth week. Those females who had had one or two abortions at a certain date, were supposed to be more prone to this accident.

Late authors declare that there is no ground for this assumption, and roundly assert that, "*whenever there is a miscarriage, there is always present some actual, perceptible, and often tangible cause.*"—GAUBER. This author goes on to say, "Females have been made to believe what the physician himself, once equally credulous, believed, that there was a 'tendency to abort,' and have been made to lie in bed for weeks and months, made sick for want of air and exercise, to prevent a senseless organ, devoid even of the nerves of sensation, from yielding to the temptation or tendency to abort." This is often true, nevertheless I believe there is such a thing as a true "habitual abortion," for, upon the closest examination with the speculum, I have failed to discover any tangible cause for some abortions. True, the abnormal condition may be internal, as rigidity from a cicatrix (which I believe to be a common cause).

In treating such cases of anticipated abortion, the speculum should always be resorted to, if we wish to treat the patient successfully. This instrument is much neglected by some.

Those cases which really seem to be habitual are best treated by a reasonable amount of quiet, especially at the menstrual date, and the use of *Caulophyllum*, *Sabina*, and *Gossipium*. With these valuable remedies, I seldom fail to carry women through an uninterrupted pregnancy. Borax may form a valuable remedy in such cases.

It will now be proper to consider the treatment of the actual symptoms of abortion, after the sanguineous discharge has set in, with the usual lumbar, hypogastric, and coxal pains, and the rigor or distinct shiverings which *always* occur.

The *first* consideration in such cases is, whether or not the ovum can be preserved. If we imagine the symptoms *can* be arrested, a strict maintenance of the horizontal position should be enjoined. The patient should be kept in bed—not on feathers—in a cool apartment, lightly covered with clothes, as long as

any colored discharge continues, and for some days afterwards she should not be allowed to walk, or even stand long. Warm food or drinks should be prohibited; and all excitement, as from fear, but especially the croaking of old women, who are apt to flock around the patient, should be imperatively silenced.

If no sanguineous discharge has yet set in, administer *Acon.* or *Verat.-vir.* in small doses, in alternation with *Alettris* or *Cauloph.*, if the pain is a heavy pressing down, as of a weight, some pain in the back, shivering and nervousness, with evident congestion of the uterus.

If flooding has commenced, with intermitting pains, soreness of the abdomen, shivering, much pressing down, with occasional discharge of coagulæ, there is yet a chance of arresting the abortion by the use of *Sabina*, *Alettris*, *Secale*, *Trillium*, *Senecin*, and *Ipecac.*

If flooding sets in, with little or no pain or other disturbance, and is mixed with mucus, it probably exudes from the patulous abraded os, which will be found slightly open. In such cases the careful application of lint, dipped in cool Hamamelis-water (one ounce to ten of water), and give internally Hamamelis and *Secale*, first dilution, or *Sabina* and *Trillium*, 1, every hour or two.

If with the flooding and pain there is congestion of blood to the head, with throbbing pain there, great nervousness, slight delirium, with tendency to jactitation or spasms, the appropriate remedies will be *Bell.* and *Scutillarin*, or *Stram.* and *Cypripedium*, or *Sanguinaria* and *Coffea*, or *Cannabis-ind.* (All the above are homœopathic to this condition, but there may be an assemblage of symptoms which will decide the physician in favor of one or the other. The consideration of the particular indications cannot be introduced into the necessary brevity of this article. A careful study of our materia medica, and the indications for the use of some of the remedies I have mentioned, which will be found appended to this paper, must be the guide in their selection.)

If we succeed in preventing the expulsion of the ovum, the patient should be cautioned to avoid all exercise or excitement until the next catamenial date. In the meantime, give her one-grain doses of the first trit. of *Caulophyllin* or *Secale* three times a day during the succeeding weeks, until no danger is to be apprehended.

tual  
tangi  
these  
the c  
week  
certai

Lat  
tion,  
*there*  
*gible*  
have  
equal  
and h  
sick t  
devoi  
tation  
believ  
upon  
discov  
norme  
(whic

In  
shoul  
cessfi  
The  
by a  
date,  
With

throug  
ble r  
It w  
sympto  
with th

... parent is  
... such a  
... the same  
... short  
... in  
... infal-  
... and  
... with  
... after  
... between  
... so  
... be pre-  
... water.  
... and  
... giving  
...  
... given  
... This  
... sixty  
... pre-  
... is pre-  
... three or  
... half  
... of the  
... number  
... extract  
...  
... either  
... fingers or  
... is  
... real  
... termina-  
... of the  
... by its  
... food-  
... The  
... recep-  
... placenta,  
... of the fetus.

In order to be sure of this, all the discharges should be carefully examined.

After the fœtus and placenta are both expelled, the hæmorrhage generally ceases, gradually and properly. But there are, now and then, cases, especially if the abortion has occurred after the third month, when the uterus refuses to contract normally. The mouths of the uterine vessels remain open, and either bleed continuously, or it is brought on by the slightest motion or exercise. This kind of hæmorrhage I have known to continue many weeks. One of two conditions are generally present in such cases: *atony or irritability*. For the former, a good nutritious diet, without stimulation, beef tea, mutton broth, cocoa, &c. The remedies I have found most useful are: *China, Hydrastin, Tannate of Iron, Ter-b., Secale*, and Cinnamon.

For the latter, perfect quiet and the use of *Cham., Crocus, Cauloph., Trillin, Sanguinaria*, and *Sabina*. In some cases Sulphuric-acid is equalled by no other remedy. Two of the worst cases of severe flooding after late miscarriage I ever saw yielded, one to drachm doses of *Cornu-cervina Calcimatum*, the other to the Oil of Erigenon, in drop doses. These cases had resisted both allopathic and homœopathic treatment for many days. Of the mode of action of these two remedies I confess I am ignorant. The calcined deer's horn has been used from time immemorial, both by the early pioneers and the aborigines. The Erigenon has a very remarkable influence over active hæmorrhages. It deserves a good proving.

The use of ice-water in arresting severe flooding is undoubtedly of great benefit. Yet I have seldom had occasion to use it. I utterly deny that the so-called astringents, *as* astringents, have any power on hæmorrhage from the uterus. Any drug, to have this effect, must act by virtue of its homœopathicity. Although many of the remedies which I have recommended above have not been proven, yet their history, the cases of occasional injury they have produced in large doses, and their extensive and successful use in similar cases, all warrant the homœopathist to use them with confidence. I well know there are men in our ranks who would "*taboo*" us for using any drug not properly and regularly proven. Such ultra conservatism is unworthy the true



physician. Let them remember that Hahnemann, in his early practice, got most of his splendid results from medicines of which he had no proving on the healthy, and of whose properties he only judged by their effects upon the sick, or cases of accidental poisoning. Our materia medica is cumbered with many drugs which profess to have been proven. For all practical purposes, the record of their symptoms are utterly worthless.

At the same time, the eclectic materia medica abounds in agents, most of them selected from indigenous remedies, whose virtues, powers, and properties, if well understood, would be of incalculable benefit to humanity. Would they were all *proven*, but shall we neglect to use them because they are not?

It will, perhaps, be appropriate, in connection with this subject, to allude to those instances in which, on account of present or threatened danger, it becomes right, proper, and necessary to induce the premature expulsion of the ovum by artificial means, with a view to the safety of the mother. Those cases where premature labor is induced to save the life of the *child* do not come under the scope of this article. Tyler Smith gives three classes of cases which require this operation. The *first* is the only one I shall consider, viz.:

“In which the operation is called for before the date of the viability of the foetus, in consequence of diseased states of the mother and in which the ovum has to be sacrificed in order to preserve the life of the mother from great risk.” I need not enumerate all the variety of circumstances under which it has been deemed proper to resort to this operation (see Tyler Smith’s “Obstetrics,” p. 657). Suffice it to say that they seem to be constantly on the increase. “It is probable that the practice of the induction of premature labor will be extended, from a greater knowledge, or increasing appreciation of its importance, and also from a real *increase* in the cases calling for it. Amongst the manufacturing population, deformities of the pelvis are probably on the increase, and amongst the educated classes, the size of the foetal head, and delicacy of constitution, will form impediments to labor in an increased number of cases. \* \* \*

At the present time, there is no point of progress in the obstetric art of equal importance with the extension of the induction of premature labor in cases calling for the operation.”—TYLER

SMITH. In view of these facts, every practitioner should fully inform himself of the most safe, efficient, and least objectionable manner of performing this operation. Many methods have been practised; the earliest plan adopted, that of puncturing the membranes with some sharp-pointed instrument, has always had strong advocates. But the dilation of the os-uteri by tents, the separation of the membranes from the os and cervix by a catheter or bougie, the administration of Ergot, and other abortivants, the use of Electricity, irritation of the mammæ, and the *water douche*, so highly eulogized by Professor Kinisch, have each had their supporters. Some considerable experience has enabled me to prefer and recommend the following practice: Before the fourth month, the introduction of the uterine sound, gently turning it a few times after its introduction, or the injection of a few ounces of tepid or cool water into the uterine cavity, are probably the safest and most efficient means which can be used, the former has the sanction of many distinguished obstetricians, but I am not aware that the latter method has ever been recommended. I use one of Parker's glass syringes, with slender, slightly-curved point. It can be used with, or without the speculum; the first is preferable, as being the most readily accomplished.

The point need not be introduced far enough to puncture the membranes, unless it is deemed advisable. Its *modus-operandi* is plain: the jet of water, entering at the junction of the membranes with the internal opening of the cervical canal, permeates between the membranes and internal surface of the uterus, with just force enough to detach them throughout a portion or the whole of their extent; when this is done, expulsive contractions set in, and the fœtus is expelled with but little hæmorrhage. Even if the sound has been used, it is well to use the syringe afterwards, to expedite the abortion. Until lately, it has been considered hazardous to inject fluids into the womb; even now it is adopted by few, and then only in severe cases.

Whatever danger there may be in the unimpregnated state, from fluids passing through the fallopian tubes into the peritoneal cavity, thereby producing inflammation, that objection is not valid in the cases where I recommend it. During pregnancy those tubes are undoubtedly plugged up with tenacious mucus,

as we know the canal of the cervix is. So far from fearing metritis from such cause, I should not hesitate to employ medicated or simple injections in inflammation of the uterus—injections of Iodine, even, have been used safely.

After the fourth month, puncturing the brain with a stiletted catheter is preferable to any other method, although I should expect good results from the *water douche*, or from the internal injection above recommended.

After the *operation* is performed the case is to be managed as recommended for accidental abortion. It is always a good plan to examine the os-uteri after an abortion, and, if we discover any abrasion or fissure, to advise injections of *Aqua-Calendula*.

(If one-half of what has been stated of the Gossipium be true, it would be preferable to any other agent in the production of premature labor. King, in his "Dispensary," says of it: "The bark of the root of the Cotton-plant is emenagogue, parturient, and abortive. It is said to promote uterine contractions, with as much efficiency and more safety than Ergot, and is used by the slaves of the South for producing abortion, which it does without any apparent injury to the general health. Four ounces of the inner bark of the root is boiled in a quart of water down to a pint. The dose is one or two fluid ounces every twenty or thirty minutes." Several Southern physicians of eminence bear testimony to the truth of the above; but it has not yet received that full investigation which it seems to demand. It has seemed to me that, like Ergot, its active principle must be *volatile*, for I have used the old bark, the hydro-alcoholic extract and tincture, with but slight effect. I presume the *fresh* bark to be only reliable; an ethereal extract might be found of value. Cannot some of our Southern correspondents give the readers of the QUARTERLY some information regarding this agent?)

A few words regarding the unproven remedies above mentioned. I am not prepared to give to each one the mention it should have; but will give some idea of the *sphere of action* belonging to them. I hold that it is not necessary to know all the particular symptoms, or minute pains, sensations, &c., a drug produces. The selection of a remedy from such data is extremely uncertain and unreliable, if we do not know the physiologico-pathological conditions produced by that remedy.

If one or more remedies cause venous congestion of the uterus they are all homœopathic to such congestion, although the minute symptoms they cause *in connection* may slightly differ. All we need, in order to insure a cure, is a *similarity* between the drug-action and the morbid action going on in the diseased organ. The *extent* of the disease and the *susceptibilities* of the patient are of course to be taken into consideration. Thus *Crocus* cures a severer congestion than *Sepia*, and *Aletris* than *Macrotin*.

I propose to mention both the simple drug and its concentrated preparation, generally an alkaloid or resinoid. In many cases, the latter is preferable.

*Aletris-farinosa*, *Aletris*.—This remedy has been known to cause abortion and premature profuse menses. The blood discharged is generally black and coagulated; the pains are pressing, distensive, with a great heaviness in the uterine region. It is homœopathic to congested and engorged states of the womb and ovaries; to atonic conditions of those organs and the ligaments of the uterus. It has cured many cases of premature and painful menstruation and prolapsus-uteri, and has prevented many threatened abortions.

*Caulophyllum*, *Caulophyllin*.—(See my article on this remedy in HOM. QUARTERLY, page 372). It has caused abortion and premature *scanty* menses, with some spasmodic pains; it is more homœopathic to spasmodic, irritable, and neuralgic conditions of the uterus than to congestion. It is useful in aphthous inflammation of the vagina and os; to false pains preceding labor, dysmenorrhœa, after-pains, prolapsus and rheumatism-uteri. In slow labor with feeble pains it is better than Ergot.

*Hydrastis-canad.*, *Hydrastin*.—This is one of the most valuable among all our indigenous remedies. It much resembles *China* and *Iron* in its effects upon enfeebled muscular tissue. But it is upon the mucous membranes that its action is most noticeable—it causes congestion and inflammation, with unhealthy ulcerations. King says: "When taken in very large doses, I have known the decoction of Golden-seal to produce excessive secretion from the mucous surfaces of the mouth and nose, so much so that the secretions were removed by the patients in long tenacious shreds or pieces." And this is its effect upon

all the mucous surfaces, yet they (the eclectics) use it successfully in similar blenorrhœas!

It has cured bad leucorrhœas, with discharge of yellow tenacious mucus, or ulceration of the vagina and os-uteri, with discharge of fœtid excoriating pus. Its analogues are Kali-bic., Hepar-sulph., Iodine, and Kali-chlor. I know of no drug that would better repay an exhaustive proving.

*Podophyllin.*—We have a pretty good proving of this agent, yet it is not generally used. Like *Aloes* and *Nux*, its action is upon the nerves, vessels, and mucous membranes of the rectum, and, by reflex action, upon the other pelvic viscera. It causes dysentery, hæmorrhoids, *prolapsus-ani* and *uteri*, congestions of the uterus, premature menses, and abortion. It seems to cause, also, a good deal of ovarian irritation, (see proving).

*Cimicifuga-rac.*, *Macrotin.*—Several articles relative to this drug have appeared in this JOURNAL, and lately a pretty good fragmentary proving by Professors Hill and Douglas. But none of these articles sufficiently recognize its great curative powers over diseases of the female generative organs. In all severe uterine ailments it is the great "sheet-anchor" of the eclectic school. Its profound action upon muscular, fibrous, and nervous tissues give it a great range; in rheumatic, neuralgic, spasmodic, and even inflammatory conditions of the uterus it is rivalled but by few drugs. I have used it in such affections, as well as in hysteria, dysmenorrhœa, congested cervix-uteri, and prolapsus, with happy effects. In suppression of the lochia it is the most absolute specific. In the so-called spinal irritation of females it is important. When we come to have a complete proving, it will rank among the first of our polychrest remedies.

*Senecia-gracilis*, *Senecin.*—I am less acquainted with this remedy than the others mentioned. It is a powerful agent in amenorrhœa, and from some of its effects should judge it to be allied to *Aletris* and *Trillium*. It is in menorrhagia that it seems to exert its most favorable effects.

*Trillium-perid.*, *Trillin.*—Kings says: "This remedy has been employed successfully in hæmoptysis, hæmaturia, menorrhagia, uterine hæmorrhage, leucorrhœa, and to promote parturition." It seems to have a specific curative power over all *active* hæmor-

rhages, as well as in morbid discharges from mucous tissues. Some homœopathists think it allied to *Hammamelis*; my experience would seem to confirm this idea. This remedy and *Sanguinaria* have many points of resemblance; both are homœopathic to hæmorrhages.

As to *dose*, I use drop-doses of the tincture, or dilutions up to the third, or grain-doses of the first, second, or third triturations of the concentrated preparations. If we had symptomatic provings we might use the higher attenuations with benefit. I hope, some time, to present the profession with a better analysis of their pathogenetic effects.

ARTICLE LVII.—*On the Unity of Disease.* By JOHN H. HENRY, M. D., of Selma, Alabama.

Is medicine a science? If so, disease is a unit. Is there anything in the present state of empirical medicine which prevents us declaring it capable of being reduced to a demonstrative science, and that all diseases are produced from the same cause?

With the great law of homœopathy as our guide, we are able now to declare medicine to be a science, and that all diseases spring from the same cause. Medicine, by this great law, has been saved from being called an uncertain science. Through Hahnemann, medicine was not destined to halt in the domain of empiricism: he has shown conclusively to the world that it is capable of becoming a perfect science, and that there must be a common condition lying at the bottom of all special diseases, and that all pathological phenomena must be connected through a common cause. These are the connecting links which form the materials of medical science; the combinations which constitute the great beauty of homœopathy: our sufferings a unit, our medicines specifics for those sufferings. There is nothing in empirical medicine, nothing in the doctrine that pathological phenomena are produced by distinct specific causes, and therefore not capable of connection, which forbids the conclusion that all may be produced by a common cause. It is known to be a fact that quite a number of our sciences were once in a

state of empiricism. That there is nothing, then, in the diversity of pathological phenomena which forbids the conclusion that disease is a unit, is seen in the fact that quite as great a diversity in what are called physical phenomena have been reduced to a common law. The laws of the universe appear to the uneducated as surrounded by difficulties, which tempt him to refer every effect to its own peculiar cause. Far otherwise are the conclusions of him who patiently investigates the appearance of the world, and is guided by inductive reasoning. He traces effects to their proximate causes, and, generalizing these, is led to the discovery of a few simple laws, obeying which, atom unites to atom, and mass to mass, to form a world rolling in its appointed sphere around the centre of our system, the great source of light and heat; he soon discovers that, in the beautiful simplicity of nature's laws, these, apparently most insignificant, and the most gigantic effects, are frequently produced by one and the same cause. Nay, more, he learns that with such consummate wisdom have cause and effect been related that the very same power is often sufficient to produce effects apparently totally opposed. Thus the force by which the ocean is retained in its bed is the same as that by which the ship floats upon its surface; the law which regulates the velocity of a falling avalanche is identical with that by which the balloon ascends in the air, it is the same which has retained the sun in its course from the beginning of the world to the present hour;—it is the same with diseases: they are all produced by a common cause, the names of diseases refer only to organs, localities, and prominent symptoms, but do not imply states or causes, and therefore do not obstruct the conclusion. Like Hahnemann, we are opposed to giving names to diseases. In pathology, names are necessary, as marks upon organs, localities, and symptoms, to render them subjects of discourse; but they do not imply separate existences or causes. To illustrate, congestion of the intestines causes diarrhœa; congestion of the uterus leucorrhœa; congestion of the kidneys watery and sometimes albuminous urine; congestion of the lungs and pleura hydrothorax; of the heart hydropericardium; ascites, &c., were connotative,—if they implied states or conditions, it is evident that their connotation would reside in the common condition, congestion, as the

cause of all. We shall hereafter see that the whole list of special diseases arise from congestion, and, if their names went to the bottom, if they went down to conditions, they would connote that this common condition would imply unity in disease. The predisposing and exciting causes of diseases are produced from debility, obstruction, dilation, and congestion. Pressure on the brain produces convulsions; there may be quite a number of existing causes that we are to attribute the convulsion, but it is in the point of agreement of pressure that we are to seek the proximate cause.

In all severe injuries, we have prostration, collapse, &c., which denotes depression of the powers and actions of life; great and sudden extremes of grief, or joy, or fear, or cold; large doses of any active poison; impressions of miasmata or of poisons, as the plague; great loss of blood, and mechanical injuries; debilitating causes of predisposition are the most numerous of any. All debilitating causes which render the body liable to disease are those especially which enfeeble the heart and impair the tone of the arteries. Imperfect nourishment, impure air, excessive exertion of body or mind, want of exercise, long-continued heat and cold, intemperance, depressing passions of the mind, such as fear, despondency, and grief, frequent and large evacuations of any of the secretions, previous debilitating diseases. We have only considered those conditions which produce diseases by debilitating influences; there are others, of a somewhat opposite character, which favor the production of diseases by a state of excitement or activity. Heat acts as a stimulant when applied to the body, the effect being general or local, according to the extent and degree of its application. It increases, like most other stimulants, the action of the heart and blood-vessels, which is generally the case with stimulants—collapse is the secondary effect. The application of cold produces effects exactly the reverse; hence, we see, heat is a stimulant and cold a sedative. From the above, we learn that stimulants and sedatives produce a common state and action, lower than that which is natural; secondarily in the case of stimulants, and primarily in the case of sedatives. Malaria, and the influences which produce continued and exanthematous fevers, seem to have the same effect as external cold, but it is not so easy to explain how



they operate. The cold stage of these diseases exhibits in a high degree the marks of intropulsive congestion, and it is well known that the congestive enlargements of the liver and spleen are among its most remarkable phenomena. The congestions which remain during the febrile stages of fevers seem to be the chief cause of their inflammatory complications.

The direct effect of most infectious causes is depressing, and, when more violent and most persistent, the diseases are those of depression and prostration of the vital powers. The noxious properties are specific poisons, and opposed to life. But the principle of vital resistance in the system exhibits itself in degrees, according to the strength of the poison and the resisting power of the system.

If the action of the heart is weakened by this specific poison, directly or indirectly, fever will be the remote cause. In this we see the chain of cause and effects extending from the remote causes to the symptoms of fever, which confirms the fact that all fevers are preceded by weakened action of the heart. The terms congestion, dilatation, debility, and obstruction are alike, and result in pressure. They are all applied to the heart and capillaries, illustrating the relative increased pressure of blood to the returning pressure of the heart. Congestion is owing to an accumulation of blood in the cavities of the heart; dilatation is the effect of over-distention. Each excites a pressure from the centre to the circumference, in all directions, and, when they overcome the resistance offered by the contractile and elastic power of the parietes, they yield to dilatation. Admitting dilatation as capable of producing all the phenomena of obstructed circulation,—how, and by what mechanism does it produce them? By extending the muscular fibres, whereby their contractile power is diminished; they lose in force what they gain in length, causing debility, which, in the main spring of the circulation, constitutes obstruction, which may be called the obstacle to the circulation; all going to prove that the terms congestion, debility, dilatation, and obstruction are alike, and end in pressure. Observation verified by experiment establishes the fact that congestive pressure is the grand cause of numerous pathological phenomena or special diseases. For example, take the fractured cranium, let the pressure be great on the brain,

we will have general convulsions, stertorous breathing, torpor, and coma. Diminish the pressure, all the symptoms cease, and, if entirely removed, health is the result. So we have the cause of pressure: congestion and effusion. This consideration does not wholly sustain us, but it invalidates the fact that pressure is at least one cause of coma. The presumption of agency arises whenever coma immediately succeeds to pressure, and is converted into certainty if, upon the removal of pressure, the coma immediately departs. Take a child, press on the fontanelle, you immediately produce deep sleep or coma, which passes away when the pressure is taken off. The annals of medicine are full of instances of experiments on men and animals. Obstruct the circulation in animals by tying the jugular veins, we have convulsions which end in apoplexy, which often, in health, is the result from an obstruction to the return of blood by external pressure. Venous obstruction often produces dropsy. In disease, we have numerous examples of dropsy and dysentery from venous obstruction.

It is beyond dispute that local engorgement and distention of the capillary circulation gives support to the hypothesis that the issue of blood in some cases results from pressure, which urges the blood through passages naturally impermeable to its red particles, but now dilated by the *vis à tergo*. This dilatation is insensible to the eye; yet, still it is the simplest explanation applicable to most idiopathic hæmorrhages and to their secondary species. Extending our reasoning to inferences drawn from pathological phenomena, and connecting them, it will appear that there is nothing in the present state of medicine which forbids the conclusion that it is capable of being reduced to a science—nothing in the diversity of pathological phenomena which forbids the conclusion that all are produced by a common cause. That the names of special diseases refer to organs, localities, and prominent symptoms, but do not imply states or causes, and, therefore, do not prevent the conclusion that all are produced by a common cause; that all exciting causes of disease are marked by congestion, debility, dilatation, and obstruction; that they are one and the same, and end in pressure; that congestive pressure is the cause of flux, hæmorrhage, dropsy, pain, coma, convulsions, and apoplexy.

We have now come to the inductive conclusion that congestion, debility, or pressure is the cause of all pathological phenomena; that venous congestion is the cause of all constitutional diseases, and, if congestion is common to all, then the general conclusion will receive, if not a demonstration, at least a strong support. The strength of our argument is drawn from the heart and the capillaries, and, as the same terms are applied to each, it will follow that what is true of one is true of the other. Dilatation of the heart corresponds to congestion of the capillaries, to ague of the system, and to all passive diseases; and dilatation with hypertrophy corresponds to reaction or inflammation of the capillaries, to fever, and all active diseases. Dilatation with hypertrophy is caused by congestive pressure, and all passive and active diseases are produced by pressure also. The degree, duration, and development of certain pathological phenomena are essential to congestion or pressure. The heart is excited to increased action by congestion or pressure, which, if continued, will result in hypertrophy; but, if it passes a certain degree, the action of the heart is diminished. If increased and diminished action or hypertrophy and dilatation arise from the same causes, differing only in degree, and, as they differ from each only as any other pathological phenomena, it is not necessary to assume a cause distinct in kind to account for diversity. It has been long contended by some that inflammation is the result of diminished action, by others of increased. If our position is correct, the truth lies between—that the process is compounded of both; that it is dilatation with hypertrophy, the action being diminished by the dilatation, and increased by the hypertrophy.

We contend that all pathological phenomena are produced by pressure; dilatation and dilatation with hypertrophy of the heart are pathological phenomena, therefore they are produced by pressure. The increased pressure of blood returning to the heart or blood-vessels creates debility, dilatation, congestion, and obstruction; increased action and pressure causes inflammation, fever, and hypertrophy. Dilatation, then, is congestion, and hypertrophy reaction; and, as dilatation and hypertrophy are produced by pressure, therefore congestion and reaction are produced by pressure. In looking at the condition of the heart in dilatation with hypertrophy, we then see the condition of the

capillary in inflammation, and, in looking at the condition of the system in dilatation with hypertrophy of the heart, we obtain a full likeness of the condition of the system in fever. If it was not for making this article too long, we might appeal to individual facts and their minor generalizations in support of the proposition that all pathological phenomena are produced by pressure, and that inflammation, fever, and hypertrophy have the same antecedents or cause, and that the terms debility, dilatation, congestion, and obstruction may be used indiscriminately, as marking the antecedents or cause, while increased action is marked by the terms reaction, inflammation, fever, and hypertrophy. It is well known that simple congestion impairs the vital properties of internal organs, although the undue distention of their textures by the increased mass of blood may cause partial excitement; natural contractility and sensibility are lowered, whilst pain, spasm, and morbid sympathies are often produced, but in a manner less distinct and constant than in inflammation or determination of blood. Thus, in congestion of the liver, we sometimes have great pain and tenderness, and, at others, neither. The same in congestion of the stomach; the same with the kidney, uterus, brain, and other organs. We often find the tonsils and uvula congested without pain or soreness. Impaired nervous and muscular function is a more constant concomitant than pain or any symptom of irritation. The natural secretions of congested parts are sometimes augmented, as in case of congestion of the conjunctiva and schneiderian membrane from cold; but, most generally, they are diminished, as in bronchial congestion and congestion of the liver and kidneys. In flux and dropsy, from the increased congestion and pressure, we have transudation from the distended capillaries. The elements of congestion are chiefly concerned in the production of effusions in extreme distention of the vessels; they are not so often found in hypostatic or gravitative congestions, in which the distentions result more from venous congestion and obstructions, especially when sudden, whilst the vigor of the circulation is not impaired. Thus the congestion in diseased heart and liver—from acute attacks or other causes of obstruction, especially in plethoric subjects—if not soon removed, is pretty sure to end with dropsy, flux, hæmorrhage, or inflammation. Circumstances

which determine these results can be determined by the proximate elements of disease; but it may be mentioned, besides distention of the vessels, the condition of the blood considerably influences the result—a watery state promoting the transudation, whilst a highly albuminous and fibrinous blood requires more pressure to make its watery parts pass through the coats of the congested vessels. The same circumstances determine the character of the effused fluid. When the blood is poor, the watery parts easily pass from congested vessels, even without much distention, and contain but little albumen; but, if the blood abounds in the protein compounds, more pressure is required before much effusion takes place, and then, when the pressure is great, the fluid effused often contains, not only albumen in large proportion, but self-coagulation of fibrin also. In leucorrhœa, bronchorrhœa, and mucous diarrhœa, we have congestion exhibiting an unusual amount of tension. We may suppose polypous concretions and pseudo-membranous films, occasionally effused on mucous surfaces, resulting from long-continued congestions, with a highly fibrinous state of the blood. They are often evacuated from the intestines and their mucous orifices for months and years without symptoms of inflammation, but under circumstances rendering it probable that congestion was present.

Extensive disease of the heart often occurs with such conditions, and disease of the liver or amenorrhœa in others. Albuminous urine is caused from congestion of the kidney, the same as during great embarrassment of the circulation in case of organic disease of the heart or lungs, when the kidneys are otherwise healthy. It is often observed during the cold stage of ague and the congestive stage of eruptive fevers. In granular derangement of the kidney, the amount of albumen in the urine is augmented by circumstances, causing congestion of the kidney, and is reduced by remedies suited to remove this. In all conditions of Bright's disease of the kidney, we have the appearance of a highly congested structure. There is, probably, no kind of disease-action of which the body is susceptible which is not connected sooner or later with congestion; and the immediate object of all our most powerful remedies is to act on the irregularities of the circulation. Some writers attribute all fevers to debility, and affirm that the distinctions which some

physicians make about the difference of fevers are without foundation; that they are all the same, differing only in degree.

Our distinguished countryman, Dr. Rush, confined the whole catalogue of diseases to a single class, and called the whole assemblage a unit; so, also, he reduced all fevers to one, maintaining that they differed only in degree, and that every form or variety of disease consists of irregular action, and that this irregular action, in its turn, is the approximate cause of every form or modification of disease. All the varieties of disease, according to his system, are owing to the difference in the state of predisposition, and in the difference in the force of the exciting or acting cause. He also held that debility, whether induced by the abstraction of stimuli or by the excess of their action, is the only predisposing cause of disease.

The practical physician, Dr. Sapington, says, whilst almost every physician is of the same opinion, that the different forms of fever are dissimilar in their nature from the beginning, and, notwithstanding this dissimilarity in them, they all have a more or less inflammatory tendency. He says he believes that they depend upon a uniform law of nature, which establishes a unity of disease in accordance with the unity of vitality, and that they have their origin and progress in debility.

Dr. Samuel Dickson, of England, says, ague is the model or likeness of the type of all diseases. In it, he says, we have unity of type with variety of development.

Wood, in his "Practice," on the theories of inflammation, says, "Two opposite opinions have of late divided pathologists: both admit that the capillaries are dilated, and contain more blood than in health, but differ as to the state of action in the capillaries. One maintains an increased action in the early stage of inflammation, and that the phenomena are the direct result of an excessive exercise of the vital properties of the part affected. By the other, that they are in a condition of debility, at least in relation to the larger vessels, from which they are derived, and that their expansion is the result of a loss of balance between the resisting force of the capillaries and the *vis à tergo*."

But for making our article too long, we could show from authority that the terms debility, dilatation, congestion, and obstruction are used as synonyms, are masses of each other and

marks of pressure, and that congestion precedes and coexists with inflammation, fever, hypertrophy, and a multitude of pathological phenomena.

Our attention will now be drawn to venous congestion. An increased retrograde pressure of venous blood is common to all constitutional diseases. In dilatation of the heart, which corresponds to ague, and in dilatation with hypertrophy, which corresponds to fever, there is venous congestion; and, as there are no valves in the internal system of veins, including those of the head and spine, this venous congestion or increased retrograde pressure of venous blood may extend to the organs of the abdomen, thorax, and head, thus furnishing an appreciable cause for the multitude of phenomena, as flux, hæmorrhage, vomiting, dyspepsia, pain, stupor, delirium, convulsions, &c., &c., which attend these affections. Diseases of the heart exert a very marked influence over the whole economy. Nor is it in a narrow or circumscribed circle that these morbid reactions are produced; on the contrary, how numerous are the sympathies which the central organ of the circulation creates in the rest of the organism!

Now, as venous congestion is common to all, and competent to the production of some pathological phenomena, the legitimate inference is that it is the cause of the numerous sympathies or multiplicities of phenomena. And, if the local inflammation which can be ascertained to take place during fever is inadequate to explain the characteristic typhoid symptoms, it is equally in vain to seek an explanation of these symptoms, as some have done, in the mere circumstances of irregular distribution and congestion of blood. Even the peculiarities of our congestive fevers are not to be explained by the mere circumstance of internal congestion, the existence of which in the vessels, and especially in the veins of internal parts in these circumstances, is admitted. The congestion is the cause of increased action and all the attending phenomena which belong to fever. And, as venous congestion precedes and coexists with fever, it is not necessary to go beyond it to account for any attendant phenomena, and, if it be the cause of increased action or reaction, then any remaining phenomenon must be the merest confusion. The phenomena in any given case depend upon the extent, degree, and duration of congestion.

In congestion, ague, or dilatation the surface is at or below the natural temperature ; in inflammation, fever, or hypertrophy it is at or above the natural temperature. If we take from inflammation, fever, and hypertrophy the conditions which they have in common—increased action, increased heat—nothing will remain to which these terms are applicable. These common conditions must have a common cause, therefore they are illustrative of each other. Sometimes we have no reaction ; sometimes we have no hypertrophy ; sometimes we have a low form of inflammation or of fever. This is represented in dilatation with hypertrophy, dilatation predominating sometimes. We have active inflammation, active fever. This is represented in hypertrophy with dilatation, hypertrophy predominating.

As dilatation with reaction or hypertrophy, and ague with reaction or fever, are produced by the same cause, and involve the system at large, it follows that the symptoms in each should be the same ; and, by reference to dilatation, and dilatation with hypertrophy of the heart, the list of symptoms which occur in ague and fever, the list of the symptoms in fevers will be seen to be exhausted. As dilatation, and dilatation with hypertrophy of the heart illustrate all passive and active diseases, it follows that the treatment for dilatation and dilatation with hypertrophy of the heart should illustrate the treatment for all ; and, by reference to the treatment of such affections of the heart, will be seen to be true.

From the earliest records of medicine, inflammation and fever have been considered conservative. Hypertrophy, which has only been understood since the discovery of the circulation, has been considered conservative also. And all for the same reason, viz., that without reaction the congestion, ague, or dilatation invariably terminated in death ; that with reaction, whether it amounted to inflammation, fever, or hypertrophy, or not, a large majority recovered or life was protracted. Hence it was very natural to look upon inflammation, fever, and hypertrophy as conservative. I have stated that dilatation of the heart corresponds to ague and to all passive diseases : it follows that, in dilatation of the heart, we should see all the symptoms of ague, see all passive diseases. It does not follow that there must be the same phenomena in every respect in every case of ague or dilatation, unless



all the conditions are the same—unless there be the same extent, degree, and duration of congestion, since these are elements in their production; and, as these elements may vary in different cases, we have an appreciable cause of the diversity.

A certain degree of congestion or pressure on the brain produces pain, a greater degree convulsions, and greater still coma. Hypertrophy supervening upon dilatation, converts what were before called passive into what are now called diseases or phenomena. We here enumerate some of all the diseases produced by hypertrophy: dyspepsia, nausea and vomiting, constipation, diarrhoea, albuminuria, delirium, ulceration, mortification, increased action, reaction, inflammation, fever, and so on to the end of the chapter.

And, we contend, if all pathological phenomena are produced by pressure or congestion, it follows that the treatment for congestion should illustrate the treatment of all special diseases, whether common or specific. And if the treatment we pursue for congestion is not completely exhaustive of the treatment of all special diseases, it is so nearly so that the remainder cannot disturb the truth of the general argument.

Then the most important means in the removal of congestions are those which in health produce them, and in disease contribute to the removal of their cause. Thus the loosening of a ligature, or the reduction of a tumor compressing veins, the moderation of the inordinate and ineffectual action of a diseased heart, the restoration of the secretions of the liver, will severally tend to diminish the congestions resulting from these different causes of venous obstructions. So, also in the treatment of congestion from atony or weakness of the capillaries, it is important to remove the circumstances which have caused this atony. In many cases it is over-distention from gravitation. Here change of posture gives relief. Thus, in congestive fevers and other states of continued weakness, it is useful to change, from time to time, the position of the patient from supine to prone, or lying on either side. With congestion of the head, this part should be supported high. The recumbent posture gives much relief to congested hæmorrhoidal or uterine vessels, as we see it reduce the swelling of varicose limbs. Pressure is sometimes used as a remedy for congestions, in the form of bandages, plasters, and

poultices; friction in visceral congestion and abdomen generally. Astringents and cold are remedies for various congestions of the throat, rectum, vagina, and of the conjunctiva, aided by Aconite, *Veratrum-viride*, Belladonna, Mercurius, Pulsatilla, Quinine, Arsenic. The utility of astringents in congestion is limited by the fact, visible under the microscope, that they commonly contract the arteries more in proportion than the capillaries and veins which are most distended. Hence, they may still further impair the motion of the blood and increase the congestion. A reaction, however, sometimes occurs, which converts the operation of the astringent into that of a stimulant, which is another kind of remedy for congestion.

The same is applicable to cold, and even more so, inasmuch as it is the cause of a physical obstruction to the flow of blood, in the manner formerly described. The most obvious part of the action of Quinine and Arsenic, in the cure of ague, is in their reducing the great visceral congestions, which form their most remarkable, and, perhaps, their most important pathological element.

Congestions are often removed by exciting the circulation by stimulants—draughts of spirits or hot liquid; they often remove pulmonary congestion which has induced a fit of asthma or congestive headache. Well-regulated exercise disperses congestion in different parts. Various remedial means, such as Mercury, Apis, Cantharides, Cannabis and Oil of Turpentine remove congestion from the liver and kidneys. Iodine, Ipecac., Senega, Squills, Aconite, and *Veratrum-viride*, remove congestion of the lungs and bronchia. Thus, we see, stimulants as well as astringents, although occasionally proving remedies for congestion, sometimes tend to increase it; and this they are most likely to do when the congestion is extensive, or of long continuance, or when its causes are still in operation. Under such circumstances, we often find the congestion better relieved by depletion, various evacuants and derivatives, such as dry cupping, blisters, mustard poultices and all stimulating applications, and by purgatives and other evacuants from the interior. The tourniquet is often used to stop ague, or ligatures are applied to one or more limbs, which produce so much congestion in the limbs that there is not blood left in the circulation sufficient to supply the congested vessels.

It only does good in temporary congestions in the liver and lungs, but has little influence in congestions of long standing. The operation of all or many of the foregoing agents in combination or succession is generally more effectual than that of single ones in the cure of congestions. Thus we frequently have congestion of the brain that often resists the action of Mercury; of the kidneys that is rather augmented than diminished by diuretics, but are often relieved by applying a large mustard plaster over the whole of the right side, dry cupping of the loins, giving a mild cathartic of Senna tea, and using Cantharides, Aconite, Pulsatilla, Digitalis, Apis, Veratrum-viride. The same in our violent congestive chills of the South and West, with Oil of Cloves, Senna, *Mercury*, *Quinine*, *Arsenic*, *Opium*, and stimulants, I think we have specific remedies. Arsenic will cure when everything else fails to diminish the congestion; it must be given in repeated and large doses, every twenty minutes or half-hour, according to the symptoms, the sixth to the eighth of a grain, or even the twentieth. We might multiply instances, but it is unnecessary. Space and time have not allowed me to bring up the thousands of proofs that could be brought from authority to prove my position and establish the fact that all pathological phenomena are produced by pressure; and, if so, medicine is a science and disease is a unit.

I have done the best I could in so little space. All that I do hope is, that all true disciples of Hahnemann will contend for this great truth in connection with their universal law of medicine, "*Similia Similibus Curantur*," and throw aside all silly dispute about the size of dose. When we all know that Lachesis, the sixth or twelfth, will stop asthma almost immediately; the same with Arsenic, first and third, but not of the twelfth and thirtieth so speedily; the same with Strychnia, one-fourth to one-twelfth of a grain, but not in the twelfth and thirtieth; not even so with Nux, first and third. If our law is universal, as disease is a unit and medicine a science, we contend our range of doses are from the strongest and largest doses of crude medicine which the diseased system can stand to the most infinitesimal doses Bœninghausen ever thought of giving.

ARTICLE LVIII.—*On the Importance of Organizing a State Homœopathic Medical Society, and Establishing an Extensive and Uniform System of Drug-Proving.* Read before the Oneida County Homœopathic Medical Society, December 6, 1859, by H. M. PAINE, M. D., of Albany, N.-Y.

THE OBJECT AND INFLUENCE OF HOMŒOPATHIC MED. SOCIETIES.

Homœopathic medical societies are formed in order to accomplish by association what cannot be effected by individual effort, in increasing the usefulness, and extending the boundaries of medical science. The members of these societies, by assembling and consulting on all subjects relating to the profession, and by interchanging the results of their experience, become prepared to render their practice more effectual and useful in alleviating suffering.

The influence of such organizations is generally very great. If they decline because the profession do not efficiently sustain them, the interests of homœopathy must suffer. They are an index, in a great degree, of the prevalence, celebrity, and success of the truths for the advancement of which they are established.

The homœopathist, who, although surrounded by patrons and friends, yet is so situated as to be secluded from the company of his professional brethren, feels but little general interest for or against the theory he is employing. But this isolation should not deprive him of the assistance and coöperation of other members of the profession. It is a fixed law that progress is most promoted by a communication of the fruits of experience; he should, therefore, come forth from his retirement, and contribute his thoughts for the general good. His experience may suggest subjects of the greatest importance, his practice may be of benefit to all; and, on the contrary, his gain may be a harvest of an hundred-fold.

While homœopathic societies extend their researches over the whole field of medical science, it is their special object to improve the materia medica. Prominent among the means to attain this important end is the proving of drugs. Before a substance is used as a remedy, its nature, properties, and effects must be fully ascertained and clearly defined. At present there is a great necessity for an

ENLARGEMENT OF THE NUMBER OF DRUG-PROVERS.

Heretofore but little thought has been given to this essential work. As a general thing, physicians have relied too much upon the autho-

riety of others, never themselves testing the powers of the remedies they employed; but, at the present time, this department is receiving more attention and care. Yet, without doubt, even now, not more than one in twenty is engaged in this important labor. Hence,

**IT IS THE PART OF EVERY PHYSICIAN TO PROVE DRUGS UPON HIS OWN PERSON.**

It is obviously the office of every homœopathic practitioner to engage in this truly profitable and enduring labor. In order to employ his remedies with success, he must possess an accurate knowledge of all their powers and effects; and in no way can he acquire a comprehensive understanding of them as well as by first proving them upon himself. The knowledge will thus be gained most satisfactorily and permanently, and will be most familiar and reliable in its application. Let not, however, proving be confined to common remedies; but let experiment carry research into new fields. Let the physician ascertain the effects of new drugs upon his own system, and, without doubt, remedies of great value will be discovered. Upon this point, a remark of Dr. Wm. E. Payne is appropriate, and its quotation, therefore, will not be considered irrelevant:

“The prover would, therefore, respectfully but earnestly solicit the co-operation of those of his professional brethren, who are desirous of making the only enduring contributions that can be made to the medical profession. The proving and re-proving of drugs, until their whole therapeutic powers are understood, is a work devolving on the medical profession; and a participation in this work is a duty incumbent upon every member, and no one who has entered the profession can be in the faithful discharge of the responsibilities thus voluntarily assumed until he has submitted himself to the self-sacrificing work of proving drugs upon his own person. Such a labor is truly self-sacrificing; but, when faithfully performed, it will subserve the cause of suffering humanity in all coming time; and he who shrinks from it is unworthy the honors of his *Alma Mater*, and the confidence of those who submit their lives to his imperfectly cultivated instrumentality.”

In order that the results and discoveries of each individual physician may become useful to other members of the profession, some means must be devised by which they can be brought together and their results communicated. Such a medium may be found in

**COUNTY MEDICAL SOCIETIES.**

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 power

and worth as a remedy be determined or affirmed. Medical societies are peculiarly adapted for this work. Yet, at the present time, there are but few agencies of this kind which engage the coöperation of our homœopathic physicians. The American Provers' Union, and the American Institute, assisted by a comparatively small number of observers, have accomplished highly valuable results, and many others can still achieve successes equally important.

For these purposes, and to obtain these ends, let a medical society be formed in each of the counties where none now exists. Small associations generally accomplish more in the aggregate than large, because their members are required to put forth greater exertion and to make greater sacrifices than when there are many to perform the labor. If any motive can have influence, surely such a one should prove a powerful incentive to personal effort.

During the last ten years, as our journals testify, many imperfectly-proved remedies have been presented to the profession. If these trials should now be increased and verified by a larger number of observers, the results would be of far greater value.

#### ONE OBJECT OF A STATE MEDICAL SOCIETY.

Prudence forbids the public expression of some of the reasons in favor of forming, at an early day, a State medical society; but, among the others, and perhaps not least, is the necessity of a central and controlling organization, which shall secure, by means of the county societies, the coöperation of all the members of the profession in the State who are willing to assist, by their influence and example, in the department of drug-proving.

There is now evidence of progress; yet there can be but little permanent advancement until a combination of effort can be secured upon fewer drugs. If a larger number of physicians in the State can be induced to engage in this work, or if all who are at the present time thus employed will unite, by this means of coöperation, in developing the pathogenesis of one remedy at a time, complete provings will result. 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.

A State society, being a representative body, would be eminently fitted to give direction, uniformity, and efficiency to this most important work.

## HOW IT IS TO BE ESTABLISHED.

At the last meeting of the State Society, in May, 1857, it was discovered that its organization had not been effected as the statute required, and, therefore, all its proceedings were informal. The law recognizes county societies as the foundation on which the State organization must be formed, by granting them the privilege of sending *as many delegates as there are members of Assembly*. The State Society, however, has power to increase the number of permanent members, by electing as many as there are members of the Senate.

There are, at the present time, seven county homœopathic medical societies. They are Livingston, Onondaga, Oneida including Herkimer, Saratoga including Washington, Rensselaer, New-York, and Kings. These are entitled to a representation of forty-two members, a number sufficient to organize immediately a State medical society.

The numbers, talent, and influence of the homœopathists in the State clearly indicate that the time has fully come for establishing such an association upon a permanent basis. The welfare of our patrons and the interests of homœopathy should stimulate the profession to put forth every effort which will favor and promote the cause.

If the proposed plan be considered premature or impracticable, then let some other method be soon adopted, which shall bring about the same desirable result. At least, let the county societies already established institute a correspondence which shall secure uniformity in this department, and thus form a system which, with the addition of other societies, shall become increasingly instrumental in developing the true law of therapeutics discovered by Hahnemann.

## ACTION OF THE SOCIETY.

A committee presented the following resolutions, which were adopted by the Society :

*Resolved*, "That a homœopathic county medical society should be formed as soon as practicable, in every county of the State where none now exists.

"That a uniform and extensive system of drug-proving should be instituted in connection therewith.

"That a State medical society should be organized, as soon as a sufficient number of county societies shall have been formed."

## CORRESPONDENCE.

I. From Dr. H. D. Paine, of Albany, in reply to a communication relative to the organization of a State medical society, Dec. 5, 1859 :

"It would seem, however, that with the increase of our numbers, and our social strength, our action and influence might be more effectually concentrated and combined, both for the benefit of the public and the promotion of homœopathy. Whether the sentiment of the homœopathic profession is quite ripe for a decided move in that direction I do not know. I have felt a little doubtful of it, but the only way of testing the matter is for somebody to take the initiative step. That can be done as effectually by your Society as any other—perhaps better, and I am very glad you propose to set the ball in motion.

"The plan of organization should be the same, or nearly so, as the old-school society—a representative body, and should be made as simple, and expressed as briefly as possible. Simultaneously with this movement the zeal of the brethren throughout the State should be stirred up to form county societies, and appoint delegates, so as to be ready to organize as soon as opportunity shall occur. *Let those societies already formed appoint delegates and a time and place for meeting.*

"Such a course would probably stimulate the formation of societies in counties where they do not yet exist, which would add their delegates to the number, and thereby strengthen the influence which such an association could not fail to exert if vigorously pushed."

## II. From Dr. B. F. Joslyn, of New-York, Jan. 6, 1860 :

"I would suggest the formation of as many county societies as practicable this year, and a State society the next. The necessity of the general association will be more urgent and obvious in proportion to the number of elementary ones : by this mode of proceeding, the State society will not be made for the county societies, but by them ; each of the latter will have a little time to rest from legislative labors, which are generally irksome to scientific men, as the making and mending of societies interferes with their favorite pursuits. These are reasons for the postponement of the State society for another year, or at least until the elements are more generally created.

"The advantages of county and State medical associations are well stated in your paper. It is an excellent feature of those contemplated that they are designed to work, and that their most important duties are to relate to provings. If a number of homœopathic physicians in any county take pleasure in improving the *materia medica* in this way, and actually commence giving a portion of their time to this duty, they can form a society which will probably have the requisite vitality. This living principle must depend more upon the spontaneous tendency of the members than on the external pressure of the rules of the body. A majority might become provers, with advantage to themselves and the cause ; but it is not to be expected that such a number will engage in the undertaking, still less that they will persevere. Organization may do something to excite the requisite sentiment, as well as to regulate the action : it is worthy of trial.

"Several such societies for the advancement of the *materia medica* can be formed in Central New-York, and I trust in other parts of the State, especially if you can convince medical men that they are not required to endanger permanent injury to their health by crude preparations and large doses. Hahnemann, after much experience in proving, recommends, in his "Organon," the thirtieth dilution as the best for this purpose. There are some idiosyncrasies which appear to be proof against certain drugs, at least in the tincture and lower dilutions. For example, in the autumn of 1858, an able pharmacist, at my request, sent to a well-known physician two



drachms of the *tincture* of Rumex, and as much of the third and twelfth potencies in solution. Some months afterwards this prover wrote to me that he had tried it faithfully, but had not been able to obtain any symptoms which he could conscientiously report as effects of the drug. Subsequent events give this incident some value to societies about to commence provings.

"The activity in the right direction, of a sufficient number of county societies, would afford the best pledge of the vitality and permanence of a State society subsequently formed. I have given what appears to me to be the best order for the development of a healthy and durable activity. Perhaps the whole could be accomplished in a few months; if so, all the better. You are surrounded by colleagues who will heartily cooperate. Whatever order you adopt, you will have my best wishes for the success of your laudable undertaking."

*Act of Incorporation Relative to the Formation of Homœopathic County Medical Societies.*

AN ACT TO INCORPORATE HOMŒOPATHIC MEDICAL SOCIETIES.—*Vide* "Laws of New-York," Session of 1857, Vol. I., Page 790, Chap. 384.

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

"**SEC. 1.**—It shall be lawful for homœopathic physicians, in each of the counties of this State, to meet together on the first Tuesday of May next, at the place where the County Courts are appointed to be held in their respective counties, and organize county homœopathic medical societies, in the same manner as provided in an act entitled 'An Act to incorporate Medical Societies for the purpose of regulating the Practice of Physic and Surgery in this State,' passed April 10, 1813. And whenever a society be organized as aforesaid, in either of the said counties, it shall be known by the name of the Homœopathic Medical Society of the county in which it shall be founded, and shall have all the powers, rights, and privileges, and be subject to all the duties and responsibilities now by law given to or imposed upon a county medical society organized under the act aforesaid.

"**SEC. 2.**—If the said physicians shall not meet and organize themselves at such time and place as aforesaid, it shall be lawful for them to meet at such other time as a majority of them shall think proper, and their proceedings shall be as valid as if such meeting had been held at the time before specified.

"**SEC. 3.**—This shall be, and is hereby declared to be a public act.

"**SEC. 4.**—This act shall take effect on the first day of May next.

"If there is not a sufficient number of physicians in one county to form a society, they can unite with the physicians in an adjoining county for that purpose.

"And be it further enacted, that if there should not be a sufficient number of physicians and surgeons in any of the counties in this State to form themselves into a medical society agreeably to this act, it shall be lawful for such physicians and surgeons to associate with the physicians and surgeons of an adjoining county for the purposes hereby contemplated."—Section 20, "Revised Statutes," Vol. II., page 651.

See also the "Act" which "Regulates the Practice of Physic and Surgery," "Revised Statutes," Vol. II., pages 646-52, 1859, for information in respect to the formation of county and State medical societies.

ARTICLE LIX.—*On Veratrum-Viride and Gelseminum-Sempervirens.* By E. M. HALE, M. D., of Jonesville, Mich.

In the last number (6) of the "Review," in the proceedings of the Boston Academy of Hom. Medicine, Dr. Neilson called attention to the *Verat.-vir.*, and mentioned some cases illustrating its efficacy. I can bear Dr. N. out in his experience. I have lately used this drug a good deal in fevers and inflammations, and consider it *infinitely superior to any other remedy we possess* in the successful treatment of such affections. Aconite, Gelseminum, Tartar-em., Bryonia, and Rhus are all valuable, but, for *certainty of action*, they cannot compare with the *Verat.* In *all the fevers*—in pneumonia, pleuritis, peritonitis, scarlatina—where we find a hot skin, quick, hard, full pulse, with any great local pain, congestion, or inflammation, we may rely implicitly upon it to bring down the pulse in a few hours, from 120 or 140, to 80, or even 60 per minute, while the heat of the skin, the thirst, and pain will proportionably diminish.

I could give illustrative cases of puerperal fever, pneumonia, scarlatina, &c., in which I had used *Aconite* and *Tartar-em.* with but little effect, but had the best results accrue from the use of *Verat.-vir.* But, in order to do this, the medicine *must* be reliable. It must be the *concentrated tincture*, properly and carefully prepared. I regret to say that the tincture which we procure at the ordinary pharmacies is worthless, or nearly so. (This is often the case with *Aconite*.) And here let me enter my solemn protest against the improper manner in which our homœopathic and other tinctures are prepared. Pharmacentists think it matters not whether *our* tinctures be *strong* or not. "They use so little, any how," is a common remark. Our tinctures look very *clear* and pretty, but they *do not* contain all the active virtues of the plant. Dr. Jackson stated, in the report above alluded to, that he "had given it a number of times in tincture and attenuations, but had got no effect from it; he had taken it himself, a *teaspoonful at a time*, (!) but without producing any symptoms." Such was my experience while I used the tinctures I procured at *our* pharmacies. I then procured some of the concentrated tincture prepared by *Tilden & Co.*, of New-York (for sale by Wm. Radde), and have never been disappointed with it. A good, reliable tincture must *render water turbid*. It should be prepared from root not a year old.

The dose which I have found reliable is, three drops to an adult, every two or three hours; two drops to a young person, and one or less to an infant. Large pellets, saturated with the tincture, are quite

efficient for children and impressible patients. The best method of administration is, to put as many teaspoonsful of water in a tumbler as you wish to use; then add the requisite number of drops, and sweeten with loaf-sugar. If you cannot be with your patient, give an intelligent attendant or nurse directions to suspend the medicine upon the pulse flagging to 100 or 80 per minute, especially if paleness of the face, nausea, and moisture of the skin appears; to be resumed again upon the appearance of fever-symptoms.

I am indebted for much information relative to the use and effects of this remedy to Dr. Powers, of Coldwater, Mich., who has used it for many years with great success. He has promised to prepare a monograph upon the subject, for the homœopathic profession, which it is to be hoped will soon appear.

I consider it strictly homœopathic to a great many serious diseases and morbid states, *not* characterized by fever; to functional diseases of the heart, lungs, liver, and stomach. A good proving would be of incalculable benefit to us.

NOTE.—I will add, that I have used the third and sixth dilution in fevers and inflammations, but without any effect, and therefore am free to confess that I think it *antipathic* to those affections. But I have used the attenuations with good results in nausea and vomiting with prostration; in vertigo with weak pulse; fainting, bilious vomiting; nervous headache, with dizziness of vision, and dilated pupil, and the somnolency of debility. As it is homœopathic to these states, I should not hesitate to use the sixth or thirtieth with confidence, if the dilutions were properly prepared.

#### VERATRUM-VIRIDE AND GELSEMINUM-SEMPERVIRENS IN FEVERS.

The following facts in relation to the action of the above remedies are gleaned mainly from a pamphlet, originally a communication of Drs. O. A. White and Wm. H. Ford, of Charleston, to the *Charleston Medical Journal and Review*, on the subject of yellow fever. The pamphlet is mainly valuable for showing the effects of these drugs upon the *pulse*, and, consequently, their effects upon the vascular system. It is true that, in comparison with the usual allopathic treatment of yellow fever, the treatment instituted by these physicians was more successful, yet it was so mixed up with divers other non-essential measures, as Calomel, Quinine, Iron, saline mixtures, &c., that it is far from being admirable or scientific. They stated, however, that "because of their distrust in the received modes of practice," they

instituted their own, which consisted chiefly in "reducing the frequency of the pulse, at the febrile onset, as speedily as was prudent, to a range of ten beats below that peculiar to the person, and to maintain it fifteen or twenty beats below the same standard."

*Veratrum* was first selected for that purpose. The tincture was given in dangerous doses of from eight to ten drops to adult males; for women, six to eight drops; for children between seven and fourteen years, four to six drops; for younger children, from one to four drops. These doses were at first repeated every hour, for five hours, and afterwards as often as the case demanded. The pulse was sooner or later subdued, and, as it sank, became somewhat *irregular*. The first doses of *Verat.* were often vomited, in severe cases; the succeeding ones were retained until the pulse was reduced, when vomiting was again caused by it. The vomiting was rarely severe, and yielded readily to the common restoratives. "The reduction of the pulse was accompanied by a notable cooling of the body, by a well-marked diminution of the headache, pain in the back and limbs, of the restlessness and anxiety, of the frequency of respiration, of the congestion of the skin, flushing of the face, tumefaction of the tongue, and injection of the conjunctiva. The patient felt much relieved, and slept tranquilly as soon as the vomiting had ceased; nor did the symptoms tend to recur for some hours, as they would always do, however, if the drug were not again prescribed."

In order to keep the pulse fifteen beats below its normal standard, repeated doses, half as large, or nearly as large, were given every second or third hour; suspended while the pulse was low, but promptly resumed when it rose again. They remarked that it was easy to control the pulse when once reduced, but difficult to reduce it a second or third time, when, by neglect, it had risen beyond one hundred beats per minute.

Their experience seems to prove that, when administered in doses *not* sufficient to vomit, it *promptly arrests abortion*. This has been noticed by other observers. It has been known to *cause* miscarriage when given in *emetic* doses.

The following table shows the mean ranges of the pulse under the *Verat.-v.*, as compared with its mean range before it was given:

Mean Frequency of Pulse.	Adult Males. Beats per Minute.	Adult Females. Beats per Minute.	Children. (Beats per Minute.
When V.-v. first given,	102.5	114.2	137.5
Seven hours after,	61.3	65.2	71.
Remainder of disease,	52.8	64.7	74.8

GELSEMINUM.—“In view of the results obtained from a reduction of the pulse in the treatment of fever, as observed under the *Veratrum*, and in order to contrast with this another remedy possessing similar powers, at the suggestion of Dr. White, we also used, in the present epidemic, the tincture of *Gelsemium-semp.*, which was prepared after the following formula: ℞. Rad. Gel.-s., ꝑiv., Alcohol (95 per cent.), Aq.-sem., āā ꝑviiij. M., and digest fourteen days, and filter. The initial doses of this tincture were, for adults, from twenty to thirty drops; for children, five to twenty drops, continued the same as *Veratrum*. No marked prostration was caused by this remedy; the pulse being, however, much less quickly reduced than by the *Verat.* In few cases was the heart's action fully lowered in less than twelve hours; and it was well controlled throughout the rest of the disease in the majority of cases. In a few instances, a marked redness of the tongue was observed, a condition that was not distinctly noticed during the administration of *Veratrum*. The *Gelsemium* appeared to produce a general calming influence, even during the early part of its administration; but was not found to possess any marked narcotic properties. It seemed, also, to promote the action of the kidneys, and, during its use only, in several cases, an *erythema* of the skin was noticed. The drug appeared to influence the *volume* of the pulse before it affected its *frequency*. Emesis was not observed in any instance. The gastric irritability peculiar to the disease appeared to be favorably influenced.”

The following table shows its effect upon the pulse. It is interesting to compare it with the table of *Veratrum*.

<i>Mean Frequency of Pulse.</i>	<i>Adult Males. Beats per Minute.</i>	<i>Adult Females. Beats per Minute.</i>	<i>Children. Beats per Minute.</i>
When first given,	112.4	101.3	122.2
Twelve hours after,	55.4	54.6	70.9

These tables are undoubtedly reliable; in fact, they are substantiated by the experience of numerous eclectic physicians of skill and veracity. I need not urge it upon all true homœopaths to seize upon these facts, and make proper use of them. The doses above mentioned are dangerously large, yet it would be useless to expect to get such results from dilutions. There is a “golden mean,” safe and reliable, which every physician of judgment can aim at. Trial and observation will soon enable one to attain it. I am satisfied that, with these two remedies, aided by their congeners, *Aconite* and *Baptisia*,

in suitable doses, we can attack, with confidence, any and all of the fevers of this country, with the full expectation of arresting or alleviating them.

## Reviews and Bibliographical Notices.

1. *A Practical Treatise on the Diseases of Infancy and Childhood.* By T. H. TANNER, M. D., F. L. S., Licentiate of the Royal College of Physicians, &c., &c. Philadelphia: Lindsay & Blakiston. 1859.

This little work, of some four hundred and fifty pages, by the talented author of "Tanner's Manual of Clinical Medicine and Physical Diagnosis," is one of the most common-sense and praiseworthy productions of the old-school press which for a long time has fallen under our notice. The style of the writer is so terse, and withal so comprehensive; so replete with maxims of hygienic and conservative worth in the management of infantile disorders, that we could wish this volume might win its way into every physician's library, and its suggestions take deep root in the minds of those whose sphere of professional care and responsibility includes so many little innocents. We may not quote largely, but would hint our approval of the following extracts, as implying that a decided change is being wrought in the infantile therapeutics of the "dominant" school. Witness (p. 69):

• "The following rules may be advantageously borne in mind: 1. That many of the diseases of early life may be arrested by very simple treatment, if properly applied. 2. That drugs are frequently unnecessary, for articles of diet may often be made to serve as medicines. Moreover, drugs sometimes do great harm, *e. g.*, purgatives in intestinal obstructions; hence, the practitioner should learn when to abstain from ordering physic. 3. That a marked disposition exists in infants and children to be affected by medicines, especially by those which exert their influence on the nervous system, as by narcotics and irritating stimulants. 4. Those remedies only should be employed, the composition, effects, and modes of action of which are best known; while of those which are suitable, the least irritating and the most simple are to be chosen. 5. Remember that the bulk of the remedy should be small, as the medicine must be given in the form of a liquid or powder; and, 6. Make the dose as palatable as possible, not only from motives of kindness, but especially because the forcible administration of nauseous physic to the young often does great harm."

The very sentiments which we "irregulars" have for years been laboring to introduce. "*Are we inclining to allopathy,*" or, *vice versa, do they come to us?*

Again, in speaking of blood-letting (p. 77), the testimony is so unequivocal and straightforward, that it furnishes material upon which the profession may reflect with profit, both to themselves and their patients.

"The tolerance of blood-letting is admitted by all to be diminished in the very young, the old, and the feeble. We have only to consider its effects

\* *Vide Am. Homœopathic Review*, for July, 1859, p. 445.

upon the very young; and, with regard to them, I may at once assert, as the results of my own experience, and all that I have witnessed in the practice of others, that not only do they bear bleeding badly, but that I believe abstraction of blood is very seldom necessary in the treatment of their diseases. Indeed, I ought to say that the only infantile diseases in which I have found it necessary to take away blood, during the last ten years, have been a very few in which some obstruction to the due circulation of the blood has existed, as in certain cardiac affections, and, in three or four instances, to relieve the pain caused by mischief resulting from mechanical injury. When, however, I refer to authorities on these matters, and find full directions given for opening one of the brachial veins, or one of the veins on the dorsum of the foot or back of the hand, or—these failing—instructions for getting blood from the jugular vein; when I read that cupping may be advantageously practised on infants less than a month old, and that leeches may be applied, and their bites allowed to bleed until exhaustion—indicated by great pallor, stupor, or convulsions—ensues; and when I remember that the mere mention of the words meningitis, laryngitis, croup, pneumonia, peritonitis, &c., almost makes the practitioner instinctively feel for his lancet; I say that, when I consider these things, I am almost tempted to fear, either that my experience has been too small to enable me to form a correct opinion, or that I may have been misled owing to my patients having been chiefly amongst the poorer classes, and all of them residents in London."

Of the rules laid down by Dr. T., regulating venesection in diseases of children, we may quote the first only. The italics are ours (p. 79):

"First, then, let me say, that no child should, under any circumstances, be bled *without the most anxious reflection*; nor *without a strong conviction that no other plan of treatment will be as efficacious*; nor without remembering that, though the circulation in childhood may be active, yet at this period of life slight causes produce great results, and that children, when greatly lowered, rally with difficulty."

All of which is accepted and acted upon by homœopaths the world over. But we shall hear from the same source concerning another abomination, and which has tortured its thousands into untimely graves. Here follows the record (p. 80):

"BLISTERS are unfortunately regarded as safe remedies, which do no harm if they do no good; hence they are often used when they ought not to be. I have frequently seen them employed in the treatment of various inflammations; but usually—as it appeared to me—more from a desire to do something than from any clear idea as to the purpose they were to fulfill. The observations of Celsus—"*Satius est enim anceps auxilium experiri, quam nullum*" (Liber ii., cap. 10), is too frequently acted upon, instead of the safer and more philosophic aphorism of Boerhave—"*Abstine, si methodum nescis*." What good, let me ask, can arise from applying a blister to the chest in a case of pneumonia? or to the neck in croup? or to the calf of the leg in cerebral or abdominal inflammation? None whatever! On the contrary, it will produce great constitutional inflammation, and perhaps sloughing, especially in infants and young children, whose skins are so vascular and sensitive. Hence we shall have two diseases to treat instead of one. Such practice is indeed most unscientific, and much to be reprobated."

These are but a few of the abundant truths which have escaped from our author's pen. The only empirical feature of his works is found in an appendix of formulæ, which, possibly, may be possessed of some slight value as an armorial badge of its legitimate paternity. Otherwise, it were almost

criminal to prevent their growing obsolete. With this single exception, we recommend the volume as one of the best upon its speciality—pædiatria—with which we are acquainted.—LUDLAM.

2. *The Use and Abuse of Tobacco.* By JOHN LIZARS. First American, from the Eighth London Edition. Philadelphia : Lindsay & Blakiston. 1859. pp. 138.

Mr. Lizars is an able man, and this production of his pen, though partizan in its tone, and one-sided in its treatment, is still, in a medical and physical point of view, stamped with ability and learning. It is written with the avowed purpose of discouraging the use of tobacco, and awakening its devotees to a sense of the terrible evils which they are entailing upon themselves by its use, than which we can conceive no more laudable or praiseworthy object. But Mr. Lizars seems to have forgotten, in his earnestness, the trite adage, "*ex abusu non arquitur ad usum.*" Now, in our own proper person, we have seen the evils attending its abuse, and have almost completely abandoned its use ; but we are by no means prepared to admit, what the author would have us believe, that the terrible train of disasters which he describes must inevitably fall upon the *user* as well as the *abuser*.

But, with this one fault, the subject is treated in a thorough and careful manner ; half popular, it is true, and intended more for the general reader than for the medical student. Of this latter class, however, we venture to say, there are few who may not read it with benefit and lay its precepts to heart. The nervous prostration and exhaustion which it occasions, the distressing palpitations and irritability of the heart, the destruction of vascular tonicity, and the relaxation of vessels, its debilitating and destructive effects upon the great sympathetic, are all clearly pointed out ; and I have heard more than one habitual smoker rise from its perusal with the resolution to give it up for ever—virtually at least, if not nominally. But here it may be remarked, that it is an unfortunate attribute of the drug that a toleration of its effects in the system once established, it (the toleration) may endure for years, and the reformed smoker may be thus seduced—experiencing nothing but pleasant effects from an occasional cigar—little by little into his old habits, until he finds himself in the deplorable condition of one obliged to confess that he CANNOT conquer his appetite. It would appear as if the drug actually possessed some specific effect upon the volition, and that it causes an actual *enfeeblement of the will* when used to excess.

But we have a word or two of dispraise for a fault which we find marring much that is otherwise so good and praiseworthy.

We presume few will admire the taste which dictates the insertion of such quotations as the following—bearing upon the subject not at all, and introduced in a manner obtrusively irrelevant and uncalled for. For instance, he says, quoting the *London Spectator*, "We have long been familiar with the fact, that the manners and social habits of the Americans are not to our taste, and that few persons who could obtain a respectable maintenance in Europe would find the change to the United States a change for the better. \* \* \* The fashionable classes of American society are more notorious for their luxury than for their refinement or their ambition."

Now what has this to do with the "*use and abuse of tobacco?*" or, granting that it has a connection, and "that the manners and social habits of Americans are not to the taste of Englishmen," because we use tobacco, how much Mr. Lizars must enjoy the society of his aristocratic young coun-



trymen (if, haply, he be allowed), who have lately set the fashion of smoking, not only cigars, but even "the short black cutty-pipe," to quote his own words, upon public promenades.

But if this unhappy distaste to us be not based upon the use of tobacco, we are reluctantly forced to the conclusion that neither the author of the assertion nor its quoter have enjoyed exactly the opportunities for forming an authoritative opinion, or, indeed, of deciding what "their taste" in the matter may be. It should be borne in mind that the position of a surgeon in England, unless titled, is one rigidly limited and defined, and out of which he may not go; and though he may be an accurate judge of the manners which he finds there, he is scarcely qualified to pronounce upon those of the more exclusive classes of English or American society. And, indeed, we should be very sorry, for Mr. Lizars' sake, to apply to all his intelligent and gentlemanly countrymen here the dictum, that "*few persons who could obtain a respectable maintenance in Europe would find the change to the United States a change for the better.*" The inevitable conclusion that *all these gentlemen were unable to obtain a respectable maintenance in Europe* is certainly startling, and hardly complimentary to our adopted citizens. However, in conclusion, we can only say that we are truly sorry Mr. Lizais disapproves of us, and trust that we may one day be found more worthy of his commendation. Unquestionably, the nation will do all in its power to remedy the defect which he has been kind enough to point out, now that we are aware of his views.

SNELLING.

---

3. *Alcohol: Its Place and Power.* By JAMES MILLER, Professor of Surgery in the University of Edinburgh, &c. Philadelphia: Lindsay & Blakiston. 1859. pp. 179.

What we have said in regard to the preceding work will apply in a great measure to this. As semi-popular treatises, devoted to the task of eradicating evil and pernicious habits, their importance and claims to favorable criticism can hardly be over-estimated. Their defects, if any, should be regarded as amply atoned for by the praiseworthy object of the works.

And yet, in this, as in the other, we see the same indisposition to admit that *any* good can come from the use of alcohol in any shape or under any circumstances. Now I firmly believe that, were we to be deprived of the use of alcohol in the practice of medicine, there would be a lamentable increase of the mortality in hospital practice, and also in very many cases in private practice; and this, too, not alone in those with whom its use is habitual. Now we can hardly believe that the experience of mankind, since the day when Noah discovered that grape juice could intoxicate, is to go for naught, and that we are to suppose that the slightest indulgence in alcoholic stimulus is to be paid for by a terrible subsequent depression. Common sense revolts at this. We all of us know—physiology and chemistry to the contrary notwithstanding—that our forefathers drank their half bottle of wine daily, and were but little the worse for it; and that the French people, confessedly first in all "the arts of war and peace," are essentially a nation of wine-bibbers.

This, however, does not prove that wine or alcohol is essentially wholesome, but merely that our author, in his earnestness, may sometimes attempt to prove too much. However, we cordially recommend the book, and hope it will be extensively read.

SNELLING.

4. *Lectures on Surgical Pathology.* By JAMES PAGET, F.R. S., &c. Philadelphia: Lindsay & Blackiston. 1860. pp. 700. Second American edition.

This is one of those masterly works which, from time to time, adorn the literature of the dominant school of medicine, which no carping or envious spirit of detraction in either school cares to attack. The subjects of which it treats, and the calm and dignified spirit of scientific inquiry which pervades the book, places it above all sectarianism, and renders it one of those works to which all are willing to give heed as an authority. It takes its stand far above the testy rivalry of opposing systems of medicine, and teaches from the sure and incontrovertible basis of *structure* the changes which disease may make in the system.

We regret that neither time nor space permit of a critical review of the book, for there are many points upon which we should like to touch. We can only take great pleasure in recommending it to all our readers, as being a book which will, perhaps, enlarge their sphere of thought, and certainly do much to arrange and systematize their knowledge upon these points. Few who so strenuously insist upon the publication of *practical* books on medicine, do justice to the vast grasp of thought and masterly powers of intellect demanded in these works upon abstract principles.

5. We have just seen an ingenious invention, in the way of book-making, by which the matter that might have been contained in a pamphlet is comfortably puffed out into a goodly octavo. It is "one more unfortunate" "*HOMŒOPATHIC MATERIA MEDICA*," "being a summary of the curative action of the principal remedial agents employed in the homœopathic practice; compiled from Vanderberg, Barlow, Hull, Hempel, Bœnninghausen, Jahr, and Hahnemann, and from the clinical provings of Rückert, Hering, and other distinguished members of the profession."

The compiler begins his preface by saying, that "Few men ever read a title-page in full, and fewer still ever read a preface." Now, unfortunately for him, we think that most unsuperficial men *do* read prefaces; and those who read this will find it stated that "the homœopathic law of cure" is "the only one founded in consonance with the great Creator's will," "because it is consonant with His fixed and immutable laws, stamped (at the creation) upon all sentient organized, as well as inorganic or amorphous beings." In the first place, we should like to be informed what a "sentient inorganic or amorphous being" is; and, secondly (supposing the appellation to refer to the lowest zoöphytes), how the study of the "proteus" may lead to the conclusion (save as the fittest subject for a microscopic dose) that "*Similia Similibus Curantur*" What is a "hydra" homœopathic to? We should like to have "the truth of the above assertions" "proved" by a course of logical argumentative ratiocination, "as we confess not to have enough "good common sense" to see it. However, as the preface was not meant to be read, we need not criticize it, but proceed at once to the book itself. The first fault we have to find with it is no discredit to the compiler, except in his capacity of proof-reader; we refer to the slovenly style of printing: *e. g.*, Opii for Opium, Potasse for Potassa, which recur repeatedly. Misprints in medicine are sometimes serious in their results (not in these instances); but careful revision should be a strict rule.

Other errors, however, occur, which are directly chargeable to the writer,

as, on p. 15, we are told that Hepar-sulphuris, or, as it is here called, Hepar-sulphur, is "a compound of Sulphur and Carbonate of Lime!" On p. 16, the pharmaceutical formula for the preparation of the Iodide of Potassium is given as its *constitution*, whereas the Carbonate of Iron is precipitated by this formula, leaving the Iodide of Potassium in a crystallizable state. Mercurius-dulcis is said to be a "trituration of Calomel with sugar." Mercurius-solubilis, or, as he hath it, "Solubulus," he miscalls "Black Oxyd of Mercury," and defines as "prepared from the Protonitrate of Mercury and Ammonia;" here he has again been misled by formula. Hahnemann's Soluble Mercury, the *Oxydum hydrarg. nig. mediantes ammon. ex hydrargiri protonitrate precipitatum*, is prepared from the Black Oxide, but Ammonia does not enter into its composition, but results as Nitrate of Ammonia.

Concerning the "duration of action" of the remedies, we shall make no remarks, as neither the compiler nor we know much about the matter, in the majority of cases.

An objection which applies to most works on homœopathic therapeutics, holds good in many instances to this, viz.: that totally opposite conditions are found under the same drug; as, "profuse" and "scanty menstruation," "constipation" and "watery diarrhœa," "*humid scurf, and tetter,*" and "*dry scaly eruptions,*" &c. Now, on the principle of "*Similia Similibus Curantur,*" it seems to us that, if a remedy be homœopathic to one state of an organ, it can hardly be so to the direct opposite of that state. The same objection as to homœopathicity may be made to the entire list of symptoms under some of the remedies. For example, let any one compare the article on Iodine with the prominent toxic effects of that substance, and he will find that it presents but a very imperfect picture of the characteristic drug-action. Under the homœopathic law, the most prominent symptoms produced by a drug are those which should be mainly considered in its curative application. So says the "*Organon*" of Hahnemann, and so say all of those who believe (as we do not) in adhering to one rule of practice, one law of cure. We proffer the criticisms from the compiler's own stand point.

To sum up—for we have not space for a more extended review, nor, in fact, does the volume deserve one—it seems to us to be a semi-industrious compilation of rather empirical and decidedly superficial therapeutics,—the notes amounting to a mere nothing, either as to quantity or quality; doing much greater credit to the binder than any body else concerned; and the only portions entirely unobnoxious to criticism are the blank interleaves, which have our cordial approbation.—A. L. C.

6. *Poems.* By WM. H. HOLCOMBE, M. D. New-York: Mason & Brothers. 1860. pp. 360.

We plead guilty to the charge of departing from the ordinary routine of medical journalism in reviewing this book of poems; but we feel impelled to do so, not only from our high appreciation of the talents of the author, but also upon the score of its professional origin. It always pleases us to see medical men—ordinarily so disposed to live in a world of their own, peculiar to themselves, and apart from the rest of the world—address themselves to matters and pursuits of general and not merely professional interest. With this apology, we feel no hesitation in saying those few words which our space admits of.

If Dr. Holcombe had not stated in his preface that he had given but little attention to literature as a pursuit, we should never have gathered that fact from a perusal of the book. There is a completeness, we might say a *compactness*, about

every one of the poems which bespeaks the working of a thoroughly-trained and exercised intellect. There is none of the incompleteness, unevenness, and want of sequence which sometimes characterize poetical writings, and which is to us so unpleasant. We have little sympathy for those ill-regulated intellects who mistake an indisposition to exertion for the waywardness of genius, and are content to slur over and half finish a poem, or lazily await the coming of the divine afflatus. It would more certainly come, we fancy, were it more eagerly sought. As a specimen of this completeness and terseness of which we speak, we cannot refrain from referring to what is to us one of the sweetest, most flowing, and unaffected pieces of versification which it has ever been our lot to meet. It is founded upon a Swedish legend, and describes the desecration of a chapel by a party of marauding barons, and the terrible retribution which befell them there. It is entitled "The Desecrated Chapel."

There is not a superfluous word in it; not a line too much or too little. Like that exquisite descriptive poem of Cowper's, "The Castaway," it seems to have *written itself*, and its very simplicity and absence of ornament are its greatest charm.

But this is only one of many. For naturalness and simple pathos "Hope in Winter" and the "Idiot Negro" can hardly be excelled; so also are the lines entitled "To my Mother" remarkable for their truth and musical flow.

But the most remarkable feature of the book are the poems comprising the first part, many of which have been written to illustrate the beautiful psychological theories of Swedenborg. Our limited acquaintance with the doctrines of the great enthusiast would render any criticism of these somewhat presumptuous; but, as to their beauty and melody, we can speak most heartily. The author seems to have written them, *not so much for others, as to express himself*—as if he could not help it; they seem to be the offspring of that imperative necessity for expansion and expression which almost always accompanies a gifted mind. We heartily congratulate the author on having so well achieved so difficult a task.

### 7. *Tenth Annual Catalogue of the Western Homœopathic College, for 1859-60. (Cleveland, Ohio.)*

By this announcement, it appears that, notwithstanding the establishment of other colleges, this institution has never been in a more prosperous condition. The establishment of a city infirmary under the auspices of the Faculty, and the liquidation of all the debts of the College, have placed it in a better condition than ever before. There were in attendance fifty-eight students in all, of whom twenty-two graduated. The list shows significantly the relative strength of homœopathy in different states. New-York sends *twenty-four* students, Ohio *twelve*, and Michigan *eight* (besides those which they send to the two other colleges) All the students speak with enthusiastic admiration of the new Faculty, and we see no reason why the College should not continue to prosper. HALE.

### 8. *Third Annual Report of the Good Samaritan Hospital, St. Louis, Mo.*

We have received the Report of this excellent institution for the year 1859, and congratulate its managers upon its flourishing condition. They have succeeded, by dint of energy and perseverance, in accomplishing the erection of a fine hospital building, capable of accommodating some two-hundred patients, to be three stories in height, eighty by fifty feet, and with a basement containing all the offices and rooms necessary in large hospitals. The greater part of the building is already paid for, leaving but a comparatively small amount still due. By the Report of the Attending Physician, Dr. T. G. Comstock—which we regret not being able to reprint entire—we find that out of two hundred and thirty-seven cases (some of these brought in a hopeless condition) they have had but twenty deaths. We give them our sincerest congratulations and good wishes.

9. *First Annual Announcement of the Hahnemann Medical College, Chicago, Ill.*

The Charter of this institution was granted in 1855, and at length, through the interest and industry of the profession in the city of Chicago, it has been organized and put upon a working footing. They now present their first announcement to the public, and, from the character of the names announced to fill the different chairs, we feel assured of the thoroughly scientific and careful manner in which their several branches will be taught.

The spirit and tone of their announcement is decidedly dignified and gentlemanly, and, while it evinces a proper regard for themselves, it displays a regard for, and recognition of the claims of others. They distinctly state that they have no opposition to, or antipathy for any other school, and are determined to proceed in a straight-forward and dignified manner. We admire this self-respecting and dignified course, and feel confident that the result will justify our expectations. We give below the names of the

FACULTY.—A. E. Small, M. D., *Prof. of the Principles and Practice of Medicine*; G. E. Shipman, M. D., *Prof. of Materia Medica and Therapeutics*; R. Ludlam, M. D., *Prof. of Physiology and Pathology*; J. L. Kellogg, M. D., *Prof. of Obstetrics and Diseases of Women and Children*; N. F. Cooke, M. D., *Prof. of Chemistry and Toxicology*; H. K. W. Boardman, M. D., *Prof. of Surgery*; G. D. Beebe, M. D., *Prof. of Anatomy*; Geo. Payson, Esq., *Lecturer on Medical Jurisprudence*.

A. E. Small, M. D., *Dean*, P. O. Box 550; R. Ludlam, M. D., *Registrar*, Box 4,191.

10. *Sixth Annual Report of the Central Homœopathic Dispensary, New-York.*

This dispensary has now been in existence six years, and its increasing usefulness is attested by the fact that it has doubled its hours for attendance each day, and its corps of attending physicians has been increased from two to six. Their wish is now to add some few hospital accommodations to their dispensary, and establish it upon so firm a basis as to do away with the necessity—so annoying to all parties—of annually calling upon their friends for aid. With this object they are endeavoring to establish the nucleus of a "permanent fund," and to their own appeal we heartily add our voice in this matter, feeling fully convinced of the steadily increasing usefulness of their institution.

11. *Diseases of the Eye, with an Outline of their Medical and Operative Treatment.* By JOHN DIXON, F. R. C. S., &c. From the second London edition. Philadelphia: Lindsay & Blackiston. 1860. pp 425

This very clever little octavo is from the pen of Mr. Dixon, of the Royal London Ophthalmic Hospital, and is based upon an immense experience gained there. Consequently, it is not at all a theoretical work, dealing in mere generalities, but is thoroughly practical in its bearings, and especially adapted to the beginning and busy practitioner, who lacks the time to consult more elaborate treatises, more especially when diagnosis is concerned. It presents its subject in a clear, practical, and easily comprehensible light, and, by the majority of physicians, we feel convinced that it will be welcomed.

It is not to be denied that most medical men neglect the study of those diseases (of special organs) which do not form matter of daily practice, and this is more especially true of diseases of the eye and ear. Not being called upon to prescribe for them every day, at the bed-side, as they are for fevers or indigestion, they naturally feel but a lukewarm interest in their study, until forced into a sense of their deficiencies by a few obstinate and intractable cases. In this little work we find precisely the information that is demanded under such circumstances—viz.: accessible, clear, succinct, and definite. We cordially recommend it to practitioners, both of the new and the old school, although, as regards treatment, it will often be found inferior to Peters' "Treatise on Diseases of the Eye." published by Wm. Radde. SNELLING.

12. A bulky and exceedingly confused and badly-arranged medical journal has lately been issued, apparently under the editorial management of Dr. Lazarus, who is by far the largest contributor, furnishing the bulk of the translations from the *L'Art Médicale* and Brown Sequard's *Journal of Physiology*, to many of which he is too modest to append his name. Although it assumes to be a strictly Hahnemannian journal, large doses, and a mixed practice of internal and external applications are occasionally recommended, and the quotations from allopathic sources are numerous and copious. A huge list of so-called editors seems to embrace the name of every one who has said the least in favor of the journal, or even is indifferent whether it succeeds or not. Like the celebrated Memorial to the Academy, many names seem to have been used with very slight warrant for the liberty.

INDEX.

A.		C.	
	PAGE.		PAGE.
Abortion, Dr. Hale on .....	641	Calcarea-Carb. in Chronic Constipation .....	67
Acute Gonorrhœa .....	106	Calcarea-Carb. in Chlorosis .....	520
Aletris-Farinosæ, Aletrin .....	655	"    " in Osteomalacea .....	111
Alumina in Constipation .....	69	Calendula in Flesh Wounds .....	610
Amblyopia, Case of .....	622	Cannabis-Indica, Provings of .....	122
Amenorrhœa—Its Treatment, &c. ....	398	Cases from Practice .....	15, 427, 495, 496, 500, 502, 581, 588, 616
Aneurism of the Internal Carotid. ....	118	Catarrhalis, Angina .....	680
Angina Catarrhalis .....	630	Catarrh, Acute Gastric .....	615
Animal Heat, On .....	387	"    " Intestinal .....	617
Apthous Stomatitis, Case of .....	629	"    " Gastro-Intestinal .....	680
Apis-Mel., Preparation of the Tincture of .....	276	"    " of the Larynx .....	118, 629
Arsenic in Bronchitis .....	16	"    " of the Respiratory Organs .....	618
Aselepias-Tuberosa .....	121	"    " Pulmonary, Cases of .....	629
Asthma and Pulmonary Emphysema .....	109	Caulophyllum, Caulophyllin .....	655
Asthma, Acid-Hydrocyan. in .....	89	Cedron, Provings of .....	120
" Argentum-Nitricum in .....	89	Chicago Hom. Society, Transactions of .....	198, 608
" Bismuth in .....	92	Chlorosis, Therapeutics of .....	509
" Carduus-Marianus in .....	92	Chorea, Cases of .....	627
" Cochineal in .....	92	" Ignat. in .....	111
" Conium in .....	93	Chronic Gastritis .....	109, 616
" Digitalis in .....	94	" Gonorrhœa .....	107
" Frictions with Oil in .....	95	" Tracheitis .....	17
" Ferrum-Sulphuricum in .....	95	Cimicifuga-rac., Macrotin .....	656
" Kreosote in .....	95	Clark, Cases from Practice .....	427
" Iodine in .....	96	Cleveland Hom. College, Commencement Exercises .....	115
" Ipecac. in .....	96	Climateric Menorrhagia, Ergotin in .....	68
Aurum-Foliatum in Certain Diseases of the Eye .....	418	Clinical Cases, by Dr. Ulrichs .....	612
<b>B.</b>		" Items, by Dr. J. C. Morgan .....	606
Barlow, Dr., Cases from Practice .....	495	College and Hospital Reports .....	297
Bibliographical Notices .....	97, 244, 508, 681	Colic, Hepatic .....	611
Boston Inst of Hom., Meeting of .....	125	Colpeurynter, The, and Colpeuryntis .....	566
Bradford, Dr., Cases from Practice .....	502	Comstock, Dr., Cases Selected from Patients .....	590
Bronchitis, Arsenic in .....	16		

PAGE.	PAGE.		
Condylomata. By Dr. Schnapp- auf, of Dresden.....	285	Fever, Puerperal. A complicated case.....	199
Congestive Chills. Dr. S. B. Wil- liams on.....	288	Fever, Typhoid, its Essential Cha- racter.....	289
Conjunctivitis, Nitrate of Merc. in.	499	Fever, Typhoid, Case of.....	597
Constipation, On. By Dr. O. S. Sanders.....	485, 638	“ Typhus, Cases of.....	629
Consumption, Pulmonary, Case of,	629	Fever, Veratrum-Viride and Gel- seminum-Sempervirens in.....	678
Convulsions, Uræmic. Dr. Ludlam on.....	178	<b>G.</b>	
Correspondence in relation to the Journal.....	299	Gangrene of the Throat, On.....	188
Crackers, Davy's Eryvalenta.....	641	Gastralgia.....	109
Croup, On.....	184	Gastritis, Chronic.....	109, 616
Curtis, Cases from Practice.....	15	Glandular Tumors and Abscesses.	625
<b>D.</b>		Gold in Plugging Teeth.....	483
Davies, Cases from Practice.....	616	Good Samaritan Hospital Cases...	590
“ on Homœopathic Cliniques,	542	<b>H.</b>	
Davy's Eryvalenta Crackers.....	641	Hæmorrhage after Delivery, Er- gotin in.....	68
Diabetes-Mellitus, The Pathology of.....	478, 587	Hale, Dr. E. M., On Veratrum- Viride, &c.....	677
Diarrhœa, Acute Intestinal Catarrh,	617	Hallock, Dr., Cases from Practice.	496
Drug-Provers.....	671	Heart, Motions of the.....	487, 525
Diphtheria, On.....	183	Health and Disease, Raspail's Theo- ry of.....	479, 572
“ Causes of.....	149	Hepar-Sulph. in Pleuritis.....	112
“ Treatment of.....	149	Hepatic Colic.....	611
Diseases of the Ear.....	110	Hepatitis.....	680
“ “ Eyes.....	109	Herpes, Treatment of.....	110
“ “ Skin.....	110, 628	High Potencies, A Proposal con- cerning.....	277
“ “ Heart.....	110	High Potencies, Cures with.....	431
“ “ Digestive Organs..	615	Hip-Disease, Cases of.....	626
Doses, On.....	862	Hoffendahl, Dr., Epitome of For- eign Homœopathic Journals....	614
<b>E.</b>		Homœopathic Cliniques, Need of.	542
Eczema, Cases of.....	624	“ Medical Education.	52
“ Treatment of.....	110	“ Remedies, Modus-	
Electricity, Localized.....	550	“ Operandi of.....	681
Epitome of Foreign Homœopathic Journals.....	614	“ Med. Society, Im- portance of State Societies.....	671
Ergotin, On. By Dr. Kafka.....	61	Holcombe, Dr., Treatm't of Croup,	3
Ergot, Origin of.....	276	“ “ Treatment of Pneu- monia.....	2
Erysipelas, Cases of.....	681	Hull, A Gerald, M. D., Obituary..	129
Eye, Diseases of.....	622	Hydrastus-Canad., Hydrastin ..	655
“ Examination of a Diseased..	292	Hypericum-Perfoliatum in Spinal Lesions.....	206
<b>F.</b>		<b>I.</b>	
Febris Intermittens Soporosa.....	18	Icterus.....	680
Fever, Cerebral Typhoid, with An- omalous Sequelæ.....	208	Ignatia, On the Effects of.....	277
Fever, Intermittent.....	111, 624, 628	Illinois State Hom. Med. Associa- tion, Proceedings of.....	127, 505
“ “ Aconite and Arsenic in.....	284		
Fever, Malignant Intermittent, Dr. Holcombe on.....	158		

PAGE.	PAGE.		
Imperforate Hymen, Case of.....	604	Osteomalacia Cured with Calc- carb. and Iodine.....	111
Impetigo, Cases of.....	628	Otorrhœa, Otitis, Dysekœia, Cases of.....	626
Importance of Organizing a State Hom. Society.....	671		
<b>K.</b>		<b>P.</b>	
Kali-Carb. in Magnesia Poisoning.	16	Paralysis Agitans. By Dr. Payr.	284
<b>L.</b>		Parulis.....	629
Laryngeal Catarrh, Case of.....	629	Pathology and Therapeutics, Late Reforms in.....	817
Localized Electricity.....	550	Pathology of Diabetes-Mellitus, 478.	587
Ludlam, Dr., On Therapeutics of Chlorosis.....	510	Payne, Dr. H. M., Article on Hom. State Societies.....	671
Ludlam, Dr., Transactions of Chi- cago Med. Society.....	608	Pericarditis, On. By Dr. Franklin,	209
Lusus-Naturæ, A.....	501	Peritonitis.....	680
Lycopodium, On. By Dr. Gouillon, of Weimar.....	278	Pharyngitis, On Superficial.....	184
<b>M.</b>		Phlegmon, Case of.....	681
Macrotin.....	656	Pleura, Case of Fistulous Abscess of the.....	607
Magnesia-Poisoning, Kali-carboni- um in.....	16	Pleuritis, Bryonia in.....	109
Malignant Scarlet Fever.....	41	Pleuritic Exudation of Left Side, Case of.....	629
Materia Medica.....	105, 275	Pleurisy with Effusion, Successful Operation of Paracentesis.....	287
Measles, Pulsat. in.....	680	Plexus, Solar, Mesenteric, and Aor- tic.....	296
Mercurial Preparations, Various..	418	Podophyllin.....	656
Michigan State University.....	117	Polypus, Fibrous, Cured with Calc- carb.....	282
Morbilli, Cases of.....	624	Pneumonia, Cases of, and Reme- dies.....	621, 629
Morgan, Dr., Cases from Practice.	500	Practical Suggestions. By Dr. H. Ring.....	65
“ “ Clinical Items.....	606	Prague “Med. Monatschrift für Ho- mœopathie,” &c.....	114
Movement Cure.....	26, 182, 369	Profuse Menstruation, China in... “ “ Ergotin in.....	680 62
Mucous Membrane of the Mouth, On Diseases of the.....	279	Prolapsus-Ani.....	628
Myopia, Case of.....	622	Protracted Menstruation, Ergotin in.....	64
<b>N.</b>		Prurigo, Cases of.....	628
Need of Homœopathic Cliniques...	542	“ “ Dule., Sulph., and Merc. in.....	110
Negro, The, Constitution, medically considered.....	376	Psoriasis, Cases of.....	624
Nephritis and Scirrhus Enlarge- ment of the Kidneys.....	607	Ptyriasis, Cases of.....	624
Nerve, Pneumo-Gastro.....	295	Pulmonary Consumption, Case of.	629
Neuralgia, Treatment of.....	110		
New Remedies.....	286	<b>Q.</b>	
New Operation for Fistula-Lachry- malis.....	288	Quackery in America.....	286
Nitrate of Mercury in Conjunctivi- tis.....	499	Quinine-Poisoning.....	72
<b>O.</b>		Quinsy, On.....	184
Ophthalmia, Catarrhal.....	109, 622	<b>R.</b>	
“ “ Scrofulous, Cases of..	622	Rachitis, Cases of.....	626
Ophthalmoscope, The.....	291	Raspail's Theory of Health and Disease.....	479, 572



PAGE.	PAGE.		
Religious Melancholy and Platina . . . . .	118	Sugar of Milk, Action of . . . . .	275
Report of Hom. Dispensary in Leipzig . . . . .	105	Sulphur in Chronic Headaches . . . . .	65
Report of Hom. Hospital at Leopoldstadt . . . . .	628	Surgery, Minor and Medical . . . . .	286
Respiratory Organs, Diseases of . . . . .	109	Syphilis, Primary . . . . .	107
Reviews and Bibliographical Notices . . . . .	97, 244, 503, 681	"    Secondary . . . . .	108
Revulsive or Counter-Irritant Treatment . . . . .	347	"    Red Oxide of Mercury in, . . . . .	285
Rheumatism . . . . .	110	<b>T.</b>	
Rheumatism, Acute Articular . . . . .	611	Tertian Fever . . . . .	17
"    Cases of . . . . .	628	Theory of Tuberculization . . . . .	264
Richards, Dr., Cases from Practice, . . . . .	586	Tinea-Capitis, Cases of . . . . .	623
<b>S.</b>		Tonsillitis, On . . . . .	184
Scabies, (Itch) Article on . . . . .	445	Toothache Treated . . . . .	111
"    Cases of . . . . .	628	Trillium-Perid., Trillin . . . . .	656
"    Treatment of . . . . .	110	Tuberculosis, Cause and Remedy, . . . . .	268
Scald, Case of . . . . .	630	Tumors and Abscesses, Glandular, . . . . .	625
Scarlatina, Cases of . . . . .	680	"    of the Face, Encysted . . . . .	198
Scrofulosis and General Scrofula, Cases of . . . . .	625	Typhus-Abdominalis, Case of . . . . .	597
Senecia-Gracilis, Senecin . . . . .	656	"    Cases of . . . . .	629
Shipman, Dr., A View of Raspail's Theory of Health and Disease, . . . . .	479, 572	<b>U.</b>	
Shipman, Dr., Cases from Practice, . . . . .	581	Ulcer, Perforating, of the Stomach, . . . . .	109
Similia Similibus Curantur, On the Law of . . . . .	385	Ulrichs, Dr., Clinical Cases . . . . .	612
Snelling, Dr., On Animal Heat . . . . .	387	Uniform System of Drug-Proving, . . . . .	671
"    Remarks on Quinine-Poisoning . . . . .	74	Unity of Disease, Dr. J. H. Henry on . . . . .	657
Southern Tourists and Invalids, To . . . . .	311	Urinary Organs, Diseases of the . . . . .	283
Spasmus-Ventriculi . . . . .	17	Urticaria, Cases of . . . . .	624
Specific Treatment . . . . .	343	<b>V.</b>	
Spermatocels of Onanists . . . . .	113	Variola, Cases of . . . . .	624, 630
Spinal Meningitis, An Anomalous Sequel to . . . . .	605	Veratrum in Cholera . . . . .	16
Stannum in Certain Neuralgias . . . . .	79	"    Viride and Gelseminum-Sempervirens . . . . .	677
Stomacoe, Cases of . . . . .	627	<b>W.</b>	
Stomatitis, Aphthous, Case of . . . . .	629	Washington Irving, Illnesses of . . . . .	451
St. Louis Protestant Hospital, Report of Attending Physician . . . . .	116	Whooping Cough, Cases of, and Remedies . . . . .	620
St. Louis Western Homoeopathic Medical College . . . . .	132	Whooping Cough, On. By Dr. Roth . . . . .	278
		Worms, Cases of . . . . .	627
		Wounds of the Palmar Arch Treated by Flexion of the Elbow . . . . .	288









41C

254



41C  
254





3 2044 103 098

