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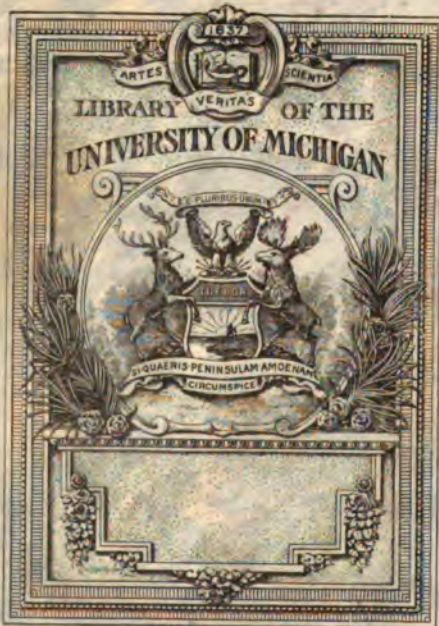
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ARTICLE I.—*The Reflex Sympathies of the Uterus.* A Lecture delivered during the Summer Course for 1864, in the Hahnemann Medical College, of Chicago. By R. LUDLAM, M.D., Prof. of Obstetrics and Diseases of Women and Children.

GENTLEMEN:—It will not be doubted that a considerable portion of the diseases of women have their seat in the internal generative organs of the female. Of these organs the uterus, from its structural and functional peculiarities, its regional anatomy, and its wide range of sympathies, is the more frequently diseased. I propose to devote the hour set apart to this evening's lecture to some remarks upon the reflex sympathies of the uterus.

Every organ in the body has its sympathies. Each is associated with the other, as the members of society are mutually related. This serves to make organic life a unit, as well as to render diseased conditions thereof discordant and more or less dangerous. The more delicate and important the organ, the more delicate and significant its susceptibilities and its pathological history. Under this rule you will discover that the

subject we have chosen has great claims to your most earnest attention.

The uterus is a hollow organ, the size and shape of which, excepting in those who are pregnant, or who have borne children, is nearly uniform. It has three coats, a peritoneal, a muscular, and a mucous coat, each of which fulfils an important function. The outer, or peritoneal coat, which is deficient at the lower-third and in front of the organ, furnishes the anterior broad ligament of the uterus. The middle or muscular coat undergoes a remarkable change during pregnancy, whereby it adapts itself to the development of the contained embryo; and finally displays contractile powers which are designed to expel the viable fœtus from its cavity. The fibres of this muscular wall are of the unstriped or involuntary kind, and, like those of the stomach, are arranged in different directions to the axis of the organ. Thus we have the longitudinal, the circular, and the oblique muscular fibres of the uterus. The general design of this disposition of muscular fibres is similar to that of the muscles of the stomach,—to act upon and finally to expel the contents of the viscus, whether it be the menstrual fluid, the dysmenorrhœal membrane, clots, moles, hydatids, polypi, a blighted ovum, the embryo, as in abortus, or the fœtus at full term.

The mucous coat is the inner and more delicate one, which, according to Virchow, and excepting in pregnancy, is covered with ciliated epithelial cells. It is highly vascular, and since it forms a means of attachment for the placenta, and is accessory to the development of the embryonic envelops, is of great physiological interest.

Like all other tissues, those just named are supplied with blood-vessels and nerves. The arteries of the womb are the ovarian and the uterine. The nerves are derived from the sympathetic and the cerebro-spinal systems. Thus at a glance you have presented the organico-animal relations and dependencies of this organ.

The spinal nervous filaments supplied to the uterus are of two kinds, the motor and the sensory, or those which arise from the anterior and posterior columns of the medulla spinalis. You may be aware that the chief physiological peculiarity

of these filaments is that, as in case of the arteries and veins, their currents set in different directions,—one toward, and the other out from the central organ of the system. The sensory impression is that of general sensibility, and is afferent in its course, from the surface of the organ to which its filaments are distributed, and no matter how remotely it may be situated, to the spinal or cerebral centre. The motor impulse, or that which supplies the force that causes muscular contraction, is efferent in its course,—from the cord or brain, or both, to the muscular tissue upon which the motor nervous filaments are distributed. In the diagram the arrows indicate the course of the afferent and the efferent currents.\* It would be as impossible for an afferent nerve to convey impressions from the cord outwards, as for the inferior vena cava to carry arterial blood from the right auricle of the heart downwards to the lower extremities. The route of the motor impulse is equally fixed and unvarying.

When you are told that every organ, and indeed every one of the bodily tissues is supplied with, and is under the dominion of these nerves, you will at once infer that the sensory and motor-filaments must necessarily communicate with each other. This occurs either in the gray matter of the spinal cord, which is called its ganglion, or in that of the brain, where it forms the central ganglia. It is only necessary that the force or impression propagated to the sensitive filaments of the afferent nerve shall be conveyed to this gray or vesicular matter of the brain or the cord, where it is acted upon by some of their ganglia, modified and returned to the organ through the out-going conductor, the efferent or motor nerve.

Here is the whole philosophy of reflex action. Every organ is connected with and under control of a mass of gray neurine, which anatomists call a ganglion, no matter whether that collection of nerve-vesicles be found in the brain, the spinal cord, or in the ganglia of the great sympathetic. Sensitive impressions telegraphed to, modified by, and returned from these

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\* EXPLANATION OF PLATE.—1. Posterior or Sensory roots of Spinal Nerves. 2. Anterior or Motor ditto. 3. Fallopiian tubes. 4. Fundus of the Uterus. 5. Cervix Uteri. 6. External Os uteri. The arrows indicate the course of the afferent and efferent currents.

various centres to the same or to any other organ or organs, furnish all the detail of reflex action.

Let us apply this knowledge to the investigation of the subject before us. And first of the physiological or healthy relations of the uterus with the cerebro-spinal nervous system. These chiefly concern its general sensibility, its vascularity, and its expulsive functions. The sensibility of the uterus is important as a means of notification that the functions of menstruation, conception, and of labor, are in every respect normal.

Its vascularity could not be maintained unless nervous influences were supplied to its delicate vessels, so as to regulate and secure a most important condition of functional activity. The expulsive functions of the uterus depend upon the proper circulation of nerve force from the organ to the spinal cord and back again. Concentric causes operate through the connecting cords which associate their own filaments, and the central gray matter of the medulla in a harmony of action, to stimulate the contractility of the uterine muscular fibres. The circuit is thus completed. What is true of the peristaltic motion of the stomach and intestines, is also true of the uterine expulsive contractions. They are wholly reflex, or diastaltic. A true "labor-pain" is due to reflex action. Its excitant will be found in the presenting part of the foetal ellipse. The presence of the food or of faecal matter in the alimentary tract, and of the foetus in utero are the conditions for healthy peristaltic expulsive action in the bowel and in the womb. The fibres of the great sympathetic alone never convey, and cannot therefore supply motor force to any organ or tissue.

Pain is an effect, and not a cause of uterine contractions. The patient may be insensible, as in convulsions or anæsthesia, and yet the labor proceed without the least suffering. The perceptive faculties are blunted or suppressed. The chloroform, or the involuntary coma, have cut off communication between the roots of the posterior spinal nerves and the encephalon. The little fibres which you will observe in the diagram run perpendicularly with the spinal cord and toward the brain, do not convey the sensitive impression from below upwards; or, because of an undue afflux of blood to the brain, it

may be rendered insensible to ordinary stimuli, and there shall be no perception. Anæsthesia is essentially the same whether it result from accidental congestion of the brain, or from the inhalation of ether or chloroform.

The expulsive effect is purely reflex through the spinal cord. Pain is therefore a mere concomitant, and not a condition of uterine contraction. The exciting influence is propagated to the sensory filaments of the womb through contact with its mucous surface, but there is no reason to believe that this primitive impression is the painful one. This impression is conveyed by the afferent nerve to the medulla spinalis, whence, as we have seen, it is reflected to the muscular coat of the uterus. When the uterine muscular fibres contract, these sensory filaments of the womb are so impressed as to give rise to suffering, providing the perpendicular filaments of the cord and the perceptive faculties of the brain are intact.

The arrest of post-partum hæmorrhage, as a result of friction, of cold applications locally to the abdominal parietes, or by injection, or in the form of ice introduced per vaginam, of the tampon and of the colpeurynter, can only be explained through reflex action.

Considered in their pathological relations, the uterine nervous sympathies are most interesting and important. You could not reasonably expect that such a delicate adjustment would be exempt from disorder. For the sake of systematic study, I shall classify affections arising from deranged innervation of the uterus under two heads:

1. Those in which the sensory current is excited within and reflected upon the womb in such a manner as to produce various uterine derangements; and

2. Those in which this current is reflected upon an organ or organs remote from the uterus, the manifestation of which may be either local or general.

Disorders resulting from the first of these causes are by no means infrequent. In case of pregnancy, it is manifest that this cause alone might jeopardize the life of the embryo, or of the fœtus. Whether accidentally or artificially induced, this condition is a fertile source of abortion. It is also present in dysmenorrhœa and in uterine colic, in both of which dis-

orders the pain is proportionate to the severity of, and dependent directly upon, the uterine muscular contractions. In all essential particulars, it does not differ from that of true "labor-pain." The simple fact that the suffering intermits, as the contractions do, recurring with characteristic regularity, will be sufficient to satisfy you that it depends for a cause upon, and is a consequence of, the expulsive efforts of the uterus.

It is very probable that menorrhagia, as well as amenorrhœa (*suppressio mensium*), hysteralgia, or irritable uterus, uterine leucorrhœa, and possibly also organic lesion of the os, are sometimes due to the cause of which we are speaking. In a word, whatever deranges the normal amount and quality of the force which is reflected from the cerebro-spinal centre upon the uterus, may render it an exciting cause of disease.

When the efferent or motor current is distributed to an organ or organs remote from the uterus, a very different class of symptoms will be elicited. There are two affections especially which frequently depend upon this species of disordered innervation. I allude to puerperal convulsions and hysteria.

It is more than probable that many cases of puerperal convulsions originate in poisoning of the nerve-centres by the urea retained in the blood of pregnant females. A variety of causes may prevent the elimination of that substance by the kidneys, and thus produce eclampsia by acting *centrically*. A clot of blood upon the brain may occasion a like result. But we shall not now speak of this variety of the disorder. A glance at the diagram and a moment's reflection will satisfy you that the same result may spring from *concentric* influences, acting upon the brain and through it upon the muscular system at large, the depurative function of the kidneys meanwhile being properly performed.

Puerperal convulsions may occur at any time during the later weeks of pregnancy, or before, during, or soon after labor. Authors have long since recognized gestation as a predisponent of convulsions. This condition, or so-called predisposition, becomes active when exciting causes, as for example accidents of various kinds, are experienced.

I will illustrate; I was called from my breakfast this morning to visit a lady who had been suddenly seized with a con-

vulsion. She was in the seventh month of pregnancy with her first child. Yesterday, in the afternoon, she left her room for a short drive. In stepping into her carriage, she strained herself badly and brought on a pain in the uterine region which increased in severity after her return home. In the evening she complained of a severe headache, but, having retired, soon fell asleep. At 1, A. M., she awakened and was restless with a severe headache, which continued during the remainder of the night. This morning she arose and, while dressing for breakfast, was suddenly seized with a fit. I found her in the second paroxysm, totally unconscious, comatose, with loud stertorous breathing, frothing at the mouth, and the skin was purple. The hands were clenched, the muscles of the face and neck spasmodically contracted, and she looked like one about to die in a fit of apoplexy.

The paroxysm soon subsided, to be followed in a few minutes by a third and similar one. She remained unconscious during the interval. After having the fifth convulsion, the interval became more protracted, lasting in all about two hours. She then became partially conscious, sufficiently so to locate the pain in the uterine region and in the occiput. I made an examination *per vaginam* and discovered that the os uteri had not dilated in the least, while the cervix was as usual at the seventh month.

At 11.30, A. M., the fits returned, and with increased severity. From that time forward she has remained soporose, and totally oblivious to what is passing around her. The dark hue of the skin became more cyanotic. The muscles of the chest and throat were badly convulsed; the face horribly distorted; the respiration labored and suffocative, during the fit; the neck is very much swollen, while a bloody saliva oozes from the mouth; and the pulse is frequent and almost imperceptible. The paroxysms recurring regularly, I made a second digital examination and found the external os sufficiently dilated to permit the introduction of the index finger. This was passed up to the internal os uteri, which continued closed.

At 3, P. M., the internal os had dilated to the size of a quarter of a dollar, and the head was found to present. The anterior lip of the cervix was long and somewhat patulous. I remarked



that the only sensitiveness the patient evinced was shown when the finger was passed through the neck of the uterus. Whenever an attempt was made to dilate the resisting part with the finger she would throw herself from side to side in the bed, sometimes open her eyes mildly, and again pass immediately into a convulsion. As, during the early part of the day, the inhalation of spirits of Camphor, and, in the afternoon, that of Chloroform seemed to lessen the severity of the paroxysms somewhat, and more especially as deglutition was impossible, these means were continued in the hope that the "pains" might concentrate upon the uterus so as to complete the delivery.

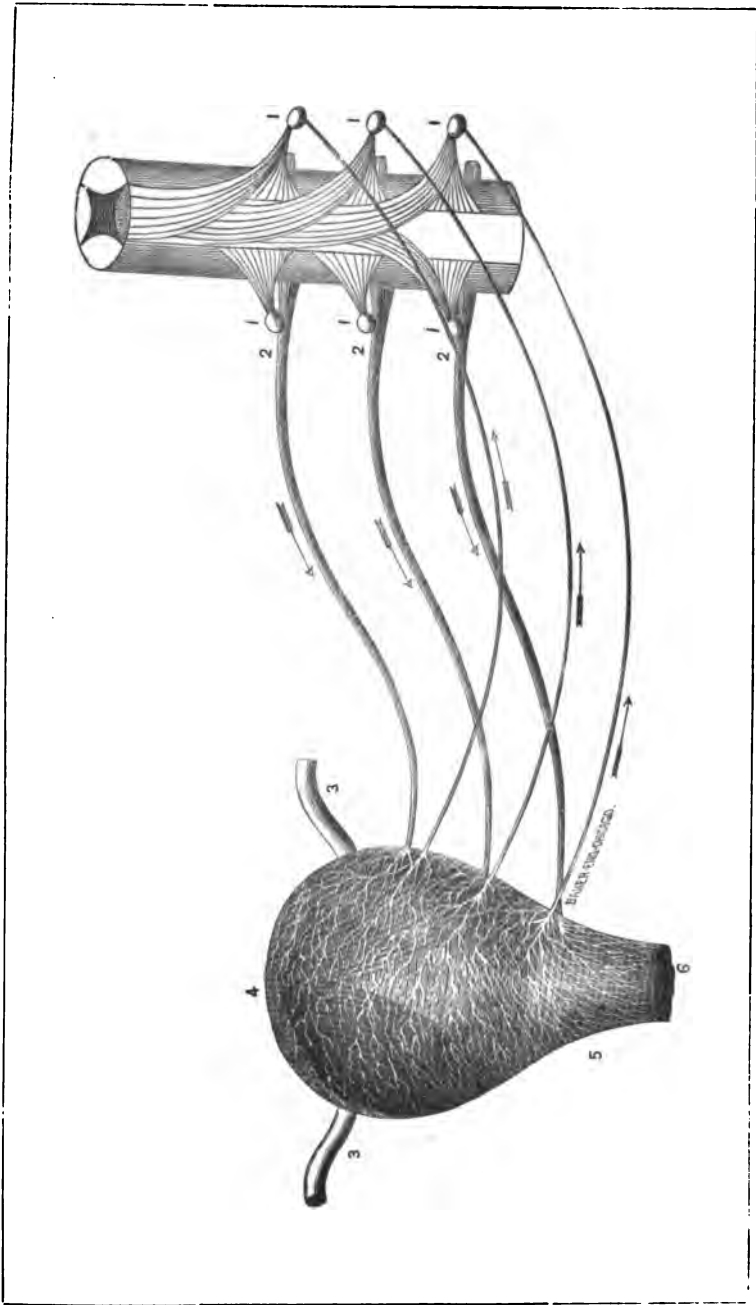
When I left my patient to fulfil my engagement with you, the convulsions occurred at intervals of from ten to fifteen minutes, but the presenting part was not pressed down firmly enough to hasten the dilatation and obliteration of the cervix. The internal os was about the size of half a dollar, but this, and especially in prima para, would not permit a speedy termination of the labor by the application of the forceps,—an indication which should be met as early as possible.\*

This case illustrates the origin of puerperal convulsions from excentric causes. The patient is somewhat hysterical, but is not liable either to apoplexy or to epilepsy. There is no evidence of spinal affection in her case. The state of pregnancy produced a condition which rendered her liable to convulsive disorders, and the mis-step was the first link in the chain of abnormal action. The reflex nervous system is accountable for the alarming symptoms just enumerated. The cause first involved the womb; the symptoms are the result of diastaltic action. The motor force has gone out from the cerebro-spinal axis to remote parts in such degree and quality as to produce eclampsia, in lieu of true expulsive uterine contractions. The pains are misdirected, or "scattered," as the old women say, and hence do but little good. The labor is prolonged. The cause acts and re-acts. The very presence of the child's head is indirectly the cause of its non-expulsion. The fit is synchronous with the uterine effort, but the force which would

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\* I delivered this patient with the forceps in about an hour after the close of the Lecture. She had no more convulsions, and made a good recovery.—L.





otherwise render the latter efficient, is spent elsewhere. The perpendicular filaments of the cord convey an excess of nerve force to the encephalon, whence, instead of being reflected upon the womb, it becomes erratic, and is distributed to the muscles of the face, neck, chest, and extremities.

It is a singular fact that few cases of puerperal convulsions, occurring prior to delivery, are recorded in which any part excepting the head of the fœtus has presented. This result, which is not merely accidental, explains the frequent production of eclampsia from pressure of the fœtal head upon the sensory nerves of the cervix and of the superior vagina. Its significance is more apparent, when we remember that the ratio of cases of puerperal convulsions occurring in labor with the first child is as 96 in 100; and that for this cause the first pregnancy is relatively the more dangerous for both the mother and the child.

You will bear in mind what I have said of the degree of pain as a criterion of efficient uterine contraction. It will not answer to depend upon this alone as indicating the progress of labor, especially in such a case as that just cited. Pain without perception is as impossible as day without sunlight. It may happen that the only objective sign of advancing labor will be found in the increased severity of the fit, and the greater restlessness of the patient. If a careful examination and manipulation *per vaginam* increases the severity of these symptoms, your diagnosis and prognosis are literally at the finger's end. It will then be plain to you that the convulsions do not depend upon centric causes, as for example, compression of the brain by a clot of effused blood, spinal irritation, or toxic-hæmia from the retention of urea or other post-organic matters in the circulation. The cause is local, for you can place your finger upon it. The remedy must also be local, for in such case you shall find the convulsive symptoms will cease immediately upon delivery, and not until this is accomplished.

There is no question, gentlemen, but many cases of puerperal convulsions are due to uræmic intoxication, and to other causes enumerated, but I charge you not to forget that they frequently originate in the manner which has been detailed to

you, the *modus operandi* of which you are now prepared to understand.

Hysteria is Protæan in its forms and more alarming than really serious. Without a knowledge of the uterine nervous system, it would be impossible to explain or to comprehend the significance of its symptoms, its causes, its sequelæ, or to decide upon its proper treatment. The disorder is paroxysmal, and does not depend upon any structural lesion which is pathognomonic. Any or all of the viscera may be implicated in the hysteric seizure. For this reason, physicians are not agreed as to the real seat of the disease. One class locates it exclusively in the uterus; another in the brain; another in the spinal cord; a fourth in the intestinal tract; and a fifth in what is vaguely termed the aphrodisiac sense. Such indefinite and unsatisfactory views of its pathology have naturally led to various and conflicting methods of treatment.

Females are most liable to hysteria at an age between puberty and the "change of life." It rarely occurs before the catamenia have made their appearance, and as rarely after their cessation. You would not expect to find a woman already fifty years of age hysterical, any more than you would look for genuine hysteria in men. A few cases of the kind have been reported, however. As a rule, it has been remarked, the neurotic disorders are rare in females of fifty years or upwards.

There is what is termed a hysterical predisposition or dyscrasia, which consists in a liability to perturbation of function as an effect of the most trivial causes. Some females inherit this dyscrasia, others acquire it through diseased conditions and susceptibilities of the internal generative apparatus. In some cases the hysterical paroxysms are as it were, explosive,—a means of relief to a state of erethism, and of discharging an excess of nerve force which cannot be correlated or appropriated to the normal uses of the organism. You may have witnessed a child sleeping quietly after a convulsion, to all appearance relieved by the opening of a species of safety-valve. The motor demonstration, the spasm, like the explosion in a thunder-storm, has served to purify the organic atmosphere, for the spasm was salutary.

In its external manifestations, or objective symptoms, hysteria may be either a local or a general affection. An irritable or morbidly susceptible condition of the uterus may be an indirect cause of the most varied disorders. Thus, the sensory current may be conveyed to various portions of the cerebro-spinal, as well as of the ganglionic system, and thence reflected upon organs which are but remotely related to the uterus. A source of fallacy in diagnosis and treatment is thus presented. The nerve-force which is transmitted from the womb to the cord, by the posterior spinal filaments, and passes to the brain along the conductors indicated in the diagram, must be disposed of in some manner. It is never lost. Lodging, so to speak, in the medulla oblongata, or higher into the base of the brain, the patient may experience an occipital, or hysterical headache in consequence. The local pain in the head called *clavus hystericus* is due to this cause.

Or this same force, when it has been acted upon and modified by the cerebral ganglia, may travel outwards in one of the avenues from the brain. It may supersede the will, and so derange the voluntary powers. It may be distributed, as we shall see through the efferent channels of animal life, or gain the more secret avenues of organic life through the great sympathetic. As shown in the diagram, so is it fact, the anterior branches of the spinal nerves are relatively of larger size than the posterior ones. Besides this you should remember these anterior branches are connected by slender filaments with the sympathetic nerves. Brown-Sequard says, the ganglionic arises from the cerebro-spinal system. Thus you will see how they are linked together, and why it is that filaments from the latter always accompany the sympathetic nerves in their distribution. Imagine a current of this nervous force passing from the brain downwards to the spinal cord, and outwards along the course of its efferent nerves. Do you not see how very easy a matter it would be for a portion of its filaments, each a separate *bona fide* nerve of itself, to convey a part of this force through the organic nervous system, while the remainder was distributed by the cerebro-spinal nerves? Mental emotions influence secretion in this manner. Anæsthesia produces a temporary diabetes in the same way. Blushing is

emotional in its origin, because the delicate filament of the cerebro-spinal nerves and the tendrils of the sympathetic pre-  
side over the local capillary circulation.

In hysteria the whole quantum of nerve force sent up from the diseased organ may be spent upon the mental and emotional faculties. Hence the strange vagaries which result in some forms of delirium, monomania, and even insanity. Hence the fitful moods which cause the patient to weep and to laugh, to sob and to shout without reason, and sometimes almost without interruption. Now and then a species of hypochondriasis is produced in this manner. This resembles what Weikard calls *tabes imaginaria*, which consists in a distressing compound of apprehension and of actual suffering. The patient is always dying, yet always surviving. All of these disorders may in many examples be referred to a morbidly irritable state of the uterus. A woman takes a dislike to her husband, neglects and abuses her family, sacrifices her position in society, becomes reckless and wretched, and you shall frequently find the cause as just stated. Distrust, disaffection and divorce may spring from the same root, and these are consequences which the physician, as a conservator of the public health and happiness, must set himself to remove and to eradicate.

To an irritable uterus, and derangement in its reflex sympathies, we may refer other symptoms of hysteria, as a staring and vague expression of the countenance, the agitation, the falling, the tearing of the breast, the clothes or the hair, which are so frequently seen in the fit. If this nervous influence implicates those parts or organs which are more directly connected with the brain, through its nerves, we may have a variety of symptoms present. Morbid states of olfaction, incipient or temporary amaurosis; photophobia, spasm of the muscles of the eye-ball, strabismus, deafness, intolerance of noise, facial neuralgia, paralysis and spasm of the facial muscles, depraved taste and appetite, with craving for the most indigestible and *outré* articles of food, are symptoms many of which are frequently met with in this strange disorder.

If the *par vagum* is made the medium or messenger for this modified and mischievous quality of nerve-force, a series of abnormal consequences may result, the nature and location of

which will depend upon which set of its filaments are involved. If those filaments which are distributed to the pharynx and œsophagus are concerned, we shall have dysphagia, and indirectly, some dyspeptic complications; if those of the stomach, nausea, epigastric uneasiness, vomiting, morning sickness, especially in the early months of pregnancy, from retention of the menstrual flow and the peculiar condition of the uterus in consequence thereof, as well as from histological changes in the womb itself. There is little question but the morning sickness of pregnancy is reflex, and in a certain sense hysterical also, for the reason that it disappears during the latter months of gestation, as most hysterical symptoms are known to do.

When, however, those filaments of the pneumo-gastric which are supplied to the respiratory system are implicated, the symptoms will be greatly modified. If the laryngeal and tracheal branches convey the abnormal current to their distribution, it may induce a species of croup, hysterical aphonia, a choking suffocative feeling as if caused by a ball or other foreign body lodged in the windpipe. This is the *globus hystericus* of authors. When the bronchial branches are involved, there may be præcordial oppression, suffocative asthma, a dry tormenting nervous cough, or sighing respiration, which is worse in a confined atmosphere.

If the nerve force is reflected from the brain along any of the outgoing filaments from the spinal cord, the results would vary with the origin and distribution of those filaments. Thus, if the phrenic nerve were implicated, we might have hiccough, derangement of the circulation through disordered action of the heart, palpitation, fainting and dyspnoea; if of the brachial plexus or filaments, clonic spasms of the arm or hand; if of the thoracic and abdominal filaments, opisthotonos, spasmodic colic, constipation, diarrhoea, hæmorrhoids, diuresis, stranguary, tenesmus of the rectum, spasm of the sphincters of the bladder and rectum; if of the crural and sciatic plexuses, lameness, hysterical rheumatism, hysterical affections of the joints, motor paralysis of the lower extremities. If the general motor system is involved, the patient may exhibit the most extraordinary muscular strength.

Now these symptoms, gentlemen, are not all present in every



example of hysteria. Indeed, although Scanzoni thinks a spasmodic stricture of the superior portion of the vagina is present in most examples of the disorder, we cannot discover any symptoms which are really pathognomonic of hysteria.

If, in consequence of uterine irritation, the sympathetic nervous system is deranged, this derangement will most frequently be manifested in morbid states of the functions of secretion and of excretion. Thus dyspepsia is a frequent concomitant of hysteria. The secretion and quality of the gastric solvent being deranged from this cause, the indigestion may be said to be hysterical. The liver and the kidneys are subject to functional derangement from the same cause. Thus a species of temporary diabetes, as well as albuminuria sometimes originate dynamically in hysterical females.

But perhaps the most singular and anomalous result of depraved innervation, dependent upon uterine irritability, is met with in the forms of tympanitis which are sometimes encountered. Abdominal tympanitis is frequently seen in hysteria, in which case it is the counterpart of the tympanitis from nervous causes with which one is familiar in the treatment of low types of fever. Uterine tympanitis, or physometra, is a rare affection. Indeed some reputable authorities doubt its existence. A case of this kind has recently come under my observation in the College Clinique, and with a few diagnostic details of its history, I will close the lecture.

Mrs. B.—, aged twenty-four, of sanguineo-nervous temperament, has been married six years and is the mother of two children. She was confined with the youngest child one year ago,—during the riots in the city of New-York. Reports having had a short and easy labor, after which she did well until the third day, when, the report having been circulated that the house in which she was living would be fired or destroyed, she was obliged to move to another. She insisted upon walking, the distance being only two blocks, and really accomplished it, but under much mental excitement. The result was at first a partial, and after the fifth day, a complete suppression of the lochia.

In a short time she began to experience suffering akin to that of which she at present complains. Indeed, in all that

interval she has had no relief from it. There is a circumscribed enlargement of the abdomen, situated in the mesial line and extending from the pubes towards the umbilicus. This tumor increases in size so that at times she is as large as if she were seven months pregnant. Again its size is greatly diminished, especially after a good night's rest. Exercise and excitement increase its volume.

When reclining, the tumor gravitates or rolls toward the side upon which she is lying, and this without any change of its form, or any borborygmi. It is still circumscribed and always extremely tympanitic, the neighboring parts being of their normal resonance. The only pain she has experienced is described as a species of soreness from outward pressure. She is at times sensible of having had a discharge of flatus per vaginam, but has never had eructations.

At times she says this swelling or tumor feels as if it were rising into the stomach, and then into the throat. Occasionally she has headache and a flushed face, especially in the afternoon. She is a very intelligent woman, and is confident she has never before had any uterine difficulties. The urinary function is normal, and she is in every other respect healthy.

Yesterday morning, after making a careful examination per vaginam, I introduced a small canula through the os uteri. This was followed by a discharge of gas and a manifest subsidence of the tumor. The diagnosis was confirmed. If you should ever find it necessary to resort to this expedient, let me recommend you to withdraw the contained air with the free end of the canula under water, in order that you may by no possibility be mistaken.

ARTICLE II.—*The Homœopathic Treatment of Epilepsy.* By  
DR. JOSEPH BARRETT.

(From the *Hom. Vierteljahrchrift*, Vols. XII. and XIII.)

HITHERTO the following medicines have in general been prescribed for epilepsy, and most of them have been employed with good effect: Agaricus-mus., Argentum, Arsenicum, Artemesia-rad., Atropin, Baryta, Belladonna, Calcar.-carb.,

Camphora, Causticum, Chamomilla, China, Cicuta-v., Cocculus, Con-mac., Cuprum, Ferrum-iod., Ferrum-hydrocyan., Filix-mas., Hepar-s., Hyoscyam., Ignatia, Ipecacuanha, Lachesis, Natrum-mur., Nitri-acidum, Nux-vomica, Opium, Phosph., Plumbum, Pulsat., Rana-bufo and Salamandra, Ruta, Secale-corn., Sepia, Silicea, Solanum-nig., Stannum, Stramonium, Sulphur, Tabacum, Vipera-redi, Vipera-torva, Zincum, Zizia, and some others.

*Argaricus-musc.* is suitable where there is a material cause.

*Argentum* is said, according to Hahnemann, to be proper, and Arsenicum especially in like cases.

*Artemesia-rad.* cures if the epilepsy is not hereditary or dependent on organic defect of the brain or cranium, in which cases it is not available. Also in symptomatic epilepsy, depending on other organs, it is not curative.

*Atropin* will be proper for epilepsy spinalis, if it is otherwise suitable.

*Belladonna* will suit either primary or secondary epilepsy, but in both cases the convulsions must be rather of the tonic than clonic kind, with congestion of the upper parts of the body present. The following symptoms indicate still more the employment of *Belladonna*: Great irritability of the whole nervous system so that the patient is alarmed at the merest trifles, and has dreams and broken sleep; excessive excitability of the eyes, with sparks and glittering before them; also double vision or squinting, where also *Stram.* may be indicated, stammering, vertigo; humming and buzzing in the ears; convulsions of some muscular parts, subsultus tendinum, distortion of the features, &c.

It will always deserve great attention above all other remedies, if the proper "fit" begins with slight painless convulsions in the upper members, the face shortly becomes puffy and dark-red, the eyes and mouth at the same time moving convulsively, whilst the former look projecting and red; consciousness with these slighter symptoms much disturbed and nearly extinct before the true tonic convulsions and foaming at the mouth commence. *Belladonna* is not to be given at the very commencement, but rather after the cessation of the sleepy stage. During the fit itself, probably a dose of *Acon.*,

Ipec., Ignatia, Coffea, according to the symptoms, will serve better; or the laying of one hand on the region of the heart, and the other on the loins; or mesmeric sleep induced by a powerful magnetiser. This remedy, if it does not cure *per se*, will be a good preparative for Calcar.-carb.; as it, like Calc., is very suitable to scrofulous subjects. Belladonna is especially to be considered in the case of children. I cured an epilepsy of a year's standing with Belladonna and Calcar., given alternately, in a lady of advanced age, when the former medicine given alone previously had only relieved. It is also suitable for aged persons.

*Calcarea-carb.* Any one who knows how powerfully this medicine acts on the vegetative sphere of the organism will understand that it seems to be indicated especially for the diseases of infancy, and of youth in general. If, however, there be the same cause in advanced age as in childhood, and if here also the symptoms bespeak its employment, it will be well if it is brought into play in such cases. If scrofula be the foundation of the epilepsy, Calcarea is an indispensable means for the cure of it. If in infancy nervous affections supervene upon disease of the vegetative system, especially in the nervous matter of the brain, as convulsions, Calcarea must not be forgotten. This remedy will be indicated further if nocturnal fits take place.

*Camphor* will act, but only as a palliative, in epilepsy with stertor, red puffy face, cold clammy skin, covered with cold sweat.

*Causticum* appears to do some good in epilepsy from softening of the brain.

*Chamomilla* in the case of children and adults with very excitable constitutions, after vexation, and equally of very sensitive women, with too great mobility of the fibres, and in general of those who are inclined to hysteria, mostly as a mere palliative, but for the thorough cure antipsorics are required. (*Arch.* 8, 3, 89.)

*China* will be suitable in epilepsy from immoderate irritability, brought on by onanism and excessive venery. Nor will the following medicines be less serviceable according to the accompanying symptoms in such cases; viz.: Acid.-phos.,

Staph., Calc., Sulph., Sep., and Nat.-mur. If caused by involuntary emissions, then will Sulph., Sep., Con., Phosph., Caust., and Baryta be indicated. Should cramp-like pains with drawing up of the testicles supervene, then according to the several symptoms, Thuja, Rhod., Pulsat., Zincum, Nuxvomica, Tereb., Clematis, Nitri-acidum, must be interposed.

*Cicuta-vir.* is specific to secondary epilepsy, which has its ground in abdominal obstruction, especially when the venous system is the principal fundamental seat of it. We find here an overflow of blood,—a “venositas acuta,”—in consequence of which cerebral convulsions commence. In children with such epileptic fits, in women during pregnancy or confinement, in cerebral convulsions of children with venoso-scrofulous constitutions, brought on by worms, *Cicuta* is very specially indicated.

*Cocculus* is suitable in secondary epilepsy. This remedy acts on the spinal chord of excitable persons who have very weak nerves, affected with paralytic weakness; and generally finds its use only in such epilepsy as arises from obstructed commencement of menstruation, or when it only takes place with difficulty and severe colic, therefore, at the time of the period.

*Conium* has hitherto been used as an intermediate remedy. See above.

*Cuprum-met.* answers to that kind of epilepsy which is due to no material disturbance of the brain; and thus to pure nervous irritation. Also when the stomach and bowel affections which occur in this epilepsy are not caused by material disturbances, but always present themselves as of a purely nervous nature. It is characteristic of *Cuprum* that the consciousness is not immediately lost; and the patient, as he describes, at the moment of the fit, can still take notice of himself, when the convulsions in the fingers and toes are beginning. *Cuprum* especially corresponds to the epilepsy with nocturnal fits. It is also an excellent remedy after metastasis of milk to the brain, according to the experience of Schwarze. (*Heilungen*, s. 141.)

*Ferrum-iodatum* was prescribed for epilepsy from scrofula with paralysis.

*Ferrum-hydrocyan.* is said to be a suitable remedy in epilepsy which occurs at the change of the moon—waning of the moon.

*Filix-mas.* is indicated in epilepsy from tape-worm.

*Hepar-s.* is indicated in psoric-mercurial cachexy, secondary syphilis, tuberculosis, premonitory symptom over-excitement of the olfactory nerves, given best alternately with a real anti-epileptic.

*Hyoscy.* is valuable for secondary epilepsy; it corresponds to the purely nervous class, as Cuprum does. In Hyos. we often find the characteristic symptoms—jealousy, disappointed love, sorrow—especially in women. The attacks generally end with deep, stertorous sleep. In parturient and pregnant women who suffer from such epilepsy, Hyos. may be of great use; also when the convulsions proceed from worms.

*Ignatia* is to be given for violent epileptic fits with redness or blueness of the face; twitching and distortion of the eyes, eye-lids, and mouth, with foam, bending of the head and spine backwards, jerking and striking with the legs and arms. Only in recent cases *Ignatia* acts specifically on the spinal nervous system, and thus corresponds to the secondary epilepsy, especially after fright, fear, and annoyance with inward sorrow. It is a medicine which suits especially in epilepsy of children. *Cicuta* also, with Cuprum and *Nux-vomica*, act as *Ignatia* does on the spinal system. ,

*Ipecacuanha* is considered as an indispensable remedy in epilepsy, which is combined with abnormalities of the vegetative sphere, and proceeding from the pneumo-gastric nerves. The gastric conditions accompanying it are not of a severe character or long standing, so that the general system is not materially affected. The earlier *Ipec.* is employed in such cases so much the more beneficial it is; the longer the disease has continued the less it can avail. The lower potencies repeated are here the most effective.

*Lachesis.*—This is said to be one of the most indispensable remedies to work wonders in epilepsy (Hering). It is especially suitable in epilepsies which are secondary, which have become idiopathic after a long period, originating in the ganglionic system, which are oftenest found in girls, women, and the

young generally. In the case of those who have practised onanism, who are of a lecherous character, and are subject to frequent mucous discharges, *e. g.*, leucorrhœa, spermatorrhœa, &c., Lachesis is a most excellent remedy.

*Natrum-mur.* is sometimes indicated for epilepsy from excessive irritability.

*Nitri-acidum* would seem to be suitable for epilepsy, which keeps off as long as the patient is travelling.

*Nux-vomica* is indicated in epilepsy with spiteful malicious temper, in cases of drunkards and gluttons. This medicine has its certain indications, where no other finds place, in fits of the strongest kind of convulsions, which seem more or less like epilepsy in both sexes; *e. g.*, when one finds by careful examination some very painful and sensitive spot in the abdomen, near the gastric region, and therefore near the great ganglia and the origin of the spinal nerves, on which the slightest touch produces cramps; and there can be no doubt that this spot is the focus from which the convulsions proceed. This spot is (according to Dr. Tietze) deserving of the greatest attention in the treatment of epileptic cramps—a nervous excited condition without inflammation (according to Dr. Kreissig), a kind of neuralgia originating in a scrofulous constitution. Here if some doses of *Nux-vomica* are given at tolerably long intervals, they will produce wonderfully good results, not only for this ganglionic affection, but also for the epilepsy depending upon it. Nor can any other medicine act in such cases so well. If, however, the said affection has been neglected, and by too long an irritation of this spot, an inflammatory condition has set in, then *Nux-vomica* would still be of service, but would not completely remove the inflammatory pain nor the cerebral convulsions. Under such circumstances some other remedies ought to come into play, in order above everything to remove this inflammatory action. In such cases *Bryonia* should be employed at first, and any further treatment that might become necessary must be regulated by the supervening symptoms. But if *Nux-vomica* removes that evil, it would still be necessary, in order to prevent a recurrence of the ailment, to act upon the scrofulous diathesis, and then *Calc.-carb.* effects a permanent cure. (*Allg. Hom. Zig.*, 51, 6.)

*Opium* is proper for epilepsy which regularly occurs only in sleep (which is properly only sopor); also for fits which commence after fright, and recur every night.

*Phosph.* for epilepsy produced by onanism, with the premonitory symptoms of yawning, great dryness of the mouth, and aura epileptica passing from the feet along the course of the nerves. 'Also in cases proceeding from strict continence or from pollutions, or from softening of the brain.

*Plumbum* will be employed especially when the disease arises from the splanchnic system. The characteristic symptom for plumbum-epilepsy is swelling of the tongue, which hangs out of the mouth, and gets bitten. Plumbum will be indicated by the following symptoms: After some attacks of colic with transient headache, an epileptic attack follows, which is repeated after some weeks. In the interval, constant headache with occasional severe vomiting; the abdomen is flaccid, with pain about the navel and epigastrium, not aggravated by pressure; constipation. Pulse above 60. Several weeks after the attack, sopor, dilated pupils, paralysis of the limbs, incontinence of urine. In severe epilepsy there sometimes occur at first alternations of pale and red face, rigidity of the body, &c., and convulsive movements of the upper extremities. Soon the thumbs become turned in, the limbs bend and extend themselves most violently, and at the end of the fit, acquire tetanic rigidity, which, however, may also alternate with the convulsions, in which the head is drawn forcibly backwards, chattering of the teeth, and trismus. Sometimes there is a combination of epilepsy, delirium, and coma; at first sometimes delirium very difficult to recognize; after a few hours or some days, an epileptic attack, and after that stupefaction for some minutes; after awaking several minutes stupefied; also raving with violent delirium, as before the convulsions. If this form of epilepsy is often repeated, the coma at last passes on to death. In the contrary case the patient seems, after some hours or a day, to awake suddenly, with the strongest inclination to true sleep, which at last leads to a cure. The epilepsies to which Plumbum seems to correspond, proceed for the most from the splanchnic nervous system, spreading out from thence over the sensorial and motor nerves



of the spinal system, and ultimately attacking the brain and the nerves of sense. According to this the epilepsies with premonitory symptoms would fall within the sphere of *Plumbum*, which thus deserves most consideration from the very commencement of the treatment. It is also valuable in cases where, after each paroxysm, there are left behind various paralytic conditions and unconsciousness, or at least only half-consciousness for a long period. The attacks for which *Plumbum* is suitable have the peculiarity that the symptoms show themselves at the very beginning. (*Har. Th. v. A. M. L. v. Trinks.*)

*Pulsatilla* is employed with good result for uterine epilepsy, probably alternated with *Plat.* *Rana-bufo*, and *Salamandra* are said to have proved curative in epilepsy,—the first once with a long interval, then the other after a pause of several days. (*Allg. Hom. Ztg.*, 58, 78.)

*Ruta* useful in chronic epilepsy.

*Secale* applicable to epilepsy (according to Soklitsch).

*Sepia* when pollutions are the cause of the epilepsy, at least, as an intermediate remedy.

*Silicea* available for epilepsy, especially if founded in a scrofulous rachitic condition, or proceeding from the cerebro-spinal nervous system; or for nocturnal fits, in which the extended body is thrown upwards, without hearing the usual cry from the patient.

*Solanum-nigrum* when the fits commence after the use of ergot of rye.

*Strannum* for evening-fits with pale face (*Allg. h. Ztg.*, 1.24).

*Stramonium* for epilepsy with clonic-tonic spasms.

*Sulphur* when the spasm comes on after suppressed eruptions and rheumatism; if psora be the foundation of the disease, and the epileptic symptoms also bespeak its employment otherwise. In these cases, it is usual to prescribe high dilutions at long intervals. It is also recommended for epilepsy at night, and when the aura epileptica runs downwards through the muscles like a mouse.

*Tabacum* was prescribed by Hahnemann in the *Organon*, 1824, s. 3; and Caspari, in his work, s. 60, for epilepsy.

*Zincum* is said to cure epilepsy when employed for a long time.

*Zizia* is likely also to be a good remedy for epilepsy.

*Aurum-met.* is, moreover, prescribed for thoracic epilepsy with tightness of the chest in sleep, and vertigo, sparks before the eyes, and spasmodic cough when awake.

*Kreosote* also is said to be a good remedy (*Allg. hom. Ztg.* 23.422).

Besides the medicines here noticed, Magn.-carb. and *Lycopodium* are, according to Hartmann, to be considered next to *Secale* and *Solanum-nigrum*. *Ignatia*, Bell., Calc., (Cupr.,) *Lachesis*, *Silicea*, and Sulphur are pointed out as the best medicines for epilepsy (*Allg. Hom. Ztg.*, 1858).

As one may see from the preceding statements, we possess a tolerably large number of medicines to enable us to combat epilepsy with some certainty, yet there are many cases where the cure of this disease remains, even for homœopathy, a difficult, or impracticable task. If the epilepsy is secondary, proceeding from the spinal chord or the ganglionic system, whereby the brain is merely drawn into sympathy, and there is no organic disorder in the head and abdomen, then it may be easily cured. If the signa prodromorum entirely cease, and the cerebral convulsions occur not as sympathetic, but as an idiopathic malady, then the cure becomes difficult. Suppose it depends on mechanical irritation in the brain, from splinters of bone, exostosis, obscure necrosis, and the like; or if there have commenced organic lesion in the brain, or if the disease is hereditary, then it is cured with great difficulty, or not at all.

As for removing or rendering harmless the causes of this disease, if the physician can do this, he will much more easily become master of the epilepsy. A perfect removal of the internal causes is very difficult; indeed, often impossible. If founded in dyscrasia, scrofula, syphilis, psora, &c., then we must pay attention to their removal at once. Mechanical irritation must sometimes be met by surgical means; suppressed hæmorrhage, perspiration, suppuration, leucorrhœa, &c., still require corresponding medicines, which act on and can remove these causes. Besides, the suppressed cause is often removed, and the form of this malady (epilepsy) continues notwithstanding. In this case, it may be admitted that the epilepsy is idio-

pathic, and seated in the brain itself, and is a disease hardly, if at all, curable.

That homœopathy has, since its establishment, effected many happy cures, the following instance may serve to show :

Agaricus-musc. served exceedingly well in the hands of Dr. Schwarze, especially where metastasis of the mammary secretion to the brain occasioned the epilepsy (*Schwarze's Heilungen*, 5.142).

Arsenicum, 6th dilution, eight doses in two months cured an epilepsy with burning in the stomach, pressure on the spine, which then rose up like a warm current of air towards the neck, occiput, and brain. Then followed vertigo and falling down unconsciously. In the interval of the fits, pressure in the occiput; and also the spine was often in burning pain. In the morning a sour taste. After partaking of solid food, burning in the stomach and abdomen; stool irregular, mostly diarrhœa with burning in the anus, and on passing urine, in the glans. Frequent cramp in the calves. After the above medicine, first large quantities of mucus passed by stool, then recovery followed (*Hygea*, 2.412).

Artemesia, in tincture, one drop daily; in two days cured an epilepsy, which had commenced through fright in childhood, and had already lasted six weeks (*All. h. Ztg.*, 1.146).

Atropin cured a spinal epilepsy. Fits in a child, with spinal irritation, compressive pains in the head, humming in the ears, lacrymation, hallucinations, formication with shivering and salivation, pains in the vertebral column; pressure on the stomach, eructation. The fits began after eating, with pains in the left foot.

Atropin 4, and Nux, on alternate days, cured within six weeks; and perhaps equal credit is due to both medicines. (*Allg. h. Ztg.*, 60.15.)

Belladonna, 12th dilution, proved curative in stadio prodromorum, with great irritability of the nervous system, determination of blood to the head: sparks before the eyes; buzzing in the ears; distortion of the face, red puffed face (*Arch.* 11.66.)

Bell. cured epileptic fits in a child during teething, with determination of blood to the head; there set in twitchings, spasms in the limbs; loss of consciousness; frothing at the

mouth; dilated pupils, and the cry. Bell., 18th dilution, daily in globules after the fit soon cured, whilst Aconite during the fit produced amelioration (my own experience).

Puerpural epilepsy in child-bed. Madame P., aged twenty-four, of blooming complexion and tolerably robust, was confined twice in the country, suffering very much the first time from bearing twins; one of them with an irregular presentation, but afterwards, except determination of blood to the head, was in good health. Now, in the last pregnancy, she had, during the latter half of her time, congestion of the head and stunning pressive pains of the head, with vertigo. After her confinement, anguish, confusion of the head, vertigo, nausea with pressure on the precordia, and at night great restlessness and occasional rambling till morning, and next day an attack of eclampsia. With this the face was puffed, the eyes rolling here and there, with diluted pupils. She lay unconsciously whilst the muscles of her whole body were seized with the most violent convulsions, her thumbs turned in, and her head hot to the touch. Her temporal and carotid arteries pulsated violently; the breathing was irregular, almost by jerks, and in passing through the convulsively closed mouth gave out a whizzing sound, whilst froth issued from the corners of her mouth. Pulse slightly contractile, 88 to 90 regular. Skin somewhat warmer, dry. The lochial discharge much diminished. Bell. 4. four drops in two ounces of distilled water, one teaspoonful administered. In five minutes the convulsions ceased, the breathing was regular. Patient returned to consciousness, answered correctly, and recognized the bystanders; yet her look was staring and unsteady. Soon after she fell into a deep sleep, during which one could observe irregular breathing and twitching of the corners of the mouth, and also of the hands. Bell. given continually, a teaspoonful at a time. She did not awake till afternoon, and then complained of confused headache, bruised conditions of the limbs, and feebleness; was extremely thirsty, and found relief by frequently taking small quantities of cold water. The excessive milk was drawn off with a suction-glass, and in an hour the baby was put to the breast. In the evening one other slighter attack of spasms, the head still

confused, with cold perspiration. At night, slight twitchings, with contraction, and at times wandering. Pulse 76, full and soft. Sleep good, without twitching. Bell. only every two hours. The lochial discharge had disappeared. Ars. 2, every four hours for severe after-pains, when all got right shortly (*Hygea*. 21,295).

Bell. X<sup>ooo</sup>, at long intervals, cured the following epilepsy in three doses. The patient fell always backwards on the ground, on which her head was instantly drawn to the left, and her arms and legs distorted; only the whites of her eyes to be seen. Then she struck around her with her hands and feet, whilst her face was bluish-red, and its muscles in constant convulsive movement. At last, her head was drawn to the left so that her face got backwards and her occiput forwards. Noisy, quick breathing, the thyroid glands already distended like a goitre; violent beating of the carotids. As soon as the spasms ceases she begins to cry out again, fancies she is pursued by wild beasts, cries out to her mother in great anguish, until by distress her senses return. Her cheeks and tongue are severely bitten till the blood flows from her mouth; her whole body beaten black and blue. In the intervals sees blackness before her eyes, pupils dilated; abdomen moderately large yet soft, stools solid. After the third dose there appeared an itch-like eruption on the body, which was cured by Sulphur (*Arch.* 16.2).

Bell. 3 xii, in repeated doses relieved a man from epilepsy after he had for some time taken one dose every other evening regularly. This was an epilepsy of the peripheral character. C., a tailor, aged twenty seven, of spare frame and weak constitution, who had never suffered either from itch or from any morbid condition, was seized with epilepsy, without any perceptible cause. At first, he felt in his left hand a pricking, cramping pain, with which an afterwards associated spasmodic muscular twitching, drawing of the whole arm inwards, and fits of vertigo with twitchings of the face, with a sensation as of a mouse running upwards, without proceeding as yet to loss of consciousness. This condition lasted some years; and as these fits occurred but seldom, no physician was called in. Gradually the attacks in their full in-

tensity affected the brain by sympathy, for there always followed upon the local irritation and spasmodic distortion of the arm, an unconscious sinking and most violent convulsions; on the cessation of which, ordinarily, a soporous sleep set in, after which the patient, awakened to consciousness, had a sensation of bruising in the limbs and wildness in the head. The fits kept coming on oftener, and a paralytic condition was established, to which was further added weakness of memory. Now that the fits occurred weekly, and twice on the same day, and the allopathic treatment did no good, nay, aggravated the malady, he came under homœopathic treatment. The arm was so paralysed that the patient could undertake nothing to any purpose as a tailor. At the same time he observed a frequent confusion of his thoughts. The above-mentioned pain in the head and the spasmodic distortion of the arm always preceded the sinking down; the arm itself became greatly emaciated, the muscles flaccid, with a constant sensation of numbness and such paralytic weakness that he could do nothing with it, and pressure of his hand was hardly felt by him; otherwise, he only complained of bodily weakness. After using Bell. for some time, no fit showed itself for a long period, until subsequently a paroxysm recurred with vertigo. Bell. 3, as above, was given constantly, and nothing more followed for five months. The regular use of Bell. banished the epileptic fits, and nothing remained but a mere local irritation. The arm had recovered, the man could work, and even sustain prolonged severe labor. My informant thinks, however, that the patient cannot be considered as fully cured, for a man cannot sing Iopæan over a chronic epilepsy till one and a half or two years have elapsed (*Hyg.* 21.284).

Bell. in moderate dilution, afterwards alternately with Calc. every fourth day, cured a chronic epilepsy in a lady aged forty, who had already ceased menstruating. When a young girl, she had a kind of scrofulous eruption on the head, which gradually disappeared by the use of external remedies. After remaining some time in good health, she began, at the period of puberty, to suffer from attacks of giddiness and slight

cramps in one arm, until this condition had proceeded to downright epilepsy. Fear and anxiety always preceded the fits, so that the patient could not leave the house, at least without escort, because she dreaded having a fit on the road. She felt cross, and dreaded being alone. The fits occurred oftenest at night, but also in the day. At first months would pass, then weeks, before a fresh attack came on: but latterly, with advancing years, the paroxysms occurred at shorter and shorter intervals, so that at last only days were free, and those the patient passed in the greatest disquiet, fear, and anxiety of heart, during which she often wept. At the commencement she used to cry out violently and at once. At first her left arm, then her head, and at last her limbs were distorted.

Sometimes she would go to bed earlier, in order to avoid injuries from falling, otherwise she generally fell backwards on the ground. Her eyes were distorted so that one saw nothing but the whites; sometimes she would strike in all directions with her limbs, at other times she had cataleptic spasms; her face was drawn convulsively with a bluish-red tinge, and with foaming at the mouth, accelerated and loud breathing followed, the carotids beating violently, and perfect unconsciousness and loss of sensation were unmistakable. Urine had passed involuntarily, and sometimes stools also, during the fit. When, after a comatose sleep, the patient at last came to her senses, she was still as if deranged and also rather terrified and anxious; kept crying out for her mother, or else for some of the neighbors, and weeping. Bloody mucous flowed out of her mouth, her tongue bitten and rather swollen; the pupils, which before the fit had been more or less dilated, continued still of enlarged dimensions. She felt very feeble and prostrate, and fell into a more or less protracted sleep, out of which she would awaken somewhat recovered. Some days after this there were still traces of her weakness, but she was otherwise well. Various remedies, homœopathic too, given by the army surgeon, Dr. Hartung, at the time would not remove the malady. I came to the place, was called to consultation, and after I, too, had tried some medicines in vain, I hit upon Bell., and afterwards Calc., which soon cured her. The prolonged use of these remedies

kept her from having fits, so that not one had occurred for a year afterwards. (My own experience).

*Camphora* keeps off epilepsy, but does not remove it. (*Arch.* 1,1,26).

*Calc.-carb.* has proved itself to be thoroughly good; for instance, in the above case of epilepsy, treated at first with Bell. alone, without any avail. Some instances are subjoined.

A robust youth of fifteen, almost always had a fit of epilepsy after a draught of water, and that for six or seven years. In other respects healthy. *Calc.-carb.* in the 30th dilution cured him. (*Arch.* 17,3,42).

*Calc.-carb.* with Bell., alternate doses every eight days, cured epilepsy in a child after the occurrence of an itching eruption which appeared on the body. (*Hyg.* 7,527).

*Calc.-carb.*, moreover, removed epilepsy whose fits came most frequently and worst at the new moon. Sil. and Sulph. did the same. (*Neue Ztschr. f. Hom. Klin.* 3,63).

Epilepsy in a girl twenty-seven years old. For four years after an eruption on her body and limbs had been suppressed by ointments, her fit occurred every third or sixth day regularly in the night, with loss of senses, rigidity of the limbs, violent cries, pale face, and cold sweat. After the fits, vertigo and throbbing headache. Besides this, her menstruation weak, with pains of the abdomen, drawing in the lower arm (ameliorated by cold), very facile perspiration; *Calc.* 30, removed all this. (*Arch.* 17,3,44).

Epilepsy in a boy, aged three, who previously had an eruption on the head (which was suppressed), with stiffness of limbs, loss of senses, and foam at the mouth. After the fit, perspiration of the head. Besides this, the abdomen large and hard, whilst the body was emaciated. *Calc.-carb.* 30, removed all this. (*Arch.* 17,3,45).

Epilepsy in a single person, aged thirty-three, of twenty years' duration. The fits came every morning, followed by violent perspiration, during which she is weak in mind. Sulph. produced no essential alteration. Fourteen days after, *Calc.* 3, relieved her entirely from the epilepsy. (*Arch.* 17,3,46).

Epileptic convulsions in a single lady (probably an onanist,



though she would not admit the fact). They lasted four days and at last ceased with loss of senses. Besides, great thirst and menstruation failing for eight years. After Sulph. 60, Merc. 30, Sulph. 30, menstruation came on profusely; on the other hand, the convulsions came on violently; Caust. 30, and Cupr. equally unavailing; Calc. 30, cured. (*Arch.* 17,3,42).

In epilepsy occurring only at night, two doses of Calc. brought relief. (*N. Ztschr. f. Hom.* 4. Bd. 3. Hft.)

Epilepsy in a boy of four; four to ten fits per day; worst at the equinox, always preceded by hunger like bulimy. The boy had the so-called "schauerchen," whereupon this malady commenced; his mind has become dull, and his temper extremely peevish and capricious. After Calc. 30, one powder every fortnight, the malady disappeared with second dose. (*Arch.* 17,3,42).

Epilepsy of two years' standing in a girl of five; extension of arms and legs, which are stiff. Distortion of eyes, bluish-red face, foaming at the mouth, loss of consciousness, paralysis of the limbs, and loss of speech. After the fits, sleep, with anxious restlessness and cries on awaking. On the slightest vexation the fits follow at once. Other symptoms: great fondness for milk, much stretching and straining, and very uneasy sleep. Bell., Sulph., Bell. 30, every fifth day, made the fits weaker and seldomer. Calc. 30, every fortnight removed all. (*Arch.* 17,3,43).

In pure nervous epilepsy, Calc., alternately with Cupr., is suitable.

Epilepsy in a girl of fourteen, of two years' standing. fits preceded by sleep; during the sleep; during the fit, confusion of the mind, and rending convulsions and distortion of limbs; after the fit, hunger, deadness of the fingers, and sleep. Cina 3, followed in a week by Sulph. 30, brought no relief; Calc. 30, removed it all. (*Arch.* 17,3,44).

*Note.*— Of late years the writer in the *Archiv* has found, that whenever the medicines were indicated by constitution and collateral ailments, Calc. was to be given alternately with Cupr., as the former acted more gently and beneficially than when he, as previously, gave it alone. (*Arch.* 17,3,51).

According to Hartmann, epilepsies, when Calc. is suitable, are not always cured by it alone, but need the intervention of

other cognate medicines given in alternation (as Bell., Cupr., Plumbum-acet).

*Causticum* seems to effect something in organic epilepsy from softening of the brain. (*Allg. Hom. Ztg.* 51).

*Causticum* is said to have succeeded once in increasing, another time in decreasing dilutions. (*Allg. Hom. Ztg.* 47. *Kirsch*)

*Cicuta-virosa* cured an epilepsy with extraordinary distortions of the limbs, upper part of trunk and head, with bluish face, and breathing interrupted for some moments, with foam at the mouth. As the breathing got freer he became unconscious, and lay as if dead, giving no signs of sensation, though one should bawl at him or pinch him.

*Cocculus* proves especially useful at the monthly period, if epilepsy occurs at that time.

*Cham.* might be successfully opposed to epilepsia uterina, where also Cupr., Puls. 12, and Plat. 2, are prescribed. (*Annal.* iv. 271).

*Cham.* 6 cured a kind of epilepsy with predominant pains in the abdomen. The patient took one drop every three days, and the cure was effected in ten days. (*Allg. H. Ztg.* 5,145).

*Cham.* speedily cured epileptic convulsions in the muscles of the face. (*Arch.* 1,1,103).

*Cupr.* 30 cured epilepsy where the fits came on at night, after the cessation of the menses, with spasmodic sufferings in the stomach. (*Thorer's Prakt. Beitr.*, 11,155).

*Cupr.* cured epilepsy occurring at night during sleep. The premonitory symptoms were pressive pains in the head, with very peculiar disturbance of the mind, and sad, anxious dreams. Ignat. and Calc. caused the fits to happen at longer intervals, still they kept increasing. Cuprum 30, given for two months every fourteen days, for the next two months only every three weeks, cured the patient of the disease. (*Schwarze's Hom. Heilungen*, 135).

Epilepsy of a year's standing, in a girl who had not yet menstruated, in consequence of being frightened by a dog. The fit came on at night every six or eight weeks. Cupr. 30, a dose every fortnight caused a cessation of the fits, yet three months after they recurred after a violent mental effort.

Cupr. one dose again every fourteen days cured her perfectly. (*Schw. Hom. Heil.* 141).

Cupr. often cured the epilepsy. *Org.*, 1824,36. *Arch.*, 1,1,69).

A boy of ten years old was seized with epilepsy, which was preceded by premonitory symptoms. He would utter one cry, then tumble about, striking with hands and feet; every muscle in his body became convulsed, eyes distorted, mouth foaming, thumbs turned in, whilst he groaned and moaned heavily, growing red in the face. All this lasted eight to ten minutes, then the convulsions ceased; he heaved a deep sigh, and the fit was over. Sometimes he fell asleep soon after, sometimes not; in this case he complained of confusion of the head and great weakness. After each fit (always day by day) he always passed a quantity of urine as clear as water. Cupr. 30, one drop every eighth day. Five days after the first powder a fit recurred; as soon as it was over a second was given. This was the last fit, for, though the Cuprum in the next six weeks was still given once a week, and in the subsequent was only taken twice, the patient continued not only long, but permanently free from the disease. (*Schw. Hom. Heil.*, 138).

Epilepsy of three years' duration, recurring every fourth or sixth week, always by day. The patient had previously suffered from round worms, and, a short time before the outbreak of epilepsy, had been much frightened by a cow. Suspecting worms, we repeatedly gave Cina, Nux and Merc.; but no worms showed themselves and the epilepsy recurred, only with this difference that the patient slept two hours after the fit. Cupr. 30, employed as above, speedily removed the first fit. (*Schw. H. Heil.* 139).

Where no organic defects or metastases, especially of milk, form the basis of the epilepsy, Cupr. was given with material benefit every forty-eight, seventy-two, or ninety-six hours. (*Allg. H. Ztg.* 9,46).

Epileptic fits of two years' standing, generally recurring every week, were cured with Cupr. 30, a dose every third day. Only once during treatment a fit occurred. The fits consisted of a sudden falling down with one short cry, convulsive move-

ments of the muscles of the face with gnashing of the teeth, distortion of the eyes, with much dilated pupils, convulsions of the body and limbs with the thumbs bent in, intermittent and groaning respiration; and they lasted fifteen to twenty minutes. For the rest of the day the boy was very feeble and sleepy. (*Allg. H. Zig.*, 9.232).

The child of another suffered under similar circumstances during teething. After Cham. and Ignat. 18, the fits came seldomer, but it was Cupr. after all that was able to remove them entirely. (*Allg. H. Zig.* 9.241).

Epilepsy beginning with drawing in the arm (Aura Epileptica), which then moved involuntarily, and the fit immediately followed. Cupr. 18, a dose every eighth day, cured it. (*Allg. H. Z.* 5.145).

Rosalia Barna, fourteen years old, used to have a fit at the new moon, consisting in suddenly falling down, foaming at the mouth, turning in of the thumbs, spasms, and the other symptoms. At times this attack came on three times a day, often repeated eight days afterwards. After the fit, headache. Had not menstruated, and was otherwise healthy. One might accept as the cause of this malady, the peculiar versatility of the nervous system at the period of development. Cuprum-metall., the 30th, 24th, and 18th dilutions often repeated, caused the non-appearance of the fits at the next new moon. (*Arch.* 19.2.114).

Epilepsia uterina, in a girl aged twenty, which had lasted one year and a half, after being frightened by a dog at the monthly period. The patient was a blonde of scrofulous constitution, otherwise healthy; no organic injury or alterations. The spasms set in every fourteen days, then every five weeks, and began with slight convulsions of the extremities; after which, in a few minutes, convulsive laughter, then loss of consciousness, distortion of the eyes, foam at the mouth, rigid spasms of the limbs with contraction of the thumbs, and involuntary urine. She then came to herself in a state of great exhaustion. Bell. 3, three drops caused alleviation. Cupr. 6, three times a day, cured her in four weeks. (*Allg. H. Z.* 49.92).

*Cupr.* should in general, suit epileptica uterina, so also Cham. (*Annal.* iv. 271).

*Ferrum-hydroc.* in epilepsy; when the fits occur at the change of the moon when waning. In order to obtain good results, *i. e.*, diminution, and in time also *cure* of the malady, this medicine must be used for a long time; and its employment must take place in a certain gradation suited to the individual case; morning and evening  $\frac{1}{4}$  to 2 gr., as above. After fifteen days treatment the fits ceased. Towards the waning of the moon the medicine is given for three days to the amount of one grain; then for three days one half grain more. (*Hyg.* 27,524).

Epilepsies are said to have been cured by allopaths with Ferr.-hydroc., giving 2 gr. twice per day. (*Alg. H. Z.* 32,291).

*Ferrum-Iodatum.*—A boy, eleven years old, of scrofulous habit, had suffered one year from epilepsy, paralysis of the right arm, and dementia. The cranial bones were considerably hypertrophied. Ferr.-iod., one-sixth to half a gr. twice a day caused improvement in a few weeks; in quarter of a year the epilepsy and paralysis was cured; and, after two years, complete recovery ensued. (*Oesterr. H. Ztschr.* 3.2.241).

*Filix-mas*, for epilepsy arising from tapeworm. In a lady, who had suffered from epilepsy three years, and took Filix-mas in the form of extract, on account of passing fragments of tœnia, it is said to have procured not only considerable relief from the tapeworm, but also a cessation of the epilepsy, and the restoration of her enfeebled mental powers. (*Oesterr. Ztschr. f. Hom.* 3.2.241).

*Hyos.-niger* cured a species of epilepsy brought on by fright. (*Arch.* 1.2.53).

An epilepsy was also cured by Hyos.-nig. (*Arch.* 12.2.178).

*Hyos.* 12, cured a periodic epilepsy, with spasmodic drawing in the calves, spasmodic suffering in the stomach, and involuntary urine. (*Thorer's prakt. Erf.* 1.37).

*Ignatia.*—Attacks of even long-standing epilepsy, which commenced only after vexation or similar trouble (and from no other cause), were always, warded off by the speedy administration of Ign. Also fits brought on in young persons by fright, before they were often repeated, were cured

by two doses of Ign. But, as for epilepsy of long standing, and of a different description, being curable by this medicine, or ever having been cured, that is highly improbable. (*R. A. M. L. Hahn. 2d P. 141*).

Heinrich Engester, thirty-three years old, had an attack of epilepsy in his twenty-fifth year, from fright, without any reason for expecting it, or else with mere headache preceding; he lost, in general only at night, all consciousness. In a state of opisthotonos, lying on his head and limbs, he formed a semi-circle, knocked about and tumbled out of bed, unless he was held down, violent shocks shook his frame, especially the chest, and bloody froth issued from his mouth. For ten to fifteen minutes the convulsions ceased, yet the unconsciousness continued five or six hours. He talked unconnected stuff aloud, knowing nothing about it afterwards, and passed urine and stool in every corner of the room, unless prevented. Violent shivering with his body icy cold ended the fit. The debility resulting from this, both in mind and body, made him unfit for his business during one or two days. Ign. 6, one drop, taking four doses, one every third day, caused the disappearance of the fits, and they ceased permanently. He had to take medicine for three weeks longer. For vertigo, from which he suffered continually, he took Sep. 2 gr., one every fourth day, which removed this ailment too (*Hgg. 10, 82*).

A mason, twenty-six years old, suffered from epileptic fits, in consequence of a fall, for five years. Previously well and strong, he was seized with this malady about four weeks after the accident, and it set in generally at night in paroxysms, which gradually became more frequent, and now every six or eight days. The fits lasted ten to twenty minutes. Before them the patient perceived a buzzing in the ears, and then a little headache. He took first Bell. 30, a dose every third day. As this produced no result, he took Ign. 30, (in the same way), on which the fits soon came seldomer, and were shorter, until at last, by the account of his relation, they were limited to fixedness of look, and rigidity of the extremities. Stramon. 30, removed this also, and when the patient was left after about seven months' treatment, he had

been then six weeks free from fits. Later accounts announced perfect health. (*H. Ztschr.* ix. s. 470.)

Ign. is a medicine, the main sphere of whose action lies in the nervous system, especially in the region of the spinal chord, with special relation to the reproductive organs. Neuroses, which have their origin in perverted functions of the uterus, and therefore the greater part of reflex-neuroses of this description (as long as they continue as such, without any important change in the circulating system), are amenable to its action. Most of the affections under the name hysteria, are certainly not immediately dangerous, but form a very tantalizing torment to the patient, and also now and then exhibit critical phenomena, *e. g.*, convulsions of various kinds. Ign. stands in the first of hysterical remedies. (*N. Ztschr. f. h. Klin.* 3 Bd.)

Ign. 12, removed an epilepsy which commenced after fright and anxiety, It is of special service in hysterical subjects, and in children. In the latter it removed two cases of recent epilepsy, with convulsions of the limbs, inversion of the thumbs, and foam at the mouth. (*Ann.* ii., 60.)

Ign. cured an epilepsy which commenced after fright. (*Arch.* 12, 2, 170.)

Another cure with this medicine of an epilepsy which also commenced after fright, and showed itself in sudden convulsions, with tremor and distortion of limbs, the face turning from red to white, and saliva flowing from the mouth, whilst not unfrequently consciousness also failed. (*Arch.* 14. 1. 136.)

Epileptic convulsions, spasms, and retching cured by Ign. (*Arch.* 3, 2. 121.)

Ign. also cured convulsions beginning after fright, with a sort of globus hystericus in the abdomen. (*Arch.* 5, 2, 38.)

Ign. tincture, 3 drops in 3  $\frac{2}{3}$  water, with some sugar, a teaspoonful given for epilepsy in a child, every hour or two, according to circumstances. The second dose produced in this disease—which came on every two or three hours—rest, sleep, and perfect quietude of the nervous condition. The medicine was used to the end, and the disease cured. (*Hyg.* 7, 290.)

After epilepsy produced by inward displeasure and tacit vexation, and occurring from two to six times a day, Ign. 12.

After the second powder there set in with cough, an expectoration of dark red blood (looking, so to speak, as if burnt), mixed with mucus, which lasted two days. From that day forth the fits ceased. (*Allg. H. Ztg.* 6, 139.)

Ign. 30, in few doses, and with usual diet, is said to have got rid of the fits of epilepsy for weeks and months together. (*N. Ztschr. f. h. Kl.* 2 Bd.)

*Kreosote* is said to be a good remedy for epilepsy. (*Allg. h. Z.*, Bd. 23, s. 222.)

*Lachesis* is named by C. Hering as one of the most effectual remedies next to Bell., Caust., Cicut., Calc., Hep., and Silicea. (*R. A. M. L.*, 2 Bd. 155.)

*Nitri-acidum* 2. A drop daily given only twice, cured an epilepsy which ceased by frequent driving, and for a longer or shorter time, according to the length of the drive. It was in the case of a girl of fourteen, who was otherwise healthy and well-formed, but had previously suffered a long time from crusta lactea, and for three years had been affected with attacks of epilepsy every evening on going to sleep. or sometimes later, the fits lasting from half to one and a half hours. Before and after the fit she was unusually languid. Ign. 1 and Cham. 1, which were first tried, were ineffectual. Nitric-acid cured. (*Allg. h. Z.* 28, 236.)

*Nux-v.* cured a kind of epilepsy with ill-temper. (*Arch.* 12, 1, 170.)

*Nux-v.* 18 removed epileptic convulsions, which commenced after vexation or intoxication, and disturbance of the digestive organs. Hartm. *pr. Erf.* 1, 103.)

For epilepsy proceeding from the spinal system, *Nux-v.* is useful, so are Ign., Cicut. and Cupr. (*Allg. h. Z.* 13, 39.)

Dr. Soklitsch professes to have cured some epilepsies very happily with *Nux-v. tinct.*

*Opium* did good in small doses in an epilepsy which came on every night for several weeks, with violent tossing of the limbs, and painful, almost suffocating respiration. After eight days one dose of Calc.-carb. was given by way of precaution. (*Arch.* 1, 112.)

Epilepsy which came regularly during sleep—and that



rather a stupefying slumber—was removed by Opium. (*Org.* 1824, 26.)

*Opium* 6 removed an epilepsy which set in every night with almost suffocating breathing (epilepsia thoracica.) (*Arch.* 11, 112.)

Epilepsy commencing after fright was removed by *Nux-v.* in very low dilution, given for a long time. Afterwards, when occurring during sleep, cured by Opium. (*Allg. H. Z.*, 26, 276.)

*Phos.* used for a long time, thoroughly cured epilepsy in a girl of sixteen, whose health was impaired by onanism. First began irregularity in menstruation; then the slightest causes produced the most fearful cramp in the stomach and bowels, generally ending with lipothymia, which was afterwards replaced by the most violent epilepsy. The constant premonitory symptoms were constant yawning, great dryness of the mouth, and the aura epileptica commencing in the feet, and mounting in the course of the nerves. (*Allg. H. Z.*, 24, 158.)

*Plumbum* is especially to be employed when epilepsy proceeds from the splanchnic system. The fits where *Plumb.* is suitable, are said to present as characteristic symptoms, swelling of the tongue, which hangs from the mouth and gets bitten.

*Plat.* 2 and *Puls.* 12 were successfully used in epilepsia uterina; removed the convulsions, which always appeared with violence at the commencement of the catamenia. (*Ann.* iv. 285.)

*Rana-bufo* and *Salamandra* used by Leydet in the first dilution. First, *Rana-bufo* 1, two drops in five oz. water, a tablespoonful every morning. After this solution he gives the patient twelve powders of *Sacch.-lact.*, to take one daily; then the same procedure with *Bufo* from the 2d to the 6th dilution. As soon as this is all taken, the same procedure follows with *Sal.*, with the same interposition of *Sacch.-lact.* If after six months no fit occurs, then the patient takes a dilution of each medicine, for a month, by turns, without any parenthesis *Sacch.-lact.* He allows patients living at a distance to take globules moistened. He gives *Sulph.* as a very powerful auxiliary (!) before each medicine. (*Allg. H. Z.* 58, 78.)

Dr. Soklitsch, of Unterkrain, professes to have used *Se-*

cale-corn. for epilepsy, with good result; and to have cured other cases thoroughly with Nux-v. tincture.

*Solanum-nig.* 3, did good in epilepsy from teething. This medicine is also said to be of use in removing epilepsy with pale face. (*Allg. H. Z.*, 1, 24.)

*Sulph.* 30. One drop given by Hahnemann in the case of a man seized with epilepsy, caused the epilepsy to reappear suddenly, but then it never returned. (*Arch.* 11,2,88.)

*Spiritus-sulphuratus.*—Some globules cured epilepsy in a case where the fits came on at night; the next fit after the dose was also the last. As a preventive, one dose of Calc.-carb. was given to the patient. (*Oester. Ztschr. f. Hom.*)

*Preparations of Zinc* used continuously and in sufficiently small doses, said to render the attacks less frequent, and in two or three months to remove them entirely. The doses are given either in the morning only, or the morning and evening. (*Allg. H. Z.* 47,150.)

*Zizia* 3.—The decimal dilution is said to have cured two cases of epilepsy, one drop given morning and evening; one case had lasted over ten weeks, the other more than three years, the fits recurring every eighth or tenth day. (*Allg. h. Z.* 51,70.)

#### PALLIATION.

By way of palliation one can sometimes keep epilepsy within bounds by frequent doses of Ignatia. This treatment, however, is only possible when the fits have premonitory symptoms. These may consist of the following: sensation of a cool draught of wind, which mounts up from the tip of the finger or toe, and when it reaches the brain causes the outbreak of the attack. In many patients, the premonitory notice feels like the running of a mouse through the muscles, sometimes like the crawling of ants upwards, or again, like an electric shock, or in the form of heat, headache, yawning, sneezing, stupefaction of the senses, strange smell, taste, or color, double vision, or the like (*Rad. artemisiæ vulgaris* tinct., administered in drops frequently may do good here). When a person perceives these warnings, it is best for him to go to bed, or be put there immediately. In case of epilepsia manu and predis-symp-

tomatica, one may also try a tight ligature on the wrist or ankle, whereby the nerve is, as it were tied, and the spread of the aura epileptica up to the brain is as far as possible prevented; for this purpose it is well for the patient or the person who takes care of him, to procure a strap of leather, or bandage, with screw (tourniquet), place it on the part in question, so as to be able to screw it up instantly when the premonitory signals show themselves. During the fit itself, it is well just to do nothing but to guard the patient from damage. Leave him on a soft bed to get over his spasms quietly, and prevent, as far as possible, all injury, by having some one to sit beside him always, and now and then hold him down. the practice of forcibly opening the clenched thumbs, and holding the patient too fast, only aggravates the spasms, therefore let it alone. Such persons as are apt to take fright easily, should, as far as possible, avoid witnessing such fits, as it has not unfrequently happened that the violent fright at the sight of such a patient has given rise to an attack of the same disease.

In conclusion, the main rule must be borne in mind, that the remedies which seem to have chiefly tended to cure the patient, should continue to be administered as long as possible in the same dose, then in smaller doses (triturations or dilutions), and still later too at longer intervals, so that not only the paroxysm may be prevented for the present, but also the constitutional disposition to this obstinate disease may be subdued. This is so much the more needful, as there have been many instances where, after apparently perfect cure, the epilepsy has returned after one or one and a half years, and that just because they omitted to continue the use of the suitable medicines first for several months incessantly, and then for two years more at intervals of fourteen days, and lastly once a month.

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ARTICLE III.—*Climate.* By JAMES T. ALLEY, M.D., of New-York.

NEARLY two years absence from my accustomed duties, on account of enfeebled health, has among other things given me some opportunity for reading and observation on the sub-

ject of climate. Although in my own person, I have not received all the benefit I had hoped for, yet I am not the less convinced that this subject has been too much neglected, and that a fair understanding of the question is of the utmost importance to every physician.

In the medical literature of this country, very little attention has thus far been paid to this topic, indeed I believe no regular treatise has been published, giving a collective statement of the various places of resort.

The question is frequently asked by chronic invalids, that is those who are disabled from active duties, yet are in such condition as not to be injured by travel, "to what part of the world shall I go?" Where shall I spend the winter, where the spring, and where the summer? The physician is naturally appealed to as one who ought to be qualified to answer intelligently such questions, and upon the answer depends in a greater or less degree the welfare, and often the life of the invalid.

Whilst abroad, I met with several invalids from New-York, who had received directions from their physicians as to where they should pass the winter. These directions were as bad as they could possibly have been, and in more than one instance unnecessarily cost the life of the patient. The plain fact was, the physicians, although occupying exalted positions, and possibly very wise in some things, knew nothing about the climate they were recommending. They seemed to forget or possibly never knew, that climate, like other influences, are potent either for evil or good, according to the condition of the patient and their adaptation to such condition.

It is these circumstances which drew my attention more particularly to this subject, and with the hope of contributing a mite of information, the following articles are written :

I propose in this first article, to make some general remarks on climate; in the second, to speak of the "effects of climate in health and disease; in the third, to discuss "choice of climate," and in those that follow, give a description of the places and the characteristics of the climate of most of the popular winter resorts in various parts of the world.

Health permitting, I trust these will appear in succession, and

however faulty in many respects they may be, I shall aim at the sober truth, neither giving an undeserved reputation to any particular spot, nor setting down aught in malice because of the senseless rumors of those whose experience has, partly by faults of their own, been unfortunate.

It is the misfortune of many invalids in Europe, that they fall in with books on the climate of particular places, written by physicians who are practitioners in that particular locality. Self-interest is natural to them under these circumstances, and however honest the men may be, most of their books are too highly colored, and calculated to mislead the invalid by promises which are seldom fulfilled. If, in regard to some of the places, I sober the enthusiasm of those who have heard these glowing accounts, I shall render them a service which they will be better able to appreciate, should they have opportunity to test by experience the qualities of the climate described.

To the physician it is essential to know as far as can be known, not only when a certain change can be judiciously advised, but also when it should be discouraged. A valuable climate or any other remedial measure, no matter how useful, is very sure after the lapse of a short time to fall into disrepute. By its very successes its merits are over-estimated, and it is then used in cases to which it is not in the least adapted. Failing in these, it receives a wholesale condemnation, and is afterwards grossly neglected. Disappointment in respect to the effects of climate has also in a great measure been produced, by expecting that it should perform miracles. Invalids are apt first to use every other means, and when all these have failed, to resort to a change of climate. Under these circumstances, it is not strange they should be frequently disappointed.

A certain class of hopeful invalids seem to suppose that there are sunny spots where every breeze is healing, and to which they have to go to be quickly restored. The sooner such hope is dispelled the better. There is no royal road to health. With the best of influences, disease is usually slowly recovered from. In health, as in mechanics, it is far easier to "run down" than to run up. Go where we will, to a certain extent the same influences and tendencies are at work. There has yet no place been found where there are not the

same atmospheric evils, as prevail in the worst of climates, only they are less in degree. In advising the best of climates, therefore, we are merely seeking to lessen, and not to do away with those influences which are unfavorable to the invalid.

We are simply placing him in circumstances where nature may be less embarrassed in restoring the lost equilibrium. These external difficulties being lessened, the healing influence, which always comes from within, has a better chance to ultimate its tendencies.

Another circumstance which often lessens the benefit which might otherwise be obtained from climate, is the utter disregard of those little precautions which are of the utmost importance to the invalid. Too many go abroad with the idea, that the highly-lauded virtues of a certain climate will relieve them from the restraints of appetite and inclination, which they find indispensable at home. The truth is that much more care is requisite in a foreign, than in a native climate, from the fact that considerable time is necessary for acclimation, and that many more inducements are offered for indulgence, which it is not always easy for the idler to resist. The patient should always be made to understand that however excellent the climate may be, every regulation that can preserve or improve the general health must be strictly adhered to, as without this but little promise can be given that any improvement will follow. The neglect of these requirements costs many an invalid, to say the least a fruitless trip, and the fault is usually attributed to anything else rather than to his own negligence. A careful study and observance of the laws of health is of the first importance with those suffering from chronic disease, whether they seek relief by change of climate, or by the more ordinary medicinal means.

Thus much of preliminaries.—

“The term climate,” says Humboldt, “taken in its most general sense, indicates all the changes in the atmosphere which sensibly affect our organs as temperature, humidity, variation in the barometrical pressure, the calm state of the air or the action of opposite winds, the amount of electric tension, the purity of the atmosphere or its admixture with more or less noxious gases, and clearness of the sky, which is

not only important with respect to the increased radiation from the earth, the organic development of plants, and the ripening of fruits, but also with reference to its influence on the feeling and mental condition of men."

The circumstances on which these various conditions of the atmosphere depend are worthy of especial notice.

As the FIRST of these, though not the most important, we may mention *degree of latitude*. Other circumstances being equal, the climate of a southern will not only be warmer, but dryer than the climate of a northern latitude. An increase of heat produces also an increased radiation and evaporation, and except there falls a much greater quantity of rain, or except the region is provided with a greater quantity of water, the air must necessarily contain less moisture. In regard to the temperature, however, we cannot with any certainty make calculations as to the range of the thermometer from the degree of latitude; as there are other circumstances, such as the topography of neighboring regions, the prevalence of certain winds, and the bordering of bodies of water, which materially change the degree of heat. "If between 58° and 30° north latitude, we compare Nain, on the coast of Labrador, with Gottenburg; Halifax with Bordeaux; New-York with Naples; St. Augustine, in Florida, with Cairo, in Egypt; we find that under the same degrees of latitude, the differences of the mean annual temperature between Eastern America and Western Europe proceeding from north to south, are successively 20° 7, 13° 9, 6° 8, and almost 0. Even in northern latitudes, exact observations show a striking difference between the mean annual temperature of the east and west coasts of America."\* Nain, in Labrador, has a mean summer temperature of hardly 43°, whilst at the same degree of latitude in Russian America, it is more than 57°. In no portion of the earth, says Humboldt, neither in the Canary Islands, in Spain or the south of France, have I seen more luxurious fruit, especially grapes, than in Astrachan, near the shores of the Caspian Sea, (46° 21). Europe owes its milder climate (than Asia) in the first place to its position with respect to Africa, whose wide extent of

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\* Humboldt's Cosmos.

tropical land is favorable to the ascending current, while the equatorial region to the south of Asia is almost wholly oceanic ; and next to its deeply articulated configuration to the vicinity of the ocean on its western shores ; and lastly to the existence of an open sea, which bounds its northern confines." It is often the case that a climate sufficiently warm for the growing of plants and trees, entirely tropical in their nature, is quite too chilling for an invalid to endure. The aloe, the palm, and the olive flourish exceedingly well on the exposed plains of Provence, where, as we shall hereafter see, notwithstanding the hot sun, the peculiar winds of spring, render it an unfit residence for a delicate person. The olive, although really a tree of the warm climates, endures well the winters of Toledo, on a plateau of central Spain, nearly three thousand feet above the level of the sea, as also on the bleak plains of Aragon, and the colder valleys of Bierzon. The same facts are illustrated in estimating the temperature and productions of places on our Atlantic coast, as also of others far in the interior.

The *Second*, and perhaps there is no influence that more strikingly affects the character of the climate than this, is the composition and disposition of the soil. Without mentioning the difference in material elements, suffice it to say, that a compact and non-absorbent soil, necessarily leaves upon the surface, not only much of the moisture which falls in the form of rain, but also a portion of that which is borne upon the wind. The evaporation of this moisture both gives to the atmosphere an inordinate dampness, and adds to its noxious particles, as this very dampness is the condition most favorable to noxious exhalations. On the other hand, an open or absorbent soil, quickly drinks in all the water which falls upon it, and takes from the passing wind more or less of the excessive moisture it contains. A sandy and so an absorbent soil will always, other circumstances being equal, be most favorable to purity of atmosphere. For a striking illustration of this we need go no farther than Orange, New Jersey. Situated within ten miles of districts where the air is continually damp and unfavorable for diseases of the chest, still nearer to other districts where marsh miasm is notably prevalent, the air of Orange is yet remarkably pure, and a better residence for



pulmonary invalids is perhaps not to be found within fifty miles of New-York. This is for the most part owing to the peculiarly absorbent soil, as also in a measure to its fortunate situation with respect to wind and sun.

The *third* influence affecting climate is the character and prevalence of winds. An atmosphere free from noxious influences, which under other circumstances might be salutary in its effects, is frequently rendered positively injurious by the prevalence of strong and exciting winds.

The extensive districts of Provence, in France, in other respects so happily situated, are rendered almost uninhabitable for invalids, by reason of the terrible *mistral* which, commencing high up in the snowy valleys of the Rhone, sweeps with destructive effects, all the territory lying betwixt there and the Mediterranean. During a part of the winter and spring seasons, no amount of clothing or exercise can resist its chilling and penetrating effects. In some parts of Italy also, as in Florence, these winds come from the distant snowy mountains with most chilling effect, when at the same time in streets and places not exposed, the weather has the appearance of summer, and the sun is uncomfortably hot.

In other winter resorts farther to the south, where the tropical climate would otherwise be desirable, the withering and irritating sirocco is capable of undoing in a few days, all the benefit that might be derived in as many months. The winds here spoken of are totally opposite in their character. The former blows from the north or north-west; is laden with moisture, and excessively cold, the latter from the south or south-west, and notwithstanding it passes over many leagues of sea, is always hot and excessively dry.

The injurious character does not, as might be supposed, depend upon the direction from which it comes. In England, Cadiz, and Seville the irritating winds are from the east; in Provence, from the north-west; at Valencia, from the west, and at Madrid from the south. So also there are places in the immediate track of the severest winds, which enjoy comparative impunity from their injurious effects, because of adjacent hills and mountains which act as barriers against their progress. At Pan, in the south of France, the air is almost never

seen in motion, although a few miles in either direction would expose one to uncomfortable winds. Other instances of this are so common as not to deserve mention.

Again, proximity to the sea coast essentially modifies the qualities of climate. This is entirely due to the saline particles contained in sea-air, which not only in themselves have a specific effect upon the organism, but give to the air a comparative dryness, and an electric tension which it would not otherwise possess.

Again, the peculiar conformation of the surrounding country exercises a powerful influence in this direction. Florence, in Italy, and Nice, in France owe the very distinctive qualities in their climate to their remarkable situation. Each of these are at the foot of, and cornered in by hills, so that the effects of the sun are intensely concentrated. As a consequence, the air is dry and sparkling with an electric tension, such as is found almost nowhere else on the continent.

Other influences, such as the degree of latitude, mineral regions, the production of the soil, &c., are of less importance, and may be referred to again when we come to speak of "choice of climate."

The characteristics of the climate of any particular place are usually determined by circumstances entirely local in their nature, and a change in a single respect may completely destroy its distinctive features. So also we frequently find that that influence which is usually foremost in controlling the qualities of atmosphere has no perceptible effect, because of a combination of circumstances stronger than the one. For instance, it does not always follow that the nature of the soil determines the dampness or dryness of the climate. At Nice, in France, the climate is exceedingly dry and exciting, not by reason of the small quantity of rain which falls, for the quantity exceeds that of several other places of comparatively moist atmosphere, not by reason of an absorbent soil, for the soil is particularly non-absorbent. The only explanation in this instance is the peculiar enclosure by hills, the slope towards the south, and the strong sea air under the influence of a powerful sun. An opposite example is seen at Pau, nearly in the same latitude, where, with a moderate quantity of rain, and a re-

markedly absorbent soil, the air is yet more than usually moist. From these we see that in order to form a right estimate of any given climate, it is necessary to consider all the circumstances which are capable of influencing it.

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ARTICLE IV.—*Report on Clinical Medicine and Pathology.*

By JOHN T. TEMPLE, M.D., of St. Louis.

THE consideration of clinical medicine and pathology, which the Institute has made it the duty of your committee to report upon, is a task so vast and important that they feel incompetent to do more than point out a few of the many bold promontories which mark this mighty dominion.

The word clinical is derived from the Greek *klinikos*, signifying, pertaining to a bed—too sick to be removed from bed—confined to bed—according to different lexicographers.

Thus it will be seen that your committee is called upon to leave the scenes of calm enjoyment, the sunshine of health, hope, and life, and introduce you into the gloomy chamber of suffering, sorrow, despair, and death.

Before entering this dark domain of woe, it seems proper, indeed necessary, that the object to be studied should be first considered, and clearly exhibited in mechanism and design. The human organism, the last, most glorious and grand in God's creation, was made perfect in a whole, perfect in every part. No discordant sound vibrated from any of its thousand parts. Beauty and harmony marked all its action. No disturbing force—no suffering—no disease disturbed the action of this divine machine. But alas for poor humanity! The spiritual force of satanic influence was permitted to invade, and derange this organism—to change harmony into discord—quiet and ease into restless suffering—and immortal life to mortality and death.

The great moving power which governs this machinery is called vitality or life.

How this vitality operates the diversified machinery in all its parts and functions we know not—the results alone are cognisant to our senses. In its undisturbed natural condition,

these results are uniform, the human organism fulfilling the design of its construction. It is very pleasant sometimes to enter the enchanted plains of theory, to attempt to lift the veil of the incomprehensible, and talk about the play of chemical affinities, the wonderful power and action of the cell-walls, the polarity of the molecules, as explanations of the *modus operandi* of the function of organs.

Your committee feel it imperative to give as clear and correct a view of man, the object of our study in his normal state, as can be furnished, in order that his physiological derangements may be manifest, when we enter the bed-room of the sick.

In the study of man, human intellect as on all other subjects, has pursued a wide diversity of course. Thinkers and physiologists have taken much pains to analyze man—to seek for light in the face of the sun. Open the sacred volume, and the first chapter of Genesis makes all clear as day. “It is true this source is not to every one’s taste, and materialism turns aside its withered lip in disdain at the testimony.” God tells us that man was made in *His image*, and had dominion given him over all created beings. Thus man’s position in the scale of being is fixed by the dictum of Divinity. “In imagination rear this vast and infinite ladder; the first step touches the mineral, the last reaches to God. The ascending and descending degrees are both arranged by sovereign wisdom, and a science truly divine.” According to the opinion of Naturalists, whose authority rests on science alone, man does not belong to the animal kingdom—but himself constitutes a kingdom. So thought Aristotle, Adanson, Daubenton, Vieq DcAzyr, Etienne, Geoffrey St. Hilaire, Lacepede, Serres, Louget, J. Rey, Moquin, Tandon, and others. Isidore Geoffrey St. Hilaire, even makes a fourth kingdom to ennoble man. “The human kingdom,” which, says he, rises above the animal kingdom by its intelligence; as the latter by its sensibility rises above the vegetable.” “Physiology, says Mons. Parchappe, which embraces in its view of living beings, the consideration of the nature of those actions by which their life is manifested, allows us to determine more precisely the position of man, by distinguishing between human and animal life, in the most absolute manner by essential characteristics; speech, science,

and morality indicate a mode of living in which no animal can participate in any way whatever."

If in one particular, namely his corporeal organization, man belongs to the sphere of animal life, it is because human life, involving animal life as a condition and a support, supposes the organizations and actions of the animal. But why fail to see, that in the complex nature of man, the animal nature is the accessory, while the human is the principal? Why try so hard to make man into a mammiferous and bimanous animal? Would it not be better to conform to the nature of things, and distinguish man by his essential attributes, reason and speech, even in a zoological classification, than to place him in the same class with the whale and the bat? "It is not vain pride, but a consciousness of human dignity that would make the ignorant as well as the learned blush before God and the world, to be placed side by side with the ape."

That we may properly understand man physiologically—judge of the action of his organs, and obtain a correct idea of the analogy of his functions, we must know the elements of which he is composed. "Here again the sacred scripture will lend us its torch to throw light into this abyss, for it is the only guide of every seeker after truth." In Genesis, ii., 7, we are informed that the Lord God formed man of the dust of the ground and breathed into his nostrils the breath of life, and man became a living soul.

This verse explains to us the *nature* of man. A distinguished writer has said, that "in man are solids, liquids, vapors, gases, fluids, and a soul; the solids engender the liquids, the liquids the vapors, the vapors the gases; the nervous fluid approaches the vital fluid, and the vital fluid is the transition of matter to the soul, as the transition of man to God." All the parts of which his being is composed are invariably united by the closest sympathy. This unity cannot in the least be modified, without its effects telling on all the functions; the undulations of the centre are transmitted to the circumference, and the slightest shock to the points of the circumference converges toward the centre by an infinite number of rays. Thus in a liquid mass, their particles communicate their movements one to another, as an electric spark awakens and puts in motion the fluid

which circulates in a current of the most unbounded extent. Thus we perceive the intimate connexion between spirit and matter, by means of vitality.

How this union between two substances so different and heterogeneous is effected, who can tell? It is a mystery, unfathomable, incomprehensible as God. These two substances have been compared to "two shores, separated by an infinite distance, between which rolls in ever-moving fluctuation, an ocean of infinite extent. Sometimes there is calm, sometimes tempest; its bosom hides riches inaccessible to the most devouring cupidity; above this power there is but one other power," that of God.

Although the physician exercises his art upon the moral as well as the physical man, the latter is more especially within the domain of his power and investigation. Yet there should be no exclusion of one part to the detriment of another, as man is a whole. We should avoid the error of organicism on the one hand, and the error of spiritualism on the other. In embracing the whole extent of the physiological field, our attention should be especially arrested by the vital fluid. This principle should be our beacon, star, and compass."

In the consideration of clinical medicine, we have deemed it absolutely necessary to an intelligible view of the subject to present for your consideration the physiological and pathological aspects of the human organism under derangement.

Physiological anatomy is called the science of the tissues and organs of the healthy body; physiology is the science of the functions of the healthy living organism. When any part of this grand complex is thrown from its equilibrium, whether in the polarity of a cell, or the secretion of the liver—when any modification of substance or structure in the tissues or organs of the body is caused by disease, we then have for study what is called the science of pathological anatomy. When the function of any organ in the system is deranged, the study of these perversions or changes of function is called the science of pathology.

An excellent writer has remarked, that in order to gain a correct notion of the subject, scope, limits, and relations of the science of pathology, we must first have a just and exact idea

of those of physiology. Let us for a moment consider this subject. Dr. Carpenter says the object of physiology is the study of "the phenomena which normally present themselves during the existence of living beings." And again, "the phenomena of health or normal life." Its object then, is not as it has been sometimes loosely stated, *life itself*, but the *phenomena which depend upon, and result from normal life*. The science of physiology brings these phenomena into systematic form, classifies and compares them, analyses secondary and complex phenomena into their simple elements, and seeks the ultimate phenomenon in which the real elementary manifestation of simple life is made uncomplicated by secondary or related chemical or mechanical phenomena."

Virchow says, "the chief point is to obtain a recognition of the fact that the *cell* is really the ultimate morphological element in which there is any manifestation of life, and that we must not transfer the seat of real vital action to any point beyond the cell."

Dr. Carpenter says, the cell lives by itself, and for itself, and is dependent for nothing but a due supply of nutriment, and a proper temperature for the continuance of its growth, and the due performance of its functions, until its term of life expires. Its chief endowment seems to be that of attracting or drawing to itself some of the various substances which are contained in the nutritive fluid in relation with it. This fluid is a mixture of a great number of components; and different sets of cells seem destined severally to appropriate these. As far as is yet known, however, the composition of the cell-wall is everywhere the same, being that of proteine."

Dr. J. H. Bennett says, "nutrition is now considered to depend upon an inherent vital property, peculiar to the tissues themselves, which exercise a force at the same time attractive and selective. By its agency each tissue and gland attracts from the blood that amount of matter which is necessary to maintain in bulk, and at the same time selects from it the peculiar substance necessary for itself and for the secretion it is destined to produce."

"Physiologists," says one writer, "with great propriety attempt to explain by mechanical, chemical, and electrical

laws the secondary phenomena of the organism, the relations of different tissues and secretions to each other, and their mutual reactions: But they make no attempt to explain the action of the cell-wall, which is the *ultimate and essential phenomenon of life*. They accept this as an ultimate fact, they recognise a power peculiar to the wall of each variety of cell, and different from that of any other cell, and they deal with the results of the exercise of this power."

As physiology concerns itself with the *results of life*, so does pathology take cognizance of the *results of disease*.

Under the head of pathology, Granier says, "without wishing to seek after vain philosophical definitions of man, of life, of disease and of health, we may however, by the clear ideas we possess of these states, allow ourselves the use of descriptive definitions. Such definitions have not the fault of being pretentious, and they have the merit of being clear.

Thus we will lay down these principal ideas, and by common consent, consider them equivalent to axioms:

*Man* is a soul, substantially and fluidically united to a body. *Life* is the putting in action of the *vital fluid*, which results from the intimate fusion of these two elements, soul and body. *Health* is the more or less perfect equilibrium of this vital fluid, and the disturbance of this equilibrium constitutes disease. With the assistance of these simple and elementary notions we shall be able to understand diseases more perfectly. We will examine successively, and according to our general plan, their origin, manifestation and physiognomy.

1. *Origin of Diseases*.—The radical and essential cause of disease must be ever unknown to us. If, as we have seen before, modern rationalism had not satisfied the traditions of medicine, the school of Paris would have had the most correct idea upon the origin of diseases.

Thus Hippocrates (*De Virginum Morbis*, p. 355) says: "it is impossible to know the nature of diseases, if we are unacquainted with them in the indivisibility from which they emanate." It is much to be regretted that the "divine old man" did not more fully develop this principle. All of his commentators agree in their interpretation of the oracle of Cos. And it is shown in a very explicit manner by Barthez,



the father of modern vitalism, how with the exceptions of organic lesions, diseases cannot have a *material* cause. If this immortal physiologist of Montpellier had not remained in the shadows of uncertainty touching the nature of the vital principle; had he not left this principle in the limbo of abstraction, his descendants would have had no discoveries to make, and on this subject, science would with him have said its last word."

But it was reserved for the Hahnemannian school to put the question in its true light.

*Diseases are the virtual and dynamic changes of the vital equilibrium.*

2. *The Manifestation of Diseases.*—When any foreign agent affects the centre of life, it immediately radiates to the circumference, the vital principle then loses its equilibrium, calls for help by particular signs, and begins to struggle with the enemy who is attacking him. Now these echoes, signs, and efforts form the manifestations, termed symptoms. Therefore, when a physician has collected together the *ensemble* of the symptoms, who is at liberty to say to him: you do not understand this disease? And when by an appropriate treatment he has caused these to disappear, who could say: you have not cured this disease? Otherwise we should be obliged to admit that diseases exist without symptoms, and symptoms without diseases; we might as well say a substance can exist without a form, or a form without substance.

3. *Physiognomy of Diseases.*—He will therefore consider diseases, so far as they present *anything* tangible to our investigation, as *symptomatic pictures*. Considered in this light, and I might even say, in their essence, they ought to have their specific physiognomy and their independent and individual character. All these *symptomatic pictures* form an immense gallery, in which many may offer some points of resemblance, but where there are not two *equal* in the strict sense of the word.

Diseases then may be considered as so many distinct beings, which strictly preserve an *essential* and *individual* character. This forms one of the most *important dogmas of our doctrine*, it is impossible to conceive of Hahnemannian pathology, with-

out the MOST ABSOLUTE INDIVIDUALITY. In homœopathy there are no *mineral* maladies, only symptomatic beings.

Thus in a *strictly* philosophical point of view, diseases being comprised in their specific and absolute entity, should not present their brow to any baptism, nor be fettered by the swaddling clothes of classification; but as the imperfection of the human mind needs both support and light in the path of practice, it still employs old-fashioned terms and nomenclature, until homœopathy, having acquired the right of official teaching, shall accustom its disciples to its purer language."

Dr. Marcy, in his treatise on the importance of pathology to homœopathy, says, "cases not unfrequently arise, in which all the apparent symptoms of a disease, may be perfectly covered by several different remedies. In cases of this kind, it is manifestly more proper to select that particular drug which produces pathological changes when taken in large doses, most closely resembling those of the disease we wish to cure. By this method, our simile will be more complete, and and our success more certain.

Pathology also affords a positive confirmation of the truth and accuracy of our drug provings, and this alone should induce us to cultivate it, as an important auxiliary to our *materia medica*."

Dr. Dunham, in his treatise on the "Relation of Pathology to Therapeutics," arrives at the conclusion, "that as the action of the cell-wall in the healthy body constitutes the only real *vital* action of the organism, the only unmixed manifestation of life—so the modified and abnormal action of the cell-wall in the diseased body, constitutes the only *real* action of abnormal vitality in the organism—the only unmixed manifestation of disease, A *curative treatment* must then address itself directly to the cell-wall which is the ultimate seat of disease. And every method which is directed to the *results of disease*, which are the proper subjects of pathology and pathological anatomy, must of necessity be a palliative method. Physiology and pathology themselves teach us that the science of pathology can in no sense serve as a basis or foundation of the science of therapeutics. They show us that whereas pathology is the science of disease based upon the theory of observed morbid

processes, therapeutics, when truly regarded, is a science of cure, based on a theory of cure, and resting on a foundation of experiment. Although not the basis of Therapeutics, Pathology must yet be a most important instrument in the practical application of the science of therapeutics. I cannot refrain, he says, from rendering homage to that wonderful prevision of genius by which, in an age when pathology, as we understand it, was unknown, Samuel Hahnemann anticipated all that we have said, and all that the most advanced writers of our day have taught respecting the scope and influence of pathology in relation to therapeutics.

The grand old master reached at a single bound the same conclusions to which the labors of half a century of able pathologists have at length, with infinite research, brought the medical profession.

And those of our school who insist upon pathology as a basis of therapeutics, who look only upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the motion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old school authority, as they are faithless as to the doctrines, and impotent as to the successes of the founder of the homœopathic school.”

Dr. Hering, in his article on Pathology and *Materia Medica*, says, “to the perfect physician, not only is a study of pathology indispensable, but its employment also, in the investigation of every actual case of disease, both for diagnosis, prognosis, and prophylaxis. We differ essentially however, if on the one hand, we conduct the examination of the patient on the true Hahnemannian plan, and choose the best remedy according to the law of similarity of the symptoms; or, if on the other, we make only a pathological examination, determine the name of the disease, and then administer the remedy that is set opposite that name in the repertories.

A very remarkable peculiarity of both these classes must here be alluded to—that the apparently entirely independent controversy about high and low doses, runs parallel with the

former question; and that it will be found, that all those who use high potencies, examine the patient in the Hahnemannian fashion, and choose the remedy from the symptomatic indications, while those on the other hand, who are entirely or mainly led by the pathological indications, rely wholly or principally upon the low attenuations. These relations cannot be reversed; but there is an intermediate, and indeed a very respectable class who administer the lower forms, though they examine the symptoms on the Hahnemannian formula. The symptomatic indication is a *condition* in the use of the high attenuations; on the other hand, the employment of large doses, and the use of the palliative or forcing treatment, seems a necessary consequence of a practice governed by pathological names."

Dr. Baird, in his treatise on General Pathology, says, "the educated physician, whose mind has been disciplined by rigorous study, and whose reasoning and perceptive faculties are kept brightened by continued action, knows that symptoms are but the *evidence* which an injured body is detailing to him—a body injured by the infraction of some law of the physical economy, and which must be redressed. He knows, I repeat, that the symptoms are the evidences of disease. I wish to be clearly understood. I would have you know that the symptoms do not constitute a disease. The symptoms are but the manifestations—the evidences—of disease.

"Symptoms are not natural and common to the body; and whenever they arise, it is because of some derangement which is beyond, and which I would have you know. Those physicians who, from their limited knowledge of what goes to make up a thoroughly qualified physician, and who wear the *toga medicinale* in consequence, with so ill-befitting grace, are rather calculated to retard the onward progress of our science to a position of supremacy in the affections and confidence of mankind. It is only by properly understanding the manner in which the functions of the body are performed in health, that we can arrive at any satisfactory conclusion as to what must constitute a true pathological condition. It is only from such knowledge that we are enabled to judge of the nature and character of morbid processes."

Charles G. Watson, in his "Observations on Physiology and Pathology, in relation to medicine," says, "having now admitted the *cause* into the nature of disease, we must also take into account all the effects produced by its continued action, the pathological results. Thus we are at length driven to the conclusion, that into the nature of disease three elements in general must enter, as Dr. Hempel so ably expresses it:

"*Firstly*, The cause which constitutes the essential principle of the disease.

*Secondly*, The pathological lesion or derangement.

*Thirdly*, The symptomatic indications." See *Materia Medica*, p. 20. Dr. Ryan, in his interesting and forcible little work entitled, "Homœopathic Infinitesimal Doses, and their Analogues in nature," quotes as follows: Pereira, in allusion to the dynamic effect of a medicine, says, "in the inorganic kingdom we have evidence of an influence which cannot be denominated mechanical or chemical. The communication of magnetical and chemical properties to iron by mere contact with another body, without the production of any change of form or composition, either of the iron or imparting body, is an example of this. Now to influences of this kind, the term dynamical has been applied; and several pharmacologists have employed it to indicate those influences of medicines over the organism, which are ascribable to neither mechanical nor chemical causes." It is apparently owing to this dynamic property that we are enabled to act upon diseases through the nervous system; and if, as seems highly probable, this new power should prove to be identical with the odic force, and that, as Dr. Eadon concludes, be the nervous force or fluid *itself*, we can easily comprehend how reasonable it is to use the thirtieth, two-hundredth, or even higher attenuations in diseases implying nervous derangement chiefly. Here we require more dynamism, and less materialism. It may also admit of demonstration, that this power is developed exactly in proportion to the surface extension of the molecules of the drug."

Hahnemann tells us to take the totality of a symptom as our guide. His memory must unquestionably include all the symptoms we can obtain by any means in our power. If all, then it must include the objective as well as subjective—those

discovered by our senses as well as those detailed to us as the patient's own sensations.

But the objective symptoms are nothing more nor less, than evidences of altered function and impaired structure—due to the disease—necessarily pathological.

Hence we are obliged in summing up the whole array of facts, to admit pathological phenomena, as part and parcel of the symptoms.

The final conclusions, then, with reference to physiology and pathology, in relation to medicine, at which we have arrived, amount to these: That in the first place an accurate knowledge of the functions of every organ of the body and the tissues, in a state of health, is essential to a correct appreciation of their alteration by morbid forces, or disease. And, in the second place, that as we have shown pathological alterations of structure to be merely objective symptoms, lying below the surface, *pathology* must be taken into account in estimating the *totality* of symptoms, for the purpose of selecting an effectual remedy."

Dr. Eadon says, the causes of an abnormal condition of the system may be, and often are, external to the organism; but it is absurd in the highest degree, to consider disease itself anything but the living machinery moving along in an inharmonious manner—the organism spiritual, or material, or both, in a state of unnatural action, and endeavoring to adjust itself by the expulsion of the causes of disease, in the forms of miasms or impurities, imported from without, or from the accumulation of effete matter, generated from within. The fact is, what is called disease, is not a *something*, an *anything*, independent of the organism. There is not a thing called disease, and the organism beside. Disease and the organism are one and the same; for disease is no other than the organism in the act of extending from the system that which interferes with its physiological integrity. It is an effort of self-purification: The human spirit, in fact, striving to restore the balance of the dynamic, sanguineous, and nervous circulations through its only medium of action—the intervening odylie atmosphere—the connecting link between the material and spiritual organizations.

Disease, then, is the 'effort' put forth by the living organism to right itself.

Homœopathy, in its highest phases, (small doses and highly dynamized drugs), can go hand in hand with physiological medicine—hygiene in all its health-giving forms. The two together can look blue cholera in the face, bid defiance to fever, stand without a care beside the bed of the Egyptian disease—diphtheria—and almost laugh to scorn all its prognosticated sequelæ. Rational homœopathy and physiological medicine and the use of the imponderabilia "since man is a condensation of gas and vapor—are the most powerfully recuperative agents towards a restoration of health, whatever the disease may be." Although we have detained you long from the sick-room, we deem it yet necessary to present to your consideration *Materia Medica* and *Therapeutics* before we can properly open to you the door of our clinic.

*Materia medica* is one of the columns that sustains the dome of our doctrine, and its power is such, that error can never prevail against it. *Therapeutics* is the system which is the demonstration of the medicine and the disease.

Now since remedies are the homologues of disease, that is to say "since remedies placed side by side of diseases should present the same forces, lines, and angles—it is necessary that these two terms should possess an essence and mode absolutely alike."

Remedies may enter into the service of therapeutics, by virtue of either physical, chemical, or dynamic properties. But in the practice of medicine in the ordinary sense of the word, we do not include either a pure physical or chemical act. Such acts are performed when an emetic is administered to clear the stomach from poisonous substances, or to cause an internal abscess to break—the lungs of a person in a state of asphyxia are inflated, or salts inhaled by some one in a fainting fit, &c., &c. Remedies can then only act by virtue of their dynamic power.

The principle of similars constitutes the very corner-stone of homœopathy—the lever of all therapeutic power; in a word, says Granier, round which turn all the accessory and organic truths of our doctrine. The principle of similars is a universal

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one; it extends to everything, it applies to everything in physical, mathematical, mechanical, and natural science; in religion, politics, and literature.

In the *Homœopathic Examiner*, of 1845 and -6, we have, through the labor of our worthy president, a translation into English of the valuable cases reported by Dr. Gross, which he treated with high and highest potencies—also the cases reported by Tietze, Hatzke, Tietzer, Krutze and others, which should be in the possession of every physician. Gross remarks that his opinion is “that it matters not whether we inquire into the duration of the effects of drugs, but that it is important to develop in their integrity the *curative powers* of a drug, and then to administer the one which corresponds exactly to the *symptoms* of the disease.” He says *Hahnemannism*, which is the true method of healing disease, has been severely attacked during the last ten years. It has been asserted by some that homœopathy is something different from the teachings of Hahnemann. These wise-acres of the profession, began criticising, censuring, deriding, and ended by what they considered an overthrow of the system, which is the result of deep reflection and long experience. They searched and plundered the ruins, took what suited their convenience, and the rest was left as useless trash. This was called separating the wheat from the chaff. Now look at *the thing* which those gentlemen have substituted in the place of Hahnemann’s system. The stolen property can scarcely be recognized; it looks like a patched gown, the pieces of which are by no means suited to each other. This defection from the doctrines of Hahnemann is a retrograde movement, conducting those engaged in it back to the allopathic school. The cry of those who have constituted themselves the judges of Hahnemann, has led many a one astray. According to my view, medicine does nothing else except to unfetter the vital principle, and to enable it to help itself. A potence, in which the medicinal power of the drug is sufficiently developed to act with full force, and yet with great mildness, is suitable for all cases. It is true, that at this moment I still except the acute diseases, in which a lesser development of medicinal energies is *perhaps* preferable; nevertheless, I have reason to believe that even in acute dis-



eases, the *highest potencies* answer better than any other; experience has taught me that this is true in many cases.

Ever since I have used the highest potencies, I have become more and more convinced that Hahnemann's *Materia Medica* is far above the additions which have been made to it by modern practitioners."

Again, he says, "homœopathy cannot be studied by those modern innovators who have taken it into their hearts to reform the *Organon*, by leaving out the theory of potentialization, and to substitute in the place of Hahnemann's rules of practice, the third, second, and first attenuations, and a frequent repetition of the doses. It is not worth any man's trouble to substitute this trash in the place of allopathy. Our pretended reformers indeed boast of their scientific acquirements, and sneer at what they term the crude empiricism of true homœopaths. I am in the habit of furnishing facts; you may investigate theories if you cannot do without them."

Stapf says, "the results which I have witnessed in using the high potencies, surpassed my *boldest expectations*." In speaking of the conditions necessary to be fulfilled in the successful use of the high potencies, one is "*rigorous diet*," as laid down by Hahnemann. He says a "neglect of the dietetic rules is no good sign. It goes hand in hand with the favorite exhibition and repetitions of massive doses, which, according to the opinion of our innovators, cannot be destroyed by dietetic sins. Not only is the success of homœopathic treatment endangered by the lamentable treatment of those men, but they deprive homœopathy of one of its most beautiful privileges, which is to lead mankind back to nature, in which itself is founded, and free them from those pernicious influences, which slowly but certainly bring on a degeneracy of the race. All homœopaths ought to consider it a sacred duty to protect the organism against all those influences which do not directly favor its physical regeneration.

Dr. Tietzer says, "formerly, I was in the habit of administering the lower potencies, at short intervals in acute cases, and the higher potencies in chronic cases, at longer intervals. For some time past, however, I have used the highest potencies,

prepared by Jenichen, and I confess that I should not like to do without them in the practice of our art."

Your committee having now presented for your consideration, man, in his composition and nature, physically perfect—having given you the views of the highest authorities as to the mysterious workings of vitality, in its wonderful and diversified results, throughout the organism, when all its parts vibrated with the harmony of health. Having shown that a disturbance of this harmony of action produces discord and disease, mars the beauty of God's work, and changes ease and happiness, to suffering and death, presenting the physiological and pathological aspects produced by derangement, to which we have specially invited your attention—having held up for your contemplation the origin, manifestation, and physiognomy of disease—having introduced you into the armory, whence you are to take your weapons, with which to attack the hydra-headed foe,—the offspring of Satan, the parent of human suffering and woe—we feel authorized to open the doors of the clinic, and bid you enter. It is no Elysian Field!—

Flowers and perfume adorn not its walks, or shed sweet aroma there—Pain, anguish and sorrow, are the realities which invest the sick-bed of man.

Let not your thoughts be carried away from the painful realities before you, the cries of agonizing nature for relief—to seek in the boundless regions of theory for the cause of disease!—The responsibility is fearful!—Look calmly—think deeply—gather every symptom, whether physiological, pathological, moral, or of any other character which may be requisite to form a complete symptomatic picture, and, then, guided by the polar star, *Similia*, your course will be plain, though your voyage may be difficult and dangerous.

We earnestly entreat you, in behalf of suffering humanity—of science—and of the pure, and holy truth of homoeopathy, that a knowledge of our materia medica be made your untiring aim, as such knowledge only can guide you to the relief of suffering and the destruction of disease.

Like the mariner at sea, let us ever take heed to the compass, which alone can guide us safely amid the dangers of disease. "Let the principle of similars be your North-pole—pure

experiment your South—the dynamization of medicine your eastern—and the individualization of diseases your western, and you have the four cardinal points of homœopathy.” “The compass ought always to direct the practitioner to the north pole, the principle of similars;—the needle of practice should ever indicate this point and end.”

Who can estimate the gratitude and veneration due to the discoverer and constructor of such a compass?

Millions of hearts now swell with gratitude, and hundreds of millions in the future, will join in the universal anthem of praise to the memory of Hahnemann.

In conclusion, let us urge upon you the duty and responsibility of this Institute. Duty, to cherish with warmest affection, the memory of our great Master, and guard with jealous care the unsullied name of the Father of Homœopathy.

Responsibility—in the war of truth against error—of false teaching—false doctrines and fatal practice, to stand shoulder to shoulder bearing aloft the flag of *similia*—charging the foe with the bayonets of therapeutic truth, until the shout of victory shall resound through the land, and suffering humanity be released from the torture and barbarism of allopathy and all its allies.

ARTICLE V.—*Vaginismus*. By WM. TOD HELMUTH, M.D.  
Prof. of Surgical Anatomy, in the Hom. Med. College, of Missouri.

ABOUT the period that this disease was first introduced to the notice of the profession, there came under my care the following case: A young lady who had been married for about eight months, and who previous to entering the connubial state, had been remarkable for the roundness of her figure, and the strength of her nervous system, was brought to me by her mother, who detailed the following symptoms.

Shortly after marriage, a peevish and fretful state of the nervous system was manifested, accompanied with loss of appetite and some nausea, which indications, however, were regarded as belonging to the new relations of life into which she had recently entered.

No particular treatment was instituted for their relief. Constipation then followed with such complete anorexia that medical aid was summoned, and the usual routine of cathartics and tonics exhibited with no effect, saving an increase in those symptoms which they were prescribed to relieve. Emaciation and excessive nervous irritability followed, together with such an anæmic condition that travelling, cod-liver-oil and wine were advised by the medical attendant, resorted to by the patient. All these means of treatment failed in procuring any relief, and such as detailed was about her condition when I was called to see her. A very careful examination of the case, and the knowledge that all the presenting symptoms had made their appearance since the marital state had been entered upon, led to the conclusion that the manifestations were certainly such as might be occasioned by *reflex* nervous action, the main seat of the disease being an irritable uterus. Upon further investigation, I found that the menses had been regular in their appearance, and the discharge, though somewhat more scanty than was usual, was of proper color and duration. An examination per vaginam was suggested, and though the request was at first peremptorily refused, yet at the urgent solicitations of her mother and her husband, she was induced to overcome her natural feelings of modesty, and allow it to take place.

Placing her in the usual position, I endeavored to insert my finger into the vagina, when I found the orifice closed to such a degree, and the patient suffering such excruciating pain from the attempt, that I was obliged to desist. The hymen was broken, and the usual remnants of it appeared. Much perplexity of mind followed this examination, and upon reflection, I thought there must exist one of those painful tubercles at the orifice of the urethra, with which I had formerly had experience, and which I was well aware are so extremely sensitive to touch, that the slightest pressure causes excruciating agony. An examination with the speculum was therefore proposed, and more readily acceded to than I had anticipated. No such excrescence existed, but it was impossible for me to introduce the instrument on account of the severe pain. Upon questioning the husband, I found that he had never been able

to properly coaptate with his wife, and after frequent trials, had desisted in despair; at every effort of the kind, she being thrown into such a high state of nervous excitement, that hours would elapse before a quiescent state of the nervous system would return. Opportunely for both my professional reputation and the welfare of my patient, just as I was about to relinquish the case, the American Medical Times, for May 31, 1862, was laid upon my table. Looking carelessly over the index, I found the word "*vaginismus*." It was peculiar, it was new to me, and I read the article with care and interest. I saw how my patient was affected, I saw the means of cure plainly before me, and I resolved at once to put them into practice.

I may be permitted to pause here in the details of my case, to record the manner in which this painful disease was first brought to the notice of the profession, and the means of cure also recommended for such a severe and distressing malady.

Every medical gentleman, and more particularly those who have given the surgical diseases of women any special attention, are aware of the high position occupied by Dr. J. Marion Sims, in the surgical treatment of female diseases. His introduction of silver sutures, the Sims' speculum, the self-retaining catheter, and the management of vesico-vaginal fistulæ and their serious and dangerous complications had already given him an exalted position in this peculiar field.\* His post as physician to the Woman's Hospital, in New-York, offered him other advantages for observation, the result being the production of his paper on Vaginismus, which was read at the New-York Academy of Medicine, on April 2d, 1862.† The paper opens with a description of the first five cases of the kind, all presenting symptoms of an analogous character to those detailed above, which came under the notice of Dr. Sims, and

\* For an interesting account of the many experiments that were made by Dr. S., and length of time patiently occupied before arriving at the desired results, we may refer the reader to the American Journal of the Medical Sciences, for 1852, page 56-82; also to a little work entitled "Silver Sutures in Surgery," 1858. And for the efficacy of the peculiar suture to Drutt. *Yade. Mecum*, p. 572; and to *Surgical Diseases of Women*, by I. Baker Brown, F.R.C.S., p. 96; and to various numbers of Braithwaite and Rankin, wherein mention is made of the important *inventions of Dr. Sims*.

† Vide Bulletin, N.-Y. Academy of Medicine, p. 428.

the ineffectual means that had been employed for their relief. In one instance, the disease had existed for twenty-five years, and in the others, six, three, two and a half, and two years respectively. After detailing them at some length, Dr. Sims says: "To cut short this long narrative, I will simply say that after many experiments and disappointments, all were perfectly cured in August, 1859." He then continues: "From personal observation, I can confidently assert, that I know of no disease capable of producing so much unhappiness to both parties to the marriage contract, and I am happy to say that I know of no serious trouble that can be so easily, so safely, and so certainly cured."

As to the peculiar nature of the affection and the name applied thereto, we may again be excused for quoting Dr. Sims. He says: "By the term blepharismus, or blepharospasmus, we mean an involuntary and painful spasmodic contraction of the orbicularis palpebrarum, with great super-sensitiveness, or intolerance of light. By the term laryngismus, we mean a spasmodic constriction of the rima glottidis with stridulous inspiration. And by the term vaginismus, I propose to designate an involuntary spasmodic closure of the mouth of the vagina, attended with such super-sensitiveness as to form a complete barrier to coition."

Such then is the disease, and the cure is essentially surgical in its character.

The patient must be placed upon the back, and the index and middle-finger of the left hand passed into the vagina, in order to separate the labia laterally, and at the same time to open the canal as widely as possible, and to draw the fourchette very tense. Then with a common scalpel, make an incision through the vaginal tissue, a little to the right side, bringing it from above downward, and terminating at the perineal raphe, making one side of a V; then insert the knife on the left side, and form the incision at the perineum, and continue the cut through the raphe itself, thus making a Y shaped cut. A glass dilater is then to be worn until the cure is perfect.

It was by following these simple directions that my patient was perfectly cured, and has since become a mother.

△ I am disposed to believe that this disease is rather more common than we would generally suppose, as, with all other affections of the kind, it varies in grade and intensity. For the milder varieties, *Bellad.* both internally and topically have proved very serviceable, as also have Atropine in a case that has lately come under my observation.

I am quite certain that many physicians, when they look back over their professional life, will be able to recall cases of a similar character to the one which I have detailed, and will readily perceive the effectual and simple treatment required for its relief.

ARTICLE VI.—*A Case of Poisoning by Stramonium.* By Wm. M. CUTHBERT, M.D., of Pittsburgh, Pa.

EMMA Meyers, aged eighteen months, was found (Oct. 7th, 1857,) by an older sister, with a number of the ripe seeds of the thorn-apple, in her hand, and some fifteen or twenty in her mouth. This occurred about twelve o'clock, between one and two o'clock, P.M., she began to cry, when her mother taking her up, she became furious and began to scratch and bite.

About three o'clock, her neck became swollen, accompanied with nausea and straining to vomit. The arms and lower limbs were tossed about, screaming and crying. At this time the mother attempted to give her some Castor-oil, also some tea, made from dried flowers of the common poppy, both were rejected. Such was the history of the case I received when called on at about five o'clock. And up to this time the parents supposed the child was laboring under the effects of worms. On examination of the case, I found the following symptoms: Eyes staring, swollen, and sparkling; pupils greatly dilated, and immovable. Face swollen and very red; *muscles hard*; lips *bright-red*. (towards midnight they become of a dark hue, almost black), feeling *stiff and hard*; *trembling of the lips*; *the features gave the expression of great fear and terror*; *constant staring about, then a fixed gaze* (in one direction) for one or two minutes, with sudden startings (not interrupting the fixed look) of the arms and lower limbs, accompanied with *low mutterings, then sudden and furious*

*screaming, biting, scratching and tearing with the hands, and kicking.*

The *secretions are all stopped; mouth perfectly dry; tongue red on the edges and thin; slight white in centre; skin hot, dry, and burning, of a continuous scarlet color over the whole body; feet and legs swollen, hard, the skin on them seems tight. Abdomen hard, but not much swollen; pulse very small and fast. Constant grinding and gritting of the teeth.*

*Treatment.*—The usual means to produce vomiting, tepid water, snuff and salt on the tongue. Pouring and dropping water from a height on the vertex; coffee, &c., &c., but all with no result. At six, P. M., (six hours since the Stramonium was taken) I gave Bell. 3, and left one powder of Bell. to be given in three hours.

At 10, P. M., saw the child again. It is more quiet, and is much better since taking the second dose. Left Bell. 3, to be given every four hours. About 12 o'clock, midnight, the bowels were moved copiously, and at one, A. M., the child fell asleep (the symptoms having all improved,) and slept well, with exception of *slight startings*, until 6 o'clock, A. M., when I again saw it. The pupils of the eyes were much dilated; crying occasionally; pulse 100; slight *spasmodic twitching of the fingers*. Had eaten some food. Bell. 30, every six hours.

Oct. 9, child still improving. Pupils of eyes contracted, and natural expression of features; bowels were moved several times, and has passed in all from *eighty to one hundred seeds, some partly masticated*. The child is still hurried in its movements, especially when excited. Profuse sweat on forehead when sleeping, or making any exertion. Bell. continued.

Dec. 13, the child is quite well, *but is easily excited to anger, and is then very vehement and furious*. It had been previous to the poisoning, quite *mild and gentle*.

ARTICLE VII.—*A Case of Uterine-Hydatids, Simulating Pregnancy.* By T. G. COMSTOCK, M.D., of St. Louis, Mo.

Mrs. B., aged forty-five, consulted me Oct. 3d, 1863, complaining of nausea, and a constant tendency to vomit, especially after eating; these symptoms she says have troubled her for some weeks past, and she believed herself in the family way.



I discouraged her from entertaining any such idea, as after a careful examination, I could detect no positive signs of pregnancy, and concluded her symptoms were caused from her age, and that she was probably passing the "turn of life." I prescribed for her some twenty days, when I ceased to attend her until Nov. 18th following—at this time she had all the subjective symptoms of pregnancy, but nothing like the sound of the foetal heart could be heard, and besides she had occasional hæmorrhages, and I told her frankly, I could not entertain the idea of her pregnancy, her abdomen was enlarged, and her lower limbs swollen, and the nausea still continued. About Feb. 26, a serous diarrhœa set in, and this relieved her, as the anasarca soon disappeared somewhat. I demanded now an examination with the speculum, she declined to accede to my request, until Dec. 9th, when she asked me to call another physician in consultation, and appointed the next day, when she said we might make a manual examination; and also use the speculum. I also informed her she must have a uterine tumor, and that in my opinion she could not be pregnant.

Early in the morning of Dec. 10, she was attacked with flooding, and had bled for several hours, and was nearly pulseless, and apparently in a moribund condition when I reached her bed-side. I remained six hours by her giving her restoratives, thinking she might die at any moment. Her bed was indeed one "pool of blood," and with it she had passed an enormous mass of hydatids, enough to more than fill a basin holding a pint and a half; and still the womb seemed to be distended with more of the same kind. The os-uteri was open, I introduced one hand, and removed almost as much as she had passed spontaneously; the bleeding still continued, and I applied pieces of ice within the uterine cavity, and sent immediately for my colpeurynter, which I introduced within the vagina, and filled it with ice-water. It was nearly six hours before she showed any signs of rallying, being all the time cold, and with a pulse so weak, that an arterial circulation could hardly be felt, although I had given wine every few minutes, as she could swallow well.

In the mean time, the hæmorrhage continued slightly, not-

withstanding the constant application of the hæmostatic appliances. I now gave her *Secale-cornutum* in cinnamon tea, in order to quiet the hæmorrhage as well as expel the contents of the womb. Patient passed every few minutes in the day small portions of the hydatids, and whenever I made a vaginal examination, I could by introducing my hand within the mouth of the womb, bring away sometimes small clusters of the hydatids, and again almost a handful. I should judge the whole quantity of the hydatid mass was in bulk quite equal to a seven-months child. At the expiration of twenty-four hours, the patient could speak only in a whisper. The Ergot, application of the colpeurynter, and occasionally small pieces of ice within the womb, were all continued, and notwithstanding all these, and her extreme anæmic condition, slight hæmorrhages would occur at intervals. On the third day, the patient's condition had not changed very much; she continued to speak in a whisper, and took a little wine and oyster-broth. I did not notice that she passed any more hydatids. Gave Tinct.-ferr.-chloride, every three hours, and still a little blood trickled from her, although the extremely pallid and anæmic look of the patient indicated that she had very little blood left. On the fifth night she was suddenly attacked with the most intense pains in the bowels, which were of a nature so agonizing as to induce me to give her a dose of McMunn's Elixir of Opium, which stilled them effectually; although they returned some three times afterwards in a slight degree. She afterwards complained of strangury, and once or twice it was necessary to evacuate the bladder by the use of the catheter, but she generally passed her water without much difficulty; its color was dark and very turbid. At the expiration of eight days, the discharge from the uterus became very offensive, and I feared "purulent infection." The os-uteri still remained open, and I corrected the foetid odor by injecting tepid chamomile-tea, and applying to the mouth of the womb a cloth saturated with a weak solution of *liquor sodæ chlorinatæ*; this was occasionally changed whenever any hæmorrhage recurred, for a cloth saturated with a solution of Tinct.-ferr.-mur. ℥i. Aq. distill. ℥i. It must not be forgotten that during all of this period, the patient looked like a corpse,

so that I had not the slightest hope for her from the first, after the loss of so much blood—that she lived so long was indeed remarkable. The bowels were quiet and did not move until the eleventh day, by the assistance of an injection of tepid water. They had become a little distended, and her friends imagined an evacuation would do her good,—fortunately only one large evacuation followed. The patient continued in much the same condition until Dec. 31st, a little past 12, p. m., when she expired.

During the whole period of her sickness she complained of very little except from extreme weakness, and the paroxysms of pain one day, which I have already mentioned; the slight difficulty in micturating continued, and rather increased the last few days of her life. She retained her senses perfectly almost until within a few hours of her dissolution, and would generally manifest by signs her wishes when she could not articulate in a whisper. What is remarkable about this case is that her symptoms from Oct. 3d, the date of her first consulting me, were not unlike those of pregnancy, and she fully believed herself "*enciente*," until a day or two before her attack of flooding.

At a stated meeting of the "New-York Academy of Medicine,"\* Nov. 18th, 1863, Dr. Fernell presented a specimen of hydatids of the uterus, which was of interest from the fact that the patient was supposed by her medical attendant to be pregnant.

Dr. F. reported that he had seen a case similar about five years previously.

The appearance of these hydatids may be compared to clusters of white grapes; they are not usually uniform, but are of all sizes and shapes, in form oval and round, but all adhering to one stock. In the present case they were, however, nearly uniform, and presented the appearance of thousands of grapes, or Zante currants, but they were nearly transparent. Their pathology has been accurately studied by Madame Boivin and Duges. According to Mad. Boivin, hydatid births seldom occur before the sixth month of their gestation. In

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\* "Amer. Med. Times," Dec. 12th, 1863.

the present case the lady had menstruated a little in July previous, when she supposed herself well. She experienced nausea, however, in August, and supposed herself to be certainly, "in the family-way" in Sept. last.

From the above, it would seem that this enormous mass of hydatids had formed in about five months. Authors generally suppose that hydatids are the result of conception; others deny this theory, and again they have supposed women to be most subject to them at about the "change of life."

This is, however, by no means established. I have met with three other cases, all in married women under thirty, they were slight cases, that is, the quantity passed would bear no comparison to the case in question, and they were attended with no difficulty or untoward results.

They are said to be peculiarly liable to recur in the same person during a life term, and have been observed in several members of the same family. It has been denied by some authorities that hydatids and moles are necessarily the consequence of conception.

Percy believed hydatids were independent animals, and their production compatible with the purest chastity, and this opinion was supported by such men as Drs. Denman and Sir Charles Clark.

The most experienced physicians of the present day regard hydatids and moles as depending upon a previous impregnation, and this opinion, if correct, is of great importance in a medico-legal point of view.

We believe they are usually the consequence of conception, or in other words that they are degenerated ovums, but that they never occur in virgins, is not yet statistically proved. The only danger from hydatids is hæmorrhage; and my only regret is that I could not have seen this patient (who was a most estimable lady and mother) before the flooding had gone so far, and she in a collapsed state; I believe her life could have been saved by prompt treatment, quite as necessary here as in *placenta-prævia*.

The requisites for treatment are small pieces of ice within the os-uteri, ice-water injections into the rectum, the colpeurynter, and Ergot internally.

If I had only had in my possession at the time Whitecure's instrument for transfusion of blood, or the new instrument of Prof. Dr. Gross, as described in his *Surgery*, 2d edition, Vol. II., p. 493, for the same purpose, I should have tried it in this case; and I think in such cases transfusion might be successfully employed.

ARTICLE VIII.—*Animalcules in diseased Blood.* By Dr. ROTH, of Paris.\*

Dr. Fielitz put the following question:—"Or are the Epizootics also the outbreaks of latent psora?"

He has not attempted to answer his question, nor shall I attempt to give a reply that shall be *generally* applicable; for the pretension to give a *general* significance to individual facts has always proved a drag upon the progress of homœopathy.

I shall only here give an account of a remarkable discovery, which must afford material for many reflections to those who think for themselves and do not always take their ideas at second-hand. This discovery is not more than a few months old: I can testify to its accuracy; and science is indebted for it to my friend, Dr. Davaine, who announced it on the 27th of July last to the Academy of Sciences.

Under the name of *Sang de rate, apoplexie charbonneuse de la rate* (in German, I believe, *Milzbrand*, or *Milzschlag*) [English?] a disease is known in France, which in hot summers causes great devastation among sheep and oxen, and which present the following symptoms:—

The sheep become very restless, the skin and mucous membrane much reddened; the breathing difficult; the urine bloody; the dung soft, covered with reddish mucus. Soon afterwards the animal ceases to eat, remains apart from the flock; breathes with great difficulty, staggers, falls to the ground; passes blood by nose and in the urine, and soon dies.

In 1850, Dr. Davaine had an opportunity of observing this disease in Chartres, whither he went accompanied by Dr. Rayer.

\* From Hirschell's *Zeitschrift*, 15th January, 1864.

Before that time Dr. Rayer made the experiment of inoculating the blood of an animal affected with this disease, in a healthy sheep. On the third day the inoculated sheep was dead.

Dr. Davaine repeated this experiment in Chartres in the presence of a number of medical men. The result was the same. Several of those learned witnesses repeated the experiment with this difference, that they inoculated cows and horses with the blood of the diseased sheep. In those cases death occurred never later than the third day.

Dr. Davaine examined the diseased blood under the microscope ten hours after death, and found infusoria of the bacteria kind in it. As counter proof, a healthy sheep was slaughtered, and its blood was examined under the microscope ten hours after death. No bacteriæ could be found in it.

As the bacteriæ had been found in an animal that had been already ten hours dead, and as the heat of the weather was great, it was suggested that they were the result of rapid putrefaction in blood that was already in a morbid condition. It was thought that in healthy blood, putridity and the formation of infusoria might not occur within ten hours.

In February, 1861, Pasteur astonished the scientific world by his discovery that the fermenting agent in rancid butter consisted of living animalcules. Vibrios had already been discovered in rancid butter, but they had been regarded as the product of decomposition. Pasteur showed that they are the cause of the fermentation, and that they are found even in fresh butter. Thereupon Dr. Davaine thought, might not the bacteriæ seen by him be the cause of the sheep disease? and he waited impatiently for a new opportunity of examining the matter more thoroughly.

Last July, Dr. Diard informed him that the pestilence had broken out among the sheep in a large farm in Dourdan, and that it was committing great ravages. At his request, a small quantity of blood, taken from the diseased sheep, was sent to him by express train. This blood was taken from a sheep in a dying state, and some hours afterwards was examined microscopically. The bacteriæ were seen moving about, but the characteristic smell of putridity was absent.

At the same time (July 21st, 1863) some drops of this blood

were inoculated upon two healthy rabbits, and a large white rat. Twenty-four hours afterwards, not the slightest alteration was observable in any of the three animals. Their blood was microscopically examined, and no infusoria were visible.

But nineteen hours later, consequently forty-three hours after the inoculation, one of the rabbits was in a dying state. An incision was made as quickly as possible in the tongue, the blood was caught and put under the lens; myriads of bacteriæ, like the filaments in semen, were distinctly visible. The second rabbit had no bacteriæ forty-eight hours after the inoculation, but it died suddenly the following day, sixty-three hours after inoculation. Its blood examined half an hour after its death, was full of bacteriæ, like that of the first rabbit.

The white rat felt nothing; it was once more inoculated with the blood of the rabbit that died first, but on July 28th it exhibited nothing abnormal.

These bacteriæ presented the appearance of free, round, very thin threads, from four to twelve millimetres long. The longest had one or more usually two hooks, forming an obtuse angle. Under a high magnifying power, traces of segments are visible. They have no independent movement. When dried, their form and consistence are not altered. Concentrated solutions of sulphuric-acid and caustic potass do not destroy them. They are consequently allied to the confervæ.

When putridity commences, the segments become plainly visible. They gradually fall to pieces, and, when putridity is quite established, the segments become quite dissolved.

All this showed a wide difference from those infusoria which are wont to form in decomposing substances, without taking into consideration the fact that they are to be found in living blood, and that the characteristic odor of decomposition was not perceptible.

Since the remotest times, physicians and naturalists have been partial to the theory that contagious diseases, such as epidemic fevers, the oriental plague, &c., were caused by invisible animalcules. Hahnemann ascribed cholera to the same cause. In his pamphlet, entitled *Appeal to thinking philanthropists respecting the mode of the propagation of the Asiatic Cholera,*

published in 1831,\* we read: "The cause of this [the spread of cholera] is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions, become habituated to these also, without any diminution either of their unhappy fertility, or of their fatal destructiveness."

But hitherto no positive proof has been offered for such notions. At present, but without venturing to draw any conclusions therefrom, we have the knowledge of an undeniable fact, viz., that in the living blood of animals affected with a pestilence, the cause of which has never hitherto been discovered, living animalcules can be seen under the microscope. These bacteriæ exist already during the life of the affected animal, and are intimately connected with the death which speedily supervenes.

From July 27 to August 17 the experiments were continued, and presented the following results:—

After fourteen new inoculations performed on healthy rabbits, with fresh blood containing bacteriæ, death followed without exception. In some, the infusoria were found two, four, and five hours before their death. In some cases, the blood taken from a still living animal and inoculated on another, produced bacteriæ and death.

The bacteriæ are developed in the blood itself, and in no special organ. By diligent search, soon after infection, the animalcules can be discovered; but then they are always small in size and few in number. They grow and multiply amazingly quickly, and that in the course of a few hours. A rabbit in whose blood there were but few bacteriæ, died four hours afterwards, and then its blood was found enormously full of infusoria. When the bacteriæ were seen to be very large, they were not so numerous.

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\* *Vide Lesser Writings, p. 851.*



The quantity of the bacteriæ varies very much in different animals. After the first inoculation, their number decreased greatly. They were eight to ten times less numerous than the blood corpuscles in the normal state. At first, this seemed to indicate that their capability of propagation in rabbits gradually declined. The incorrectness of this view was soon apparent. In a series of ten inoculations, where the inoculations were successively made from one to another, the blood of the last showed myriads of bacteriæ, like that of the first. The variations in the numbers of the animalcules can, as far as we know at present, only be ascribed to the rapid changes of temperature that occurred during the time of the experiments.

On the occurrence of death, the increase of the bacteriæ immediately ceases. If the blood be kept a considerable time, the bacteriæ become destroyed: they become completely dissolved, as above observed, and thus their capability of being further propagated is lost. Two inoculations, one with blood from a sheep that had been kept eight days, the other with blood from a rabbit that had died ten days previously, produced neither the disease nor yet bacteriæ in the blood.

Fresh blood, containing bacteriæ, was put in a glass tube and inserted for ten minutes in boiling water, and then a rabbit inoculated with it. The animal died after thirty-one hours with bacteriæ in its blood. Hence the heat of boiling water cannot destroy the bacteriæ.

In fourteen rabbits inoculated with blood containing bacteriæ, the average duration of life was forty hours; the shortest eighteen, the longest seventy-seven hours. Young animals died sooner than old ones. The bacteriæ always appeared first in the latter hours of life, most commonly four hours before death. The average duration of the inoculation was thirty-five hours.

During the inoculation, *i. e.*, from the moment of inoculation until the bacteriæ were visible in the blood, nothing morbid is perceptible in the animal—the subject of experiment. It is only during the last hours, when the number of the infusoria in the blood has become great, that the rabbits cease to run about. They leave off eating, lie still upon their

bellies, become very weak, and die without presenting any other symptoms. In a few instances only were convulsive movements observed before death.

The *post-mortem* examination performed immediately after death showed nothing abnormal in any organ. The heart and large blood-vessels were full of masses of firmly coagulated blood. The coagulation of the blood seems to be the sole *efficient* cause of death. Even during life, signs of commencing coagulation are perceptible, inasmuch as the blood corpuscles are adherent to one another.

Among the organs, which on account of the great quantity of blood they contain, show the largest quantity of bacteriæ, the spleen is the chief. The structure is not altered; it is larger, and contains a larger number of bacteriæ merely because it holds a great quantity of blood. After the spleen, the liver, kidneys, and lungs contain the most, the muscles and glands the fewest, bacteriæ. Always in proportion to the quantity of blood in the respective organs.

As observation has shown that the appearance of the bacteriæ occurs along with the disease, the pestilence must be regarded as dependent on the bacteriæ. The proximate cause, *i. e.*, the most remote cause, according to our present means of knowledge, is, therefore, *infusoria, living organisms.*

As long as these beings remain undeveloped from their germ, so long the blood that harbors these germs is incapable of giving the disease to another individual by inoculation. In the mean time this is proved by the following experiment:

A healthy, strong rabbit, which we shall call A, was inoculated with four drops of blood, containing bacteriæ, taken from a still living rabbit. Forty-six hours afterwards (the average duration of life had here been passed by six hours, and this shows that we cannot always reckon with confidence on numerical data), its blood was examined and no bacteriæ found in it.

From this rabbit there were immediately taken from a vein in the ear, from twelve to fifteen drops of blood, and this blood was introduced into the sub-cutaneous cellular tissue of another healthy rabbit, three months old, which we shall call B.

Nine hours later the rabbit A was again examined, and its blood was found swarming with bacteriæ. A few drops of blood were again drawn from the aural vein and inoculated on a third rabbit, C, a brother of the rabbit B.

An hour afterwards the rabbit A died; twenty hours afterwards the rabbit C: in its blood innumerable infusoria were discovered, for the blood with which it had been inoculated contained developed bacteriæ.

But the rabbit B, which had been inoculated with the blood of the rabbit A, before the bacteriæ were developed in it, remained alive.

I do not think it necessary to elucidate further the part that living animalcules play in this pestilence. In the present state of science no one would be tempted to seek for a secret contagious matter beyond these infusoria. Were there such a thing, it must clandestinely accompany the formation of the bacteriæ, and possess secret properties absolutely identical with theirs.

The producing agent is visible. It is an organized being, which, like all living beings, undergoes the various phases of development and propagation, and produces modifications in the blood, which causes the death of the individual that harbors it.

Let it be now remembered, that it has long been known that the existence of many diseases, such as helminthiasis, tinea capitis, leucorrhœa, is due to living organized beings; that the partizans of the psora and sycosis theories attempt to do away with these opposing facts by regarding these living organisms as the products of the outbreak of latent psora, and are found to have recourse to the materialistic view of a *generatio spontanea*, that is to say, that under certain latent and mysterious conditions, living beings can be produced spontaneously.

But the controversy on this subject, which has been going on for upwards of a millenium, is now completely laid at rest. *There is no such thing as spontaneous generation.* Pasteur proved this three years ago. His proofs are generally regarded as exhaustive.

ARTICLE IX.—*The Question of Doses, Dilutions, and the Alternation of Remedies practically considered.* By Dr. BAYES, of London.

ABSTRACT OF DR. TESSIER'S CASES.

CASE 21.

Lefèvre, aged fifty-one. Compound pneumonia.

Pneumonia commenced July 4, 1848.

Treatment commenced July 10th.

Convalescent July 20th, *i. e.*, on 15th day.

*Condition* when admitted.—Pulse 96 to 100; dyspnœa intense; sputa rusty; sub-crepitant râle abundant at base of left lung; and during cough on right side—diffuse bronchophony on both sides.

*Treatment* and subsequent symptoms:

July 10th, *Bryon.* 12 and *carbo.-veget.* 12, alternately. Pulse 100; stethoscopic sounds the same.

July 11th, *Bryon.* 12 and 24. In evening less dyspnœa; better; in night three loose stools; following morning, pulse 68; feels much better; cough rare. On *left side*, sub-crepitant râle from sub-spinal depression to base of lung; on *right side*, bellows murmur and bronchophony, crepitation of large vesicles below.

July 12th, *Bryon.* 12, and *Sulphur* 6. Mucous expectoration.

July 15th, *Sulphur* 12. Little cough; sputa mucous and frothy. Convalescent on 20th.

CASE 22.

Escaille, aged thirty-five. Pneumonia of right lung.

Pneumonia commenced July 4th, 1848.

Treatment commenced July 11th.

Convalescent July 17th, *i. e.*, cured on the eighth day.

*Condition* when admitted.—Great prostration, barely able to speak; Pulse 120 to 124; dyspnœa; rusty, viscid sputa; dullness on percussion, from the spine of scapula to base of lung on right side; intense tubular murmur below.

*Treatment* and subsequent symptoms:

July 11th, *Acon.* 6, and *Bryon.* 6, alternately. Dyspnœa less; pulse, cough, &c., the same.

\* From Ryan's Monthly Homœopathic Review.

July 12, *Bryon.* 6 and 12, alternately. In evening an aggravation of symptoms, but pulse *full*, and 116; next morning pulse 100; dyspnoea less, and no stitch remains; sputum increased; complete dullness of sound behind; tubular murmur only during expiration; bronchophony over same space; during inspiration, returning crepitation is heard.

July 13, *Bryonia* 12 and 24, in alternation. Slept and perspired; pulse 76; cough frequent and easy; profuse expectoration; bellows murmur; returning crepitation.

July 14<sup>th</sup>, cont. *Bryonia*. Pulse 60.

" 15<sup>th</sup>, *Bryonia* 12. Pulse 44.

" 16<sup>th</sup>, *Bryonia*. Pulse 40.

" 17<sup>th</sup>, *Bryonia*. Convalescent.

#### CASE 23.

Baudoin, aged 26. Pneumonia of left side.

Pneumonia commenced July 10th, 1848.

Treatment commenced July 14th.

Convalescent July 21st, *i. e.*, cured on eighth day.

*Condition* when admitted.—Prostrate, lies on his back; pulse 116 to 120; sputa greenish red; dullness on percussion in left posterior portion of lung and beneath axilla; intense bellows murmur in sub-spinal fossa.

*Treatment* and subsequent symptoms:

July 14th, *Bryonia* 12 and 24. No sleep; more sputa; pulse 100, large and soft; no stitch during inspiration, but some during cough; mucous rattle over the whole posterior of the thorax; perspiration profuse. In the evening of 16th feels comfortable.

July 16th, cont. *Bryonia*. Refreshing sleep; tongue moist; pulse 80 to 84, large and soft; no dyspnoea; returning crepitation.

July 17th, evening. Frontal headache; pulse 100. *Acon.* 12. Sleepless and restless night; pulse 96.

July 18th, *Bryonia* 24 and 12. Epistaxis; very good night; pulse 64; mucous sputa.

July 19th, *Bryonia* 12. Dullness and murmur decrease.

" 21st. Convalescent.

## CASE 24.

Togné, aged forty-two. Pneumonia of right side.

Pneumonia commenced Sept. 16th.

Treatment commenced Sept. 18th.

Convalescent Sept. 30th, *i. e.*, on the thirteenth day.

*Condition* when admitted.—Slightly jaundiced; Pulse 120; constant cough; dullness on percussion below the nipple, in front, and below sub-spinal fossa, behind; bellows murmur behind; absence of respiratory murmur in front.

*Treatment* and subsequent symptoms:

Sept. 18th, *Bryonia* 12, and *Acon.* 6, in alternation. Restless night; dyspnœa worse; delirium.

Sept. 19th, mustard plasters to the feet. *Bryon.* 12. Worse; pulse 116 to 120; whole lung involved in the disease.

Sept. 20th, *Bryon.* and *Phosph.* 12, in alternation. Pulse becomes full, large, 116 in the evening; delirium continues and increases; no improvement.

Sept. 21st, *Bryonia* 12. Better night; pulse 108.

“ 22d, *Bryonia.* Copious sweat; pulse 84; still delirious; less dyspnœa, &c.

Sept. 23d, *Bryonia* and *Bellad.* 12, in alternation. Good night; pulse 84; delirium remains; lung symptoms better.

Sept. 24th, *Bellad.* and *Arsenic* 12, in alternation. Continued delirium; pulse 64; returning crepitation.

Sept. 25th, *Bell.* and *Arsen.* Pulse 56; no delirium; appetite returns.

Sept. 26th, *Sulphur* 24. during next three days strength returns; murmur disappears; pulse 56.

## CASE 25.

Pot, aged thirty-six. Pneumonia of right side.

Pneumonia commenced Sept. 27th.

Treatment commenced Sept. 28th.

Convalescent Oct. 7th, *i. e.*, on tenth day.

*Condition* when admitted.—Pulse 120; sputa blood-streaked; from spine of scapula to base of right lung, no respiratory murmur.

*Treatment* and subsequent symptoms:

Sept. 28th, *Aconite* 6. Pulse 116 to 120; fine crepitation behind, below, and on right side of right lung.

Sept. 29th, *Bryon.* 12. Perspiration and diarrhœa; pulse 108 to 112; the dullness has extended over a large space.

Sept. 30th, *Bryonia.* Perspiration and diarrhœa continues; urine with red sediment; pulse 108.

Oct. 1st, *Bryonia* and *Sulphur* 12. Epistaxis; pulse 96; sputa more vesicular; moist râle in supra-spinal fossa.

Oct. 2d. *Sulphur.* Slept well; pulse 64; diarrhœa; returning crepitation.

Oct. 3d, *Bryon.* and *Sulphur*, in alternation. Pulse 56 to 60; same symptoms.

Oct. 4th, *Bryonia* 24. Pulse 44.

" 5th. Pulse 44.

" 6th. Gradual disappearance of all stethoscopical signs.

#### CASE 26.

Corsin, aged forty-three. Pneumonia of left side.

Pneumonia commenced Sept. 21st.

Treatment commenced Sept. 23d.

Convalescent Sept. 28th, *i. e.*, on sixth day.

*Condition* when admitted.—Pulse 100; no respiratory murmur in the whole left side, except about middle of scapula, where there is a slight bellows murmur and crepitation.

*Treatment* and subsequent symptoms:

Sept. 23d, *Acon.* and *Bryon.* in alternation. A good night.

Sept. 24th, *Bryonia.* Pulse 92; perspiration; stethoscopical signs better; returning crepitation.

Sept. 25th, *Bryon.* 12. Pulse 72; no cough; mucous expectoration.

Sept. 26th, *Bryonia.* Feels well; still crepitation.

" 27th, *Phosphorus.* Convalescent.

" 28th, no medicine.

#### CASE 27.

Bizet, aged sixty-nine. Compound pneumonia.

Pneumonia commenced Oct. 13th.

Treatment commenced Oct. 14.

Convalescent Oct. 19th, *i. e.*, on the sixth day.

*Condition* when admitted.—Pulse 100 to 104; violent dys-

pnœa; great dullness at lower and posterior portion of both lungs; bellows murmur on right side, along inner border of scapula; fine crepitant râle, corresponds to dullness of sound on left side.

*Treatment* and subsequent symptoms:

Oct. 14th, *Bryon.* 12. Bad night; two copious stools; urine sedimentous; pulse 84; perspiration.

Oct. 15th, *Bryonia* 12. Copious red sediment in urine; pulse 68; feels comfortable; stitch ceased; no cough or expectoration; returning crepitation.

Oct. 16th, *Bryonia.* Pulse 84; appetite returned; left side well; right returning crepitation.

Oct. 17th, *Bryonia* 24. pulse 52; convalescent.

" 18th, No medicine.

#### CASE 28.

Lucas, aged forty-four. Pneumonia of the right side.

Pneumonia commenced October 13th, 1848.

Treatment commenced Oct. 19th.

Cured Oct. 23d, *i. e.*, on the fifth day.

*Condition* when admitted.—Pulse frequent; Intense thirst; slight icterus; stitch in whole of right side; scanty, rusty, tenacious sputa; cold-sweat; dullness from apex of right lung to lower angle of scapula; bronchial murmur in supra-spinal fossa; crepitant râle in the whole upper part of lung; from spine of scapula to lower angle, bronchophony.

*Treatment* and subsequent symptoms:

Oct 19th, *Bryonia* 12. Pulse less frequent; other symptoms the same.

Oct. 20th, *Bryonia* 12 and 24. pulse normal; perspiration free and warm; sputa natural; nose-bleed; *returning crepitation.*

Oct. 21st. Same treatment; convalescent; returning crepitation.

Oct. 22d, *Bryonia* 24. Feels quite well.

" 23d. No treatment.

#### CASE 29.

Billon, aged sixteen. Pneumonia of left side; second stage.

Pneumonia commenced Oct. 21st, 1848.



Allopathic treatment commenced Oct. 25th.

Homœopathic treatment commenced Oct. 26th.

Cured Nov. 6th, *i. e.*, on the eleventh day.

*Condition* when admitted.—Lies on his back; respirations 36 in a minute; dullness, on percussion, over lower half of left lung, posteriorly; bronchial murmur over dull portion during inspiration only; crepitation over same space, on deep inspiration; marked bronchophony; pulse 96.

*Treatment* and subsequent symptoms:

Oct. 25th. No treatment. Ten leeches had been applied before coming to hospital.

Oct. 26th. In morning no treatment; pulse 92; respiration 36. Dr. Valleix (allopathic physician to the hospital) hands him over to Dr. Tessier, as a fair test of the efficacy of homœopathic treatment.

*Bryonia* 12 and 24. At 9, P.M., had an accession of fever; pulse 116; two liquid stools at midnight; pulse 92; respirations 36; dyspnœa less.

In the evening of next day; pulse 84 to 88; respirations 36; returning crepitation.

Oct. 27th. Same treatment. Pulse 56; no dyspnœa; scarcely any cough; returning crepitation still more marked; respirations 32; In evening, pulse 44.

Oct. 28th. Same treatment. pulse 44; respirations 28; dullness decreases.

Oct. 29th. Same treatment. Pulse 40; respirations 24; no dullness; mucous râle.

Oct. 30th. Same treatment. Greatly better.

Nov. 1st, *Bryonia* 12, one dose a day. Convalescent.

Nov. 2d, 3d, and 4th. Same treatment. A little dry cough remains; keen appetite; Pulse 56.

Nov. 6th. No râle; a little bronchophony; pulse 48; respirations 20.

#### CASE. 30.

Lambert César, aged sixty. Pneumonia of right lung.

Pneumonia commenced Nov. 18th, 1848.

Treatment commenced Nov. 20th.

Resolution Dec. 1st, *i. e.*, cured on the twelfth day.

*Condition* when admitted.—Pulse 120; sputa bloody, tena-

cious; stitch in right breast; dullness on percussion over whole of right breast, posteriorly; intense bellows murmur over whole surface of right chest, posteriorly; fine crepitation, during cough, opposite spine of scapula.

*Treatment* and subsequent symptoms:

Nov. 20th, *Bryon.* 12 and 24. Pulse 113; sputa part bloody, part greenish-viscid; stethoscopical signs much the same; cerebral irritation.

Nov. 21st. Same treatment. Pulse 112; copious perspiration all night; stitch less acute; stethoscopical signs proceeding favorably; cerebral irritation.

Nov. 22d. Same treatment. Pulse 112; sub-crepitant râle at base of lung.

Nov. 23d. Same treatment. Pulse 92; less cough, sputa contains large air vesicles; copious perspiration.

Nov. 24th, *Bryon.* 12. Pulse 104; no cerebral irritation; no stitch in side; dullness of sound in sub-spinal fossa, otherwise the sounds are normal all over the chest.

Nov. 25th, *Bryon.* 24. Pulse 80; returning crepitation.

" 26th. Same.

" 27th. Same.

" 28th. Pulse 80; convalescent.

" 29th. Pulse 80; no cough.

" 30th. Pulse 76; convalescent.

Dec. 1st. Resolution.

ARTICLE X.—*Homœopathy.* By J. M. SCUDDER, M.D., of Cincinnati, O. Copied from the Eclectic Medical Journal.

DOUBTLESS each of our readers has oftentimes asked himself the question, is homœopathy a humbug? If so, how have they obtained the confidence of the people? If not, cannot we obtain something of value from their system of practice? The homœopathic law, *similia similibus*, is doubtless the correct therapeutic law in some cases, but we cannot doubt that the opposite, *contraria contrariis*, is equally correct in others. We may account for the seeming success of their practice, by the well-known fact that a very large per centage of all diseases will get well without any medicine; but this per centage

is undoubtedly increased by their careful nursing and studied care as to diet. As regards infinitesimal doses, I, as well as many homœopathists, am entirely skeptic, as I also am with regard to the therapeutic properties of many of their remedies. Still they use many valuable remedies not known to other schools, and as they have been thoroughly studied, we may occasionally use them almost as specifics in certain pathological conditions. Thus I must confess that I am as much an admirer of the action of Aconite, Drosera, Staphysagria, Pulsatilla, Phosphorus, and some others, as the most devoted homœopath, because they accomplish certain desirable indications in the cure of disease in a very certain and satisfactory manner.

I am further satisfied that we have been giving medicine in too large doses, just as they are satisfied that in many cases it is better to give them in sensible doses. But whilst I advocate the smallest dose that will accomplish the desired result, I do not wish to be considered as likely to fall into the arms of homœopathy, as some of my predecessors have done. I feel willing to be instructed from all sources, and am satisfied that very much can be obtained from the system of medicine under review. Believing this, I have undertaken the examination of their principal therapeutic means, and will give the results from time to time in the Journal.

Homœopaths, like allopaths, are very intolerant and self-conceited. Believing that they possess the truth, all others must be in error. This feeling with both parties is now wearing off, and they are willing to look outside of their own little world, and believe there are others that may know something besides themselves. Thus many are led to adopt a rational practice of medicine, made up from the best of all systems, but as a general rule they are not willing to give credit to those from whom they have obtained the knowledge. To illustrate the views of some of the homœopaths, and showing the extent to which they use our remedies, and their estimation of them, I will quote from an article on the importance of our indigenous remedies, by Dr. E. M. Hale, in the American Homœopathic Observer.

"1. *There is but one law of cure, SIMILIA SIMILIBUS CURANTUR, and no cures can be effected except under that law.*

"2. *Other schools of medicine have effected cures with unproven medicines administered in large doses.*

"3. *Therefore such cures were homœopathic, i. e., made by virtue of our peculiar law of cure.*

"Those who will not accept the correctness of this reasoning are not true homœopaths; for by disputing it they deny our fundamental doctrine. Homœopaths sometimes forget that to deny the existence of cures made by physicians of other schools is indirectly to deny the doctrine which our great founder enunciated.

"This leads us to another consideration, and that is the subject of *dose*: It is asserted by many of our school, that the reduction in the size of the dose followed necessarily upon the discovery of our law of cure. We admit this to a certain extent, but we do *not* admit, nor will any sane man, that no drug can cure until it is attenuated up to a certain point. If crude drugs cannot cure, then Hahnemann's pretended cures of colicodynia with four-grain doses of Veratrum-alb.; of dysentery and vertigo with Arnica, in six and eight-grain doses, and syphilis with material doses of Merc.-sol., are all fictitious. Indeed, our great master *admits*, all through his writings, that crude doses *do* cure diseases, but he objects to them on account of the aggravations they are likely to cause.

"I only reiterate the belief of our best homœopaths, when I assert that material doses do cure diseases homœopathically; but at the same time, I as strongly incline to the opinion expressed by all experienced physicians of our school, that the nearer we approach the exact *similimum* in the selection of a remedy, the higher we may go in the scale of dynamization, with the most uniform success. In such case, to borrow a poetic expression,

"Tenth or ten-thousandth breaks the chain alike."

"To make the matter more plain and certain in relation to the value of material doses, we will repeat the above formula, slightly modified:

"1. There is only one law of cure, *Similia Similibus Curantur*.

"2. The dominant school have effected veritable cures with material doses.

"3. Therefore, material doses will cure disease under the Homœopathic law of cure.

"To conclude this argument, let it be said that I advise in all cases, when possible, that we use medicines whose effects upon the healthy are known and recorded, and that such medicines be given in as *small* a dose as will effect a cure. But at the same time I maintain that we can rightfully and successfully use drugs upon strictly empirical data, based upon accurate observation, and that we can rightfully use moderate material doses, and yet not violate in the slightest our great law of cure.

"Those who have read my article on Dose, in the NORTH AMERICAN JOURNAL will more fully understand the view I take of this matter. No physician can fully appreciate the value of certain new remedies until he has tested them in disease. In some forms of fever, we find that Aconite will not be specific to the morbid condition; but when we resort to Gelseminum, the febrile irritation vanishes as before the wand of the magician. In certain typhoid states, Belladonna, Bryonia, and Rhus-tox. are powerless, but the curative principle residing in the *Baptisia* roots seizes upon the typhoid poison in the blood and exterminates it.

"Those who have had much to do with bilious disorders, dysenteries, &c., have often been left in the lurch by Mercurius, Nux-vomica or Bryonia, but a resort to Podophyllum or Leptandrin has helped them through with the most desperate cases. The treatment of that terrible scourge of our soldiers, chronic diarrhœa, would be very imperfect and unsatisfactory, did we not use the *Leptandria-virginica*.

"In the diarrhœa and cholera infantum, which yearly carries thousands of our beloved little ones to the grave, those excellent remedies, Chamomilla, Mercurius, Arsenicum, and Veratrum do often fail, while we can sometimes resort with confidence to Euphobia-cor., Iris-ver., or Podophyllum with perfect success.

"In pneumonia, we rarely if ever, can absolutely cut short the progress of inflammation with Aconite and Bryonia, Phosphorus, or Tartar-emetica; while I solemnly assert that with *Veratrum-viride* I have arrested the inflammatory process

after it had become established, on the fifth and sixth day of the disease.

“Who has not found *acute* rheumatism intractable under the careful use of Bryonia and Rhus? Yet we have often resorted to the Cimicifuga, with a result beyond our most sanguine expectations. In *chronic* rheumatism, all the old remedies may be “tried and found wanting,” yet the Phytolacca, dec., will dissipate the malady in a short time; indeed, in the so-called *periosteal* rheumatism, whether it be syphilitic or not, it is an absolute specific.

“In some diseases of the heart, Digitalis will not have the desired effect, neither will Spigelia, Aconite, or Lachesis; but the Cimicifuga, Verat.-viride, or Lycopod., will quiet its tempestuous beating, and regulate its abnormal action.

“Some cases of general debility resist China, Phosphoric-acid, and Arsenicum, but yield readily to Hydrastin, Helonin, or Cornus-florida. In active arterial hæmorrhages, Aconite, Sabina, Crocus, and other approved medicines, fail to arrest the waste of vital fluid, while Erigeron-canadensis, Trillium-pendulum, or Sanguinaria, will stop the outflowing current, and close up the avenues of its escape. In the treatment of venous hæmorrhage, who would like to dispense with Hamamelis and rely solely upon Pulsatilla?

“We have some excellent remedies, which do us good service in the management of those distressing maladies to which females are liable. We could hardly dispense with Chamomilla, Pulsatilla, Ignatia, Sepia, or Coffea; but who that ever tested the virtues of Caulophyllum, Macrotin, or Scutellaria upon the suffering organisms of his delicate patients, would like to reject them, because they have not been extensively proven?

“Our remedies are generally useful in the treatment of the severest urinary disorders; yet I have known cases which have resisted the action of Cantharis, and others yield in a few days to the curative power of Chimaphilla. Few are aware of the extraordinary virtues of Apocynum-cannabinum in dropsies, yet it has cured cases which grew worse under the use of Apis, Arsenicum, and Helleborus-niger.”

ARTICLE XI.—*Medical Jurisprudence.*—*Medical Trials.* Central Criminal Court. London. (Before Mr. Baron Martin.)

CRIMINAL INSANITY.—IMPORTANT MEDICO-LEGAL TRIAL.

WILLIAM M'Crea, a lieutenant in her Majesty's service, aged twenty-one, was indicted for feloniously wounding George Perry on the high seas, with intent to murder him.

Mr. Daly prosecuted; and Mr. Serjeant Ballantine (specially retained), with whom was Mr. Sleigh, appeared for the prisoner.

The learned counsel for the prosecution, in opening the case, said that it was not the intention of the prosecution to support those counts in the indictment for the higher offense, as it was evident from what had transpired, that the prisoner's mind at the time of the occurrence was in a state of derangement, and therefore he should rest content with pressing the count charging the prisoner with an unlawful wounding.

Two witnesses were then called—namely, the captain of the vessel in which the occurrence took place, and the prosecutor. From their evidence, it appeared that the prisoner was a passenger on board the ship *Northumberland*, from Madras to the port of London, he having been an officer of the Indian Army, who was returning home invalided. During the voyage it was remarked that his demeanor and conduct were very strange and eccentric. One thing he did was to give the captain his acceptance for a million of money, and afterwards his acceptance for two millions to renew the first. Towards the prosecutor, who was one of the officers of the vessel, the prisoner had manifested an evident dislike, and said he was the prime-mover in a conspiracy on board against him. The wound which had led to this indictment had been inflicted by the prisoner striking him very violently on the head with a ship's mallet.

Mr. Serjeant Ballantine said he could not controvert the facts of this very lamentable case. The prisoner, a young man, had held high military appointments in the Indian service, and was returning home in a bad state of health, and at the time he committed the act imputed to him, he was not aware of the consequences that might follow.

Dr. Forbes Winslow was then called and examined. He deposed that he had for many years devoted himself to the study and practice of mental diseases; that he had on the 17th of October visited and examined the prisoner at Newgate, in consultation with Mr. Gibson, the surgeon to the prison; that the interview was of an hour's duration. Judging from what he had observed of the prisoner's present state of mind as well as from the account he gave of the attack he had made upon the steward, he (Dr. Winslow) was of opinion that the prisoner was not at the time in a sane or responsible state of mind.

The Judge—Please let me take this down accurately: it is important. Proceed.

Dr. Winslow continued, and said that the prisoner could not give a rational or coherent account of the attack he had made upon the steward. It appeared from the prisoner's statement that at the time he was under a delusion that a conspiracy existed against him in the ship, and that the carpenter and steward intended to poison him.

Mr. Serj. Ballantine.—What, Dr. Winslow, is your opinion of his present state of mind?

Dr. Winslow. I consider the prisoner to have an intellect very much below the healthy standard.

Mr. Baron Martin then stopped the case, and remarked, whilst Dr. Winslow was in the witness-box—I feel some difficulty, after Dr. Winslow's evidence, whether the jury ought not to return a verdict of "not guilty on the ground of insanity." I can understand the learned Serjeant's anxiety that such should not be the result of the deliberations of the jury, as such a verdict would unhappily have the effect of confining the prisoner for life.

After some consultation between his Lordship and the learned counsel on both sides,

Mr. Baron Martin directed the jury to return a verdict of "unlawfully wounding."

Mr. Serjeant Ballantine then called a gentleman, who, in answer to the Court, stated that the prisoner was of good family, and had means of his own, having just come of age, sufficient to enable his friends to place him under proper restraint, and that he would be sent down into Scotland.



Mr. Baron Martin said that under these circumstances he should order the prisoner to enter into recognizances, to come up for judgment if called upon, with the direct understanding that if he committed any violence the Court would interfere.

The gentleman assured the Court that every care would be taken of the prisoner, and that his condition was improved, and much better than at the time of the commission of the offense.

The prisoner, a gentlemanly-looking man, who did not appear to pay the slightest attention to the proceedings, was then removed. In the course of the day, Lieutenant M'Crea was removed from Newgate by his friends.

*Remarks of the London Lancet.*

The facts of this case are briefly as follows:—Mr. M'Crea, a lieutenant in the Indian army, whilst returning home from India, made, during his voyage, without any apparent motive or appreciable provocation, a murderous assault on the steward of the ship. Mr. M'Crea was immediately placed in irons, and continued so confined until the ship arrived in port. It was for this criminal assault Mr. M'Crea was tried at the Old Bailey, on the 30th ultimo. Dr. Winslow was the only medical witness examined as to the prisoner's state of mind.

We especially refer to the facts of this case in order to show, not only the enlightened advance made in our courts of law on questions involving the issue of insanity, but the marked respect and deference paid to the opinions of a class of scientific experts who have of late years, for no satisfactory cause, been exposed to much unfair attack, and to great and undeserved odium. It will be perceived that whilst Dr. Winslow was giving his evidence as to the state of the prisoner's mind, and previously to his leaving the witness-box, the Judge stopped the case, telling the jury that if they were to acquit the prisoner on the ground of insanity, he would be consigned for life to a lunatic asylum. In order to avoid so fearful a contingency, the Judge directed that the jury should convict the prisoner of "unlawfully wounding." This they at once did. Without any further remark, Mr. Baron Martin, recognising that the prisoner was no more responsible for his assault

than a man would be if he refuse to walk when in a state of paralysis—in other words, that his mind was, when he committed the crime, in a *diseased* state,—immediately ordered that he should, after proper securities were given, be transferred to the care of his relations. All honor to the Judge who has thus inaugurated so humane and philosophic a course of procedure. How monstrous, after acquitting a prisoner on the ground of insanity,—in other words, after recognizing him to be perfectly irresponsible and utterly incompetent, as the *effect* of diseased brain, to appreciate the nature of his actions, or to control them, to consign him for the remainder of his life to confinement in a public lunatic asylum! The law pronounces the prisoner “not guilty,” affirming that he is innocent of the charge alleged against him; that the crime for which he is arraigned and tried has not been committed; and in the same breath subjects him to the severest punishment (apart from death on the scaffold) to which a human being can be exposed! You are innocent, says the jury; you were insane when you perpetrated the act; a diseased condition of the organ of thought had quite disabled you from exercising healthy power of self-control; a fearful hallucination drove you to the commission of the crime alleged against you; you ceased to be a responsible agent, and *therefore* we acquit you. The prisoner, congratulating himself on his happy escape, is about to leave the dock, and again breathe the free air of heaven, when the Judge exclaims, “stop! The jury, continues the Judge, “say you are not guilty, and I agree in this verdict. I have now my painful duty to discharge. ‘Not guilty,’ I admit you to be; nevertheless I am compelled by the law to consign you to Bethlem Hospital, and there you will have to remain the companion of raving and violent lunatics for the remainder of your life.” Can, we ask, such a state of the law be permitted to continue unaltered? Is it not monstrous that punishment of so severe a character can be inflicted on a person pronounced innocent of the offense imputed to him? We hail the humane and philosophic judgment of Mr. Baron Martin as the commencement of a new and bright era in the criminal jurisprudence of this country. Dr. Winslow has rendered a great service to humanity by his persevering labors in defense of the helpless insane criminal.

*The Brains of Criminals.*

"The doctors and lawyers are every year adding new and curious chapters to the treatises on medical jurisprudence. The number of cases in which insanity is put forward as a justification for crime is increasing so rapidly, both here and in England, that the moral as well as legal responsibility of individuals for their acts, and above all, for their criminal acts, bids fair to disappear altogether. The following curious testimony was given in court in this city the other day, upon a murder trial which was concluded yesterday :

"A. The general effect of injuries upon the head relates to injuries to the brain ; a man who has received a severe blow on the head, even if the skull be not broken, is more or less stunned ; these kinds of injury often produce very serious results upon the mind and the moral condition of the mind.

Q. Upon slight provocation what would the effect be ?

A. The general effects of compression, and by compression I mean the effect upon the brain from a severe blow upon the skull ; it affects the action of the brain, sometimes rendering a man imbecile, sometimes very irascible ; for instance, a man may receive a very severe blow on the head, and recovers from the immediate influence, resumes his occupation, perhaps ; but from some slight cause exciting the brain, drinking a little too much, or becoming excited by anger, or even from indignation ; these particular causes may stimulate the brain so as to cause it to act in a very singular way, upsetting the intelligence and, perhaps, overruling the judgment.

Q. How as to domestic difficulty ?

A. That comes under the same clause ; any moral and physical cause would have that effect.

Q. What would be the effect a month afterwards as to power over the will in case of slight provocation ?

A. It would render him more irascible ; he would lose his head, as it were ; his passions would get control of his judgment ; these are the general effects not only in my experience, but as laid down by the authorities."

This, put into plain English, means that if a man should receive a smart blow on the head, heavy enough "to stun him

more or less," and he should afterwards prove irascible, or become excited by anger, indignation, or hard drinking, and "his passion should get the control of his judgment," and he should stab or shoot the object of his wrath, we are bound to infer that he is an irresponsible lunatic. A more dangerous doctrine was never propounded in any court of justice, and we should be astonished at it, if anything could astonish us, after the evidence given by the doctors two years ago in the great Windham case in England. The fact is, that so little is known about the condition of the brain, either in health or disease, and the relations between it and the will are so very obscure, that the opinions of medical men on these points are generally as pure speculation as an inquiry into the origin of evil.

There is hardly a ruffian in this city whose brain may not be fairly presumed to be in an abnormal condition, either from blows, or falls, or excessive use of bad whisky; and if we are to suppose every time he gets into a rage, and knocks somebody down, that it is the result of a morbid condition of the nervous fibre, we shall have to abandon all attempts to punish crime.

Moreover, it will not do to punish criminals who are simply constitutionally "irascible," who have inherited a savage temper—if we let all those escape who can show a scar on their skulls; for whatever difference there may be in the cause of men's bad temper, there can be no difference in its bearing on the freedom of their will. There are thousands of people, as we all know, whose passions get the control of their judgment "from some slight cause exciting the brain, from drinking a little too much," or from "becoming excited by anger, or even from indignation," whose crania have never received the slightest injury; and yet the seat of the mischief is as undoubtedly in the brain, as if there were a big hole in the top of their heads. In fact, the description given by the doctor; in the passage we have just quoted, of the condition of a man's temper "who has just received a severe blow on the head," will apply without a word of alteration, to that very large, and, on the whole, very worthy class of the community known as "bad tempered people," but whose sanity is never brought into doubt by their excitability.

In short, distinctions in the responsibilities, as moral agents, of men who are competent to transact the ordinary business of life, based on doctor's guesses as to the condition of their brain, are such as cannot possibly be noticed in a court of justice without great danger to society, and ought never to be noticed without great caution.

It is only at the great and final reckoning that proper allowance can be made for that portion of our sins which may be due to a morbid condition of our physical organization. It is for people who let "their passions get the control of their judgment," from whatever cause, be it drinking, knocks, or ignorance, that laws are made, as it is this class that generally commit the crimes; and if we refrain from punishing them until we are able to ascertain the exact condition of their brain, and the precise degree of freedom enjoyed by their will at the moment of their committing a murder or an assault, we may shut up the jails, and leave every man to provide for his own safety." *New-York Daily Times*.

*Remarks by the Med. and Surg. Reporter.*—The foregoing article relates to a subject of great pathological, as well as judicial interest, and affords an opportunity for a wide discussion.

We can readily conceive a case in which the setting up of such a defence as is here alluded to might prove the hardest kind of knot for both lawyers and doctors to try their skill upon, and which there would be little hope of untying except after the manner of the Gordian knot itself, or by the hangman's noose. The autopsy of a brain which has once been compressed by a blow upon the skull, though recovery without external cicatrix might ensue, would be the sole means of determining whether such an abnormal condition remained, as would lead, under usual excitement, to a loss of reason, or self-control, and excited to actions of a dangerous character. It can hardly be expected that a structure of such exceeding delicacy as the cerebral substance, can be restored to a perfectly normal condition, after a severe shock from a blow, and the inflammation naturally ensuing.

This is a point of medical jurisprudence demanding the close study of the physiologist and pathologist, and though, from the very nature of the subject, slow progress will necessarily

be made in arriving at a conclusion, it is worthy their time and talents.

The microscope might reveal some very important physical cerebral changes. But, as before hinted, conjecture is our sole reliance at present for judgment in such cases, and in the mean time let our systems of prison-government be made more reformatory—let our jails be something more than mere places of punishment—let them be converted into schools where rewards follow habits of industry in labor and study, and so the mind and body both become habituated to other and better thoughts and practices, than are inculcated in the vicious circles of freedom in which the criminals have been educated before incarceration. Were such reforms instituted and carried out in our prisons as are prescribed in the Gospel of Christ, we should have far less trouble with such nice psychological questions as that discussed in the foregoing article. The fault lies more in governmental management than in the schools of law or medicine, and upon government must rest the responsibility of relieving the republic of a large portion of the burdens of this kind which now afflict it.

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ARTICLE XII.—*Clinical Observations on Lachesis.* By T. F. ALLEN, M.D., of New-York.\*

CASE I.—R. H., a boy ten years old, in good circumstances. December 17th, six o'clock, P. M., I was called in great haste, the child was said to be "swelling all up." I found the boy lying stupid, only moving his head when spoken to. The first thing noticed was a large sore about the centre of his forehead, covered with a hard black scab, the tissue all around hard and inflamed, a puffy swelling extended down on both sides of his nose to his neck, which was very much swollen, as were his lips. When he took a swallow of water, he grasped his throat with his hand and evinced the greatest pain. His face was very red, but *mottled white* (looked singular), his ears were burning hot to the touch, yet his pulse was only 85, irregular and softish. He continually picked at his hair, saying,

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\* American Homœopathic Review.

“tangled and in my eyes,” every few minutes he had twitchings of the arms. I was told that in the morning he seemed perfectly well except that he was less lively than usual, that then there was only a small pimple on his forehead, that he had torn the skin between the fingers a little the day before, where now it was filled with dirty matter and much swollen; during the forenoon he talked strangely at times. The throat was internally much swollen and very red. Lachesis 200, dissolved in an ounce of water, a teaspoonful every thirty minutes. Ten, P. M., same; moans when called to take medicine, twitchings only once since.

18th, eight, A. M. He had a very restless night, he kept pulling his hair; could hardly speak in a squeaky voice, throat much swollen, and tonsils covered with a dirty-white membrane; breath very offensive; hands, arms, and neck very red. Gave the same with beef-tea. In the evening, pulse rapid, hard, and full; was covered all over with abundant scarlet-rash, as red as a boiled lobster; throat is very bad, membrane extended across the uvula and up into the nose, had been bleeding from the nose and mouth dark blood, could hardly swallow, saliva constantly ran from the mouth. Unwisely gave Belladonna every thirty minutes.

19th, eight, A. M. Has had a very bad night, delirious, pulling his hair and trying to get out of bed; throat the same, bleeding at intervals, pulse irregular, rapid and weak. Gave Lachesis. One, P. M. Decidedly better, the “last medicine took right hold of him,” said his mother; he swallowed more easily; pulse more regular. Eight, P. M., toward night had taken a whole cup of beef-tea, and cried for more; throat less swollen and less membrane. Lachesis every two hours.

20th. Child rested some, not at all delirious; rash much paler, though still very thick. Lachesis every four hours.

21st. At night was taken with severe sharp pain in the bowels with a very dark stool. Arsenic 200, one dose.

22d. Pain gone and improving. On the 24th was playing about the house.

II.—A younger brother of the last was taken on December 20th with red and swollen neck; pain on swallowing, with considerable membrane extending from one tonsil to the other,

“drooping.” One dose of Lachesis seemed to check any further development, and in two days he was quite smart.

III.—J. C., aged thirty years, laborer. February 9th, one week ago the corner of a heavy box struck the inner side of the leg, making a large wound extending from the anterior surface of the tibia (from which it seemed to glance) down into the calf. A high degree of inflammation set in, a doctor was called who applied two leeches and a hop poultice, and neglected to attend to him. On the 6th he was taken with a very severe chill, his teeth chattered, which continued far into the night; and since the chill, not a teaspoonful of anything has remained on his stomach. On the 8th very severe pains set in the leg, and on the 9th I found three spots of gangrene (the whole of the wound and each leech bite), he vomited everything, the least drop or morsel; very severe headache, breath very fœtid; had had no sleep since Thursday, was very restless; his shining eyes constantly in motion, his tongue trembling; pulse 110, very small and irregular. Gave Lach. 200, in an ounce of water, a dose every half hour.

10th. Has taken and retained a little beef-tea, but has had no sleep, there is a profuse discharge from the wound instead of its being dry as yesterday. The same every two hours.

11th. Improving rapidly, can eat a little at a time and take some wine, sleep about four hours through the day and as much more at night.

12th.—The black gangrene peeled off to-day, leaving healthy looking sores, with the exception of the bruise over the bone, which discharges thin watery matter; the Lachesis sphere of action is past, and the sore was now treated as one resulting from injury to the bone, which of necessity could not heal until the bone had become sound. From the first, I kept warm applications on the wound; at first flax seed, then simple water. A similar treatment had been pursued before with *hops*, but the Lachesis saved the man's life, for I believe he would have died in a very short time. Lachesis immediately changed his condition.

IV.—A laborer, forty years old, came to the Central Dispensary, in Eleventh-street, with a most discouraging looking hand, which he said he had not hurt in any way. Three days



before he had been working among lumber and thought he must have been poisoned. It commenced swelling very rapidly two days ago, until it is now three times the size of the well hand; very red, and pits on pressure, between the first and second knuckle is an opening as large as a three-cent piece, looking like (precisely) dirty soft soap; I never saw anything just like it; around this and along the first three knuckles the skin was bluish-black and inflated by gas (one could see little gas bubbles under the skin), the skin under this cuticle looked rotten. I separated the fingers (first and second) a little, and the skin cracked right open, exposing this dirty soft-soap appearance underneath; it seemed absolutely rotten. He said it burnt horribly all over his hand, deep in, not on the surface, and he felt some pain in the red streaks that run up beyond his wrist. He had had no chill, his pulse was not rapid but soft, he had constant thirst. I directed him to sprinkle it with corn meal and keep it wrapped in a dry cloth, and gave Lachesis 200, every hour.

His hand improved day by day from the first dose of Lachesis, and in ten days was quite healed up, he had no discharging from it, the open sore and the place I split open granulated and closed very rapidly. Was it spontaneous gangrene? It certainly got well, and I gave Lachesis the credit.

ARTICLE XIII.—*Guaiacum-Officinale* as a Remedy in Diphtheria. By ASA S. COUCH, M.D., of Fredonia, N.-Y. (Amer. Homœop. Observer.)

THE importance of the above drug as a remedy in diphtheria, was first publicly alluded to by the writer in an article read before the last semi-annual meeting of "the Hom. Med. Soc. of the State of New-York." It was then claimed that it would prove one of the most important and reliable specifics in this disease.

Subsequent observations have served to confirm that conviction. The clinical observations of its curative effects in many cases of rheumatism, first directed attention to it in this

connection. No observer can fail to have noticed the frequency of rheumatic complications in diphtheria. Rheumatic affection of the cervical muscles is a very frequent attendant upon it, while general rheumatic pains are not uncommon. Several cases of inflammatory rheumatism have also been observed by the writer to follow closely upon convalescence from this disease.

The following (among other) symptoms indicating its use, may be found in the provings of the remedy; exhaustion, as after great exertion, especially in the thighs and arms, shuddering and feverish chill in the back; *internal chilliness* through the whole body, followed by heat, especially, in the face, without thirst, towards evening; disinclination to labor, headache across the forehead, swelling of the eyes; *painful dragging and lacerating in the left ear; the face is red* and painfully swollen; *dull ache* in the left jaw; nausea, occasioned by a sensation as if mucous were in the throat, violent vomiting of watery mucous, with great exertion, constrictive sensation in the epigastric region, with anguish and difficult respiration, dry cough, returning until some expectoration set in; cough with expectoration of foetid pus; aching in the nape of the neck on the right and left sides of the vertebræ.

Now, the provings of this remedy are very meagre, and yet quite a number of the foregoing symptoms are strongly characteristic of diphtheria. A more thorough proving would undoubtedly develop equally characteristic, if not pathognomonic symptoms of it. It is to be hoped that it will be accomplished.

But passing over any further references to its homœopathicity in the case, it is offered as a fact that its employment in cases where it was at all indicated, has proved more satisfactory than any other single remedy exhibited by the writer in disease. That it will prove efficacious in all cases is not expected, but a trial of it in cases accompanied by rheumatic pains, is earnestly recommended.

With reference to its administration, it is probable that the *potencies* will not prove serviceable. The manner in which I have used it has been to add a half-drachm of the mother tincture to a tumbler half full of sweet milk, and of the

mixture, give a dessert spoonful every hour to three hours, according to the urgency of the symptoms. Reports of cases are omitted, for fear of occupying too much space.

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## General Record of Medical Science.

### *Low Life in Large Cities.*

DURING the late session of the American Medical Association in this city, it occurred to the memory of some of the physicians present, that there was an organization in existence as late as 1860, called the "*National Quarantine and Sanitary Association*," and it was thought proper to attempt to bring it to life again. After some discussion between a few of the members, it was resolved "to hold a meeting of the Quarantine and Sanitary Convention in the city of Philadelphia, on the last Tuesday of October, 1864. Drs. La Roche, Jewell, and Butler, of Philadelphia; and Drs. Harris and Griscom, of New-York, were requested to act as a committee of arrangements and correspondence in view of the proposed meeting."

This promises something, and we hope the meeting will be held. Its transactions will no doubt furnish some important facts, as well as give us something to talk about, as the proceedings of the last meeting did four years ago. To show that there is room enough for work as well as talk on the subject of *Sanitary Reform*, we quote from some public documents some fragments which show something of *low life in large cities*. Mr. Simon, of London, thus speaks of the "tenant houses" of London:

"That this kind of dwelling is detrimental to health, as well as morals, is universally conceded, and how to apply a remedy has been and is the study of Philanthropists and Sanitarians in every country where they exist; and this, like almost every charity, has been seized upon by dishonest persons, for selfish purposes, and in too many cases a benevolent public have been deceived by these pseudo-humanitarians, and the cause of the poor has suffered by such impostors; yet this must not detract from the interest that should be taken in the matter by all, and particularly by the guardians of the public health.

The following is the description given of the dwellings of the poor in London:

"I have also been at much pains during the last three months to ascertain the precise condition of the dwellings, the habits, and the diseases of the poor. Out of 1,023 houses that have been generally inspected during the quarter, 474 have been especially examined as to the number of occupants, the condition, and cubic capacity of the rooms, the number of beds in each room, and the price paid for the weekly rental of it. In this way, 2,208 rooms have been most circumstantially inspected, and the general result is that nearly all of them are filthy, or overcrowded, or im-

perfectly drained, or badly ventilated, or out of repair. In 1,989 of these rooms—all in fact that are at present inhabited—there are 5,791 inmates, belonging to 1,576 families; and, to say nothing of the too frequent occurrence of what may be regarded as a necessitous overcrowding, where the husband, the wife, and young family of four or five children, are cramped into a miserably small and ill-conditioned room, there are numerous instances where the adults of both sexes, belonging to different families, are lodged in the same room, regardless of all the common decencies of life; where from three to five adults, men and women, besides a train or two of children are accustomed to herd together like brute beasts or savages; where all the offices of nature are performed in the most public and offensive manner; and where every human instinct of propriety and decency is smothered. Like my predecessor, I have seen grown persons of both sexes sleeping in common with their parents; brothers and sisters, and cousins, and even the casual acquaintance of a day's tramp, occupying the same bed of filthy rags or straw; a woman suffering in travail, in the midst of males and females of different families that tenant the same room—where birth and death go hand in hand—where the child, but newly born, the patient, cast down with fever, and the corpse, waiting for interment, have no separation from each other, or from the rest of the inmates. Such instances as these, and I might add others of even more extreme debasement, are not uncommon within the walls of this city; and though they call loudly for interference, yet I hardly know how the powers of this commission can be best exercised in suppressing them.

“Not long since I directed your attention to a locality where these depraved conditions were unusually prevalent, and now it is my duty to speak of another that is not less demoralized.

“In the ward of Bishopsgate, a little above Houndsditch, there is a narrow passage called Rose alley, which leads from the new thoroughfare into New-street. The alley contains a row of twelve houses, which are shockingly dirty and ruinous. Each house contains from six to seven rooms, which are inhabited by the very poorest of the poor Irish. In all, there are twenty-seven rooms; and of these there are seventy-six tenanted by sixty-three families of two hundred and fifty-two. Twelve of the rooms are occupied by fifteen men, twenty-five women, and seventeen children. In one room there are two men, three women, and five children; and in another, one man, four women, and two children; and when, about a fortnight since, I visited the back room on the ground floor of No. 5, I found it occupied by one man, two women, and two children, and in it was the dead body of a poor girl, who had died in child-birth a few days before. The body was stretched out on the bare floor, without shroud or coffin. There it lay in the midst of the living: and we may well ask how it can be otherwise, than that the human heart should be deadened to all the gentler feelings of our nature, when such sights as these are of common occurrence?

“These rooms are let at from 1s. 3d. to 1s. 9d. per week, and they are wretchedly dirty and miserably furnished. In fact, they are infested with that peculiarly fusty and sickening smell which is characteristic of the

filthy haunts of poverty. There also lurk the germs of disease, which wait only for one last condition to bring them into frightful activity. Dr. Fowler, who is the medical officer of the poor in that neighborhood, informs me that Rose alley is constantly the abode of sickness; and about six weeks ago it was infected with fever, which passed from room to room and attacked almost all the adult males of the colony. So severe was the visitation of the disease, that he was obliged to order the removal of every patient as soon as he was stricken down by it.

"In such a polluted atmosphere, it is not surprising that epidemic, and other infectious maladies should often get the mastery of medical skill, and almost decimate the population. So close and unwholesome is the atmosphere of some of the rooms, that I have endeavored to ascertain, by chemical means, whether it does not contain some peculiar product of decomposition that gives to it its foul odor and its rare powers of engendering disease. I find that it is not only deficient in the due proportion of oxygen, but it contains three times the usual amount of carbonic-acid, besides a quantity of aqueous vapor, charged with alkaline matter, that stinks abominably. This is doubtless the product of putrefaction, and of the various fetid and stagnant exhalations that are given off from the unclean body. In many of my former reports, and in those of my predecessor, your attention has been drawn to this pestilential source of disease, and to the consequences of heaping human beings into such contracted localities; and I again revert to it because of its great importance, not merely that it perpetuates fever and the allied disorders, but because there stalks side by side with this pestilence a yet deadlier presence, blighting the moral existence of a rising population, rendering their hearts hopeless, their acts ruffianly and incestuous, and scattering, while society averts her eye, the retributive seeds of increase for crime, turbulence, and pauperism."

The sanitary condition of New-York City, given by the City Inspector in his last annual report, is not so bad as that given above, but he admits that it is "a melancholy truth" "that there is even here a field for philanthropic labor." He says: "The homes of our poor, however, have been greatly improved through the efforts of the numerous societies, which have been established for "bettering their condition," and the ministration of a large number of self-sacrificing ladies, who teach the unfortunate inmates of the abodes of poverty, the duties of life, after having first relieved their more pressing wants. These admirable alleviators of misery and gentle teachers of the ignorant, are eminently practical in their sphere of voluntary duty. They begin by removing a dread of soap and water, in the objects of their charity; then, they furnish them with clothing, and thus, and in every other manner possible, inspire self-respect among them. The labor, from this point, is easy, but effort is not relaxed. On the contrary, the ladies yet continue their visits, and, after they have procured work for their unfortunate wards, they still maintain a general supervision, and assist them by advice and even material aid. A much greater number of ladies than is generally supposed, is engaged in this most commendable labor, of elevating and securing from vice and misery the most wretched of their fellow creatures; and the good that they accomplish is almost in-

calculable. They enter the filthy abodes of abject poverty, and even of crime itself, give the first lesson, and then call again and again, until an amendment has been effected—and their noble work is done in the most private and unostentatious manner. I have visited several hundred sick poor, during the last eight years, at the request of some of the ladies referred to, and have been often surprised with the manifest indications of improvement which have, in many cases, followed close upon their devoted labors. Almost every day, I may affirm, I observe rescued victims passing to their work, in the enjoyment of cleanliness and health, who, but few years ago, I found in sickness and filth stretched upon bundles of rags. These are some of the practical effects of the benevolent efforts of those admirable women, who accomplish more for sanitary science than the herd of croakers who flock to Albany every winter, rejoicing in the euphonious appellation of "Sanitarians," and ringing the changes on "reform."

**WATER.**—The human body consists principally of water, in combination with some organic compounds and salts, and this compound of oxygen and hydrogen is in constant use for drink, ablution, and daily use, so that water may be called the life-blood of cities. - Without water they cannot exist, and on its quality their salubrity depends, to a very great extent. It may with propriety be said, that New-York excels almost any city on the globe, in its supply and quality of this indispensable element, being surrounded by pure and rapidly flowing rivers of salt water, while for supplying the use and wants of the city there is an abundance of pure, fresh and clear water, taken from the living springs that gush from the mountains of Putnam county, and conveyed through an aqueduct well protected against foreign matter, emptying into reservoirs, one of which forms an artificial lake large enough to float a navy, or dock our stateliest steamers and merchantmen; and, lastly, passing through the thousands of ramifications, into every house, and almost every bed-chamber of the city, its cool and refreshing currents. Free from sediment or corrosive substances, it is universally sought to fill boilers of our steam engines, and can be conveyed through lead pipes without endangering the health of the people who use it. When taken to sea, it remains potable during the longest voyages. The introduction of the Croton river into the city of New-York, may justly be said to be the greatest work of its character in this country and age. To supply the city of New-York with pure and wholesome water, was the thought of some leading minds as early as 1825. The subject was discussed, in pamphlets and newspapers, and also by eminent engineers. The wells were insufficient; so much so that water was retailed by the bucket at the doors of dwellings, &c., and not the best in quality, nor in any quantity. The Manhattan Company was the next source looked to, and it was also proposed to use the Hudson, to change its salt water into fresh, and bring it by force into reservoirs, with machinery. After years of discussion, it was suggested that the Bronx river might be diverted from its channel, and with the water of Rye, and other ponds, be brought to the island. This was acted upon by the Common Council of 1831.

In this state of public opinion, the cholera of 1832 made its appearance,

and had the effect at once, of convincing many of those who had hitherto opposed it. It was clearly demonstrated that a sufficient supply of good water could not be obtained from the sources then in existence, and the Common Council became unanimous as to the necessity of procuring it elsewhere. It was finally concluded to select the Croton river. This, with all matters relating to the subject, was submitted to the test of a popular vote. The tax-payers, generally, voted against it. The measure was carried, however, by 11,367 majority, out of 23,293 votes. This event exhibits the value of our democratic institutions, in view of the wisdom and beneficence of the measure, and in a significant commentary on the political doctrine that the elective franchise should be confined to property-holders. The act authorizing the enterprise, was passed by the Legislature of the State, in 1833. The work was commenced in 1834, and on the 4th of July, 1842, the water came flowing into the city, through an aqueduct of fifty miles in length, thus connecting the croton-dam with the reservoirs. The extraordinary growth of the city, and the vast use made of the water, soon made it apparent that a large reservoir was necessary, and, in view of this, the new reservoir was commenced in 1858; and on the 19th day of August, 1862, the water was introduced into it. It has a surface of 96 acres of water, at a depth of 38 feet, and contains 122,035,966 cubic feet of water, which are equal to, New-York standard, 1,029,880,145 gallons.

The supplies which are in the reservoirs are as follows:

New Reservoir (Manhattan Lake), . . . . .	1,029,880,145 Gallons.
Receiving Reservoir, . . . . .	150,000,000 . . . . .
Distributing " . . . . .	20,000,000 . . . . .
	<hr/>
Total imperial gallons, . . . . .	1,242,980,255

It is estimated that this would supply the city for from thirty-five to forty days, should an accident occur to the Croton-dam, or any portion of the aqueduct. For its distribution in the city, there have been laid 280 miles, 1,426 feet of pipe, from 48 inches down to 4 inches, but principally of 30, 20, 12, and 6 inches internal diameter. The water has been unchanged in clearness and purity, from its first introduction into the city to the present time, except in August, 1859; then, for a few weeks, it was of a yellowish or light brown tinge, and a little disagreeable to the taste. An investigation soon proved this to depend upon the lowness of the river, produced by a long drought, and the flavor, to the accumulation of leaves in the Croton-dam; no injury, however, resulted to the health of those who used it, the autumnal rains soon restored its original appearance. As above intimated, much of the wealth and greatness, as well as the good health of the inhabitants of this city, is due to the quality and quantity of the croton water. The immense amount of machinery now driven by steam made from it, could not have been produced from any other water in the vicinity, as the incrustations on the boilers would have been so great that persons engaged in business of this character, would have sought other localities.

## Reviews and Bibliographical Notices.

1. *Medical Diagnosis with Special Reference to Practical Medicine.* A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M.D., &c. &c. Illustrated with engravings on wood. Philadelphia: J. B. Lippincott & Co. 1864.

"THE chief aim," we are told in the Preface, in writing this work has been to furnish advanced students and young graduates in medicine with a guide that might be of service to them in their endeavors to discriminate diseases." An outline of its contents and method of treating the subjects under consideration will serve to show how fully this design is realized.

After some general remarks upon diagnosis there follows a chapter upon the examination of patients. The author rejects both the synthetical or historical, and the analytical methods of eliciting those facts which are the first requisite of a careful diagnosis. He says:

"The synthetical method is the most purely scientific; but it is too full, and calls for too much labor to meet the requirements of ordinary professional life. It is much better adapted for recording cases in the pursuit simply of pathological knowledge, and decidedly the best where the history is obscure and the symptoms ill-defined. The plan which I habitually prefer is to take a general survey of the history and of the prominent symptoms, and having thus obtained some clue to the part most likely to be affected, to explore that with care. For instance; we are brought to the bed-side of a patient for the first time; we inquire how long he has been sick; how that sickness commenced; in what way he is now troubled—whether he has pain, or what is the main source of his annoyance. While questioning him, we are scanning his appearance; the position of the body, his movements, his manner of breathing are being scrutinized. The hand is applied to the skin; the pulse is felt. Partly from this examination and partly from the history, some organ is fixed upon to be specially investigated; say pain in the epigastric region and vomiting are complained of—our attention is directed to the stomach. We explore that organ, its physical state and its functions. Then we look to the parts that are anatomically or physiologically nearest related to it, which are, in the case cited, the intestines and liver. The examination is completed by taking heed of the condition of other portions of the body; by reviewing the history of the case; and by endeavoring to elicit fully such points as bear upon the diagnosis, which the mind, consciously or unconsciously has already commenced to frame. Then the balance between the symptoms is struck, the diagnosis re-cast, modified, or extended, and the treatment decided upon."

The significance of the position of the body; the expression of the countenance; the skin; the pulse; the tongue; and of abnormal sensations, is dwelt upon at length.



Chapter II. treats of the diagnosis of Diseases of the Brain, Spinal cord, and their nerves. Deranged intellection, as delirium, stupor, coma, and insomnia; deranged sensation, as hyperæsthesia, anæsthesia, headache and vertigo; derangement of the special senses; deranged motion, as paralysis, tremor, spasms, convulsions, are treated of differentially. At page 70 we find the following excellent and suggestive table of these various affections.

CEREBRAL, . . . . .	} Organic, . .	} Congestion. Meningitis, in its various forms. Hydrocephalus. Softening. Hæmorrhage (Apoplexy). Tumors.
CEREBRO-SPINAL,	} Organic, . .	} Cerebro-spinal meningitis.
SPINAL, . . . . .	} Organic, . .	} Hyperæmia. Spinal meningitis. Myelitis. Spinal apoplexy. Tumors, &c.

Chapter III. is devoted to Diseases of the Upper Air-passages. The changes in the voice and breathing, and the significance of the cough are weighed separately. The chief laryngeal affections, as acute laryngitis, croup, and chronic laryngitis are noted. Under the head of croup we read:

"Croup is a disease not apt to be mistaken. Yet we must be cautious not to attach too much weight to any one of the symptoms; we ought rather to judge of the existence of the disorder by their grouping. Thus the ringing cough is in itself by no means diagnostic, for it may occur in some chronic laryngeal affections, and it is met with in children suffering

from intestinal irritation. The peculiar respiration is also heard, or, at all events, there is a tolerably close copy of it, in simple spasm of the glottis, and sometimes when foreign bodies have found their way into the larynx. The paroxysms of apparent suffocation happen equally in œdema of the glottis. Not even the symptom considered of all the most pathognomonic—the expectoration of false membrane—is strictly so, since this may come from the bronchial tubes or from the throat. But when we take the symptoms collectively; the peculiar respiration, the ringing cough, the dyspnoea aggravated in paroxysms, the changed voice, the fever, the expectoration; when we regard the comparatively short duration of the disease,—there is but one interpretation of the phenomena possible, and that is, the existence of true croup."

In Chapter IV. we have presented the chief points of interest in the diagnosis of Diseases of the Chest. Some very practical and common-sense remarks are made upon the subject of physical signs and exploration. Thus:

"Physical signs are, then, the exponents of physical conditions, and of nothing more. But as the same physical conditions may occur in various diseases, so may the same physical signs occur in various diseases. An isolated sign is, therefore, not diagnostic of any particular malady. It reveals usually an anatomical change; but it does not determine the disorder occasioning this change. The tendency to ascribe to each thoracic affection, and even to each stage of an affection, a pathognomonic sign, has greatly retarded the usefulness of physical exploration. By presenting a never-ending list of specific signs, it has frightened many from attempting to become acquainted with the most serviceable of all the means of diagnosis, and many more have, by the unnecessary complications introduced, been disheartened on the very threshold of their studies," p. 143.

Section I. of this chapter treats of the different methods of Physical Diagnosis, and the physical signs of Pulmonary Diseases, as inspection, mensuration, palpation, &c. We find little that is new upon this important subject, excepting the drawings. These latter are original and are very excellent. Under the head of Diseases in which clearness on percussion is met with and constitutes a valuable sign, we find Acute Bronchitis, Chronic ditto, and Emphysema. Collapse of the lung (atelectasis) is characterized by the clear sound on percussion rapidly giving place to dullness, and dullness changes quickly back again into clearness,—the organ returns to a condition akin to its fetal state.

Of Acute Diseases in which dullness on percussion occurs, there are named, Acute Phthisis; do. Pneumonia, do. Pleurisy. Of diseases presenting Dilatation of the Chest, Displacement of the Liver and Heart, and Dyspnoea,—Pneumothorax, Chronic Pleurisy. Diseases in which Retraction of the Chest occurs,—Chronic Pleurisy.

Section II. affords the differential diagnosis of Diseases of the Heart. This chapter is finely illustrated, and presents, all in all, the best *exposé* of the subject which we have ever read. The various methods of physical exploration in these affections are freely discussed. Then follows remarks upon the general and local symptoms of heart disease, as for example:—Cardiac Dropsy, Deranged Circulation, Cardiac Pain, and Palpitation.

Of Acute Diseases presenting pain in the cardiac region; the symptoms of a disturbed circulation; and a change in the sounds of the heart, or their replacement by murmurs, there are Acute Endocarditis, do. Pericarditis, and Carditis.

Of Chronic Diseases with increased extent of dullness on Percussion, but with normal, or nearly normal heart-sounds, we have Hypertrophy and Dilatation. Diseases of the Heart with more or less of enlargement, accompanied by endocardial murmurs, are the various Valvular Affections. Section III. gives the diagnostic signs of Thoracic Aneurism, and is a most interesting and valuable portion of the work.

Chapter V. treats of Diseases of the Mouth, Pharynx, and Œsophagus. Affections of the mouth are the various forms of stomatitis, with or without ulceration; of the Fauces, Tonsillitis, Diphtheria, Chronic Sore Throat. In the differential diagnosis of Diphtheria from Croup the author omits to say that while the former is frequently accompanied by an eruption, the latter is not; and in that of Diphtheria from Scarlatina, he also overlooks the fact that while diphtheria is frequently followed by some form of paralysis as a sequel, the scarlatina has no such sequel; also that dropsy as a sequel is common to the latter but not to the former.

In Chapter VI. we have the Diseases of the Abdomen, their physical diagnosis &c. Section I. Diseases of the Stomach; Sec. II. Diseases of the Intestines and Peritoneum; Sec. III. Of the Liver; Sec. IV. Abdominal Enlargement; Sec. V. Abdominal Pulsation.

Chapter VII. is upon the Urine and Affections of the Urinary Organs. This is a very excellent chapter, available, explicit, and withal most beautifully illustrated.

Chapter VIII. treats of Dropsy in relation of its seat and extent, its cause, and according to the rapidity of its development.

Chapter IX. of Diseases of the Blood—Anæmia, Leucæmia, Pyæmia, Septæmia, Scurvy. It is a defect in this otherwise excellent paper, that no mention is made of Uræmia, Cholestræmia, or of Diphtheria, all of which are zymotic disorders, in this connection.

Chapter X. is devoted to the Diagnosis of Rheumatism and Gout. Chapter XI. to Fevers which are classified as follows:

#### FEVERS.

CONTINUED FEVERS, ..	{	Simple Continued Fever.
		Catarrhal Fever, or Influenza.
		Typhoid Fever.
		Typhus “
		Relapsing “
PERIODICAL FEVERS, ..	{	Intermittent Fever.
		Remittent “
		Congestive “
		Yellow “

ERUPTIVE FEVERS, . . . { Scarlet Fever.  
Measles.  
Small-pox.  
Erysipelas.

Of these varieties it would seem the "Relapsing" and the "Congestive" might have been omitted. This is almost the only instance in which the author has not torn himself away from an adherence to a fossilized nosology, where it does not conform with reason or common-sense. Not a fever but might be termed "relapsing," not one but is "congestive."

Chapter XII. details the chief diagnostic signs of Diseases of the Skin; and Chapter XIII. Poisons and Parasites.

We have read this work with an infinite degree of pleasure and satisfaction. A comparison between it and that of Marshall Hall upon the same subject, bearing date of 1839, results greatly in favor of the former, and indicates, more than almost anything beside, the great advance which has been made in the science of diagnosis. This work is really superior in many respects to that of Barclay. It is more readable, more practical, and more available in every sense. A chief attraction which it presents is recognized in the catholic spirit in which it is written. Not one word do we find upon mooted points in therapeutics, not a fling at those whose views of treatment differ from those of the author. The whole production is high-toned, dignified, and creditable to the American profession. One feels refreshed and encouraged by its perusal. It is as un-sectarian as the Bible, and for this reason, with others we have specified, cannot fail of a useful mission to the medical world.—LUDLAM.

## Miscellaneous Items.

### *Homœopathic Medical Society of the State of New-York.*

#### PROCEEDINGS OF THE THIRTEENTH ANNUAL MEETING.

The thirteenth annual meeting of the Society was held in the City Hall, at Albany, May 10th and 11th, 1864.

The meeting was called to order at a few minutes past ten o'clock, A.M., by the President, Dr. Henry D. Paine.

The President opened the sessions of the Society by delivering the following introductory address:

*Gentlemen of the State Homœopathic Medical Society*.—It is nearly forty years since Gram first announced, in the city of New-York, the new doctrine of Homœopathy. This school of medicine rapidly gained adherents throughout the land, and now numbers its practitioners by thousands, and its lay supporters by millions. At the present day, it has its periodicals, numerous and constantly accumulating publications, besides colleges and local, state and national societies.

Some may urge that, if the system is all that its advocates claim, it should

before this have gained universal acceptance, have quite overcome the prejudices of its opponents, and taken possession of all posts of honor, influence and emolument.

Forty years is a long time for some purposes, indeed. Wonderful changes have been wrought during the last age. The bare suggestion brings to the mind a multitude of important events that have taken place within the memory of the youngest of us—railroads, telegraphs, daguerreotypes, the growth of the country, and, alas! its fratricidal war.

It is true that for several years after the advent of Gram, almost no impression was made upon the mind of the medical or lay public. Gray, Wilson, Hull, and Channing were the only other physicians during these years, in the city of New-York, who openly adopted the dogma upon which our system is based, and even they were too many for the popular demand. The early converts to the system not only lost caste among their brethren, and were denied the courtesies that are customary among the faculty, but for a time also lost a large share of their patronage. So far from any encouragement to seekers after a better way, there was only the prospect of professional dishonor, and the loss of practice for any physician who had the temerity to avow himself a homœopathist.

Besides there were few opportunities for learning the resources and claims of the new method. At that time, the only works expository of the system were in the German language—then much less studied even than now, and it was not until 1832 or '33 that a translation of the *Materia Medica Pura* of Hahnemann into the French language, made that fundamental treatise accessible to a large class of readers; and it was yet two or three years later, before that, and other necessary works, were rendered into English.

Account should also be taken of the fact that the medical colleges, hospitals, institutions, and societies, were, as they still are to a great extent, almost unanimously opposed from the first to any recognition of the new school, and steadily and persistently set themselves at work—first to put out its light by the wet blanket of ridicule, and then to crush it by the iron heel of persecution. Every place of honor, trust, or influence in the hands of the profession was used against it, and every agency of the press, of the law and of the legislature, was successively brought to bear upon it, as each succeeding year showed a steady though slow growth, notwithstanding the confident predictions of its speedy and utter downfall.

Bear in mind, also, that the known resources of our new art were comparatively few. The principle which was to guide us in learning the use of every drug and medicinal agent in the cure of the sick, was indeed recognized, and a number of remedies had been most carefully proved, and their proper place in the *materia medica* assigned to them. With these many brilliant cures were daily effected, but the number of cases met by them was small, and there is still a great work to be accomplished before the full benefit of the system can be exhibited.

To those of us who remember the difficulties under which the first stones of this edifice were laid in this country and state, it seems wonderful that so much should have been accomplished, and the pioneers who, in spite of

the contempt, the obloquy, and the persecution of their fellows, and suffering also pecuniary sacrifices, still persevered in proclaiming their acceptance of this new truth, seem endowed with a moral courage and heroism that places them among the nobility of the profession.

Although societies and associations of homœopathic physicians, for mutual conference and improvement, were formed at an early day, yet there was never, as far as I know, the sentiment of the fraternity; any intention of cutting ourselves loose from the profession, setting up separate and rival organizations. The demand we have made for a special legal recognition, as in the organization of our county societies, our colleges, and this State institution, endowed with the same rights and privileges granted to other similar bodies, has been in a measure forced upon us by the refusal of our former brethren to fraternize with any who dared to add to the knowledge they already possessed, a practical acquaintance with homœopathy.

To preserve our self-respect, and in fact, to maintain the status in the profession which is ours by virtue of the diplomas we held from the regular allopathic colleges, but which no longer shielded us from the ban of reprobation, we have been forced to invest our societies with the same power as others, and to establish schools for the purpose of teaching the truths of homœopathy.

Recognizing the dignity and antiquity of the profession, and the humane objects which it has constantly in view, it was no wish of ours to create a schism in the body. We would have been content to retain our membership in the ordinary legal organizations, and quietly pursue our calling—content to abide the verdict of time and experience in establishing the claims of our art as a great advancement upon previous or existing modes of cure. For many years, and until we had colleges of our own, all the reputable practitioners of homœopathy were graduates or licentiates of the regular and legalized colleges or societies; many of whom were honored and successful members of the profession before they adopted the new system. But the discourtesy with which we were too often treated, and the hostile attitude assumed in respect to the system, has compelled us to form associations for ourselves, for our mutual improvement and protection, and for the discussion and consideration of numerous questions of practice and theory relating to our great reform, which still require for their settlement the co-operation of many minds.

This is the position of our State Society, and we are again assembled to promote, according to our ability, the improvement of our art.

Clothed with ample power by the laws of the State, it is left for us to use these advantages with judgment, zeal, and conscientiousness.

Two members of the executive committee being absent, Drs. M. M. Gardner and L. B. Waldo were requested by the president to act as a committee on credentials:

The committee soon reported the names of the following gentlemen present as permanent members, delegates, or representatives of county medical societies:

*Permanent Members.*—Drs. Henry D. Paine, of Albany; Jacob Beakley,

of New-York; B. F. Cornell, of Moreau Station; E. A. Munger, of Waterville; Lyman Clary, of Syracuse; C. W. Boyce, of Auburn.

*Delegates.*—Albany County, Drs. E. D. Jones, of Albany; D. Springstead, of Albany; J. W. Cox, of Albany; W. H. Randel, of Albany. Cayuga County: H. B. Fellows, of Sennett; A. J. Brewster, of Cato. Chautauqua County: Asa S. Couch, of Fredonia. Chenango County: E. W. Rogers, of Wayne. Homœopathic Med. Soc. of Northern New-York: G. H. Billings, of North White Creek; J. P. Mason, of Greenwich. Kings County: Samuel S. Guy, of Brooklyn; William Wright, of Brooklyn; B. Fincke, of Brooklyn. Oneida County: M. M. Gardner, of Holland Patent; W. H. Watson, of Utica; J. C. Raymond, of Utica; L. B. Wells, of Utica. Onondaga County: A. R. Morgan, of Syracuse; J. G. Bigelow, of Syracuse; W. R. Browne, of Homer. Ontario County: O. E. Noble, of Pen Yan. Rensselaer County: W. S. Searle, of Troy; R. D. Bloss, of Troy; C. H. Carpenter, of Troy. Saratoga County: S. J. Pearsall, Saratoga Springs. Wayne County: E. R. Heath, of Palmyra.

The following gentlemen were present, and on motion of Dr. L. Clary, were invited to participate in the deliberations of the meetings:

Drs. L. B. Waldo, of Adams, Jefferson County; T. C. White, of Rochester, Monroe County; O. F. Searle, of Utica, Oneida County; H. M. Paine, of Clinton, Oneida County; W. S. Baker, of Cohoes, Albany County; Joseph White, of Amsterdam, Montgomery County.

Thirteen societies were represented. Six permanent members were present. Twenty-five delegates were present. Whole number present, thirty-seven.

The society is essentially a representative body. It is composed of delegates from the several county societies in the State. There are at the present time, about twenty such associations, entitled to a representation of seventy members, each county society being entitled to as many delegates as there are Members of Assembly from their respective counties. The State Society is further permitted by statute to increase its numbers by adding sixteen permanent members annually.

The proceedings of the last annual and semi-annual meetings were read, and on motion of Dr. W. H. Watson, adopted.

On motion, Dr. H. B. Fellows, of Sennett, was appointed Assistant Secretary.

The following gentlemen, having been nominated at the last annual meeting, were duly elected honorary members of the Society:

Constantine Hering, M.D., of Philadelphia, Pa. I. T. Talbot, M.D., of Boston, Mass. E. C. Witherill, M.D., of Cincinnati, Ohio.

Also, the following persons, nominated at the annual meeting held in May, 1863, were elected permanent members of the Society:

Drs. Daniel D. Smith, of New-York, 1864; Samuel B. Barlow, of New-York, 1864; William Wright, of Brooklyn, 1864; Henry Minton, of Brooklyn, 1864; Lester M. Pratt, of Albany, 1864; E. D. Jones, of Albany, 1864; David H. Bullard, of Glens Falls, 1864; Lucien B. Wells, of Utica, 1864; Horace M. Paine, of Clinton, 1864; T. S. Blodgett, of Cooperstown, 1864; G. Z. Noble, of Dundee, 1864; Asa S. Couch, of Fredonia, 1864; D. F. Bishop, of Lockport, 1864.

The President appointed Drs. L. Clary, S. S. Guy, and W. H. Watson, a committee to nominate officers for the ensuing year; also Dra. C. W. Boyce, E. D. Jones, and Wm. Wright, a committee to nominate honorary and permanent members.

The Treasurer, Dr. L. B. Wells, presented the following report of receipts and expenditures during the past year:

*Report of the Treasurer.*—The following statement of receipts and expenditures since the date of the last report, offered at the semi-annual meeting held in Brooklyn, October 13th and 14th, 1863, is hereby presented:

At that meeting, by a generous contribution of the members present, the indebtedness of the Society was cancelled, and a balance left in the hands of the Treasurer of two dollars and ninety-five cents.

*Receipts.*—Contributions of one dollar at the meeting in Brooklyn, \$20,00. Contributions from county homœopathic medical societies, \$36,00. Individual contributions of one dollar each, \$7,00. Individual contributions of less sums than one dollar, \$32,70. Amount of postage on copies of transactions for 1863, returned, \$9,32. Amount to balance, present debt, 3,57. Total \$108,59.

*Expenditures.*—Paid past indebtedness, \$17,05. Paid postage, \$33,40. Paid stationery, \$10,10. Paid printing and binding, \$30,67. Paid freight and express charges, 17 37. Total, \$108 59.

On motion of Dr. Couch, the report of the Treasurer was accepted and referred to an auditing committee, consisting of Drs. A. S. Couch and W. S. Searle.

The committee, after having examined the Treasurer's report and accompanying vouchers, reported, that they found the same correct.

On motion of Dr. Wm. Wright, the report of the Treasurer was adopted.

On motion of Dr. L. Clary, the statement of the Treasurer, requesting an increase of the funds of the Society, was proposed for consideration.

The following resolutions, offered by Dra. C. W. Boyce, L. Clary, and S. S. Guy, were adopted:

*Resolved,* That the resolution, adopted at the last semi-annual meeting of the Society, recommending that county medical societies to contribute half a dollar for each member of their associations respectively, be renewed.

*Resolved,* That a tax of one dollar, including the sum above mentioned, be assessed upon each member, delegate, and permanent, of this Society.

*Resolved,* That the Treasurer be authorized to solicit voluntary contributions of half a dollar from every homœopathic physician in the State, residing in counties where societies are not organized, and for every such contribution accompanied by fifteen cents to pay postage, the Recording Secretary is hereby required to furnish one copy of the transactions of this Society for the year 1864.

*Resolved,* That the Treasurer be authorized to furnish the Treasurers of the several county societies with a copy of the above resolutions, and request them to transmit the amount of their indebtedness to the Treasurer of the State Society as soon as may be practicable.

In compliance with a resolution offered at the last annual meeting, by



Dr. P. P. Wells, respecting the qualifications of delegate and permanent members, the Secretary presented a report, accompanied by the following resolution:

*Resolved*, That the clause in the by-laws referring to the election of permanent members, be changed so as to read as follows:

The Society may annually elect sixteen permanent members, provided that no person be elected a permanent member unless he has been nominated at a previous annual meeting, and has expressed, in writing, his belief in the homœopathic maxim, "*Similia Similibus Curantur*," and is a graduate or licentiate in medicine.

On motion of Dr. E. A. Munger, the report was accepted, and the resolutions laid on the table.

A biographical memoir of the late Dr. Richard Bloss, by B. F. Cornell, M.D., of Moreau Station, was presented by Dr. Wm. H. Searle, of Troy.

Dr. S. S. Guy presented the following preamble and resolution, which, on motion, were adopted:

*Whereas*, Since our last meeting it has pleased the Almighty to reclaim and remove from his sphere of earthly usefulness, the spirit of one of the great master-minds of our science and art, Dr. C. Von Bœnninghausen, of Munster, Germany, who was one of those noble links who connect the times of the illustrious Hahnemann with the present, and in whom we have lost the true and faithful champion of homœopathy, be it therefore

*Resolved*, That the members of the Homœopathic Medical Society of the State of New-York, hereby declare their profound sorrow at the loss of our most highly esteemed Dr. Clemens, Maria Von Bœnninghausen, and express their admiration for his transcendent genius, whose lustre will brighten and continue to irradiate the pathway of medical science as long as time shall last.

The nominating committee presented their report, which, on motion of Dr. A. S. Couch, was accepted, and the committee discharged.

The Society adjourned to three o'clock, P. M.

*Afternoon Session.*—Meeting called to order at 3:20, P. M.

The Society proceeded to the election of officers. The balloting resulted in the election of all the officers reported by the committee on nominations, as follows:

E. A. Munger, M.D., of Waterville, *President*. Samuel S. Guy, M.D., of Brooklyn, *First Vice-President*. A. R. Morgan, M.D., of Syracuse, *Second Vice-President*. Asa S. Couch, M.D., of Fredonia, *Third Vice-President*. H. Barton Fellows, M.D., of Sennett, *Corresponding Secretary*. Horace M. Paine, M.D., of Clinton, *Recording Secretary*. Lucien B. Wells, M.D., of Utica, *Treasurer*.

*Censors.*—Drs. S. J. Pearsall, of Saratoga, Northern District; W. S. Searle, of Troy, Northern District; J. W. Cox, of Albany, Northern District; B. F. Joslin, of New-York, Southern District; Henry M. Smith, of New-York, Southern District; Bernard Fincke, of Brooklyn, Southern District; M. M. Gardner, of Holland Patent, Middle District; W. H. Hoyt, of Syracuse, Middle District; E. A. Porter, of Oswego, Middle District; D. F. Bishop, Lockport, Western District; A. R. Wright, of Buffalo, Western District; C. Ormes, of Jamestown, Western District.

*Committee on Publication.*—Drs. Horace M. Paine, of Clinton; Henry D. Paine, of Albany; E. D. Jones, of Albany.

Dr. H. D. Paine, after appointing a committee to conduct the newly elected presiding officer to the chair, delivered a brief but very appropriate retiring address.

The President, Dr. E. A. Munger, on taking the chair, stated substantially:

That he would not detain the meeting by extended remarks. He thanked the members for the unexpected compliment in selecting him to preside over the deliberations of the Society. He assured them of his appreciation of the honor conferred upon him, and stated that errors, if any should occur, would be those of the head and not of the heart. The objects of the Association were dear to all, especially so to those who reside at a distance, and who are often called upon to make great sacrifices in attending the meetings. He expressed a deep interest in the prosperity and usefulness of the Society, being one of the oldest, if not the oldest member present.

The committee appointed to nominate honorary and permanent members, presented the names of the following gentlemen:

*Nominated for Honorary Membership.*—William Tod Helmuth, M.D., of St. Louis, Mo. G. D. Beebe, M.D., of Chicago, Ill. Edwin M. Hale, M.D., of Chicago, Ill. A. R. Okie, M.D., of Providence, R. I. John C. Sanders, M.D., of Cleveland, Ohio. David Wilson, M.D., of London England.

*Nominated for Permanent membership.*—Drs. Henry M. Smith, of New-York; Egbert Guernsey, of New-York; Samuel S. Guy, of Brooklyn; E. T. Richardson, of Brooklyn; William S. Searle, of Troy; Richard D. Bloss, of Troy; H. A. Houghton, of Keesville; G. H. Billings, of North White Creek; J. G. Bigelow, of Syracuse; Wm. A. Hawley, of Syracuse; Solomon C. Warren, of Otego; P. W. Gray, of Elmira; William Gulic, of Weston; H. Barton Fellows, of Sennett; A. H. Beers, of Buffalo; R. R. Gregg, of Buffalo.

Dr. Wm. A. Hawley, chairman of the committee on materia Medica for the fifth district, presented a report, which was accepted.

The following committee on materia medica were then appointed:

Drs. B. F. Joslin, of New-York, First District; B. Fincke of Brooklyn, Second District; Wm. S. Searle, of Troy, Third District; B. F. Cornell, Moreau Station, Fourth District; Wm. A. Hawley, of Syracuse, Fifth District; Wm. R. Browne, of Homer, Sixth District; H. Barton Fellows, of Sennett, Seventh District; A. S. Couch, Fredonia, Eighth District.

The following committees on epidemics were appointed:

Drs. Carroll Dunham, of New-York, First District; William Wright, of Brooklyn, Second District; Henry D. Paine, of Albany, Third District; S. J. Pearsall, of Saratoga, Fourth District; E. J. Morgan, of Syracuse, Fifth District; J. R. White, of Butternuts, Sixth District; E. R. Heath, of Palmyra, Seventh District; L. M. Kenyon, of Buffalo, Eighth District;

The following committees on voluntary communications, with subjects designated, were continued:

Dr. F. W. Hunt, *Pathology and Treatment of Cerebro-spinal Meningitis.*

Dr. B. F. Joalln, *Homœopathic Treatment of Insanity.*

Dr. B. F. Bowers, *Report of Homœopathic Treatment in the Half-Orphan Asylum.*

Dr. S. S. Guy, *Anæsthetics in Obstetrical Practice.*

Dr. H. M. Paine, having given previous notice at the last annual meeting, presented the following preamble and resolution :

*Whereas*, The increasing prosperity and growth of this Society has rendered the labor of the Secretary somewhat arduous, and necessarily absorbs a greater amount of time than ought to be required of one person, therefore,

*Resolved*, That a Recording and Corresponding Secretary, also committees of correspondence, one for each judicial district, be appointed.

In compliance with the above request the following resolution was offered by Dr. L. Clary, and unanimously adopted :

*Resolved*, That the word "Recording" be inserted before the word Secretary, in the second line of the third article of the Constitution of the Society, and that the words "Corresponding Secretary" be inserted after the word Secretary, in said second line, so as to read :

The officers of this Society shall be a President, three Vice-Presidents, Recording Secretary, Corresponding Secretary, and Treasurer.

Dr. Carroll Dunham having given previous notice of a resolution to change the time of holding the annual meeting, Dr. A. S. Couch offered the following, which was adopted by a vote of fifteen to six :

*Resolved*, That the sixth article of the Constitution of this Society be amended so as to read as follows :

The annual meeting of this Society shall be held in the city of Albany, commencing on the second Tuesday of February in each year.

Professor D. D. Smith, chairman of a pharmaceutical committee, to report a plan for securing a uniform and accurate standard of homœopathic medical preparations, being absent, the same committee was, on motion, continued, with the request that they report at the next annual meeting.

The committee consists of the following gentlemen: Professors D. D. Smith and F. W. Hunt, Drs. L. Hallock, S. B. Barlow, and H. M. Smith.

The Recording Secretary presented the following communications, which were accepted and referred to the committee on publication :

*Historical Sketch of the Rise and Progress of Homœopathy in Schuyler County*, by Edwin W. Lewis, M.D., of Watkins.

*Case of Paralysis, caused by suppression of Measles*, by Solomon C. Warren, M.D., of Otego.

*Uniformity of Drug Proving*, by H. M. Paine, M.D., of Clinton.

Dr. H. M. Paine, of Clinton, presented a paper entitled, *Meteorological Observations in connection with a tabular statement of Prevailing Diseases.*

Dr. A. R. Morgan, of Syracuse, presented and read a paper entitled, *A Communication on Scabies, from the manuscript of an unpublished work on Skin Diseases.*

Dr. B. Fincke, of Brooklyn, presented and read a communication entitled, *A New Proving of Lachesis.*

Also another entitled, *Geometrical Illustrations of the Homœopathic Remedial Process, Probative and Curative.*

Dr. Henry D. Paine extended an invitation to the members of the Society and gentlemen present, to meet at his residence, immediately after the conclusion of the address in the evening, for a social reunion.

The Society adjourned to meet at 8, P. M., to hear the usual Annual Address.

*Evening Session.*—The President, Dr. E. A. Munger, in the chair.

Dr. Henry D. Paine, having been introduced by the President, proceeded to deliver the customary address, which consisted mainly of a defence of homœopathy against the continued and wilful misrepresentations of its enemies.

The speaker began by a reference to the sad and discouraging fact, admitted by the most candid allopathic writers, that the practice of medicine has ever been the least progressive and most uncertain of all arts. Notwithstanding the opportunities of daily observation, continued through so many centuries, the experience of the profession has been comparatively fruitless of permanent results. The phenomena of health and disease, and the effects of drugs upon the human system, are as much matters of observation as any other operations of nature; and it would seem reasonable that the recorded experience of two thousand years should have determined some facts, and settled some principles of general value in the treatment of the sick. This moderate expectation has not, however, been fulfilled in any satisfactory degree, at least so far as the hitherto prevailing systems are concerned, for it appears by numerous quotations from the most reputable medical authors that there is scarcely a point either of fact or theory relating to the nature of disease or its proper treatment, respecting which there is not, even in modern times, a great variety of opinions.

While the collateral branches of anatomy, physiology, chemistry, and (to some extent) pathology, have made a great advance during the last fifty or sixty years, the most important science of all—the science of therapeutics, or the doctrine of cure—still remains to a great extent, shrouded with the mists of hypothesis and error.

The cause of the slow progress of practical medicine—the most important of all arts that relate to this life—was shown to be the want of a proper system of observation, and the absence, heretofore, of a close and scrutinizing induction. And this, like the former position, was amply fortified by extracts from various medical authorities.

Homœopathy, alone, of all medical systems, can justly claim to be founded upon pure observations, and a legitimate and systematized experience. The speaker, however, did not attempt to trace the history or explain the principles of this doctrine, as that had been already satisfactorily done by others, on several previous occasions; but occupied the remainder of the time with a defence of homœopathy against recent assaults upon it, and especially to a review of Dr. Hun's address before the (Allopathic) State Medical Society on a late occasion.

It clearly exposed the false, weak, and self-contradictory style of his reasoning, without resorting to the discourteous and undignified language

almost uniformly used by those from whom we have a right to expect better things.

Dr. Hun, after admitting, in the body of his address, that the medical profession presents the spectacle of "an art sinking in public estimation, and in the confidence of its own practitioners," and asserting that "the old systems of therapeutics need now to be *reconstructed*," adds, in a note, a labored attempt to show that homœopathy is quackery, first, because it is absurd, and secondly, because it discards the traditions of the science as held by the old school.

As to the first point, it is well to compare the writer's own description and estimate of the principles and practice of his own school generally, with the system which he assumes to denounce as quackery. It would be difficult to find anything more ridiculous and absurd in the writings of the most extreme homœopathist than, in some of the very instances of allopathic doctrines and usages mentioned in Dr. Hun's address. But these last being allopathic absurdities, however "false in reasoning and pernicious in practice" are not, therefore, quackery! It is a comfort too, and an encouragement, to remember that many discoveries in science and art, which have been officially proscribed as absurd and impossible, have finally falsified the accusation, and proved to be both true and practicable.

As to the other charge, that homœopathy must needs be quackery, and its disciples and practitioners excluded from the pale of the profession, because it discards the traditions of the science of medicine, it would be enough to say that *that* is of little consequence to the suffering patient, provided the new system is true and affords him the desired relief. And the accusation comes with an ill grace, from one who only a few pages before has so eloquently exposed the "exaggerated pretensions" of his own school in the cure of disease, and the slight foundation upon which its routine practice reposed," and enlarged upon the necessity of an entire reconstruction of the science of therapeutics. But the charge is not true. The disciples of Hahnemann have, like other members of the profession, gone through the ordinary and legally prescribed curriculum of study and preparation—they accept every well authenticated fact and discovery in the whole range of medical science, and use it too. The traditions they reject are the fanciful and unsubstantial theories of which the history of medicine is full; but whatever grains of residual truth remains after the sifting of experience are gratefully appropriated and applied to the great and humane purposes of their calling.

Dr. H. also states that the principles of homœopathy are not founded in reason, and are accepted by none but the most ordinary minds, or those who engage in it for pecuniary and unworthy motives, thus contradicting his previous statement that homœopathy has been embraced by many of the best and most intelligent minds in society. He admits that the allopathic therapeutics are so weak and inefficient that the only course in many diseases is to *do nothing* so as not to harm the patient, and still denounces homœopathists for doing, as he supposes, the same thing. He avers that the homœopathic dose is too small to produce harm, and disposes of all cures by attempting to prove that recoveries take place by the unaided

efforts of nature. He omits all allusion to the remarkable and almost uniform success of homœopathic treatment of yellow fever, cholera, and diphtheria.

He has the brazen effrontery to state, without the least reservation, that the followers of homœopathy have made no discoveries in medical science. Is the discovery of the great law—*similia similibus curantur*—nothing? Is reorganizing the materia medica nothing? Is the compelling the allopathic school to reform its practice nothing? Is it to be expected that fifty years experience should place homœopathy beyond allopathy in branches that are common to both? Is it not creditable to the homœopathic school that it avails itself of all discoveries made by the allopathic?

Homœopathy differs from allopathy solely in the quantity of the dose, and in the scientific application of the remedy to the cure of disease. Diagnosis is founded on common principles, but homœopathy has an infallible rule for the selection of remedies when the diagnosis has been made. Having obtained correct provings of drugs, remedies can be selected with certainty. Although great improvements are yet to be made in completing the materia medica, no intelligent homœopathic physician has yet been known to abandon his profession in disgust, exclaiming with an eminent allopath, that he was "tired of guessing."

Homœopathy is, in fact, the legitimate heir and successor to all that is truly and really valuable in the medical experience of the past. Its germs and roots are traced to the earliest ages, and confirmations of its great law are found all along the course of time, and in the writings and practice of every age.

At the conclusion of the address, on motion of Dr. E. D. Jones, the thanks of the Society were extended to Dr. H. D. Paine, for his admirable and interesting address, and a copy was requested for publication in the Transactions.

On motion of Dr. S. S. Guy, the thanks of the society were tendered to Dr. H. D. Paine, for the able and satisfactory manner in which he had presided over the deliberations of the Society.

The meeting then adjourned to eight o'clock Wednesday morning.

After the adjournment, the members of the Society and other physicians present, reassembled at the residence of Dr. H. D. Paine, in State-street, to partake of a bountiful collation, and enjoy an hour in pleasant social reunion.

## SECOND DAY.

MORNING SESSION.—WEDNESDAY, May 11.

The President, Dr. E. A. Munger in the chair.

The President announced the appointment of the following committees:

*Committees of Correspondence or Clinical Medicina.*—Drs. Henry M. Smith, of New-York, First District; H. E. Morrill, of Brooklyn, Second District; Edmund Holley, of Hudson, Third District; Charles Lowrey, of Whitehall, Fourth District; T. Dwight Stow, of Fulton, Fifth District; S. C. Warren, of Otego, Sixth District; E. W. Rodgers, of Wayne, Seventh District; D. F. Bishop, of Lockport, Eighth District.

*Executive Committee.*—Dra. Lester M. Pratt, of Albany; J. W. Cox, of Albany; H. M. Paine, of Clinton.

*Delegates to other Homœopathic State Medical Societies.*—Dr. P. P. Wells, to the Massachusetts State Homœopathic Medical Society.

Dr. D. D. Smith, to the New Jersey State Homœopathic Medical Society.

Dr. Jacob Beakley, to the Pennsylvania State Homœopathic Medical Society.

Dr. Henry D. Paine, to the Connecticut State Homœopathic Medical Society.

Dr. William H. Watson, to the Rhode Island State Homœopathic Medical Society.

Dr. C. W. Boyce, to the Illinois State Homœopathic Medical Society, and the Western Institute of Homœopathy.

Dr. A. S. Couch, to the Ohio State Homœopathic Medical Society.

*Committees on Voluntary Communications.*—Dra. William Wright, D. D. Smith, R. C. Moffat, Carroll Dunham, George W. Bailey, M. M. Gardner, A. R. Morgan, Egbert Guernsey, P. P. Wells, Wm. H. Watson, C. W. Boyce, J. F. Gray.

Dr. Wm. Wright presented the following resolution, which was adopted:

*Resolved*, That the Recording Secretary make out and keep a list or roll of the delegates and permanent members of this Society, arranged by districts, and that he be authorized to amend such roll from year to year as new elections of delegates or permanent members may require, and that such roll when made out be accepted as *prima facie* evidence of membership.

Dr. L. B. Wells presented the following resolution, which was adopted:

*Resolved*, That the secretaries of county homœopathic medical societies be hereby requested to furnish certificates to the delegates or their alternates from their respective societies, showing their credentials as members of the Homœopathic Medical Society of the State of New-York.

On motion of Dr. L. B. Wells, the Secretary was requested to present twenty-five copies of the Transactions of this Society for 1863, to the Massachusetts State Homœopathic Medical Society.

On Motion of Dr. Wm. Wright, the Secretary was authorized to exchange copies of the Transactions of this Society for those of other State Homœopathic Medical Societies, not to exceed ten in number.

On motion of Dr. Wm. Wright, the Recording Secretary was requested to furnish the several county societies in this State with copies of the Transactions for 1864, equal to the number of their members respectively.

Dr. B. F. Cornell presented anew the claims of the Homœopathic Medical Society of Northern New-York for representation in this Society, and was again informed that the State Society could not legally receive delegates from organizations composed of Physicians residing in counties where there is a sufficient number to organize separate county societies.

And further, that in the election of permanent members especial care had been taken to select them from among the membership of the Homœopathic Medical Society of Northern New-York.

In view of the statement made by Dr. Cornell, Dr. Wm. Wright presented the following resolution, which was adopted:

*Resolved*, That the Recording Secretary be requested to furnish the Secretary of the Homœopathic Medical Society of New-York with twenty-five copies of the Transactions of this Society for the year 1864, and one copy of the Transactions for 1863, to each of its members not already supplied.

Dr. H. M. Paine presented the following resolution, which was adopted :

*Resolved*, That a committee be appointed to prepare blank forms for obtaining a uniform registration of diseases in connection with meteorological observations, and report to the committee on publication, with authority to publish a sufficient number for the use of the Society.

Drs. H. M. Paine, W. H. Watson, and S. S. Guy, were appointed such committee.

Dr. S. S. Guy presented the following resolution, which was adopted :

*Resolved*, That a committee of three members be appointed to consider the best means to be used for securing the introduction of Homœopathic treatment of disease into the public medical institutions of this State.

Drs. J. Beakley, Wm. Wright, and S. S. Guy, were appointed such committee.

The following communications were then presented and read :

Dr. H. Barton Fellows, of Sennett, a paper entitled : "*Shall the Materia Medica be Enlarged ?*"

Dr. William Wright, of Brooklyn, a paper entitled : "*Nitrate of Silver in the Treatment of Laryngitis.*"

Dr. J. C. Raymond, of Utica, a paper entitled : "*A Case of Ascites.*"

Dr. L. Clary, of Syracuse, a paper entitled : "*A Proving of Rhus Vernix.*"

Dr. A. S. Couch, of Fredonia, a paper entitled : "*Treatment of Morbus Cozarius.*"

D. A. J. Brewster, of Cato, a communication entitled : "*Cases from Practice.*"

D. C. W. Boyce, of Auburn, a communication entitled : "*Uterine Catarrh.*"

On motion of Dr. A. S. Couch, all the papers and communications presented at this meeting of the Society were referred to the committee on publication, with authority to publish in the Transactions at their discretion.

Also, that copies of the paper by Dr. H. B. Fellows, entitled : "*Shall the Materia Medica be Enlarged ?*" be referred to the chairman of the several district committees on materia medica.

Dr. L. Clary presented the following resolution, which was adopted :

*Resolved*, That Phytolacca-decandria be recommended to the chairman of the several district committees on materia medica, as the drug of which provings may be made during the ensuing year.

Dr. A. S. Couch stated that he should hereafter oppose the rapid and superficial manner in which much of the business of the Society has formerly been transacted. Even this session is not an exception. Various important papers have been presented, but no time has been devoted to discussion. This is much to be deprecated. He hoped future meetings would continue at least three days, in order to afford more time for a



comparison of the views and experiences of all present, in reference to the subjects presented for consideration.

Several other members expressed similar views in regard to the desirableness of holding longer sessions of the Society.

Dr. L. B. Wells presented the following preamble and resolution, which were adopted :

Whereas, The importance of a national organization of Homœopathic physicians is desirable, in order to give direction and efficiency to all matters pertaining to the general interests of Homœopathic medicine; and

Whereas, Such an association, if established upon an equitable basis of representation, would augment the usefulness and efficiency of all our state, county, and local organizations, therefore

*Resolved*, That a committee be appointed to present this subject for consideration at the next meeting of the American Institute of Homœopathy, soon to be held at Cincinnati.

Drs. Jacob Beakley, L. B. Wells, and W. H. Watson, were appointed such committee.

On motion of Dr. Wm Wright, the committee on publication were instructed to publish the proceedings of this meeting in pamphlet form for general distribution, provided the funds of the Society are sufficient to meet the requisite expenses.

On motion of Dr. Wm. Wright, the Society adjourned to meet in the city of Albany, on the second Tuesday in February 14, 1865.

H. M. PAINE, *Recording Secretary.*

Among the many important subjects that were crowded out by pressure of other business, was the discussion of the question respecting the introduction of Homœopathic treatment into the army. Our brethren in the Eastern and Western States are earnestly laboring for the accomplishment of this desirable object. As a class we are ostracized, our just claims contemptuously ignored, our system ridiculed, and our standing in the medical profession continually, impudently, and wilfully misrepresented by the Allopathic school, merely because we differ in opinion from them respecting the scientific application of remedies in the treatment of disease. We should no longer quietly wait for public opinion to instigate the necessary legislative action. Surely our present inaction exposes us to the charge of meriting the aspersions of our opponents.

The following statement and resolution were unanimously adopted at a recent meeting of the Massachusetts State Homœopathic Medical Society :

*To the Senate and House of Representatives of the United States, in Congress assembled :*

The Massachusetts Homœopathic Medical Society beg leave to state, that from New England alone petitions for the admission of Homœopathic Surgeons into the army and navy have recently been presented to Congress, signed by more than thirty thousand legal voters, embracing a large number of persons in high official position, persons eminent for intelligence, respectability and wealth, and representing all classes and interests of society. Numerously signed petitions of a similar character have been

presented from other sections of the loyal States, and also from various regiments now in the service of the government.

This Society would further represent, that Homœopathy is a well tried and demonstrated system of medical practice, based upon an established law of nature, and has stood the test of rigid and accurate observation in Europe and in this country, in public institutions and private practice, among the most discriminating and conservative classes, and is now fully established in the confidence of every intelligent community: That in Europe it has no less than *twelve* hospitals and numerous dispensaries, and in this country is practiced by more than three thousand five hundred educated physicians, has five legally authorized Medical Colleges, and supports several hospitals and dispensaries: That Homœopathy is, by the action of various Medical Boards excluded from the army. The Medical Commission of Massachusetts has by vote declared, that it cannot recommend any surgeons believing in it; the Medical Commissions of other States have in a discourteous manner refused to examine homœopathic surgeons; and the Army Medical Board at Washington has sedulously endeavored to exclude from the army all homœopathic surgeons, and from the army hospitals all homœopathic practice.

And as, in many of the regiments now in the service, a large number have been accustomed to, and prefer homœopathic treatment, therefore, this Society respectfully and earnestly request Congress to make such provision as shall meet the wants of this class, and would recommend the following propositions:—

1st. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed.

2d. Whenever a majority of any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made.

3d. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment.

4th. As allopathic surgeons are by their education and position necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine.

As in this emergency of our country the utmost catholicity is very justly and properly allowed in all the religious and political appointments of the army, this Society deem it in the highest degree intolerant to exclude thoroughly educated and competent homœopathic surgeons, whose appointment would, by exciting emulation, naturally serve to elevate the standard of medical skill, and secure for the soldiers increased care and attention.

*Resolved,* That a copy of the above statement be sent to Hon. Henry Wilson, of the United States Senate, and Hon. B. F. Thomas, of the House of Representatives, with the request that it be presented to both houses of Congress.

Extracts from a report of the proceedings of the Western Institute of Homœopathy, held in Chicago, May 20th and 21st, 1864:

Dr. R. Ludlam read the following resolutions, which had been adopted by the Miami Homœopathic Medical Association, and which were sent to the Institute to be read:

Whereas, The exclusion of homœopathic physicians from the army and navy of the United States being illegal and unjust, and thus violating every principle of humanity, by forcing a system of medical practice upon those who utterly discard and refuse the same when at home, and thereby preventing a large class of intelligent, and competent surgeons from engaging in this important department of practice; and

Whereas, Our friends at home and in the army and navy are feeling indignant at the injustice of such illegal arrangement, we, the members of the Miami Homœopathic Medical Association, do present to the Western Institute of Homœopathy the following resolutions, expressing the sentiments and feelings of the homœopathic physicians of this great valley:

*Resolved*, That the homœopathic physicians of the United States do, in a body, join in one loud and solemn protest against the continuation of such injustice; and that we in a suitable document appeal to the proper authorities that we be granted a full proportion of the medical and surgical practice in the army and navy of the United States, during the present war, and for all time to come.

*Resolved*, That we deem this just to our friends, who are exposing themselves to extreme dangers, and who will call us to an account for our apparent silence, unless we act with energy, perseverance and power.

Dr. Franklin, of St. Louis, said that he was glad to see this matter brought up. He had prepared a series of resolutions to present to the Institute, and he would now offer the following resolutions:

In view of the comparatively superior benefits to suffering humanity that follow the introduction of the homœopathic system of medicine, wherever it has been practiced, and

Whereas, The brave defenders of our common nationality demand of the government all the means and appliances that the most enlightened and progressive medical practice can bestow, in consideration for the risk to health and limb that is cheerfully yielded for the preservation and perpetuation of our national existence, therefore

*Be it Resolved*, That the Western Institute of Homœopathy does hereby pledge itself to use all due diligence and effort to secure to the army and navy of the United States the introduction of this beneficent system of practice.

The passage of the resolutions was strenuously urged by Drs. Franklin, Long, Pratt, Douglas, Belding, Hale, Small and others, who were very earnest in their denunciation of the allopathic physicians, and the policy of the administration that excludes homœopathic physicians from the army and navy.

The resolutions offered by Dr. Franklin were then unanimously adopted.

Dr. Franklin moved that a committee of three, members of the Institute, be chosen to take general charge of this matter; and that the committee have power to appoint sub-committees in every State, city and town throughout the country.

The motion was unanimously carried, and Drs. E. C. Franklin, of St. Louis, G. D. Beebe, of Chicago, and S. R. Beckwith, of Cleveland, were chosen as such committee.

Communications in reference to this subject may be addressed to Dr. T. Dwight Stow, Fulton, Oswego County, N. Y., who will act as a committee, and report at the next meeting of the Society. H. M. PAINE.

*Proceedings of the Homœopathic Medical Society of the  
County of Cayuga, N.-Y.*

THE Homœopathic Medical Society of the County of Cayuga, held its fifth annual session at the Universalist church in the city of Auburn, June 22, 1864. Present, Drs. Robinson, Robinson, Jr., Swift, Smith, Peterson, Fellows, Strong, Gwynn, Brewster and Boyce, members. Drs. E. R. Heath, H. H. Heath, and C. Dunham, honorary members, and Drs. L. Clary, and A. R. Morgan, of Syracuse, H. M. Smith, of New-York, and H. M. Paine, of Clinton.

The minutes of the last meeting were read and approved.

The election of officers being declared in order, Dr. H. Robinson was elected President, Dr. Brewster, Vice-President, and Dr. Boyce, Secretary and Treasurer. Dr. Robinson, Jr., was elected censor in place of Dr. Robinson, who resigned.

A committee was appointed to conduct the new President to the Chair, who in fulfilling this duty made a neat and pleasant speech which called out from the President a congratulatory address on taking the chair.

Reports of special committees being in order, Dr. Boyce read his closing report on catarrh.—This called out a lengthened discussion by the members and others present.

Dr. Robinson, Jr., read his promised paper on Kall-hyd. in throat diseases.

The President introduced the Rev. D. K. Lee who had been invited to take a seat with the society and to give an address in the evening.

Maj. J. M. Austin being present spoke on the want of Homœopathic physicians in the army.

Drs. H. H. Heath, H. Robinson, Jr., and Rev. D. K. Lee spoke on the same subject and gave instances which had come under their observation.

The society having resumed its order of business, Dr. Swift reported several cases of disease in children which he had cured.

Dr. H. M. Smith reported progress as to the effort now being made to establish a publishing and society.

Dr. Dunham read a paper on Pterygium.

Dr. E. K. Heath read a paper on Calendula in Erysipelas.

Dr. H. H. Heath reported a case of serious induration of the lip cured by Sepia 900. Dr. Fincke presented a paper on "some new terms relative to Homœopathics." The communication having been read by Dr. Robinson, Jr., it was referred to a committee consisting of Drs. Boyce, Robinson, and Swift.

The society took a recess to comply with an invitation from Dr. Robin-

son to discuss other good things prepared by the lady of the Hon. W. P. Robinson, of which it is sufficient to say, to those who know her that the feast was one of her perfect successes.

The society re-assembled at seven, P.M., and Dr. Morgan read a paper on Skin diseases.

The hour having arrived for addresses Rev. D. K. Lee delivered an address of great beauty which showed the view taken by outsiders of our system and practice.

Dr. Clary reviewed some points of Mr. Lee's address and pointed out several misapprehensions of the gentleman.

Dr. Dunham delivered an address which won all the many admirers of the Dr. could desire.

One great feature of the proceeding was a history of the rise and progress of Homœopathy in Cayuga county, by Dr. Robinson, which is ordered to be published.

Mr. Lee and Dr. Dunham were requested to write out their addresses for the archives of the society.

Rev. D. K. Lee, Hon. T. M. Pomeroy, Hon. W. P. Robinson, Drs. A. R. Morgan, and L. Clary, of Syracuse, H. M. Paine, of Clinton, and H. M. Smith, of New-York, were elected honorary members of the society.

Votes of thanks were given to Rev. D. K. Lee for his beautiful address; to the Universalist Society for their kind invitation to use their church; to Hon. T. M. Pomeroy, for valuable public documents; to Hon. W. P. Robinson, for services rendered, and to Dr. Robinson, for the superb dinner.

Communications were read from Dr. H. D. Paine, of Albany, with a clinical case reported by the same; from Dr. Lippe, of Philadelphia, with clinical cases; from Drs. Richardson, Wells, and Fincke, of Brooklyn; a telegram from Dr. Sweeting, of South Butler. Dr. Dunham, by request, read a paper on Spasm of the Larynx.

On motion, a committee was appointed to act in conjunction with the Massachusetts Homœopathic Medical Society, in regard to the introduction of Homœopathy into the army of the United States.

Drs. Robinson, Swift, and Smith were elected delegates to the Onondaga County Homœopathic Medical Society.

Drs. Robinson, Jr., Gwynn, and Brewster were elected delegates to the Oneida County Homœopathic Medical Society.

Drs. Fellows, Gwynn, and Brewster were elected delegates to the Wayne County Homœopathic Medical Society.

After appointing committees for the year the society adjourned at 11, P.M., until the second Tuesday of September next. C. W. Boyce, Sec'y.

### *Illinois State Homœopathic Medical Association.*

THE Tenth Annual Meeting of this Society was held in Hahnemann Medical College, in the city of Chicago, on the 17th and 18th of May, 1864.

The Convention was called to order by the President, Dr. D. S. Smith. The opening prayer was made by the venerable Dr. L. C. Belding.

Dr. A. E. Small reported on catarrhal affections during the past year.

He premised that the mucous membranes were the seat of these diseases, and were abnormally excited by changes of temperature. The French physiologists spoke of catarrh as including affections of the mucous membrane in any part of the body, but in this country the term was limited to the affections of the super-pneumal air passages. Nasal catarrh (coryza) was caused by excitement of the pituitary passages. In itself it was of little consequence, but often led to inflammation of the eyes and ears. It should, therefore, be looked to. Catarrhs implicating the trachea, larynx, and bronchial tubes, are more complex in their character, and have been prevalent during the past year. It was epidemic in this city about the time of the Northwestern Sanitary Fair; hundreds were suddenly affected by it, owing, doubtless, to unusual exposure to variable conditions of the atmosphere. It was marked by a feverish dryness of all the pituitary passages, accompanied by tickling. The succeeding stage was in many cases marked by feverish inflammation; and in some there was marked congestion. Aconite, in the invading or dry stage, was generally successful; but, as aid was not often called in this stage, Aconite, from the first to the sixth attenuation, followed by Belladonna, was found to be effectual in the second stage. Phosphorus, and other remedies, were administered in divers cases. Homœopathic treatment was almost uniformly successful.

The report was received and referred to the Publishing Committee, on motion of Dr. G. D. Beebe, who referred to a remarkable case of coryza during pregnancy, in which the mucous emissions were very persistent and rapid. The case seemed to resist Silicea, Arsenicum, Pulsatilla, and other usual remedies. Allium-cepa was finally prescribed, and was followed by almost instantaneous relief. The remedy was comparatively a new one; it had been used by him with great success in other cases of bronchial affection.

Dr. I. S. P. Lord spoke of the causes of catarrh. He saw no reason why one form of the disease should be referred to general causes, and another to a special cause; neither did he see how it was that general causes should produce specific results.

Dr. L. C. Belding reported a case of catarrhal affection of the eyes which had yielded to homœopathic treatment when other means had failed. Arsenicum was used. In some cases the Mercurius solubilis had been of great efficacy, especially where burning of the lips was present.

Dr. D. G. Beebe, the Secretary, offered the following:

*Whereas*—The opponent of the Homœopathic School of Medicine persists in misrepresenting its doctrines, as well as its status in point of liberal endowment; and *Whereas*, many of the prominent members of the Allopathic School, from no other cause than difference of opinion concerning the principles and practice of medicine, claim the right to falsify our views, calumniate our principles, misrepresent our practice, and deal in secret and open detraction, in alluding to the character of its members; therefore,

*Resolved*—That in the opinion of this Association, its members can better serve the interests of science, as well as the communities in which they live, by preserving a commendable dignity of character, and by refusing to meet *billingsgate* and *blackguardism* with similar opposing influences.

*Resolved*—That in the opinion of this Association, it is unbecoming the

members of a scientific profession to engage in detraction, or vilification of those who should be co-workers in the advancement of scientific truth.

The speaker then referred to the late session of the Illinois State Medical Society, and the language used there, as a reason for the passage of the Resolutions.

The Resolutions were spoken to by Drs. Smith, Small, Pratt and others; the last named gentleman referred in strong language to the false accusations which had been made against homœopaths *en masse*.

The Preamble and Resolutions were then adopted.

In the course of the discussion, it was stated that the whole matter of examining surgeons for the army had been placed in the hands of the Allopaths, who had determined not to admit any Homœopathic practitioner, no matter what were his qualifications. The Chairman of the Examining Board here, had, in answer to an official question, made written answer that, "The Board declines to recommend a Homœopathist." The Board had not passed a Homœopath, though many had passed examination with credit—one exception was made, but in that case the gentleman was pushed through by other circumstances.

The Secretary called attention to the necessity of appointing a Committee on Surgery. The Committee had requested him to supply the present omission by presenting a volunteer Report.

The history of surgery was one of struggle against heroic medication; until lately it had not been placed on a proper basis, but it had recently received due attention.

He wished to present an improvement in the method of reducing fracture of the shaft of the femur in young children. When called to any case of fracture in the femur, he would seek to give a fixed location to the tibia and spinal column, which would necessarily give a settled direction to the intervening thigh bone. A splint made of tin (can be made in about half an hour) is placed on the outside of the limb. The fracture in children is usually transverse, hence extension and counter-extension are not so necessary as with the adult. The limb should be flexed, as that is the natural position of the limb in children. He had treated three cases during the past twelve months on this plan, each of them very successfully. One of them was a very singular case of spontaneous fracture, while the child was in good health. The predisposing cause of the fracture was scarcely fragilitas ossium, as the connecting links were rapidly supplied. He thought that the cause was rather to be found in the variable preponderance of earthy over the cartilaginous matter, as exhibited not only at different ages, but in different individuals at the same age. Symphytum seemed to be very favorable to the formation of the connecting cartilage in cases of fracture. Dr. B. then exhibited a model of his appliance, fitted with a ratchet, for use in case of oblique fractures, as are usual with adults, where extension and counter-extension are needed to be applied with greater force to prevent shortening by overlapping. The principal idea of the method seemed to be the *flexure* of the limb, making the pelvis and the lower limb fulcra of extension, as well as points of support.

The report was accepted and filed.

Dr. R. Ludlam proposed that a discussion take place regarding that

catarrhal or bronchial affection which has been so prevalent during the winter, being almost an epidemic, and which has frequently been mistaken for actual pneumonia. The cases commenced generally with remittent fever, with a great deal of respiratory oppression, and slight vomiting, though generally almost an entire suppression of the mucous discharges of the chest. This condition often would last for twenty-four or thirty-six hours. It would not be marked by hepatization, all the changes being connected solely with the bronchial tubes; after that time there would be an excessive discharge. But there would be no hepatization in the second stage, which is characteristic of pneumonia. Phosphorus, or Aconite and Belladonna he considered to be the proper remedies to break up the complaint. In every stubborn case he found the Gelseminum efficacious. In the case of adults, some very sudden deaths had occurred from a real overflowing of mucus upon the lungs.

Dr. L. C. Belding, Milledgeville, thought the cases quoted very similar to some that had occurred with him. In advanced stages he frequently used Tartar-emetic, or some similar drug, to stay the mucous discharge. He called the disease a bilious intermittent fever.

Dr. L. Pratt, of Rock Creek, Carroll county, also had several examples of a like nature, and had great faith in Tartar-emetic. When an allopathist he noticed the extraordinary effects of this remedy in bronchial catarrh, but did not then fully appreciate its properties. He used a few grains dissolved in half a tumbler of water, and a teaspoonful or so every three or four hours.

Dr. Coe mentioned a case of chest affection somewhat analogous to those noticed, where, in connection with the lung affection, there was a severe dropsical effusion. He used Apis, Arsenicum, and other similar drugs. Among the symptoms was severe hacking cough, when she expectorated a quantity of serum, and also a large discharge of pus. At the cessation of this discharge, hæmorrhage set in, and death immediately ensued.

Dr. G. D. Beebe gave some of the *post mortem* appearances of this bronchial catarrh. A short time ago, a man in this city was taken suddenly ill late one evening, and died within ten minutes in severe pain. At a *post mortem* examination the whole of the nobler organs, except the lungs, were in an abnormal condition. The lungs were thoroughly saturated with an excessive effusion of mucus.

Dr. R. B. Clarke had found that whenever Tartar-emetic or crude Antimony failed, Ipecac. answered well, and, indeed, worked like a charm.

Dr. D. A. Cheever treated the majority of his cases with either Aconite, Phosphorus, or Tartar-emetic. When these remedies failed, he found Bryonia and Ipecac. to be excellent.

Dr. R. Ludlam said, that often pneumonia was considered to be secondary with measles. It was called lobular pneumonia, but that he did not believe that it was pneumonia at all.

Dr. Temple considered that the affections in children frequently called pneumonia, were always confined to the bronchial tubes, and that Tartar-emetic was about the only safe remedy.

The Secretary, Dr. Beebe, read a brief report of a case of dropsy, which



had been cured under the use of a large number of remedies; the paper was prepared by Dr. Scofield.

Dr. Ludlam inquired if there was not an increasing disposition with the profession to give more than one remedy at a time? He could find some excuse for the use of two remedies by country practitioners, and possibly for the leaving of a third, in case of contingency, sometimes; but this rapid alternation of three, four, or six remedies must only tend to confusion and harmful results. He could not, for the life of him, tell which remedy was the successful one in the case just reported. He considered it the safer plan to keep one remedy at a time, as much as possible, in order that its action may be fully known and appreciated.

Dr. Scofield found that generally one remedy is the best, though often when these failed he combined those which were needed.

Dr. L. C. Belding did not believe in combined remedies, either administered simultaneously or in succession, when the physician could see the patient frequently.

Dr. C. A. Jaeger also considered one remedy to be best. He had seen cases where physicians caused a young child to take seven remedies in less than fifteen hours. He did sometimes give an alternation of two remedies, but then he ordered one remedy to be given for ten or twelve hours, and then before he gave the second, ordered a perfect cessation for about the same time. Prof. Temple thought that when the symptoms of a case were rightly got, one remedy only was required; the patient need not be seen every few hours, for if the case is rightly understood the effects may be anticipated. Combined remedies were not the result of the truths of homœopathy.

Dr. J. C. Burbank reported two cases of *phthisis pulmonalis*, which he had cured by the continuous use of loaf sugar. In the one case the patient came from a family pre-disposed to consumption, and in her own person exhibited all the ordinary incipient symptoms of that disease. At one of the meetings of the Association he had heard some physicians recommend the use of sugar, and had resolved to try its efficacy. He prescribed it in doses of two ounces, taken morning and evening, and also for the first few days of the treatment gave Phosphorus, of the third attenuation; the patient improved rapidly; her dangerous symptoms disappeared, and she is now apparently entirely recovered.

The other case was similar in general outlines, and he pursued the same treatment, with, so far, very similar results. This patient is still under his care, with every prospect of ultimate recovery. Dr. Burbank was not prepared to say whether the sugar or the Phosphorus effected the cure.

Dr. Smith, the Chairman, said that he had cured a woman of the same disease by administering a single dose of Phosphorus. The patient in that case was the daughter of a homœopathic physician, and there were no allopathic prejudices to overcome, which might, perhaps, account for the rapidity of the cure.

Dr. Lord said that the accounts of cases and statements of cures reported from memory, were extremely unsatisfactory. He had found this in his own experience. He recollected that twenty-five years ago he was called to treat a person for *phthisis pulmonalis*, and that he had given her

every thing he could think of, Phosphorus among the rest, and she recovered in spite of it.

Dr. Temple asked if sugar was a medicine, and if not a medicine, how it could cure disease.

Dr. Beebe said that the carbonaceous preparations had been used for the cure of pulmonary diseases, from time immemorial. Cod-liver Oil had been and is still used to a considerable extent, as well as Bourbon whisky, and other alcoholic preparations. He thought these remedies acted as palliatives; they were taken into the stomach, and carbonic-acid gas evolved, which acted in some sense as an anæsthetic. The question to be considered was whether some carbonaceous preparations could not be used which would produce desirable results, without the objectionable effects of Cod-liver oil and whisky, and whether sugar were not that preparation.

Dr. Ludlam read an interesting paper on Physiological Infidelity. We extract a small portion only, for want of space:

"Physiological infidelity implies a lack of knowledge and faith in the laws which govern the animate creation. As it concerns human physiology, this unfortunate skepticism is manifested in a variety of ways. Objectors to its practical value file off into three lines: those who will not accept the teachings of physiology because their professional predecessors deemed them unworthy of trust: those who object that its tenets are constantly changing, and who are too indolent to keep pace with its development as a science; and those who refuse to adopt or to endorse it, because such a course would, of necessity, modify those views of the treatment of disease to which they are so closely wedded.

"Concerning the prevalence and treatment of puerperal fever, as illustrating his general theme, the committee remarks: "In the city of Chicago there are at present thirty homœopathic physicians who are engaged in the practice of medicine. Nearly all of these practitioners are fully persuaded the puerperal fever has not been epidemic in Chicago during the past year. Only two sporadic cases have occurred in their united experience; the question is pertinent. How does it happen that physicians in the same city with patients, perhaps next door, should have such varied experience? Our allopathic brethren have declared this disease epidemic, or, at least, more than usually prevalent among us. Can it be possible that patients of one faith in medicine suffer in every case, while others escape; or that Drs. D. or M., should have treated every example of this disease; while none of my thirty brethren had any such experience?"

"The chief cause of the alarming and fatal cases which have, and do so frequently occur, is believed by the essayist to be the habit of prescribing cathartics and opiates for women in child-bed. This practice, which has nothing but tradition to recommend it, no sanction but usage, and no history but that of harmful and evil consequences, is severely, and yet justly, criticised." The paper closed with a strong appeal for the necessity for a thorough familiarity with, and a development of, the sciences collateral to medicine.

Dr. Lord reported the recent death of a lady in the West Division, in child-bed, from the use of lobelia and other "regular" remedies. She was killed in his opinion *secundem artem*.

Dr. Ludlam reported a case of what had been diagnosed an erysipelatous affection of the rectum, which he thought was induced by the use of cathartics in child-birth.

Dr. Belding related his experience in the use of cathartics in child-birth, as an Allopathist, and as a Homœopathist; his experience was vastly in favor of the latter mode of treatment.

Dr. Pratt had lost a patient afflicted with puerperal fever, because the nurse had, unknown to him, administered a cathartic.

Dr. Ober had generally discarded the use of cathartics in cases of child-birth. He had endeavored to assure his patient that an immediate movement of the bowels was unnecessary. In some instances his patients had taken mild cathartics without disastrous results.

Dr. Pratt reported a case where movement of the bowels did not take place for two weeks after delivery, and yet the patient recovered.

Dr. Anthony thought that if patients would take cathartics, they should do so upon their own responsibility.

Dr. Reed said that the physiological infidelity in obstetric practice was not confined to the treatment of mothers; the innocent child often came in for a large share of the evil resulting from the Allopathic mode of treatment. Dr. Temple in his remarks upon the same subject, said that the mortality reports showed that at least one-half of all the deaths reported were among children under five years of age, and charged that this was the result of criminal Allopathic practice. It was an abominable system, in his judgment.

Dr. E. M. Hale read a paper, of some length, upon the history, causes, symptoms and diagnosis of Retroversion of the Uterus. He gave the latest teachings concerning the pathology of this painful, and often intractable disease, and entered into a general *resumé* of the best methods of treatment, adopted by the Homœopathic and Allopathic schools. The treatment, according to Dr. Hale, consists of proper mechanical appliances to restore the uterus to its proper position, and to maintain that organ in its normal place in the pelvic cavity. The medicinal treatment, sanctioned by the experience of the Homœopathic school, together with some original suggestions, was given in general terms. It was claimed that this method was very successful in the treatment of this disease, and its various sympathetic symptoms.

The report of Dr. Hale was received, and referred to the Committee on Printing.

Dr. Colton then read a paper on "External Remedies and Mechanical Appliances" in the treatment of diseases. He said that under certain conditions, heat and cold are powerful therapeutic agents. The human organism is sensibly affected by changes in the atmosphere, acting primarily upon the skin, as well as through the passages. The respiratory influences of heat are observed in the relaxation of the respiratory processes, while cold produces the reverse condition. Water, as an adjunct, is equally necessary and useful. Blisters, setons, issues, &c., have been in use a long time, and their abuses are no less palpable than the poisons poured down the throats of the innocent victims to unscientific professional treatment. He would not say that vesication is never useful, but in ninety-nine cases

out of a hundred better measures are at hand. To think of a seven-by-nine plaster of Spanish flies over the chest, accompanied with a pill of blue mass internally, every two hours, for simple pleurodynia, made him shudder, though it was years ago that they were administered to him.—Homœopaths had found a better remedy in Nux, or Arnica, which effectually removes the difficulty in a few hours.

\* The doctor then gave an elaborate anatomical description of the skin, and argued the question of cutaneous absorption at some length, and arrived at the conclusion that agents may affect the system, through the skin, in three different ways: 1st, by simple contact with the sound skin; 2d, by forcing the substance through the cuticle by means of friction; 3d, by bringing the matter to be absorbed in contact with the deeper portion of the skin, after the superficial layer of epidermis is removed. The application of external remedies the speaker showed to have been recommended by the ancients, from Hippocrates down.

Although Hahnemann finally proscribed the use of all external remedies, except it might be an externally limited number, many of his followers without the least disrespect to him or his memory, have seen fit to adopt them. The doctor then narrated the different external remedies used by the profession, and briefly recounted their operation.

The Report was received, and ordered printed.

Dr. Cooke offered the following, which, on motion, were adopted unanimously:

**WHEREAS**—At a late meeting of the Illinois State Medical Society, the subject of *Puerperal Peritonitis*, its epidemic prevalence, and great fatality, were discussed at length; and,

**WHEREAS**—The very significant and important fact that no such epidemic has been observed by Homœopathic practitioners throughout the State, was entirely left out of said discussion therefore; be it

*Resolved*—That we hereby solemnly declare to said Society, and to the public, our conviction that the existence and the fatality of said disease, are due almost wholly to the cruel and absurd practice to which the patients of Allopathic physicians are subjected.

*Resolved*—That in the opinion of this Association, the most prolific, exciting cause of *Puerperal Peritonitis*, is the frequent administration of purgatives and opiates to nearly every victim of the malady, within a few days after delivery.

*Resolved*, That a copy of these resolutions be furnished to the newspapers of the State, for publication, and that a copy thereof be spread upon the records of the association.

*Officers Elected*:—*President*, W. C. Anthony; *Vice-Presidents*, R. Ludlam, J. C. Burbank, E. M. McAfee; *Recording Secretary*, G. D. Beebe; *Corresponding Secretary*, D. A. Colton; *Treasurer*, L. Pratt; *Board of Censors*, Drs. Ober, Small, Foster, and Vanliew. *Delegate to N.-Y. State Medical Society*—G. D. Beebe.

At the evening session, the report of Dr. E. M. P. Ludlam was presented, upon "Remittent Fever." Dr. L. reported two cases, and the treatment in each.

Dr. Burt, of Lyons, Iowa, reported a case of tracheotomy for diphtheria,

and presented a section of trachea, showing the incisions of the windpipe and the exudation of the false membrane, resulting disastrously. He also presented a tape worm forty feet long, expelled from the stomach of a boy four years old: the remedy used in this instance was pumpkin seed tea.

Dr. Beebe also related an interesting case of tracheotomy, resulting in full recovery.

Dr. Rodgers presented a fetus, supposed to be five months old, without brain or spine; and also a fetus of full age, to the back of which was attached a sack filled with a gelatinous substance. Both specimens were presented to the Museum of the College.

A discussion followed upon the use of Lachesis, in which Drs. Beebe, Hale, and Boyce participated.

Dr. Burt asked if in croup the false membrane extended to the cavities of the heart.

Dr. Ludlam said he had never observed anything of the kind in case of croup.

The following gentlemen were appointed to act as chiefs of Bureaus:—*Surgery*—Dr. Beebe. *Theory and Practice*—Dr. Cooke. *Obstetrics*—Dr. R. Ludlam. *Materia Medica*—Dr. Hale. *Anatomy*—Dr. Colton. *Chemistry*—Dr. Welch. *Physiology and Pathology*—Dr. Reed.

After a vote of thanks to the President, the convention adjourned for one year.

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*Society of the German Homœopathic Physicians of the Northwest.*—At the last meeting of the homœopathic physicians, the German members determined to establish a Society of *German Homœopathic Physicians of the Northwest*. Therefore they temporarily organized a committee, and nominated Dr. J. Ulrich, of Chicago, as president, and Dr. Jaeger, of Elgin, Ill., as Secretary. The said physicians passed a resolution to invite all the German and American physicians to meet in Chicago, on the 16th of Nov., 1864. Four weeks before the said meeting it shall be advertised by an especial circular. All physicians who feel interested in the formation of said society, and wish to obtain more particular information respecting it, may address their inquiries to Dr. Ulrich, Chicago, or Dr. Jaeger, Elgin, Ill. It will undoubtedly be an occasion of more than usual interest.

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### *Homœopathic Publication Society.*

This Society was organized on the first day of June, 1864, in the city of Philadelphia.

Among the prominent physicians who were present at its organization, we notice the names of Hering, Wells, Lippe, Boyce, Guernsey, Dunham, H. M. Smith, Hale, and others.

Its object is to aid publishers and authors in the effort to present the homœopathic school with standard works on practice, &c., &c.

The Constitution and general aim of the Society, will appear hereafter. Its officers are: One Treasurer (Dr. H. M. Smith, of New-York); two Secretaries (Dr. E. M. Hale, of Chicago, for the west; and Carrol Dunham, of New-York, for the East); and an Executive Council of *five*, who trans-

act the main business of the Society. (Drs. Hering, Boyce, Lippe, Guarney, and Wells).

An initiation fee of one dollar makes the physician a member for life. Those in the west wishing to become members, can forward the fee to Dr. Hale, of Chicago.

We predict for this Society, a course of great usefulness.

### *New-York Woman's Infirmary (Homœopathic.)*

Incorporated 1863. D. D. SMITH, M.D., *President*. J. W. MITCHELL, *Attending Physician*; J. F. GRAY, M.D., and E. BAYARD, M.D., *Consulting Physicians*; J. M. CARNOCHAN, M.D., and J. BEAKLEY, M.D., *Consulting Surgeons*.

### *Obituary.*

DR. STORM ROSA, of Painesville, Ohio, departed this life on the third day of May, 1864. Dr. Rosa deserves more than passing notice. He was one of the representative men of the profession, and of the Homœopathic School. As one of the pioneers of the new System in the West, he bore the brunt of the battle many years, but lived to see the practice he adopted, rising and honored by a large proportion of the population of the West.

Dr. Storm Rosa was born in Coxsackie, Green County, N. Y., July 18th, 1791. He studied medicine with Dr. Doubleday, of Catskill, Dr. Taw Green, Chenango Co., and Dr. Clyde, Broome Co., N. Y. After three years pupilage, he was examined by the Board of Censors of Seneca Co., and granted a Diploma on the 9th of March, 1816. After receiving his Diploma, he located in Madison, Ohio; practiced there until October, 1818, when he removed to Painesville, Ohio. While living in Madison, he married Sophia Kimball, by whom he had two children, Lemuel and Catherine. His son read medicine with him; practiced four years and died of Phthisis. His daughter died about a year after, of the same disease.

Dr. Rosa began to investigate Homœopathy in the year 1841, by the advice and solicitation of some of his intimate friends who had been using Homœopathic medicines with success. He had the advice and assistance of Dr. Barlow, of New-York, and Dr. Pulte of Cincinnati, who supplied him with books and medicines. In the year 1843, he formally adopted Homœopathy as his school of medicine. As a matter of course he met with intense opposition from the members of his school, but he retained nearly all his lay friends. There are many families in Painesville, whose family physician he was for *forty years!* Dr. Rosa's domestic life was unusually happy and quiet. His professional life was marked by many notable incidents. When the Eclectic Medical College, of Cincinnati, was organized, it was understood by the Legislature which chartered it, and the original Faculty, that it was to be organized upon the broadest basis of true Eclecticism. Drs. Morrow, Hill, Gatchell, and other talented men were members of the Faculty, and Dr. Rosa was selected by the Homœopaths of Ohio, as a suitable person to occupy the chair of "Theory and Practice of Homœopathy," in that Institution. His labors in that College mark an era in Homœopathy in the West. They gave an impetus to the system which is felt even to this day. He began one course of lectures, which had the effect of converting not only nearly one-third of the Class, but *two* of his most prominent eclectic colleagues in the Faculty, viz., Drs. Hill and Gatchell. This was a result not relished by the Eclectic School, and Dr. Rosa was deposed from his position. But in the year 1850, the Western Homœopathic College

of Cleveland, Ohio, was organized, and Dr. Rosa was tendered the Chair of Obstetrics and Diseases of Women, which position he occupied for several years. The writer was a member of the Class of 1851, in that Institution, and he has a vivid and pleasant recollection of Professor Rosa, who was even then, venerable in appearance, and of a singularly benign and benevolent disposition. As a lecturer, he was plain spoken and practical, and his lectures were marked by an unassuming modesty which reminded the listener of Benjamin Franklin, whom, in some respect, he much resembled. In fact, such was his modesty, that it was with difficulty that he could be prevailed upon to give the necessary anatomical lecture, before the Class, on account of the presence of several ladies who were present as students. No member of the Faculty, however, is remembered by the Alumni, with feelings of deeper respect and esteem, than the subject of this sketch.

When the St. Louis Homœopathic College was organized, he was tendered the Chair of Theory and Practice, but he declined the honor, preferring to retire from the public duties of the profession. He presided over the first Association of Homœopathic Physicians which met in Ohio. The meeting was held at Burton, and there were *nine* physicians present. He delivered an address before that meeting, which address was printed and is still extant. If procurable, a copy should be sent to Dr. H. M. Smith of New-York, who will carefully preserve it among old documents, &c., relating to the history of Homœopathy. Dr. Rosa once engaged in a newspaper discussion with the celebrated Allopath, Dr. Kirtland. His articles were marked by a force and clearness rarely equalled.

Dr. Rosa's disease was supposed to be congestion of the liver, terminating in a typhoid. His health was excellent up to a short time before his death. The day before he was taken ill, he rode *thirty* miles, visiting patients. He drove a fractious young horse in an open buggy. The day was cold and wet, and the unusual exertion, together with the exposure, brought on the attack. He died at the ripe age of 73. But few of his conferees are living, and the generation of physicians to which he belonged are fast passing away. Let us honor them and their labors.

HALE.

### *Obituary.*

J. REDMAN COXE, M. D. The subject of this notice was born Feb. 19th, 1799, and died of cystitis and abscess of the left kidney, after a short and painful illness, May 11th, 1863, in the 65th year of his age. Dr. Coxe was the eldest son of Professor Coxe, who for many years ably filled the chairs of chemistry, materia medica and pharmacy in the University of Pennsylvania. He lately died at the age of 91 years.

The family of Dr. Coxe has in its possession documents connecting it directly to Daniel Coxe, who lived in the 13th century, in Somersetshire, England, and describes him in such a manner as to make the family resemblance at this day quite remarkable. This latter gentleman studied medicine at the school of Salerno, which spread its influence over Western Europe as early as the 11th century. The lineal descendants of Dr. Daniel Coxe number seventeen, among whom was Dr. Daniel Coxe, physician to Queen Anne, in 1637. In 1702, his son, Colonel Daniel Coxe, a gentleman of considerable note as an author, afterwards Judge of the Supreme Court, member of the Royal Council, Speaker of the Assembly, &c., came to this country; settling in Burlington, and in a later period in Trenton, New-

Jersey, whose fourth lineal descendant is Dr. John Redman Coxe, the subject of this sketch.

Dr. Coxe was graduated at Princeton College, and subsequently travelled extensively in Europe, visiting the hospitals and learned institutions.

Through the instrumentality of Constantine Hering, M. D., who cured him, with a few pellets of *Colocynthis*, of a chronic colic, from which he suffered terribly two or three times a year, about 1837 or 1838, he was converted to the principles of the true healing art.

Dr. Coxe was a fine Latin and French scholar, and took pleasure, like his father, Professor Coxe, in acknowledging his gratitude to the writings of the forefathers, where often old truths are found, claimed by modern authors as their discoveries. Several years since he was elected to the chair of Practice of Medicine, in the Homœopathic Medical College of Pennsylvania.

On Monday, April 27th, 1863, Dr. Coxe was attacked with a slight dysentery, which gradually increased in severity. Thursday, the 30th of April, excruciating, burning, cutting and bearing down pains in the region of the bladder and left kidney were superadded. These extended to the perineum, and at times to the testicles and upper part of the thighs, with frequent ineffectual efforts to void urine, with considerable strangury.

He now concluded to retire to bed, it being about two o'clock, P. M. Great suffering in the afternoon and night, up to ten o'clock on Friday, when, at his request, his son, Dr. L. Lewis Coxe, administered Chloroform and passed the catheter for the relief of what his father and Professor Beakley, of New-York, conceived to be a distended bladder; but there was no urine there, nothing but thick, tenacious bloody mucus coming from him, causing no relief. The dreadful agony continued until Sunday, at daybreak, when a salutary crisis took place by the voluntary, mostly involuntary, discharge of a large quantity of urine.

On a change of weather, May 6th, 1863, the disease returned with renewed violence. But nature was exhausted; he died quite serenely on the 11th of May, twenty minutes past two o'clock, A. M.

He was constantly attended in his last illness by his son, who had in consultation Drs. Neidhard, C. Hering, A. Lippe, M. Semple, and others. He retained his faculties to the last, and was, therefore, enabled to listen to the different suggestions of the various practitioners waiting upon him. The chief remedies used during his illness were: *Cantharis*, *Cannabis-sativa*, *Berberis-vulg.*, *Aconite*, *Stramon.*, *Phosphor.*, *Urea*, *Camphor.*

He left directions for a *post mortem* examination to be instituted, but owing to the great abhorrence entertained for such an examination by his widow, it was not performed. His son conceived his disease to be a cystic and abscess of the left kidney. With the exception of chronic diarrhoea, affecting him generally twice a year, he generally enjoyed the best of health.

As a teacher and practitioner of medicine Dr. Coxe was eminent. Having a mind highly cultivated and richly stored with classical and esculapian lore. He possessed a clear discriminating judgment, and was endowed with an active, sympathetic and susceptible nature, distinguished for honesty



of purpose and integrity of character. Those who knew him best loved and respected him most. But in social life and the family circle his distinguishing traits shone forth most conspicuously. Mild but firm in character, tender and affectionate in his intercourse, respectful and considerate to those differing from him in opinion, kind and sympathizing to the poor, of whom many will have occasion to remember him with gratitude.

S. W. M.

### *Obituary.*

WILLIAM K. HALLOCK, M. D., died at New-York city, 11th February, 1864. Dr. Hallock was a son of our friend, Dr. L. Hallock, of New-York city. After the second battle of Bull Run, hearing that the wounded were suffering for surgical attendance, he nobly volunteered his services. Loss of rest and food, with great exposure, helped to develop the disease which ended his earthly career. He was a pure patriot, a good physician, a loving husband, a devoted Christian.

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## *Materia Medica.*

*Pathogenetic Characteristics of Drugs.* By J. S. DOUGLAS, M.D., of Milwaukee, Wisc.

(Continued from Vol. XII., p. 598.)

### SULPHURIC-ACID.

Mucous membrane of the trachea and bronchial tubes much inflamed. Epiglottis covered with a thick layer of false membrane, of a deep scarlet color, intensely inflamed, but not corroded. Ulceration of the larynx and trachea.

It is doubtless homœopathic to membranous croup.

A blood-colored sediment in the urine is common to Sulph.-ac. and Ammon.-carb.

Night-mare before and during the menses. Sensation in the region of the forehead as if the brain were loose and falling to and fro. (See Sulph. China and Lye.)

The hair turns gray and falls off. Sensation as if the face were distended, and as if albumen were drying on the skin.

Pain in the submaxillary glands, the pain affecting even the tongue, which looks burnt.

Hard knotty stool, difficult, painful, or like sheep's dung. Hard stool, consisting of hard black lumps, mixed with blood, and with such violent prickings in the anus that she was obliged to rise. Hacked, saffron-colored stool, of tenacious mucus, in a child.

The urine deposits a blood-colored sediment and is covered with pellicle. It is asserted to be both a cure and prophylactic of lead-colic.

### TARAXACUM.

Tongue coated white or covered with a white skin, peeling off here and there, leaving dark-red sensitive places. Eruption over the body and

limbs, itching severely, and appearing to be a mixture of Lichen and Urticaria.

TARTAR-STIB.

Red tongue, covered with raised papillæ, as in scarlet fever. The tongue is bright red and dry in the centre.

The lips are parched, scaly, cracked, excoriated and red.

Large pustules in the mouth, with depressed centre. The same in the pharynx. The eruptions, both on the external and internal surfaces, are peculiar.

TAXUS-BACCATA.

Unusual desire to eat, returning after being satisfied, accompanied by general debility, malaise and weakness in the region of the stomach.

Rigidity of the extremities, with a sort of immobility, particularly after sweating, followed by fleeting but violent pains. Acute flying pains in the limbs after sweating.

TEREBINTHINA.

The nerves of the extremities, particularly the lower, are exceedingly sensitive. Intense pains are experienced along the tracks of the larger trunks.

TEUCRIUM.

Very warm flatus with the smell of liver. After hawking up mucus he retains a mouldy taste in the mouth for several hours.

THUJA.

The action of Thuja on the genital organs is peculiar, as individual characteristics may be mentioned: Sweat of the genital organs, partial or general. (See Sep. Coral.-rub.) Round, flat, unclean ulcer on the corona glandis, painful and burning, surrounded with redness. Pock-like eruption over the internal surface of the prepuce, depressed in the middle, and humid and suppurating, painful only when touched. Red, smooth excrescences behind the glans, under the prepuce. Red excrescences on the inner surface of the prepuce, resembling a fig wart. The left testicle is drawn up to the abdomen, with swelling of the inguinal glands. The epididymis grows into a sort of goitre. Small, flat vesicles on the glans, with stinging pain when urinating. Swelling of both labia, painful and burning only when walking or touching them. The skin of the whole body is painful to the touch.

VALERIANA.

Smell and taste of fetid tallow.

VERATRUM-ALB.

Vomiting of white mucus, with good appetite; nausea, with hunger and pressure at the stomach while eating, disappearing after eating. Drinking is followed by shuddering or goose flesh (See Ars.) Hunger and great thirst—voracious hunger without thirst. Continuous greediness for sour cucumbers—for lemon-juice—for fruit—only for cold things—herrings, sardines, fruit. Unconquerable thirst, particularly for cold drinks. Putrid, herby taste. Weak and cold feeling in the stomach. Sort of relaxed feeling in the abdomen as though diarrhoea would set in. Nightly colic, with

sleeplessness. Colic from the back towards the umbilicus. Sudden colic early in the morning, with yellow, green, papescent stools, with continual urging; a bruising sensation above the pubic bones and qualmishness remaining. Diarrhea, with pain during and after stool. Stool with cold sweat on the forehead. Turns pale during stool, with apprehension of apoplexy and anxiety. Writhing sensation in the back and abdomen previous to stool; sensation deep in the abdomen, as if he would faint. Great pain in the occiput on carrying the head backward. Numbness of the palate, as if burnt or covered with a false skin. Suppression of all the secretions. Bitter-smelling sweat. The mental state, as a whole, presents a peculiar picture.

#### VERBASCUM-THAPSUS

Produces a more marked effect upon the malar bone than any other drug. Violent pressure on the right malar bone. Stupefying, intermittent pressure in the upper border of the left malar bone. Sensation as if violent pressure were made on the left malar bone, as far as the ear, aggravated by pressure with the hand. Dull pressure in the region of the articular process of the temporal bone, aggravated by pressing the teeth together. The whole cheek is affected by the dull pressure in the articulation of the jaw; it increases to a stupefying tension.

Intermittent, horrid sticking, in the left malar bone. Tension in the left malar bone, in the articular process of the temporal bone, and in the frontal eminence, when exposed to a current of air, and when the air blows on the parts.

Clinical experience has confirmed its efficacy in prosopalgia with the above symptoms.

#### VINCA-MINOR.

The hairs are entangled, as in *Plica Polonica*. (See also Borax.) The tip of the nose becomes red on getting the least angry.

#### ZINCUM.

Swelling in the left side of the tongue, hindering talk; great prevalence of dull, pressive pains in the abdomen. Great falling off of the hair of the genital organs. Shuddering and shrivelling of the scrotum. Violent itching of the scrotum, almost causing a feeling of soreness, which cannot be relieved by scratching. Frequent drawing, commencing in the testicles and following the course of the spermatic cord. Either the right or left testicle is drawn up, with some pain and swelling.

Great desire for an embrace in the genital organs, the emission of semen being, nevertheless, difficult and almost impossible.

Irresistible desire for onanism in a female, without any lascivious dreams. Varices of the pudendum. Suppression of the lochia and decrease of milk.

During the menses, heaviness of the limbs, with violent drawing around the knees, as if they would be twisted off; inflammation of the eyes; sudden tightness and oppression of the region of the stomach—she had to loosen her dress; weakness of the hands and feet and chilliness.

Discharge of thick mucus for three days, before and after the menses.

Itching in the bends of the joints. Itching in the extremities, not in the joints. Violent itching in all the joints in succession, last in the hip joint.

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Original and Translated Papers.

ARTICLE XIV.—*Cerebro-Spinal Meningitis, alias Spotted-Fever.*

(We include three papers upon this disease, kindly furnished by a member of our Editorial staff, in one article. The reader will find them to contain many practical items. "Any further remarks or suggestions," upon the same subject, "will be in order." Eds.)

PAPER NO. 1.

Reported by Dr. H. L. WOLFARD, of MORAVIA, Appanoose Co. Iowa.

A DISEASE of a very malignant type, commonly called "spotted fever," has been prevailing in this neighborhood, as likewise south and west from here, for about eighteen months, causing considerable alarm among the people, and to which quite a number of our young population have become victims.

It prevailed most extensively during last fall and winter, when the atmosphere seemed unusually clear and dry—no new cases have appeared since the commencement of spring-rains. Those most subject to its attacks were children, from infants up to sixteen years old, especially when they had been much exposed by moving from one place to another, or by living in badly-constructed houses; or those who had been infected with prairie-itch or scrofula—children were often suddenly

taken after over-excitement in playing out of doors. Adults, with the exception of women at the time of parturition, were less subject to it and not affected so severely. One-third of the cases that survived the horrible paroxysms, were protracted from three to six weeks, and some even to ten weeks, before the nervous irritation subsided, and there was proper assimilation, and then it often happened, that the one or the other sensational organ or limb remained paralyzed.

At least four-fifths of the cases died very suddenly—mostly within forty-eight hours, under treatment of allopathic or eclectic physicians—some even before any medical aid could be procured. As many as three and four died out of one family in one week's time. Of about sixty cases, for which I prescribed, I lost only three, two after the second period, and one in a relapse after convalescence. About twenty cases, with symptoms indicating a sure approach of this disease, I arrested in a few hours by timely administration of *Aconitum*; even in the second, or the most alarming period, *Aconite*, alternately with *Veratrum-alb.* and *Arsenic*, seemed of most value in restoring free circulation, equal effusion of warmth and perspiration. As auxiliary to this treatment I used cold water, showered on the extremities and subsequent friction with a rough towel, followed by warm fomentations. Where eruptions about the head had disappeared, I rubbed ointment of *Tart. emetic* and *Cantharides* in the nape of the neck, to create an artificial eruption.

I have not been able to discover a particular specific to cover all the symptoms of this disorder.

I made the most use of the following remedies; *ACONTIUM*, *Bell.*, *ARS.*, *VERAT.*, *STRAM.*, *Calc.-carb.*, *Carbo-veg.*, *Secale*, *Canth.*, *Hyosc.*, *Rhus*, *Silic.*, *Phos.-ac.*, *Bryon.*, *Nux-vom.*

The figures 1, 2, 3, 4, 5, as prefixed to the symptoms, indicate the period of their existence, and the figures 1—10 to 9—10 suffixed to them signify the per-cent. of cases in which they occurred. 1—3, 4, 5. Feeling in the affected parts as if tired, benumbed, lamed, or bruised; as if something was crawling or creeping in the flesh; burning; uneasiness and restlessness; desire to be moved all the time from one place, or bed to another; *cramp-like drawing* and twisting of body

and limbs 6—10. 2, 8, 4, 5. Partial and general paralyzation and rigor. 4—10. Frequent changing of symptoms from one place to another, 5—10. 2. Excessive prostration, general and rapid sinking of strength, 5—10. 2, 3, 4. Great irritability—pains seem to be excessive, although mostly with unconsciousness. 6—10.

Talking, noise, or touching the body, and food creates new paroxysms. 5—10.

Washing with cold water; gently rubbing and scratching the affected parts, greatly relieves. 7—10.

1, 2. Great anxiety, despair, fixed idea of going to die. 6—10.

2, 3, 4. Screaming with loss of consciousness. 3—10. Delirium, they think they are from home, want to go home; think it is somebody else who is sick, or has pain instead of themselves; they strike at their nurses; they strike at water being offered, spit it away, and a short time after drink it with rapidity; endeavor to crawl away on hands and feet; pull at the bed-clothes, 4—10; paralysis of the sensorial faculties. 3—10.

1, Skin hot. 6—10.

2, 3, Skin cold, icy cold. 6—10.

2, 3, 4. After returning warmth or after friction, appearance of petechiæ (smooth red spots of the size of a millet seed to a five-cent piece), or mottled on forehead, 6—10; nape of the neck, 4—10; on the small of the back, 3—10; on the hands, wrists and ankles, 6—10; over the whole body, 2—10; they disappear and reappear for some time, 4—10; they remain stationary, 2—10; form into blood-blisters and running sores, 3—10; like nettle-rash, 1—10.

3. Bran-like desquamation of the whole body, similar to that after scarlatina. 8—10.

1, 2. Feeling as if something cold was crawling up the back or other parts. 6—10.

1. Light chills, with subsequent synochal fever, 5—10; with pain in the forehead, 4—10, the back of the head, or nape of the neck; and vomiting of bile, mucus, and water. 6—10.

1. Extraordinary fever, heat, and death within a few hours; corpse remaining warm long after death, with purple spots on the nape of the neck and small of the back. 2—10.

2, 3. They feel cold all over with shuddering, and at the

same time they uncover themselves, as if they were too hot, burning feeling, 4-10, with much thirst. 6-10.

3. Nails of hands and feet and lips turned blue. 5-10.

1. Warm perspiration, 4-10; perspiration of no benefit. 2-10.

2, 3, 4. No perspiration at all, skin shriveled and dry. 6-10.

1. Pulse full and quick; pulse soft and slow at the wrist, and full at the temporal artery. 4-10.

2, 3, 4, 5. Sudden change of pulse; pulse full and slow; soft and slow; fluttering; imperceptible.

3, 4. Somnolence changing with wakeful restlessness; no lethargy.

1, 2. Congestion of blood to the head; head feels hot. 6-10.

1, 2, 3. Pain in the forehead, cold water pressure with the hand, or bandaging relieves. 5-10.

1, 2, 3, 4. Pain in the occiput and in the *muscles of the neck*—splenius and posterior rectus—the muscles are very sore and swelled—very painful on touching them or on turning the head. 6-10.

2, 3, 4, 5. *Drawing of the head backwards*, more to one or the other side. 5-10.

2, 3, 4. Crawling and creeping, soreness of the scalp; rubbing and scratching with fingers relieves. 5-10.

4, 5. Hydrocephalus three cases—cured. (Silic.)

2. Face bloated. 5-10.

1, 2, 3. Red cheeks; the one or the other side red. 8-10.

2, 3. Swelling, like erysipelas, of one cheek and eye. 2-10.

1, 2, 3. Forehead, red spots, some round, some confluent, mottled. 4-10.

1. Eyes have a dull, dim, faint-like appearance. 8-10.

3, 4, 5. Partial blindness, eyes half closed, glassy, dead looking, with dried-up scum over them. 3-10.

3, 4, 5. Pupils spasmodically enlarged, and sightless. 3-10.

4, 5. Eye-balls protruding and drawn downward (hydrocephalus).

3, 4. Pain in the ears; 4, 5, deafness remaining (two cases).

3, 4. Blisters around the mouth, like variola, 3-10; sore lip with crust on them. 6-10.

2, 3. Locked jaws during severest paroxysms. 4-10.

3, 4. Chattering of teeth. 2—10.

1, 2. Tongue very red. 6—10.

2, 3, 4. Tongue, red edges, white coated in the middle. 6—10. Difficulty of protruding tongue; swelled tongue; inability to speak; inability to swallow, as if the throat and tongue were spasmodically affected or paralyzed. 5—10.

1, 2. *Vomiting* of mucus or water and bile. 6—10.

3, 4. Eructations, hiccough, and spasmodic pains in the stomach; tympanitis. 3—10.

3, 4, 5. Costiveness, 5—10; diarrhœa, 1—10, of brown mucus, or green mucus and blood and scybalæ; involuntarily.

3, 4. Inflammation and pain in the liver, not bearing the least pressure in the right hypochondrium, 5—10; severe pain in the back in the region of left kidney, 5—10; retention of urine for forty-eight hours, changing to involuntary urination. 3—10.

Sudden premature delivery, almost without labor-pain; after preceding, repeated chills and fever; after delivery, collapse, cramps, sinking chills, and death (in three cases).

3. Pain in the left chest extending towards the kidneys. 3—10.

3. Tightness and pain with heavy respiration like pleurisy or pneumonia. 4—10.

3, 4, 5. Much cough, mostly dry. 6—10.

1. Soreness in arms and legs as if fatigued with creeping, as if asleep; sudden severe pain, sometimes in the one or other arm, sometimes in one or the other leg. 4—10.

2, 3. Drawing of fingers inward. 6—10.

2, 3. *Drawing of arms inward.* 5—10.

2, 3, 4, 5. *Drawing up of lower extremities,* 5—10; and remaining in that way for weeks. 3—10.

2, 3. *Twisting of arms, legs, and body* in every shape, like cramp, with screaming and unconsciousness. 4—10.

2, 3. *Icy coldness of hands and feet.* 8—10.

MORAVIA, Iowa, April 24th, 1864.

#### PAPER NO. II

*Reported by* DR. CHAS. WOODHOUSE, of Plainfield, Illinois.

PLAINFIELD is a town of about two thousand inhabitants. The ordinary mortality per year, is estimated at thirty. From



January 10th to March 15th, 1864, the mortality of two years was crowded into the space of two months. Of the deaths in that interval, at least two-thirds were from the "spotted-fever." The allopathic physicians lost a large proportion of their cases. No death from this disease has occurred under homœopathic treatment. The first case I had was that of a female infant of about one year. She was comatose, sightless, and the muscles of the extremities were almost completely paralyzed. At times she appeared to suffer pain in the back of the head and neck. The latter was exceedingly hot. She had been ill about twenty-four hours in all when I first saw her, during eighteen of which she had, taken old-school remedies. I prescribed Aconite and Belladonna. She improved so as to attract attention, and to bring homœopathy into notice. Convalesced so far as to eat and sleep well, but subsequently had an attack of pneumonia. During the first illness, the pupil of the left eye became entirely obliterated, and this without any accident. The eye had always been good before.

When called to a case presenting the invariable symptoms, heat and pain in the nape of the neck and occipital or frontal regions; pain in various parts of the body, in the joints, as the toes, hands, &c., the first indication is to induce a free perspiration. This I have effected by boiling ears of corn, wrapping them in cloths and placing them about the feet and legs (very seldom about the arms, unless they are cold). For the other symptoms, the more prominent of which are great dread of motion and touch, as well as fear of injury, local and general anæsthesia, or perhaps a super-sensitiveness of the surface, with or without coldness thereof, a dead numb feeling of the skin; the pupils dilating and contracting alternately,—sometimes one at a time; I order cold water (iced if I can get it) to the head, and this continuously, not by fits and starts; instructing the nurse to change the cloths as often as they become even slightly warm.

Besides the above symptoms there are, redness of the tongue at its tips and edges, the general surface of the organ being heavily coated; sometimes a marked delirium, pleuritic stitchings; aphthæ in the throat,—in some cases; the pulse is generally strong and quick; and the urine is bloody and albu-

minous. In some cases there is partial paralysis of motion, the legs or arms being fixed in a flexed position; obstinate constipation, stools hard, dry, small, and scybalous; there is groaning, moaning, great lamentation, with agonizing expressions by young and old. I have never heard anything so distressing as this latter feature, sometimes met with in this disease. In some cases the patient insists upon dying; in others, children predict their own death, and set the precise time for the event to take place. A few times they have had singing delirium.

To aid in the promotion of free diaphoresis, I give of Aconite, second dec. dilution, ten drops in a glass of water, *well-stirred*, a teaspoonful every five, ten, or fifteen minutes. It usually takes a tumblerful of the medicine, thus prepared and given, to induce a good sweat. If the pulse is very hard, strong, and quick, and the Aconite and perspiration fail to reduce its force, I give of Gelseminum, mother tincture, two or three drops in half a glass of water, and a dose repeated every ten minutes for an hour. After the patient has perspired freely, and sometimes the sweat smells very badly, as from typhoid symptoms, I order them sponged off in salaratus-water, and put in clean sheets. I then prepare Bell. 2, as recommended for Aconite, and alternate it with the Aconite, as often as every half-hour or hour, according to symptoms.

For the subsequent soreness and sensitiveness of the surface, Nux-vomica 3d dec., is the best remedy I have prescribed. I recommend a weak solution of tinct. of Arnica in cold water to be used locally upon the sore, paralyzed, or contracted parts. One child, with hot skin, delirium, the surface sore to the touch, was bathed with a like solution of tinct. of Aconite. For the obstinate constipation it is sometimes necessary to resort to enemata.

In one family of seven children, two were under allopathic treatment and died; five were treated homœopathically and lived. They were all similarly affected.

Nearly all the fatal cases have been females and children. Out of about forty deaths, only five have been of males. One old lady was past seventy, I think, but the females were mostly young persons. Excepting when they have previously been

treated allopathically, I have seldom used other remedies than the above specified. When I succeed to the management of cases, once under the dominion of the old system, I have found them liable to nausea and vomiting, and various forms of gastric irritation, for which the best remedies have been Ipecac. and Ant.-crudum. I prefer the latter.

Where I have treated cases from the onset, they have recovered so as to go about their business within a fortnight. Convalescence is more lingering when the symptoms are complicated with those of drugs. Where the undertaker has not succeeded to their mismanagement, the sequelsæ are various. In one case there was general paralysis and vomiting. In others a typhoid dyscrasia, ravenous appetite; anorexia; hæmaturia; weakness of the eyes, a species of torticollis, slight relapse; blindness; partial amaurosis. One child had diphtheria, another pneumonia.

I have not given Aconite or Bell. in any but the second decimal attenuation.

PLAINFIELD, *Ill.*, July, 1864.

PAPER NO. III.

*Reported by G. W. BOWEN, M.D., of Fort Wayne, Ind.*

Dr. Bowen reports that on returning from a visit to a patient in the country, at 3, A. M., he experienced the following symptoms: First a chilly sensation in the lumbar region only. This continued forty minutes, gradually extending upwards toward the brain. On rubbing the spine, this local coldness seemed limited to a narrow strip along the spine. When it had reached the brain, the chilliness subsided, and there came on drowsiness with an almost intolerable desire for sleep. This stupor lasted about an hour. While riding along, I would gladly have given almost any sum for one who could take the reins and let me sleep. When I reached home, a second chill came on, commencing in the same manner, and extending to the head as before. This, however, was of shorter duration, say some thirty minutes, and followed by a most excruciating headache, cold extremities, and, in less than an hour, delirium. This second chill was probably shortened by a dose of *Ars. 6.*

When the delirium came on, my wife applied heat to my feet, covered me up warmly, and gave me two or three doses of Bell. 3. After two hours the delirium subsided, but the pain, heaviness, and dizziness did not materially diminish for two or three days. The pain was excruciating, horrible, and was confined to the head. When it left, there followed a violent palpitation of the heart, and a throbbing in the aorta and carotids which continued more or less for a week, and which returned upon the slightest exertion. There was great trembling of the hands and arms, as in *paralysis agitans*. I could not hold my hands steadily enough to bring anything to the mouth, being, meanwhile, morbidly susceptible to the effects of cool air. Fully persuaded that Arsenicum was the remedy, I took one dose of the sixth potency daily and persistently, until cured.

In seven cases occurring in one family, only one of whom died, all began with a chill which was more or less severe. This chill invariably commenced in the back or the head. The frontal headache was present in all, and in some of the cases, when the pain left the forehead, it went to the occiput and nape of the neck, finally resulting in a species of opisthotonos. Three of the children were fully grown. Four had petechiæ and ecchymosed spots. These latter cases were mild, easily managed, and recovered quickly. Remedies, Lachesis 9, and Rhux-tox. 3, every three hours alternately.

Of the remaining three, in which there was no discoloration of the skin, the general symptoms being similar to those in my own case, two recovered, but less rapidly, remaining for a long time weak, debilitated, and very much prostrated. In them the health was pretty well restored in two to three weeks. These cases required the Ars., especially for the præcordial symptoms.

The case that died was that of a young lady who had previously received a fall from a horse and injured her spine. She had involuntary stools and vomiting, with frightful neuralgic pains from the first moments of seizure. She lived only about thirty-eight hours.

The remarks above made concerning the appropriateness of Arsenicum have held good in all the cases which I have

treated. In one case which I saw in counsel, I recommended it. The doctor had given it once, and declined to try it again. In a day or two he concluded to give it. It was repeated every three hours, and the patient began to improve after taking the third dose.

My idea of the pathology of this singular disease is that, following the chill and febrile symptoms, the great anguish and præcordial oppression is due to congestion of blood about the heart and larger vessels. In nearly all the cases I have seen, where there has been present the coldness of surface, extremities, &c., we have had this evidence of cardiac congestion. To my mind this fact constitutes a prominent item in its proper therapeutical management. The ecchymosis is met with in the milder type of the disease. When these "spots" appear my prognosis is always favorable. I have never seen the spots elevated above the surface. The discoloration or eruption appears to remove the danger from internal congestion, as in the eruptive fevers. They also remove the urgent necessity for diaphoresis.

FORT WAYNE, *Ind.*, July, 1864.

ARTICLE XV.—*Uræmia a Concomitant of Cholera Infantum.*

An Extract from a Lecture by R. LUDLAM, M.D., Prof. of Obs. and Diseases of Women and Children in Hahnemann Medical College, Chicago, Ill.

ACCORDING to most modern authorities, an attack of cholera infantum may be divided into three stages. In the first, the symptoms indicate some derangement of the digestive functions, but more especially of innervation, as shown by increased sensibility and excitability. In the second stage, the alimentary symptoms are the more prominent. Gastric disorder, vomiting, colicky pains, and a troublesome and exhausting diarrhœa ensue. Because of cerebral complications, the third stage is the more dangerous.

It is to this latter class of symptoms that I desire more particularly to direct your attention. In most cases of cholera infantum you will remark that, with the amelioration of symptoms proper to the second, and the advent of those of

the third stage, there occurs a derangement of the *urinary* function. The urine becomes scanty in amount, and is more thick and turbid than is natural. Its specific gravity is increased. There may or may not be strangury. This partial suppression of the urinary flow is not accounted for, as the nurse will tell you, by the copious watery stools which the little patient has had, neither by the profuse and constant perspiration in which the skin is bathed. It is the rapid evaporation of sweat from exposed surfaces which leaves them cool and clammy. The hands and arms, which are thrown wildly about, and the feet also, become cool and cadaverous. Sometimes the fingers resemble the "washerwoman's fingers" of epidemic cholera.

In a majority of examples of cholera infantum, you possess in these symptoms—the relative degree of urinary and of perspiratory, as well as of calorific derangement, a safe criterion of the gravity of the attack, and of the danger to be apprehended from the "determination to the head," which carries off so many thousands of children annually. Hence their prognostic value, and hence also the necessity for knowing their pathological and therapeutical significance. Let me explain this matter, for you will find nothing of it in the text-books.

Whether we accept the proposition that the primary stage in this disorder is due to some lesion of the brain, a theory which is supported by fact, it would appear that the exciting cause or causes of cholera infantum must operate through the nerve centres, as most intangible causes of disease certainly do. For this reason the cerebro-spinal system, which is most vulnerable in the young, is implicated at an early stage of the disease. This early and decided implication renders it particularly susceptible to morbid contingencies. One of these contingencies is the retention of urea in the blood. Its non-elimination is evidenced in the scanty flow of urine, as well as in the free diaphoresis which is the outlet for the aqueous, but not for the post-organic elements of the urine.

It does not follow that structural lesion of the kidneys is necessary to produce this result. The especial conditions of that organ which favor the accumulation of urea in the blood

are many of them unknown to us. There may be dynamic and intangible causes at work to derange the renal function.

You are aware that serious consequences frequently ensue from simple retention of the urine in young children, who are otherwise healthy and robust; also in pregnant women, and in those who have recently been delivered. You know that urea injected into the circulation will act as a toxic agent, giving rise to convulsive and other nervous phenomena which are pathognomonic of this peculiar poison. It is possible in this manner to institute a sort of "proving" of urea. Indeed, as I shall show you presently, we have a chart of its effects upon the human organism.

Imagine a case in which an infant of ten months has been ill for several days with the "summer complaint." The little organism is weakened and prostrated, the vital energies sapped by the excessive alimentary secretions and the nervous and muscular wear and tear. The atmosphere is become more impure, the heat and discomfort of the season more intense and intolerable, and the symptoms correspondingly serious. There is more of languor and debility. The skin is cool and clammy, and at the same time loose and flabby, excepting upon the forehead, where it is tense and shining, the eyes are hollow and have a vague, unnatural expression; the stools are less frequent; the vomiting is somewhat relieved; the urine is partially or almost wholly suppressed, and there is complete insomnia.

Here is a favorable condition for such an agent as urea to develop its worst results. The brain and all the nerve centres are especially vulnerable to it. This is an internal source of zymotic complication. The blood brings the urea into contact with the gray neurine in the nerves centres of the brain, the spinal cord, and with the ganglia of the great sympathetic. The symptoms which result are closely akin to those of the collapsed stage of Asiatic cholera. Indeed, they differ only in degree, and the reason thereof is apparent. The specific cause of epidemic cholera impresses the nerve centres in a similar manner to that which produces the cholera infantum. But the depurating process carried on by the kidneys is suppressed or entirely suspended at an earlier period of the dis-

ease, and clonic, painful, crampings are the result. By and by the parallel is more strongly marked. The cramps give place to collapse, and the adult victim of a fearful scourge dies in much the same manner as the infant which is sacrificed to a more familiar but scarcely less fatal form of a disease of the same type and species.

I have drawn upon the black-board a table of the symptoms proper to the last or cerebral stage of cholera infantum, and of those which indicate uræmic poisoning. By a reference to this table you will recognize their close similarity and possible identity.

THE THIRD STAGE OF CHOLERA INFANTUM.

*Urine.*—Partial or entire suppression of flow; in quality thick, turbid, and frequently albuminous. This symptom *anticipates*, but never follows the remaining symptoms.

*Sensorium.*—1. Listlessness, fretfulness, unrest, insomnia; dislikes visitors, and strangers especially.

2. Delirium during sleep, or upon waking. Child awakens crying. It turns and twists the body, rolling the head from side to side, and moaning piteously.

3. Delirium, with repetition of the same word or syllable over and over again.

4. Drowsiness, passing into stupor or coma, with absence of epileptiform symptoms.

5. Lies in an imperfect sleep, dozing, with half-closed eyes, which are insensible to external impressions.

6. Is rational, when there is no coma, and between the convulsions. Sometimes the mind is exceedingly active.

*Eye.*—1. Sunken, hollow, with a vague expression. Pupils are sometimes dilated and again contracted.

2. Dimness of vision. Amaurosis,

URÆMIA.

*Urine.*—The same

*Sensorium.*—1. Irritability, with total loss of sleep and rest.

2. Delirium during sleep, or when falling asleep. Restless tossing about and rolling of the head.

3. Wild delirium, which, according to Frerichs, "is characterized by a reiteration of the same word for a long time."

4. Coma, with possibility of arousing the patient at first. Afterwards, profound coma, without the asphyxia of epilepsy.

5. Apoplectic somnolency, which is partial or complete.

6. Intellect clear, when not comatose or convulsive.

*Eye.*—1. Inexpressive. Pupils may be either dilated or contracted.

2. Impaired vision, with transient,



which is partial or complete. Appears to see objects not discernable to others.

8. Strabismus.

*Ear.*—1. Increased sensitiveness to noise. Too much noise may set him into convulsions.

2. Deafness, partial or complete.

*General Sensibility.*—1. Morbid sensitiveness to touch or motion. Dreads to be moved.

2. Paralysis of nerves of sensation, which may be general or local. Dr. Condie has seen a case of this disease in which the little patient felt nothing although a fly alighted upon the eye-ball.

*The Motor Function.*—1. Deranged muscular movements. Clonic, convulsive ditto.

2. Convulsions of a clonic nature, which are more or less general and frequently repeated.

3. Paralysis, general or partial, in which voluntary motion is deranged or wholly lost. Rigidity and loss of power in one or more limbs.

4. Paralysis of the bladder and rectum.

*Skin.*—1. Blated features.

2. General œdema, with sallow or pale hue of skin. Sometimes the skin is cyanotic as from defective osmosis.

3. Swelling of the hands and feet.

*Post-mortem appearances.*

*Brain.*—1. Disorganization of the brain from softening of its tissue.

2. Red spots, from effusion of blood.

3. In some cases, effusion into the sub-arachnoid tissue and the lateral ventricles. Serous effusion upon the brain.

partial, or complete paralysis of the optic nerve. *Musca volitantes.*

3. Squinting of one or both eye-balls.

*Ear.*—1. The same.

2. Temporary or permanent deafness.

*General Sensibility.*—1. The same, before the soporose condition is established.

2. Partial or complete loss of sensibility of the surface of the body. *Anæsthesia.*

*The Motor Function.*—1. Irregular spasmodic contractions of voluntary muscles as in Chorea St. Viti.

2. Spasms with loss of consciousness. These may be general or local. Rigidity of muscles.

3. Partial paralysis, especially of the lower extremities. *Paraplegia.*

4. Paralysis of the sphincters vesicæ and ani.

*Skin.*—1. Puffiness of the cheeks and eye-lids.

2. Sallow and anæmic hue of skin. Skin sometimes blue and congested.

3. *Edema of the extremities.*

*Post-mortem appearances.*

*Brain.*—1. Brain anæmic, infiltrated, and of diminished consistence.

2. Inter-meningeal apoplexy.

3. Excess of serum in the spinal cavity and within the cerebral ventricles. This serum contains urea.

Rilliet and Barthez are of opinion that "cholera infantum occurs at an age in which functional derangements of the nervous system without lesions of organs are most frequent."

Morland says: "It is universally conceded that very few structural changes of consequence, and often *none whatever* are found on microscopic examination—after death from the mere action of uræmic poisoning, in the cerebro-spinal system."

The parallel between these two columns of symptoms is strongly marked. Add to this the fact that inflammation of serous and mucous membranes is an almost certain consequence of uræmic poisoning, and we shall recognize that the symptoms of meningitis with effusion, as also the aphthous lesions of cholera infantum, may really result from this cause. The kidneys fail to deplete the blood of its urea. The serous and mucous membranes improvise a compensatory performance of the renal function. The vicarious excretion does not find a sufficient outlet. The consequence is that these structures become seriously diseased, and hence a frequent source of fallacy in *post-mortem* examinations. \* \* \*

It is no mere accidental circumstance that this parallel between the cerebral symptoms of the third stage of cholera infantum and those of uræmia is so striking. We do not claim that every case of the former disease is also one of uræmia. Many examples thereof recover during its first stage, and others, perhaps, without the development of brain symptoms. But, doubtless there are many more in which the symptoms which the physician has to combat are really referable to uræmic intoxication. We claim that these latter should not be overlooked. When, after having treated the case for some days, and left the patient convalescent, you find him to have grown suddenly worse, and that brain symptoms of an alarming character are developed, almost without warning, you will need to comprehend their cause and significance. Under such circumstances, it is folly to talk of "metastasis," and all that sort of thing. Such unmeaning phrase should never be employed by the profession of our day. It will not satisfy either an intelligent parent or physician. There must be some adequate cause, some valid reason for this change in the character and gravity of the symptoms presented. \* \* \* \*

As the cerebral complication increases, and a fatal termination impends, in the last stage of the cholera infantum, the

symptoms are found to bear a close resemblance to a spurious form of hydrocephalus, termed by Marshal Hall, Gooch, West, and others, hydrocephaloid disease. There are good reasons for believing these disorders to be identical. West, for example, does not recognize the cholera infantum as a disease which prevails in Europe, but says the hydrocephaloid affection is especially prone to supervene upon infantile diarrhoea, pneumonia, and cerebral congestion. Another remark of his is sufficient of itself to render the identity of this spurious form of hydrocephalus and the latter stage of cholera infantum tolerably certain. He says: "It is important, too, to bear in mind that they (the symptoms) are not equally apt to come on in the course of all diseases, but that those in the early stages of which considerable cerebral irritation has existed, are much more likely to assume the character of this spurious hydrocephalus when the bodily powers are exhausted." \* \* \*

The view which we have advanced finds confirmation also in the results of some of the most appropriate and popular remedies for symptoms which are common to the third stage of cholera infantum, to uræmia from suppression of urinary flow, and to the hydrocephaloid affection. Aconite, Apismellifica, Cantharis, and Helleborus-niger, are prominent remedies for this cerebro-urinary complications. They seem most appropriate to derangements in sympathy and function between the cerebro-spinal centre and the genito-urinary apparatus. It is questionable if either of them has ever been the means of curing a well-developed case of hydrocephalus, but that they have been of service in the spurious form of that disorder, whether idiopathic or symptomatic, there can be no doubt. And this result has been attained not by virtue of any mere diuretic properties, but through a specific curative relation to the tissues and functions which have been implicated. \* \* \*

The key-note of indication for Cantharis or Apis has been recognized in a troublesome strangury, or a marked suppression of the urinary flow. These remedies have been unwittingly given, and good results have followed. Such results have a wider significance than the physician may have ima-

gined. Other organs, as the brain and spinal cord, and other tissues, as the serous and mucous membranes, which have been involved in the disordered action, are relieved of embarrassment, and the symptoms of evil augury are made to vanish. A glance at the provings of these remedies, and more especially the experience of a single summer as a practitioner, will establish the value of the pathological and therapeutical deductions which I have now presented for your consideration.

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ARTICLE XVI.—*Case of Amenorrhœa from Occlusion of the Os-Uteri; probably caused by Irritating Injections, with Successful Operation.* By F. A. LORD, M.D., of Sycamore, Illinois. (*Medical Investigator.*)

SOMETIME in November, 1868, I was called to see an unmarried woman, probably between twenty-five and thirty years of age, who was supposed to have typhoid fever, and had been treated for that disease for more than two weeks by an allopathic physician of a neighboring town. The progress of the disease not being satisfactory to the friends under the treatment pursued, the doctor was dismissed and myself sent for.

I found the patient with surely enough symptoms of fever, viz: accelerated pulse; considerable heat of the skin; dry, dark tongue; excessive pain in the head, back, and limbs, and as she expressed it, "across her," with feeling of great weight and bearing down in the pelvic region. On placing the hand upon the abdomen, considerable tenderness and a plainly discoverable tumor were found in the hypogastric region. Further investigation elicited the fact that for eight months the patient had had no visible evidence of menstruation, although she had experienced the pains and other symptoms of the periodical sickness, and "thought she was going to be unwell" quite frequently, and had taken a great deal of "forcing medicine." The present distressing symptoms and the fever had been gradually coming on and increasing for about three weeks. An examination, *per vaginam*, was proposed, and emphatically refused to be allowed.

Not knowing at that time any of the previous history or

character of my patient, it will be readily understood that, as suspicions of pregnancy and fever, or perhaps intentional violence, and consequent threatened miscarriage, impressed themselves on my mind at this stage of the investigation, I began to think my predecessor in the treatment of the case decidedly the more lucky doctor of the two.

Still further inquiry, however, relieved the case of some of its apparent embarrassments. Going far back in the history of the case, it seemed that my patient had suffered from ill health for many years—had never in fact, been well since childhood, and prominent among her ailments had been irregularity of the menses. They had occurred sometimes too frequently and too profusely. At other times they were scanty and at too great intervals of time. Again the flow had been constant for weeks, very much reducing her strength, confining her to the bed. This was the case when, ten months previous to the time of my seeing her, she had sought relief at a water-cure establishment, not fifty miles distant. The treatment the patient here received seemed in some respects to benefit her, though the metrorrhagia was not permanently relieved. One day the proprietor of the establishment was overheard to say to one of his assistants that “he would stop it if it killed her.” Powerful injections, the nature of which was unknown to the patient, were now ordered to be frequently used, which caused at the time a good deal of soreness of the parts. Not many days after this treatment was inaugurated, the hæmorrhage ceased, and the patient, well supplied with astringents and irritants to be injected into the vagina and womb in case the flowing returned, was sent home cured!!

Beginning now to suspect the true nature of the case before me, I succeeded in so representing the necessity of an examination *per vaginam*, that it was at last reluctantly consented to. All doubt was now resolved away as if by magic. The neck of the womb, apparently an inch and a half in diameter, its surface everywhere perfectly smooth, uniform and elastic as the bag of waters during a strong pain in labor, protruded an inch or more into the vagina. Not a sign of an os could be detected by the most careful manipulation. By pressing the finger strongly against the neck and laying the other hand

upon the abdomen externally, the uterus conveyed the idea distinctly to the touch, of an elastic, easily moveable tumor, not less than seven inches in its longest axis, rising out of the pelvis into the hypogastrium. The elasticity was so evident to the touch that no doubt could be entertained as to the nature of the contents.

Cured! Yes, indeed! here, between the fingers of my right and left hands distending the uterus almost to bursting, and subjecting the patient to untold suffering, was the accumulated evidence of an allopathic cure of some eight months' standing! Being obliged to return home, a distance of several miles, in order to obtain a speculum and other instruments for the operation required, I had only to prescribe a palliative and to inform my patient of the discoveries I had made, and the operation that would be necessary when I should return on the following day.

Next day I found my patient no less a sufferer than when I left her. The pains in the back, limbs, hypogastrium and head, were intense, the fever quite high, and, looking at the case in the light of my previous investigation, I thought I could detect indubitable evidence of *toxæmia* from re-absorption of a portion of the accumulated contents of the womb. The tongue was dark, dry and heavily coated, the breath fœtid, the brain partially stupefied and the whole vital energies prostrated. I did not now wonder that the practitioner who had neglected to carefully and critically examine the case, should have called the disease typhoid fever. The mistake was certainly no greater, though perhaps, more inexcusable, than that of giving emmenagogues in the same case some weeks previous.

Having introduced a speculum, I again attempted to find the *os-uteri* by the sense of sight, and the use of the probe, but without avail. To the sight as well as to the touch the surface of the neck was uniformly smooth and unindented. Having carefully determined the exact locality of the closed mouth, as nearly as possible, I now proceeded to make a horizontal incision directly over it, a little more than a quarter of an inch in length and probably not over one-sixteenth in depth. The black, thick blood slowly followed the bright red of that

caused by the wound, and satisfied me that I had hit the right spot. I then passed a female catheter, with two large openings at the distal extremity, directly through the wound into the body of the womb, without difficulty. Thenceforth there soon flowed or rather oozed a sluggish, thick, black, tenacious tarry stream which filled a pint cup once and a half before it ceased.

I fastened the catheter *in situ* by means of a small cord attached to a band tied around the waist, and the blood continued to be slowly discharged for 24 hours. On my next visit I substituted a gum elastic catheter for the metallic one, and allowed it to remain another day for the double purpose of allowing a more easy escape for any of the thick blood that might still remain in the womb, and in order to prevent adhesion of the lips of the womb.

The patient convalesced rapidly and happily. (The os did not again become closed. The fever and pain speedily left her.) In about three weeks the wound was reduced to its normal size, the menses re-appeared in exactly four weeks from the date of the operation, and by the aid of Sepia, Pulsatilla, and Macrotin, have remained regular and normal to this date, July 20, 1864.

It seems to me that there can be but one opinion in regard to the cause of the occlusion in this case, viz.: that it was an adhesive inflammation, set up by the action of the medicated injections used for the cure of the uterine hæmorrhage, and by the way, is not this a fair type of the so-called *cures* in allopathic practice?

N. B.—If any of those learned professors who write for the *Investigator*, or any other member of the profession has met in practice, or seen recorded in any other case of occlusion of the *os-uteri*, not congenital, and in an unmarried woman, will he please make it known through the pages of the *Investigator*?

ARTICLE XVII.—*A Lecture Introductory to the Course on Obstetrics, the Diseases of Women and Children, and Clinical Medicine, in the HAHNEMANN MEDICAL COLLEGE. Session 1864-5.* By R. LUDLAM, M. D., &c.

GENTLEMEN: Through a long series of years it was the habit of the celebrated Dr. Benjamin Rush to begin each course upon the Theory and Practice of Medicine with a new Introductory Lecture. Such an example is worthy of imitation, and I have accordingly followed it since the first organization of this college. The opening of this term must not prove an exception to this rule.

It has been my pleasure hitherto to be known as a teacher of Physiology and Pathology. During the current year the Board of Trustees of this institution have seen fit to transfer me to the chair of Obstetrics, the Diseases of Women and Children, and of Clinical Medicine. I accordingly occupy a new place and position, from which you will permit me to offer you a cordial greeting. We have a mutual labor to perform, and, in the outset, I implore your hearty co-operation and support. I also ask you to look leniently upon the shortcomings which are incident to this new sphere of duty.

In forming a proper estimate of any particular branch of knowledge, one should not only consider its practical availability, but also the methods by which its results are attained, as well as the indirect relations of those results to human progress and welfare. Concerning the proposed study of this or that science, the question arises: Is it at once profitable, philosophical, and philanthropical?

Upon the utility of the instruction which this chair should impart, all are agreed. To the physician it is essential and invaluable. A large portion of his professional responsibility and care concerns, and is exercised towards the women and children of his charge. He must acquaint himself with the minutest details, and all possible contingencies of the first act in the great drama of life. He must stand upon the very threshold of humanity, calm, collected and competent. He is to bring the resources of Art to the aid of Nature in her



extremity; to superintend a function the grand design of which is to link one generation with another, to transmit the lamp of life from parent to child, and to aid in the conservation of all those hereditary virtues which refine and ennoble the species.

To be most useful in this delicate capacity necessitates culture and education. Hence the *status* of the science and art of Obstetrics, and of the treatment of diseases peculiar to women and children, affords a good criterion of civilization in all ages of the world. There is a symmetry in the growth of the sciences, and a proper relation between their development and that of the best interests of community. It would be possible for the historian to form a tolerably correct estimate of an age or a people from their works on midwifery, and the detailed skill of their accoucheurs. Indeed, were it not for this species of contemporaneous history which is contained in them, many volumes in our libraries would be of no more value than so many old fashion-plates.

There is no question but the customs and usages of modern society have entailed many infirmities upon the sex which were unknown, or but rarely encountered, in more primitive times. But this result is, perhaps, counterbalanced by the multiplied means that have been devised for their relief. Women may inherit more of suffering from contingencies incident to an advancing civilization than when ignorant midwives were their only resort in the hour of peril; but the resources of art for their relief are by so much the more varied and successful. In 1752, old Dr. Smellie's paper lantern announced to the passer-by, in London, that its owner would teach midwifery for the sum of five shillings! The scientific principles, and the detailed productions upon this branch of medical literature, are too numerous and voluminous for this short-hand method to be of service in our day.

The midwife of a century ago is no more fitted for the sphere she once filled than she would be to become a member of Congress. Society is in need of reform in many particulars, but it would not indicate progress in this department to resuscitate her order, and to place her again in active service. That this branch of knowledge has been developed in ratio of

strength and symmetry with other humane interests, bespeaks the esteem and regard in which women have always been held, as well as a laudable and an increasing desire to mitigate her sufferings, and to elevate her in the scale of enjoyment and of civilized life.

It is the greatest compliment that can be paid to woman that so many well-instructed and scientific men have made the study of her diseases and their treatment, the superintendence of lying-in, and the contingencies of gestation and child-bed, their life-study and labor. The fruits of this devotion are more valuable to society and civilization than all the ranting of all the reformers who have ever said or written a word upon the subject.

The peculiarities of the female organization, and its consequent susceptibilities and liabilities, will afford you a never-ending theme for study. The sexual individuality is impressed not alone upon those graces and charms which render woman attractive in society, but is ingrain, textural, physiological, and sometimes enigmatical. This fact invests the study of her diseases, and their therapeutics, with the interest of a specialty in medicine. How much more lofty and ennobling the pursuit; how much more beneficent its fruits, when compared with other fields of research to which men have devoted so much of time and thought. In entomology, for example, how the detailed interests of the worm sink into insignificance beside those of the *woman!*—a member of our own species, a being to whom we are all most intimately, not to say tenderly, related.

Woman has her medical, as well as her moral, maternal, physical and poetical history. Indeed, all these are included in the former, and you will not be surprised that it has been made the subject of special study, and elevated to the dignity of a science. The physician's knowledge of whatever relates to her well-being should be comprehensive and available. He must appreciate all those modifications of character due to external circumstances, and which spring from original nature. In affording you every facility for the important labor upon which you are just now entering, we do not propose to graduate you bye-and-bye as professional grand-dames, but as

men who are competent, dignified and manly, the inner economy of whose daily life reflects the fruits of industry and integrity of purpose.

PÆDIATRICS, or the science which treats of the medical management of children, will claim a considerable share of your attention. Nor is this the least important branch included in the curriculum of this college. You are to become professional sponsors for these little ones at their birth, and the responsibility assumed involves their medical and moral welfare. The tender scion will be placed in your care, and, to avert the numerous contingencies which cluster about it, threatening its development and prosperity, will constitute a chief part of your duty as general practitioners.

It is the habit of a certain class of physicians to speak lightly of the claims of this department of professional labor. The study of children's diseases and their treatment is regarded by them as of little consequence. Its details pertain to the nursery, are trifling, and beneath the notice of a dignified physician! This kind of practice offers little opportunity for parade. To cut off a limb, or perform some capital operation, to save the life of a full-grown man or woman, are undertakings which are likely to be of service to society, and therefore appreciated; while the infant lives only in the future, and it is doing business on long credit to wait until one is assured the little life was worth the saving!

Now, gentlemen, I am opposed to this selfish and very specious reasoning. Is it not the object of the medical profession to prevent and to alleviate suffering wherever it is found, among the rich and the poor, the young as well as the old? What more tender appeal can be made to our sympathies than is offered by the helpless infant in its suffering? Has society at large no interest in her offspring? Is it an insignificant duty to set about saving those whose mission in life may be as important as our own?

Consider the relations which the child sustains to its parents and to the community. Remember that the more prolonged the period of growth, the more elevated is the creature in the scale of being. This is a compliment to our own species, and should be an incentive to diligence in the direction indicated.

It is a crime committed against the professional and public weal that this important subject is usually disposed of in a very few lectures at the close of the college term. Preceptors say too little of its claims and consequence, while, as a rule, students are left to read and to ponder over anything else. For this, among other reasons, it is no marvel that so many little innocents fall the victims of disease and mismanagement. They are sacrificed upon the altar of ignorance. Hundreds of graduates emerge from our colleges yearly to enter upon the duties of a general practice,—in which one-third of all the patients treated will be children, without having heard half a dozen lectures, or perhaps read a single volume upon this specialty. Years will pass away before they will become competent, if indeed they ever do, to take the proper medical charge of so large and important a class of patients.

This professional indifference and neglect is but the reflex of that which is parental and social. The whole responsibility does not rest upon medical schools or medical men. It is a remediable cause of suffering and fatality among the children of all classes of people, and to those of our faith in medicine the appeal for its removal is especially significant.

In a work on Disease in Childhood, written by Dr. Robert Ellis, of London, in 1852, I find, at page 61, the following somewhat remarkable passage: "Only under a feeling of imperative duty, do I consider it falls to me in this place to advert to another cause of increasing fatality among children—I allude to the practice of homœopathy. In some diseases affecting the adult, to which attention to diet and regimen are of principal importance, it can do little harm to drink now and then a glass of pure water into which an infinitesimal dose has been placed—often of insoluble matter—as a presumed millionth of metallic Arsenic, or Sulphur. But in diseases of children there should be no frivolous trifling of this kind. If I saw a little child laboring under pneumonia—its panting breath and burning skin sought to be eased by such a mode of treatment—I would have no hesitation, in the event of a fatal issue, in pronouncing that child's death to be the result of having done nothing to arrest its malady. May every parent into whose hands this book comes take heed of

committing her child to the combined dangers of inflammatory disease and homœopathic inaction! The rapidity, the activity, the intensity of such diseases in children requires to be met by similar treatment, and, if not so encountered, a serious and fatal result can never be far distant."

I have made this quotation because of its inconsistency in classifying the system of cure which we advocate and practice among the ætiological calamities to which the children of our day are exposed. It certainly deserves a place among the "Curiosities of Medical Literature." On the one hand we are told that Homœopathy is adapted to nervous old women and babies, and, in their case, is positively curative; on the other, that it is entirely valueless; sometimes, that it murders through inaction; at others, that it is in the highest degree poisonous! Such testimony is impeached by facts. It invalidates itself. You should not be discouraged when you discover that the most unkind and untrue remarks have been made, and even printed upon this subject.

Homœopathy is not a cause of disease among children or adults, directly or indirectly. Its negative virtues are a boon to the rising generation of our day, and will prove a blessing to those who shall come after us. It does not kill by inaction, but saves life by preventing the poisonous tide of drugs from corrupting its fountains in those who are most delicate and susceptible. It averts the calamitous consequences of over-doing, and of over-dosing. It clears the way to health from all voluntary obstructions. It recognizes the tender organization, appreciates the delicacy of functions in the young, and keeps the frost of physic from destroying the buds of their promise.

I am aware that this species of negative merit, which Homœopathy possesses in an eminent degree, is sometimes thought to be of little worth. But, as the coin has its obverse and reverse sides; so this system of cure has its double and kindred claims to our confidence and regard. And this reverse virtue—so frequently overlooked, is of especial significance when applied to the physical welfare of the young and rising generation. It has worked wonders already, and is destined to extract the sting from the ancient system of Infantile Therapeutics.

But the obverse of the medical coin which is current with our school of medical practice,—that upon which its distinguishing features are stamped, is positive and unmistakable. The evidence we possess of curative results from Homœopathic medication is as valid as any evidence that can be produced upon any subject whatever. It is received as such in the court of public opinion. The system prospers daily. The parental and popular confidence therein increases hourly. In every intelligent community its practitioners treat a majority of those who are ill. The interests of the young especially are fostered and cherished. \* \* \* \* \*

The people will make comparisons if their doctors do not. It does not take a tender-hearted and sensible mother very long to decide between a method of cure which is mild and beneficent, and one that is repulsive, disgusting and dangerous. If her little one has the croup, she prefers he should take Aconite, or Spongia, or Hepar-sulphuris, rather than be tormented with nauseating doses of Hive-syrup, Squills, Tartar-emetica, or the Sulphate of Zinc. If the child were seized with inflammation of the bowels, she would not hesitate between a reliance upon our delicate but efficient attenuations, and a prescription of Calomel internally, with a blister, to be followed by the local application of the Oil of Turpentine to the denuded surface!

There is scarce an intelligent parent in Christendom but has heard of the relative success of the homœopathic treatment, as compared with that of the old system, in scarlatina, diphtheria, pneumonia, and other dreaded disorders incident to childhood. Thousands of little ones are annually saved through its instrumentality. \* \* \* \* \*

You will find the community ripe for your ministrations. If the diseases of children are sometimes characterized by “rapidity, activity and intensity,” as Dr. Ellis remarks, it does not follow that they “should be met by a similar treatment.” To such a rapid, active, intense and aggressive treatment multitudes of them have fallen victims. Modern physiology and pathology disprove such a treatment as unsafe and unscientific; while in the eye of reason it must ever be regarded as unsatisfactory.

We turn to the study of a more mild and beneficent method of cure with feelings of mingled gratitude and admiration. Here need be no disregard of those instincts which are implanted in our nature to shield us from harm. When the child refuses to swallow the nauseous mixture, or the disgusting draught, we recognize in its perceptions a safe-guard ordained of Providence for its especial welfare. This instinct is akin to that which keeps the ruminant from cropping off the poisonous plants that abound in the pasture. The child knows nothing of medical or chemical principles; the cow does not understand botany; but they are equally averse to what might be harmful, when once it had entered the organism!

And the pointings of this delicate instinct, or indicator, are salutary. They are as useful and discriminative in the case of medicines, as of the food designed to be taken. You would not thrust an unwholesome or disgusting aliment upon a patient whose taste and digestive system refused to tolerate it. Compel him to swallow it, and you know the result. If the stomach does not reject it, all the excretory appliances, the emunctories, will set to work to rid the organism, if possible, of the nuisance. The same is true of drugs which have "run the guard" of the lips! One vomits, another purges, a third sweats the victim, and so on to the end of revolutionary results, the whole chapter of which is but a chronicle of the perturbing effects of poisons, all of which are non-assimilable.

I have in my possession a small key which opens the lock to my library. When I desire to consult an author, it is not necessary to resort to an explosion of gun-powder in order to get into that book-case. In like manner it is possible to explore the secrets and records of diseased processes, and to remedy their results, by means which are peculiarly delicate and appropriate, rather than forcible and violent.

In the clinical department of this course, it will become my duty to give you an insight into the practical workings of the science and art of medicine. Clinical medicine is the key-stone of the arch. You are privileged to view the prospect which stretches before you from a commanding position. As the modern husbandman, who tills the soil with modern im-

plements, scarcely remembers the wooden plough that once furrowed the same field; so you can avail yourselves of improvements and facilities of which the fathers in the profession knew nothing. These improvements and facilities for counteracting and controlling disease are at your service. How to employ them to the best advantage, is the question that remains to be answered.

A large share of the patients which I shall be privileged to bring before you are women and children. For this reason, the course upon my specialty will be an illustrative one. You will thus witness examples of disease which, in their variety and general character, are the counterpart of those you may expect to treat in the ordinary course of your profession. Many of these patients are poor and destitute. Their sufferings appeal to us for relief. We must treat them kindly. A brusque and discourteous manner, especially toward the poor, is unpardonable in a physician. A wolf looks wolfish even in a *sheep-skin*!

Ruskin insists that no person who is not a great sculptor or painter can be an architect. If he lacks these requirements, he is only a *builder*. So, if your qualifications do not embrace a knowledge of the special physiology of diseased action, and of special therapeutics,—which are to be learned in the clinique and at the bed-side, you are not thorough-bred physicians. Nor is mere observation sufficient. It is necessary to reflect and improve upon the lessons you may receive. The members of what Lord Erskine charitably styled “the mute creation,” are also gifted with the power to observe what passes around them; but it is left for our own species inwardly to digest and to develop the significance of the most delicate perceptions. Whether man has an exclusive right to the gift, may not be argued in the present connection. It is enough for us know that our intellectual furniture need not be shabby nor second-hand. The man who is given to thought and reflection is he whose opinion will be of most value.

It is not well to occupy your minds with vexed points in medicine. You can study the morbid anatomy of the schools when you have more leisure. Doctrinal reading and controversy will serve for a rainy day, or to while away the tedium



when you are waiting for patients. For the present, the bickerings and misunderstandings, which are proverbial among physicians would only distract your attention, and do you no good. There is said to be less envy and jealousy amongst the women of Italy than with those of any other country, simply because beauty is more general there than elsewhere. If doctors were more uniformly intelligent, they would be more peaceful. Let every one hammer out his faith upon the anvil of his own mind.

I have now given you a suggestive outline of the duties which await performance on your part and my own. The importance of the subjects which shall occupy us is increased by their practical and philanthropical bearings. No man is more useful, none are more respected than a good physician; and no department of his labor is of more service to society than his providence for the weaker and more tender classes by which he is surrounded, and whose sufferings he is expected to relieve. The knowledge you acquire in the few remaining months or years of your pupilage, will add to your stock in trade, and multiply your means for doing good. Your studies will grow seductive and satisfying in proportion as you comprehend the sublimity of their subject and object. The golden rhetoric of gain to all parties, pleads for the thoroughness of your qualification. Every inducement is offered to stimulate you to laudable endeavor.

When I reflect upon your future career; the degree of usefulness to which you may attain; the claims the little communities from which you have come, or to which you may go, have upon your time and talents; your family relationships; the moral obligations assumed at the portals of this important chamber of science, I realize that my position is one of great responsibility. To act as your guide and interpreter; to select the knowledge which will be of most service; to point out the defects in our literature upon this specialty, and to suggest such improvements as may open your way to a merited distinction and usefulness, is all that I can expect to accomplish. If I succeed, an almost limitless good may be the result.

When this course of lectures shall have closed, it will be

left for you to decide whether your teacher may properly employ the words of Dr. Johnson, concerning the issue of his once famous dictionary: "I look with pleasure on my book, however defective, and deliver it to the world with the spirit of a man that has endeavored well."

ARTICLE XVIII.—*Extracts from German Journals.* Translated by S. LILIENTHAL, M.D., of New-York.

1. *Treatment of Rheumatism in the Leopoldstadt Hospital, in Vienna.*

*Acidum-benzoicum.*—In acute rheumatism of the joints, when the affected parts are very red, swollen and painful.

*Aconite.*—In the febrile stage.

*Arnica.*—Rheumatism affecting the scalp, with symptoms of irritation of the brain.

*Aurum-mur.*—Chronic cases; joints greatly swollen without much redness; the pains are felt deep in the bones, dull, stitching, and intermittent.

*Bryonia.*—Muscular rheumatism; acute rheumatism of the joints, in the beginning of the disease, when the affected parts are swollen and red, the pains continuous, severely stitching, aggravated by touch or motion.

*Cocculus.*—Numbness, large diminution of sensation in affected parts.

*Colohicum.*—A febrile rheumatism of joints, (usually after Bry.,) when the affected parts show neither redness nor swelling any more; pains decreasing, but continually in the same place.

*Colocynth.*—Especially in affections of the ischiatic nerves.

*Cuprum-met.*—Spasmodic pains.

*Ledum-pal.*—Chronic cases, with dull stitching pains in the joints.

*Mezerium.*—Chronic cases, with drawing tearing pains.

*Nux-vomica.*—Acute rheumatism of muscles, pains moving about.

*Rhododendron.*—Rheumatic toothache, where the intense stitching, tearing pain is one-sided, emanating from one or both rows of teeth, and spreading over the face, temples and ears.

*Rhus-tox.*—Acute muscular rheumatism, with the characteristic symptom: as if the flesh would be torn from the bones.

*Silicea.*—Affection of the periosteum; severe swelling of the joints, and remitting, severely lancinating pains.

*Sulphur.*—A febrile muscular rheumatism, especially when after Bryonia all amendment is stopped. *Austrian Journal.*

2. *Dysenteria Catarrhalis.* By Dr. HIRSCH, in Prague.

*Borax.*—Frequent tenesmus; passages are in the beginning mushy, then watery, with more or less pain.

*Sepia* is specific, when with frequent and painful tenesmus only a little jelly-like mucus is evacuated. Of the 6th dilution, I put a few drops in half a tumbler full of water, two teaspoonfuls every two hours, and in less than twenty-four hours fæces are mixed with the slime.

*Rheum.*—Lamentations before every passage; lighter or darker green, sometimes mixed with dark green slime or some blood, smelling sour or decaying. Evacuations small with more or less tenesmus. Second trit. every two to four hours. In a few hours after the first dose the passages will lose their green color and change to yellow in nursing children, to brown in older ones.

3. *Aphorisms from the Practice of Dr. J. HIRSCH, in Prague.*

A child, seven months old, suffered with severe and stubborn intestinal catarrh. It was weaned four weeks ago, and then commenced its troubles. Two attending allopathic physicians had given it up. I found marasmus fully developed, and recommended a *wet-nurse*, but the infant was too weak to take the breast. For a few days the milk had to be drawn and fed to the child guttatim; but it improved, and the diarrhoea diminished, the passages less frequent and less copious, and again of yellow color. With returning strength the child was able to nurse, and in two weeks was fully restored without having taken any medicine.

We all know that *Rhus-tox.* and *Merc.-cor.* are most excellent remedies in true copious dysentery, yet there are cases where they leave us in the lurch. I am then in the habit of using *lukewarm injections*, of a thick, slimy decoction of linseed, and frequently with the happiest results.

Hahnemann recommends, in a lecture delivered in Köthen, August, 1830, (*Arch.* IX., 3. 75,) a plaster, made from six parts Burgundy pitch and one part larch turpentine, mixed together over a coal fire, considering its effects as irritant to the cutis, and thus derivating the diseased process from internal organs. Authority enough to stop all grumbling, and the term irritant of the cutis is too general, and all external applications do not act alike. We frequently apply galvanism through an instrument, invented by the mechanic, Baunscheidt. Galvanism produces a specific irritation on the peripheric nerve-ends, which, travelling with lightning speed to the nervous central organs, brings on a reaction, in consequence of which the abnormal and disturbed state is brought back to its regularity. Now for an example. A strong healthy girl, of twenty years, got deeply affected by startling bad news. She cried the whole evening bitterly, and when urged to retire for the night, she complained of a severe, pressing and compressing pain above the epigastric region on the back of the ensiform bone, with trembling of the whole body, and fell down in a swoon. Her whole body was stiff as in death. Emetics internally, the strongest irritation to the skin, ice on the head, were assiduously applied, but in vain. Called in towards morning, I found her in the following state: Patient less stiff and stretched out on the bed, all the muscles rigid and hard; cheeks red, pupils dilated, with eyes looking straight forward, giving the face a peculiar distracted expression; dyspnoea; pulse small, rather hard, not quickened. The stiff extremities as well as all the other skin perfectly cold, even in those places where mustard had been applied. The severe and perfect trismus rendered internal remedies inadmissible; olfaction had been tried before with Hartshorn and similar articles, and we used, therefore, Galvanism, with the Baunscheidt instrument. Already, after three light impressions on the calf, a light motion could be perceived on the eyes, and after fifteen minutes she was so much relieved as to be able to sit up and take some milk; in two days more she had fully recovered.

My predilection for external applications helped me in three very hard cases of laryngeal croup. The first was a girl, of four-

years old, of lymphatic habit, thirty-six hours sick and under allopathic treatment. Hoarseness for several days prefaced the disease. I found the child in bed, bathed in perspiration, with anxious, most difficult, hoarse, whistling breathing; head bent backwards; at every inspiration one could see, in consequence of the abnormally increased action of the thyrohyoid muscles, a tumor forming right in front above the larynx, a symptom in croup denoting the utmost danger from suffocation. Cough not frequent, dry, hollow; voice hoarse; pulse small and very frequent; great restlessness. Aconite and Spongia 2, given for a few hours gave no relief. Hepar was not yet indicated, as the exudation showed no loosening yet, and I chose, therefore, Iod. 2, in alternation with Aconite, a dose alternately every hour. A few more hours passed and the child looked rather worse. In *extremis* I selected an external remedy, which had at least an affinity to the inflammatory affections of the mucous membranes of the respiratory organs, namely, an Euphorbium plaster, applied lengthwise on the larynx, continuing also the use of internal remedies until morning. Finding the cough looser and the child improving, I stopped all remedies. The Euphorbium showed such powerful effects, that serous fluid percolated through the plaster. Amendment progressed steadily, and after three days more the child was well.

Case second was given up by my allopathic predecessor. I recommended the trial of the Euphorbium plaster, and it acting favorably, the child was saved under the action of Aconite, Spongia, Hepar and Kali-bichrom. For the remaining hoarseness, Phos. did the most.

Case third was already cured with Brom. from a severe attack of croup, when after four days an intense relapse followed. A clinical professor called in at the same time, proposed emesis by Tart.-emet.; but as the little boy was inclined to catarrh of the stomach and intestines, I preferred the application of an Euphorbium plaster to the larynx. Amelioration followed in one hour, only the breathing and the raw dry cough, for which we gave Brom., warned us still to be on the alert. Although breathing more free, the spaces of the larynx and the upper parts of the trachea were certainly nar-

rower, and neither Brom., Iod., nor Kali-bichrom., given steadily for a week, showed any salutary effects. My idea now was, that a swelling or thickening of the mucous membrane, a kind of hypertrophy must be the cause of this narrowing, and the more so, as the child had suffered a few weeks before from a severe coryza and tonsillitis. Phos. and Nitric-acid seemed now indicated, especially as those two remedies respond to hypertrophied states of the mucous membrane. Phos. merely improved the cough, but as the whole breathing reminded one strongly of laryngostenosis, we prescribed Acid-nit. 6, a few pellets every four hours. On the third day the child breathed more freely through the nose, but it took two full weeks till this remedy brought the respiration back to its normal state. To reduce the swelled tonsils, I had them daily painted with a watery dilution of the acid, (two drops of the concentrated acid to a pint of water,) which was done with satisfactory results.

The above-named Hahnemannian plaster in a febrile rheumatism is a favorite application of mine. We know that there is a strong affinity between the external cutis and the serous and fibrous formations. Suppressed action of the skin frequently causes some sort of irritability in the internal organs, which can be moderated or brought back to its normal state by an antagonistically acting, external irritation. Do we not all of us apply hot cloths to the abdomen of the patient suffering with colic and diarrhœa? and the only explanation is, that by thoroughly heating the external abdominal covering it acts antagonistically to disease of the intestinal mucous membrane. The strictest homœopath recommends a woollen jacket in rough weather, to escape cold, because the permanent irritation of the wool raises to increased activity the external skin, and derivates so much from the internal organs. Another one recommends cold washings every morning, followed by a severe rubbing process, but the explanation of its action remains the same. The action of the pitch plaster is just the same, and Hahnemann says that it will remove the psoric disease to the skin.\* Neither denying nor approving it, this much is certain, that the plaster produces a fine itching exanthem, and that, applied to the part affected, it

will frequently cure the rheumatic affection. I have applied it with great benefit in rheumatic affections of the upper and lower extremities, in the sacral region, and in pleuritis intercostalis.

Cases are quite frequent, where even external mechanical subsidiary means are necessary for the cure. Twenty years ago I was consulted in a case of varicosity of the vena saphena of the right leg, where the attending physician had used Nux., Lyc., Puls., Sulph., Carbo.-veg., without any effect whatever. Looking for a cause of such failure, we found that the patient had the bad habit of crossing the right leg over his left during his sedentary occupations, whereby the left had exercised a permanent pressure on the right, thus retarding the circulation. Admonishing him of the evil results of this habit, we applied a thin flannel roller over the whole leg during the day and ordered night and morning cold wet compresses, giving internally Carbo.-veg., 15, a few pellets every other morning. In a week amendment had progressed so far that the patient could take long walks. We prefer light flannel rollers to muslin rollers or knit stockings, as the first have neither elasticity nor smoothness enough, and the India-rubber stockings heat and press too much.

With fear first we applied external applications in chronic skin diseases, for Hahnemann's exhortations against driving them in were not lost upon us, but the stubbornness of some cases drove us to it; we performed cures, and in spite of all scruples have so far not seen any bad sequels. We use the same remedy externally and internally. One of the first cases we treated thus was a chronic eczema on the foot, cured by Nitric-acid  $\beta$ , internally, a dose morning and evening, and externally Nitric-acid, concentrated, twenty drops in twelve ounces of distilled water. In a week the quantity of the sero-albuminous exudation diminished considerably, and in six weeks from the beginning of external applications the eczema was perfectly eradicated. Two years have passed and the cure remains perfect.

But it is of great moment to consider how and by what external means such a skin trouble is removed. Some twelve years ago I saw a lady who suffered six years from an eczema,

covering both feet nearly up to the middle of the thigh and secreting large quantities. Being saleswoman in her store, she was the whole day on her feet and therefore suffered also from varicose veins, which were readily relieved by Puls. and Lycop. More than this I was afraid to do, advising her not to drive in or away her eczema. A young physician, a relative of the family, happened to visit there, and proposed to eradicate it quickly and safely. Large compresses, soaked in a solution of lime and lead (aqua saturnine) were now applied twice a day, and every second day a purgative. In two weeks the eczema had vanished and the patient felt well. But, alas! after a month she fell into a melancholy state of apathy, and hardly taking any food; sleep and abdominal functions normal, pulse quiet, but suppressed. Thus two months passed, when I was called again to see her, and found the efflorescence entirely gone, the abnormal secretion stopped, but through infiltration of the cellular tissue the skin thickened and of bluish color. She either refused to answer my questions or replied only by shaking her head. Of all remedies Ambra seemed to cover her symptoms best, which remedy she got in the 9th dilution, a few pellets morning and evening. Externally, wet cold compresses on the feet, covered with a thick dry cloth, and not to be changed till they were warm. Two weeks' steady continuance brought the eczema out again in its full bloom, and with it her health returned steadily to its former standard.

Another form of chronic exanthema, which I was formerly nearly afraid to touch, was the lupus hypertrophicus; but now, using also external means, my success with its eradication is perfectly satisfactory. Mr. W. M. twenty-eight years old, suffered with it for seven years, when I saw him. The whole skin of his face, especially the front, the cheeks and the skin were covered with bluish-red knobs of the size of peas or beans, and where those fibro-albuminous infiltrations were absent, the follicles were open, empty, or coated with black points. Of all remedies it is Acidum-nitricum which produces the picture of knobby efflorescences on the face in pointed similarity. He received, therefore, six rather large pellets of Nitric-acid 6, every morning and evening.



After several weeks reactionary symptoms appeared, as itching and burning in the affected parts; mattery points showed themselves on different places, as if the knobs would suppurate and form small ulcers. He now received, for external use, a solution of twenty drops of concentrated Nitric-acid in twelve ounces distilled water, to be used morning and evening. A few days' use of this wash proved its utility, and after two weeks the amelioration was remarkable; for the next fourteen days he received Sulphur 6, and then the Nitric-acid treatment was continued to its full cure. More than two years have passed without a relapse.

Another case of lupus-exulcerans was cured by the same treatment. My patient was a lady over eighty years old; she had on her front, about an inch above the root of the nose, a conical protuberance, secreting an exudation of the consistence and color of honey. She had several smaller ones on her face. Her health every other way, left nothing undesired. She received at first the above-named wash and the same remedy internally, but as amendment was slow on account of the thickness of the crust, we applied the concentrated Nitric-acid on the excrescence, and in less than two weeks the cure was finished. *Hirchel's Clinic.*

*Treatment of Whooping-cough, from Kafka's Homœopathic Therapy.*

The attacks of whooping-cough present themselves under three different forms, varying greatly from one another: 1. under the form of hyperæmia of the brain; 2. capillary stasis, showing itself as cyanosis; 3. collapsus and anæmia.

We diagnose a hyperæmia of the brain when the children get deep red during the paroxysm, and as if swollen on the face, and this redness keeps on for some time after the paroxysm is finished. The children complain of headache or lie exhausted, the head down on the shoulder or arm of their nurse; head hot, thirst increased, conjunctiva remains injected, the carotids pulsate strongly, pulse quickened, the children are morose, cry easily, are sleepy and yet very restless. Remedies: Bell. 3, Opium, Nux-vom., Veratr., Cupr-acet., Cina, Ledum, Arnica, Bryonia, Conium and Merc-sol.,

all in the third dilution. As adjuvantia, cold water or ice to the head, perfect quiet and strong antiphlogistic regime; the best time to give a remedy is when the paroxysm is finished.

Cyanosis is to be feared, when the bronchioles are attacked, to be found out by most careful auscultation; against this we employ Ipec. 3, Tart.-emet. 3, Veratr. 3, Carb.-veg. 6, and Lachesis 6.

The cyanotic form of pertussis is very dangerous, producing frequently capillary bronchitis or bronchopneumonia, or an acute œdema pulmonum.

If during and after the paroxysms the symptoms of collapse appear; if the delicate, weakly and sickly children look after every attack exhausted, anæmic and "gone," we find in Kali-arsenicum 3, (a dilution of Solutio Fowleri,) a splendid remedy. Symptoms: Restlessness and anxiety before the attack; during the attack cold perspiration on the face and extremities; after the attack, which is seldom of such severity as in the other two forms, cold extremities, sallow cheeks, quickened and weak pulse, increased thirst, sweating during the restless sleep, exhaustion in every motion. China 3, and Phos. 3, are also useful.

A frequent and strict examination is necessary in these cases, for we may fear tuberculosis in the lungs, or in the bronchial or mesenteric glands. Dangerous sequelæ to whooping-cough are: Hydrocephalus acutus in the congestive form, tuberculosis and marasmus in the anæmic, emphysema and bronchiectasy.

ARTICLE XIX.—*Effects of Climate in Health and Disease.*

By JAMES T. ALLEY, M. D., of New-York.

IN my last article, I enumerated some of the leading influences which determine the characteristics of climate. It is, perhaps, proper here to go a little back of these influences, and inquire, for a moment, as to their nature and origin.

First, let me remark that, stable as the earth may appear, these climatic conditions are all of them liable to change from century to century, subject to the working of eternal laws. The earth is not simply a ball of fixed conformation.

However unchangeable its laws may be, in their out-working, they produce an infinite variety of effects. Where there is to-day a sandy plain, centuries ago there may have been a muddy stream or stagnant lake, and centuries hence there may be a sloping hill or towering mountain. Madeira is now a good resort for certain invalids, but centuries hence this same island will very likely sink beneath the waves, or be left at such a height as to be totally unfit for an invalid's residence. The very history of the earth's surface teaches us that these climatic influences will vary from age to age.

Again, not only are these conditions changed by the orderly progression of natural events, but man himself controls and modifies them to a remarkable extent. His axe levels the forest, and opens to the needed or destructive winds districts which have long been securely sheltered. His spade drains the earth which for centuries has teemed with deadly miasm. His industry turns up the sour and fruitless soil to the fertilizing and healthful influence of the sun. Indeed, to a limited extent, he is "lord of creation." It is in his power to make whole continents desolate or fruitful, inclement or healthful. In this way he becomes in a measure the arbiter of his own physical destiny. Every force he exerts reacts upon himself. Every drain he digs, and every tree he plants or destroys, touches with more or less force his latest successors. The plains of Provence, in the times of Cæsar, were sheltered by abundant forests, and were renowned for their salubrious air. Shortly after, however, these forests were destroyed, and now the same tract of country is so bleak and inclement that an invalid perils his life by even travelling across it in winter.

Thus we see that not only is man's physical constitution modified by climate, but the constitution of climate is modified by man. Our principal aim is now, however, with the first of these propositions. It is our plan briefly to inquire in what manner, and to what extent, the human system is influenced by the atmospheric circumstances which surround it.

That there are certain peculiar climatic conditions incident to certain localities, we may even see from their in-

fluence on the vegetable productions of the earth. Certain plants and trees which thrive well in a given place almost refuse to grow in other places in the same latitude and temperature. In Algiers vegetables attain an immense size, parsnip leaves becoming eight or nine feet long, and cauliflowers a yard in diameter. Cactus and aloes are so rank and abundant as to be used for fencing gardens and fields. In other localities, under similar circumstances, no extraordinary growth is seen. Some of the choicest grapes for wine in Europe can only be grown in certain particular localities, surrounded by certain local influences. The experiment has been tried of removing the soil from localities to which the vine seems so partial, and placing it in positions near as possible like it. This, however, fails of its desired effect. No amount of coaxing avails, if removed from its own particular surroundings.

That *man* is powerfully affected by climate, both in his physical and moral constitution, we have abundant testimony. We have only to look at the different tribes and nations of the world, to see the effects of different climates. The characteristics of the inhabitants of England are, *physically*, large frames, ruddy countenances, robust health. *Morally*, the stolid, phlegmatic, incredulous, persistent character, in its full development. In France, not more than a dozen miles distant, we find a people as opposite in every characteristic as if we searched across the globe. Even in France, where all are, and have been for centuries under the same government, how different are the natives of Bearn from those of Lombardy and Lorraine. In Italy how different the Neapolitan from the Tuscan or Venetian. In Austria, the Hungarian from the Bohemian. In America these differences are not observed in the same degree, from the fact, that there is a constant interchange of inhabitants from one part of the country to the other, and also a constant intermingling of foreigners from all parts of the world.

Again, habits and manners which can be enjoyed with impunity in one locality prove destructive to life if indulged in in another. The beef-eating and beer-drinking which at home gives to the Englishman his rotundity and ruddy

appearance, in our own and many other climates soon proves a cause of disease. In the dry air of Murcia, in Spain, peasants very often dine on raw lettuce, yet their digestion is not impaired; whilst in the moist atmosphere of Madeira, although of nearly the same temperature, "the poor, who eat these crude substances, suffer greatly from dyspepsia." In Algeria and some parts of Spain the peasants dine on a lump of bread saturated with oil. This in our own climate could not be borne. Laplanders and Esquimaux thrive well upon a diet largely composed of oils and blubber, but inhabitants of a less oxygenating climate would live but a few weeks upon such substances.

It is a common opinion with most persons, that the diet should be regulated according to the temperature; that is, that in cold climates a large amount of animal food is required, and in warm an almost exclusive use of fruit and vegetables. This idea is correct in most instances, but there are peculiar local influences which create a total change in the requirements of the body. For instance, Dr. Livingston tells us, that in Kalahari Desert, in Africa, one requires as much animal food as in England, and experiences no bilious effects from its use, as in other warm climates. Even women, during pregnancy, take an extra allowance of meat, and experience nothing but good effects from its use. "The women," he says "suffer less at their confinement than is the case in civilized countries, perhaps from their treating it not as a disease, but as an operation of nature, requiring no change of diet, except a feast of meat, and an abundance of fresh air.

It is well known to travellers that in passing from one climate to another, even in the same latitude, their only safety lies in adopting the diet which the natives have found best suited for that particular locality. Any infraction of this rule is soon followed by a punishment proportionate to the transgression.

From these different requirements of the human body in different localities, we are able to see a certain specific effect of each climate upon its inhabitants.

Again, that which will throw still more light upon our estimate of the value of a climate is the kind of disease most

prevalent or most rare in that particular place. Whilst there is no favored spot on the earth, where some form or other of disease does not make its appearance, it is easy to see that in certain quarters of the globe, certain diseases manifest themselves to the exclusion of others. For instance, there are places where the plague and cholera never appear, although they are in the immediate track of those diseases. Instances of this will occur to all who are acquainted with the history of those complaints. Dr. Livingston asserts that scrofula and consumption are positively unknown among the Bakwains, a large tribe in the interior of Africa. We all know that the crude diet and exposure of these uncivilized people are rather favorable than otherwise to the development of these diseases. The same authority also says that syphilis, though it decimates North American Indians, and threatens extermination to South Sea Islanders, dies out in pure African blood anywhere in the centre of the country. In the same region, gravel and stone in the bladder are entirely unknown, although the waters are so strongly impregnated with Sulphate of Lime, that kettles quickly become encrusted with the salt. Freedom from calculi is also remarkable among negroes in the United States. In Spain also we see a similar immunity from diseases of the kidney. Many of the Spanish practitioners have never seen a case of diabetes, so rare is this disease in most parts of the peninsula. Dropsy is almost as rare. Calculous affections are seldom known in Pisa and some other parts of Italy.

Whilst the inhabitants of Spain and Italy are comparatively free from the above affections, they are peculiarly liable to diseases of the head and nervous system. In some parts of Spain, as at Alicante, hysteria is almost universal, and not unfrequently assumes a convulsive character. At Rome the tendency to disease of the brain and nervous system is so strong that not only are natives affected, but foreigners, after they have resided there a *few* years, become remarkably changed in regard to the susceptibilities of the nervous system. One peculiarity of this affection is, that the sense of smell becomes so remarkably acute as to be almost incredible. Even washerwomen, who are rugged and hearty, are not

able to wash clothes which have been perfumed by any of the essential oils. Poor as they are, many of them would rather lose their employment, than encounter that which to them is so disagreeable, and indeed injurious. This, as I have said, is so, not only with natives, but adopted citizens. A servant in my family, a woman born and raised in Germany, of active habits and robust health, could not bear the use of toilet powder in the same room with herself, notwithstanding the odor of the powder was so weak as hardly to be perceptible to a non-resident of Rome. From the disagreeable odors which are often encountered in the streets of Rome, one would suppose these delicate perfumes would not be unwelcome, but most residents prefer to endure the former, rather than the latter. Upon some further particulars of this affection, and the supposable causes thereof, I shall say something when I come to speak of the climate of Rome.

If we go farther north in Italy to Milan and Lombardy, we find a disease peculiar to these regions, and these alone, which some Italian physicians have called *raphania maiztica*, or what is known in books by the term *pellagra*.

If necessary I might multiply these instances by citing the leprosy of Lisbon, the goitre of Switzerland, the mal rouge de Cayenne, of Cayenne, &c., but those already quoted are sufficient to answer my purpose; viz., to prove that there are in certain localities, climatic influences, which have a specific effect upon certain organs and parts of the body.

If by what I have already said, it has been proven, that these specific influences so act upon persons in health as to produce disease, we may next inquire in what manner, and to what degree, can these influences be made useful in their action upon disease.

First let me remark that all *diseases*, whether spasmodic or epidemic, are influenced by the climate in which they occur. Fevers of whatever type will in one place have a tendency to the typhoid, in another to the congestive, and in another to the inflammatory character. In one place the zymotic diseases will be uniformly mild, and in another exceedingly fatal.

It is not unfrequently the case also, that these last-mentioned

diseases will be mild one season, and fatal the next, depending upon the excessive prevalence of one element of the climate over the rest. This, however, does not affect the truth which we wish to express, that is, that *cæteris paribus*, diseases are uniformly of different character in different localities, and the measure of their difference indicates the specific influence the climate exerts.

For instance, take that disgusting disease, elephantiasis, and we find that in different localities it has different symptoms. The *jambe de Barbade* is characterized by a tumid and misshapen leg, thick, scaly, and livid skin, with frequently a like affection of the arms and scrotum.

In elephantiasis Arabica the tubercles are "chiefly on the face and joints." The voice becomes, "hoarse and nasal," the hair falls off, except on the scalp, and although much enlarged, the leg is less deformed than in other climates.

The elephantiasis of Cayenne is manifested by "red and yellow spots" on the hands, loins, forehead, and ears, assuming a rough and scaly appearance as it extends, and terminating by ulcers, and caries, and death.

In short, the same disease in Java, in Italy, and in India, is accompanied by yet different symptoms, and from these differences we can arrive at no other conclusion than this, that it is the different climatic influences which by their action upon the system produce these different phenomena.

If then a certain climate concentrates its influence upon a single organ, so as to produce disease in that organ, if again it so far changes the character of a disease common to other climates as to make it peculiarly its own, we may most reasonably infer, nay, we are driven to the conclusion, that various forms of disease are tractable by climatic influences alone. The truth of these conclusions is happily certified by facts.

Many of us have personal knowledge of invalids who prolong their lives only by living in a certain climate. At present I know several in this condition, and repeated instances have come under my observation, more especially whilst abroad, of persons in delicate health, having their constitutional tendencies completely changed, by a judicious choice of



climate. I have also known some individuals who had a very feeble hold upon life, in whom there seemed to be physiological conditions rendering it almost impossible for them to live, yet maintain a comfortable existence for years in a climate which suited their requirements. Dr. Heineken, to whom we are indebted for many valuable facts relating to the climate of Madeira, lived there in "comparative comfort" for nine years, and was then carried off by "imprudent exposure and getting wet by a storm on the water." After death it was found there was scarcely a vestige of one lung, and the other was in a condition which would not have allowed him to exist in England. In this form of the disease, I have seen repeated instances of the same result. If it be affirmed that where one case of phthisis in the third stage is prolonged by the influence of climate, at least ten will die, I am ready to acknowledge that it is even so, but would ask whether there is any therapeutic or other means that will do as much for even one in ten. I am aware that some physicians, seeing the unfavorable termination of certain cases, have come to the conclusion that climate is of little value in affecting the progress of the disease. They may with just as much reason say that Phosphorus, Hepar, Iodine, Calcarea, Bryonia, &c., are valueless remedies, because they fail in cases beyond their reach, as to say what they do in regard to climate.

It is not my present purpose to attempt to fix the exact degree of benefit which may be obtained by residence in a stated climate. All that I advocate is that there are powerful influences which it never fails to exert, and which usually are manifested by improvement or aggravation of whatever disease is brought within their reach. Whilst I would not condemn any article of the *Materia Medica* as inert, because it was badly prescribed, or because the disease was beyond its control, neither would I, under like circumstances, undervalue the influences here spoken of. They are potent for good or for evil, according to the condition of the patient. My next article on "Choice of Climate" will also have some reference to this part of the subject.

ARTICLE XX.—“*Spotted Fever*” or *Typhus Petechialis*. By  
BUSHROD W. JAMES, M. D., of Philadelphia.

IN the November number of this Journal, for 1863, I alluded to a disease that was threatening to take on an epidemic character in and near Philadelphia, in the early part of the spring of that year.

I studied the characteristics of the malady as it prevailed at that time, and have closely watched it, and its progress, since my attention was first drawn to it in the winter of 1863, when it commenced its distinctive work at the “Falls of Schuylkill” and Manayunk towns, within a few miles of the built-up portion of Philadelphia, and have since extended my observations over a goodly number of cases; I have likewise compared all the descriptions and professional testimony I could obtain from the localities in which it was prevailing or had existed; and furthermore, very much to my own discomfort, I was seized with an attack of the disease myself, about the middle of last February, that well nigh terminated my life.

From these circumstances I am the better enabled at the present time to give a full description of the disease and indicate the mode of treatment under which life can most generally be saved, and this terrible human scourge can be deprived of some of its terrors, and baffled of its rapid and destructive effects upon the human organism.

It has taken a wide range, having prevailed at Rome, Ga., Giesboro, near Washington, D. C., in some parts of West Virginia, quite badly at Carbondale, Pa., and Long Branch, N. J., at Morristown, opposite Trenton, N. J., Bristol, Pa., Norristown, Pa.; also at various points throughout the State of New-York; at Westfield, Ind., in Dark Co., Ohio, at Brattleboro', Vt., in Boston, Mass.; and cases have also been recorded from the States of Maine and Michigan. I observe a similarity in the mode of access, the general features of the malady, and its suddenly fatal character, and a large rate of mortality in the accounts received from these various points.

The first recorded accounts of the “spotted fever” on this

continent, indicate that it first appeared in Massachusetts, in the town of Medway, in the spring of 1806, then it extended to the State of Connecticut, and gradually spread over the New England and some of the Middle States during the succeeding nine years. At times it would disappear, only however to break out in a few months at some other point, or to start afresh in the once infected locality.

It was always more prevalent in cold weather, consequently its greatest ravages were committed in the winter and spring, and in this respect the present epidemic resembles it precisely. I have noticed that the most obstinate and dangerous cases occurred during the excessive cold of mid-winter in both seasons that it has prevailed here, and that it almost entirely disappeared in the summer season. I therefore entertain the belief that some sections of our country will be severely scourged with it the coming winter, and most likely situations in which it has not yet prevailed.

Epidemics of typhus fevers generally assume different features as to the part of the organism most prominently affected in the attack. In the typhus that swept over Ireland and Scotland, in 1817, 1818, and 1819, the brain and chest were almost universally the parts severely affected. The patient would rave upon those subjects which most usually engaged his attention in health; and cough, præcordial oppression, and sighing, were almost constantly attendant symptoms. In an epidemic that prevailed in Philadelphia, in 1836, the delirium was not so noisy: it amounted only to a low-muttering, or dull-incoherent talking, gradually running into an ordinary coma or stupor; the intellect was confused and cloudy in the earlier stage; while a universal symptom was, a dull, livid-red hue over nearly the whole face.

The present epidemic affects the spine and base of the brain in almost every case, while delirium is not generally found, yet paralysis of different parts of the body seems to be a very usual symptom.

The intellect remains most remarkably clear in almost every case, and I have found the stupor mostly, where it does set in, to come on without premonition, either of delirium or muttering.

The most sensitive part of the spine is in the region of the seventh cervical vertebra. From this point up to the occiput there is an aching dullness and stiffness, with a fronto-occipital headache and a numbness and lifeless sensation in the shoulders and down the arms, with a tingling in the hands and feet, similar to that produced by the electric battery. These symptoms, together with the sudden inroad of the disease, the extreme prostration, and the rapidity and quickness of the approach of fatal symptoms are characteristic of this, and I believe were so in the New-England epidemic of 1806, &c.

The disease, although it runs an indefinite course, has no perceptible crisis, yet it has two separate and distinct stages.

The incipient stage is very deceptive to the patient, and is most generally disregarded until the chilliness that ushers in the second stage is upon him.

The attack varies, of course, widely in different individuals, but in the greater number of cases the first symptoms are, vaguely defined feelings, dejection of spirits, vertigo, and headache at times, or an uncomfortable feeling in the back of the neck, or between the shoulders, with a dullness of the head, and occasional sharp, stitching or darting pains in the head or other parts of the body, or wandering pains in the muscles or joints. The patients feel tired, with aching in the limbs, or have feelings which they cannot account for, and yet they do not seem really sick. The rest is disturbed at night with an unaccountable wakefulness, in which the thoughts seem to run everywhere, and in spite of the feeling of weariness they cannot sleep; and if they do, it is only to be disturbed with dreams, and repose is only obtained in short naps.

In many cases the only evident symptom of its approach is a paleness of the countenance and a rapid wasting away of the system; some commence with a constant disposition to epistaxis, others hæmoptysis, while in a few cases I have seen hæmatemesis; and then in others there was passage of blood from the bowels and symptoms analogous to those of dysentery, without, however, the tenesmus that attends that disease.

There is always a sensation of debility, sometimes only temporary prostration, but most generally it continues to a greater or less extent, for days, or until the second stage. In some instances, its approach is so sudden and violent as to amount to a fainting fit, and in persons afflicted with heart-disease or other prostrating affections, this additional inroad may cause them to drop dead in the street, as quite a number have done in our city while this fever was prevailing last winter.

In some cases the first symptoms are nervousness; feeling of sickness at the stomach, a numbness over the body, or in some part of the body, or a tremor, or a feeling as though something dreadful was about to happen to them, with anxiety or irritability about the most trifling causes. Frequently there is a palpitation of the heart, or an apparent stoppage of the action of the heart, occurring at intervals without any exertion or other provocation. Giddiness oftentimes is an early symptom. Variable pains in the abdomen, or a sudden, painless, prostrating colliquative diarrhoea, with a great evolution of foetid gas. The attack is in some instances so sudden that the incipient stage lasts but one or two hours, while in others it is so gradual as to last one or two weeks. In persons of an active, persevering habit, who endeavor to throw off or combat these feelings, and continue on at their usual avocations, the second stage is apt to set in with great violence and suddenness, resulting in fatal symptoms, oftentimes in a few hours. It was not an uncommon thing last winter for patients to be seized with a violent chill while at their daily duties, be conveyed home, and in twenty-four or forty-eight hours be a corpse. Physicians at Manayunk have informed me that operatives, over-tasked in the factories there, would very often die in fourteen or sixteen hours from the chill.

The disease at that place seemed to differ slightly from ours in Philadelphia. Diarrhoea is a very general premonitory symptom in this city, whereas they rarely meet with it in that town. They also find a greater malignancy about their cases, and the severer ones are mostly neglected by the patients themselves, and the physician is not called in until it is too late for any remedy to prove availing.

*The second stage* corresponds to the fully-developed typhus symptoms. It commences with a severe chill, a chilliness or coldness of some part or parts of the body, or even with cold sweats, either general or partial, over the surface of the skin.

In some cases the hands and feet only get cold, while others complain only of a cold sensation in the stomach, or in one lung, as though a piece of ice were lying there; and in one case I met with, the head became clay-cold, and was so distressing that the head was wrapped up in warm flannel and bottles of warm water applied to it by the family, and yet the scalp felt cold to the hand of the nurse when placed upon it. This symptom lasted about an hour, but this was followed by a very violent attack of typhus petechialis, in which the spine became very much affected and the petechial spots came out freely on the skin.

When the chills are slight they generally alternate with hot flashes, and these are usually first felt along the spinal column. In another case the chill was accompanied with a spell of loud laughing, which the patient vainly endeavored to control. Brain symptoms and those of the spinal cord were prominent throughout this case. This chill, so generally accompanied with acute pain in some part, sometimes in the right or left iliac regions, and accompanied with or followed by constipation, nausea and vomiting, simulating in many respects "intus-susception" of the bowels; a diagnosis that I have known physicians to make, much, however, to their chagrin, if the patient die and a *post-mortem* examination be held.

One case of this character, treated by a skillful allopathic physician, I have recently had under my observation. A gentleman was taken with the premonitory symptoms of the fever, soon followed by violent pain in the right iliac region, vomiting set in and the usual purgatives failed to open the bowels. The case was boldly pronounced "ileus," and treated as such. The man died—and the attending physician, to prove the truth of his diagnosis, requested a *post-mortem* examination, that the family might be convinced he was correct. But he was much astonished to find, after careful inquiry, no interlocking of the bowels or intestines, no ulcera-

tion or mortification, and not even inflammation of any part, except a slight redness at the mouth of the appendix vermiformis, not sufficient to account for his sufferings or death.

A relative, who nursed him in his last illness, commenced with the same symptoms—vomiting and violent sharp pains in the abdomen, with great debility—he applied to me for relief. I placed him under the Alcohol treatment, which I have adopted for this “fever,” and he recovered in two days and had no return of it.

An extreme lassitude or syncope are frequently the precursors of the chill. Febrile reaction succeeds the chilliness, but throughout the disease the general pungent burning heat of the skin of the ordinary typhus is seldom noticed, while local heat and dryness of one part of the body, and a coldness, with clammy sweat and numbness of another part, was almost always met with.

The pulse, although sometimes quite frequent, and at others much depressed and very slow, does not assume that hard, strong, acute character of ordinary inflammatory fevers. I treated several cases in which the pulse, after the first few hours of the attack, fell to forty-two beats per minute, and remained between that and fifty-four for two or three days in spite of the most vigorous stimulation both external and internal. In many cases, after the more ordinary symptoms were removed, the pulse assumed a soft, yielding feel, but of normal frequency.

Palpitation of the heart, sensation of fluttering, was attended with faintness and præcordial oppression, together with pain in the left side of the chest, and in the region of the heart. But the heart symptoms are evidently merely sympathetic or dependent upon the disease affecting the spinal and sympathetic nerves. There is always a stiffness, soreness and uncomfortable feeling along the spine, extending from the occiput down to the seventh cervical vertebra, or even lower, with frequently a tingling or pricking and aching sensation manifesting itself between the shoulders, in the centre of the back. This, in some patients, is almost intolerable, producing an uneasiness and restlessness very annoying to the sufferer. This aching extends across the shoulders, down the arms and

lower extremities, and is accompanied with a peculiar symptom of this affliction—that of tiredness.

This peculiar wearied sensation is not the result of over-exertion or of any exercise, but is spontaneous and universal with an attack of this disease, the same as the chill, variable pains and headache and debility. The great tenderness and soreness and bruised feeling along the spine extends over the whole muscular system and in the joints, resembling very much rheumatism with cutaneous sensitiveness. Numbness of one or more of the limbs, with temporary palsy of different muscles, sometimes of the face, or of the tongue, sometimes one or more of the extremities, and not unfrequently of the muscles of the bladder; and from the sudden deaths that frequently occurred while the disease was prevailing, we might infer that the heart was also subject to this paralysis. One part of the body would be paralyzed for a short time, and then regain its power; and in a few hours the same thing might occur to this or some other part. Fainting-fits, weak spells, or a sensation of sinking away, as if dying with nausea, giddiness, and numbness, and other strange feelings that cannot be expressed, frequently come over the case in the course of the disease. There is a trembling and spasmodic twitching of the muscles in most cases, with great prostration of the whole nervous system, producing depression of spirits, despondency, and gloomy forebodings; and in females predisposed to hysteria, the variable humor, laughing, crying, sighing, and even the globus hystericus are usually developed. It is a very deceptive and changeable disease: one hour the patient will seem quite well, and the next the most alarming symptoms may be present. In children, spasms were of frequent occurrence in all stages of the disease, but convulsions in adults were generally among the fatal symptoms. The aching of the spine extended up to the occiput, and from thence through the head at the base of the brain. In my own attack, this aching and tiredness extended from the seventh cervical vertebra (at which point there was a constant pricking, burning, and soreness) up to the cerebellum, and from thence directly through the base of the brain to the frontal portion of the cerebrum, and from the inferior portion of the brain the pain would some-



times shoot up through the head, or would seem to undulate up and down through the brain.

When the occipito-frontal headache was most violent, a feeling of tightness, as though a band was bound around the lower part of the head from the forehead and temples to the occiput on a line just above the external auditory meatus was experienced. Occasionally it would amount to a throbbing through the head, and produce almost a blindness temporarily before the eyes.

Vertigo and giddiness generally attend the disease throughout; but little or no delirium, and when present it was not noisy or violent. The intellect remains remarkably clear and active, and great wakefulness was a most annoying and constant symptom. Although a great sensation of physical tiredness existed, the thoughts, as soon as the eyes were closed, would seem to become unchained and ungovernable, running upon every conceivable subject without, however, arousing up the imagination to any great degree; and the more persistent the effort to forget everything in order to sleep, the more rapidly the thoughts would fly, which ceased as soon as the eyes were again opened. Now and then a patient was met with where sight would become impaired for a few hours, and one case remained so for two days, and then the vision returned to its normal condition. In no case did the symptom remain permanent. The eyes are at times blood-shot, and suffused with blood, and this may appear and disappear several times during the progress of the disease. I may, just in this connection, state that during the prevalence of the "spotted fever" last winter, I was called to treat an unusual number of ophthalmic cases disconnected with this fever, in which a sudden sharp pain, similar to that in this disease, would dart through one or both of the eyes, and almost instantly the conjunctiva would appear violently congested, and sometimes this would come on at night, waking the patient out of a sound sleep. The use of Belladonna for two or three days would always arrest it. A number of cases also came under my care in which a sudden excruciating pain would dart through the extremity of one finger, which would soon become inflamed and swollen, and the pain in a few

hours extend up the hand and arm to the shoulder, while the finger itself threatened mortification. These circumstances would not have attracted my attention had not several of these cases, all of the same nature, occurred about the same time. The hearing, smell, and taste remained, as a rule, in a normal state; and, what seems rather remarkable, many of the cases retained a good appetite, and ate quite heartily throughout the continuance of the malady. The appearance of the tongue was changeable, sometimes it was moist and quite normal, gradually becoming pale, with a whitish fur, increasing day by day in thickness, and becoming of a browner cast as the disease progressed, and towards the last becoming quite dark.

In cases that ran off into the typhoid fever, the tongue became very dry or thickly coated, sordes appeared on the teeth, and the appetite vanished. One peculiar appearance of the tongue I noticed in many cases; I am not certain that all cases had it. On protruding the tongue out flat, all along each edge it assumed a puckered appearance, with a series of indentations as though it had been scolloped, and as though the under surface of the tongue was encroaching over the edge, upon the upper surface. The symptom was peculiar, and I never noticed it before in any other disease.

The breath had a peculiar pungent fetor unlike that met with in typhoid fever or other diseases, and after becoming acquainted with this characteristic, I could diagnose almost to a certainty the malady immediately upon entering the patient's room. Angina was seldom present. Nausea and vomiting were early symptoms. There was not much pain in the epigastrium, unless the violent neuralgic flying pains of this disease located themselves at that point.

The iliac regions and parts along the transverse and descending colon were subject to much pain, but no tenderness. Borborygmus, violent cutting colicky pains through the bowels upon the least motion, with the escape of a vast amount of most disagreeable gas was present in many cases; while a sudden, thin, watery, painless, colliquative diarrhœa gushing out almost without warning or involuntarily, was not unfrequent. The stools are very offensive, and the urine is

also highly unpleasant to the smell, and of a dark-yellow or reddish color.

There is one very troublesome symptom that attends most cases, both before and after the attack, and is almost always present in light cases. It is a peculiar gnawing, hollow feeling at the pit of the stomach, as though greatly hungered, alternating with a sensation as though a load of undigested food was lying in the stomach, causing a deadness or cold, fainty, weak feeling at that point, with nausea; and those feelings come and go several times a day.

The spots or petechia, which give this disease its characteristic name, are variable in different cases, and assume different appearances in the same case. They appear in any and all stages of the disease, and may disappear and return again several times during its progress.

There is always a peculiar pallor and blueness of the skin, often of a livid or dark purplish tint in extreme cases. The whole venous system seems to be in a constant turgescence, which together with the almost transparent appearance of the skin gives great prominence to the veins over the whole surface of the body. The forehead becomes marked with these blue venous lines, the lips are pale, and a dark blueness is noticeable around the mouth and eyes, and in some cases the darkness around the eyes assumes the color of a blackened eye, as if from a blow or injury.

The skin usually remains smooth, white, red, purplish or dark; or bruised looking spots show themselves on different parts of the body, generally first on the hands and forearm, or feet and lower extremities. Many times there was only a confluent mottled appearance of the skin, while in others the efflorescence looked much like that of measles. Some bore a close resemblance to that of miliary rash, others like scarlet rash, others again had rose-colored spots, or those similar to pimples, varying in size from a pin's head to that of a silver quarter, thickly studding the chest, arms or neck, and of various hues, from scarlet to black, giving the part a beautiful speckled appearance.

Sometimes separate ecchymosed spots, or those similar to purpura hæmorrhagica are present; and when these are punc-

tured, the blood is not found coagulated, but it is very dark. The face is rarely affected with these spots. As sequela of this disease, a pustular eruption, furunculi or carbuncles appear on the body, or large ulcerations form in the mouth.

*General Remarks.*—The disease has received several different names, such as “malignant typhus,” “spotted fever,” “malignant scarlatina,” “congestive fever,” “pneumo-typhus,” “typhus petechialis,” and “cerebro-spinal meningitis,” &c. The latter name is calculated to delude both physician and patient, inasmuch as the term induces those unacquainted with the real nature of the disease to consider it an acute inflammation of the meninges of the brain and spinal cord of an ordinary active character, whereas in point of fact it is one of the most insidious and dangerous forms of a typhous type of disease that the profession has been called upon to encounter for many years. The cerebral and spinal congestion and its concomitant symptoms, are merely the effect of this peculiar “fever,” the same as congestion and enlargement of the spleen and liver are the result of, and symptoms of intermittent fever; and the practitioner that treats the malady as a mere active cerebro-spinal meningeal inflammation without reference to the prostrating low typhous type of fever that is at the foundation, will find his treatment in a majority of cases entirely unavailing or detrimental.

As it is, even the medical attendant who is on the alert for it, is frequently deceived with the disease, especially when it is first breaking out in a new place. He makes light of the incipient stage, and regards the darting, flying pains as simple neuralgia, and the hasty death of a few of his patients alone awakens him from his delusion. It is liable to supervene upon an attack of any of the ordinary diseases, and its symptoms mingle themselves up with the symptoms of these maladies, producing complex cases; and thus the best physicians are oftentimes confused in their diagnosis, and the more so as many of the symptoms are indescribable by the patient. Relapses are very frequent, and prove tedious to manage.

The tired aching in the limbs and prostration remain a considerable time after the disease is conquered.

No class of the community is exempt from its attacks. It takes

the young and old, the wealthy, amid all their comforts and luxuries, as well as the poor, dwelling in pent-up alleys and courts, half fed and scarcely clothed. It visits the most cleanly as well as the most filthy, and persons of all occupations. It does not confine its destructive influence to valleys, the borders of stagnant ponds, the banks of rivers, or to low marshy districts, for it is found equally as malignant among and upon the hills and mountains of the states in which it has prevailed. There is little difficulty in diagnosing an uncomplicated case of this disease, the only disease with which it can well be confounded is the ordinary typhus fever. This, as is well known, is attended with much increase of arterial circulation, frequent pulse, pungent heat, and dryness of the skin; loss of appetite; much cerebral disturbance, stupor and delirium; foul tongue and no chill; while "spotted fever" always commences with a severe chill or chilliness, has no permanent increase of circulation. The tongue remains remarkably clean and pale. There is a natural or slow, weak, and feeble pulse—clearness of intellect—fainting nervous feelings; numbness and tingling in different parts of the body; great tendency to local paralysis, and always a sudden and extreme prostration of the strength, and this coming on without any apparent exciting cause. The rapid and alarming course of the symptoms is of itself one marked character of this fever. The blood seems to undergo a change, losing in a great measure its cohesive property. It becomes thin and often dark colored, and in some cases flows obstinately from the nose, and in a few cases it will even exude through the thin borders of the lips and gums, or flow from the ears, or be expectorated freely from the lungs.

*Treatment.*—As to the management of this disease, almost every physician would infer from the sudden and excessive debility that attends it, that stimulants, such as brandy, wine, whiskey, gin, &c., must be freely administered from the first onset of the disease, in conjunction with the appropriate remedy indicated by the other symptoms, and such was my early mode of practice. But the result of cases treated with the ordinary remedies without stimulants was so unfavorable, and those treated with the additional use of the stimulants,

although progressing much more favorably, were yet not so satisfactory as could be desired.

Dr. David James suggested the use of the pure, strong deodorized Alcohol in place of the ordinary stimulants. We both commenced its use in private practice, and were shortly afterwards surprised at its wonderfully curative effect upon the patient. The first object sought to be accomplished was to save the patient from sinking into death, before the ordinary remedies could have time to act. Alcohol proved itself sufficient for this result, and in many cases it seemed to throw the patient into a copious perspiration and cut the disease short in its progress. Further use of this article in a large number of cases confirmed it to be a successful remedy for this heretofore alarming disease. As to its mode of action, whether by bringing on a reaction in the system through its stimulating properties; whether it neutralizes the miasmatic poison existing in the blood at the time of its administration, and by its rapid assimilation with that fluid, produces its speedy action; whether it relieves the internal congestions and throws the circulation to the surface of the body; whether the prompt and free perspiration it produces eliminates the miasmatic poison that is the cause of the disease, or whether it acts as a simple specific curative remedy, I will not here attempt to determine.

My treatment, however, consisted in administering the pure deodorized 95 per-cent. Alcohol as soon as the nature of the disease was ascertained, as follows: Add two teaspoonful of Alcohol to two, four, six or eight spoonful of water, according to the nature of the case; and give a teaspoonful of the solution every half hour, until there is a decided abatement in the symptoms. A free, warm perspiration is a favorable indication. In cases threatening immediate dissolution, the dose may even be increased for a brief period.

In the incipient stage of the disease, the Alcohol arrests it, as if by magic. But if its use does not commence until the second stage has been for some time fully developed, the case is more difficult to manage, and it will most likely run down into a typhoid condition, requiring several days, and sometimes several weeks to remove.

If the case is neglected until collapse sets in, with such symptoms as stupor, or muttering delirium, involving discharges from the bladder and bowels, hiccough, haggard countenance, foetid sweat, and profuse hæmorrhages, the blood and tissues have become too far disorganized by the poison of the disease to hope for any repair, and the case is irremediable by any remedy.

*Cocculus Indicus* I found a valuable agent in a large majority of cases, covering many of the spinal and intestinal symptoms.

*Aconite* for the febrile symptoms.

*Belladonna* for the brain and meningeal symptoms.

*Cuprum-aceticum* relieved the dullness of intellect, where it was met with, and the partial praralysis. This remedy relieved, almost universally, this symptom. Upon being asked to put out his tongue, the patient, with apparent great effort and various unsteady motions, would succeed in protruding it, and then leave it hanging out until told several times to draw it in. Inability to protrude the tongue was also relieved by it.

*Hyosciamus* was useful in relieving the spasmodic twitchings, stupor, and in removing the spinal sequela of the fever, occasionally met with.

*Ignatia* was given for the hysterical cases, and sometimes *Stramonium*, especially when there was a variable mood, with a throbbing headache.

*Bryonia* and *Rhus-tox.* were most efficacious in those cases that ran into the typhoid state.

The violent pains in the stomach and bowels *Arsenicum-album* generally relieved; while *Merc.-dulcis* relieved the diarrhœa and abdominal tenderness.

In cases where there were threatening symptoms of mortification of the bowels, I did not hesitate to administer brewer's yeast,—a teaspoonful every two or three hours at the same time I was giving *Ars.* or *Carbo.-veg.*

The obstinate nausea and vomiting that often attends the inroad of this disease, I have always found the Alcohol to promptly relieve.

The symptoms of the disease vary somewhat in different

temperaments, and from its frequent complication with other diseases, the cases have therefore to be studied out, and remedies selected corresponding to a majority and the prominence of the existing symptoms; hence no absolute rule of treatment can be adopted for an epidemic of this "fever." I found a most nourishing and stimulating diet absolutely necessary in all cases.

The rate of mortality, after commencing the Alcohol treatment, did not, in my hands, average over one death in every sixty cases. In some places where it prevailed, the mortality under other treatment was nearly one-half.

ARTICLE XXI.—*Bromide of Potassium*, (Kali-bromatum):  
*An Inquiry into its Therapeutical Uses, &c.* By EDWIN  
 M. HALE, M. D., of Chicago, Ill.

(The following paper is extracted from a monograph in course of preparation, entitled, "*Bromine and its Salts: An Inquiry into their Pathogenetic Effects and Therapeutical Uses.*")

Bromide of Potassium is a permanent, colorless, anhydrous salt, crystallizing in cubes or quadrangular prisms, and having a pungent saline taste, similar to that of common salt, but more acrid. It is very soluble in cold water, more so in hot, and but slightly soluble in Alcohol. It consists of one eq. of Bromine, 78.4, and one of Potassium, 39.15—117.55. It is sometimes impure from the presence of Iodine. To test for Iodine in this salt, add to its solution a few drops of a weak solution of Chlorine, and then introduce a piece of *starched* white paper. If Iodine be present, the starch will become violet, or faintly blue.

Wood\* says it is alterative and resolvent. It was used by Pouchi with benefit, both internally and externally, in bronchocele and scrofula; and by Dr. Williams, of London, in several cases of enlarged spleen. According to Ricord, it has the same effects in secondary syphilis as Iodine, but is somewhat slower in its action.

\* U. S. Disp., p. 1098.



This was all that was known of Bromide of Potassium for several years after its introduction; and until the experiments of M. Huett, Pfeiffer, and Dr. Garrod showed its real sphere of action, allopathists decided that its action was identical, or at least similar to that of the Iodide of Potassium; but pure experiment and clinical experience have refuted that theory.

The investigations of Garrod\* are of value to us in the study of this drug. He says:

"On the first introduction of Bromide of Potassium it was thought to be very similar in its action to the Iodide, although somewhat less powerful; but little in fact was known about its powers. About nine years since I made some extensive trials of this medicine, chiefly in hospital practice, and found that in certain cases of eruptions of the skin, as in syphilitic psoriasis it acted as a curative agent, or at least, patients when under its influence lost the affections under which they had been suffering.

"I was induced to give the Bromide in these cases, as the patients were intolerant to the action of the Iodide. I discovered, likewise, that the Bromide of Potassium, when pure, did not give rise to any of the symptoms to which the name of Iodine has been applied.

"I did, indeed, occasionally notice these symptoms; but this led me more carefully to examine the salts which had been dispensed, and it was certain that, with one or two exceptions, the Bromide, as sold in London, contained notable quantities of Iodide of Potassium.

"After this I took precautions to have the Bromine pure in all my observations upon its action; and the results I arrived at may be thus summed up:

"1st. It produces none of the irritation of the mucous membrane of the nose and fauces,—no coryza.

"2d. Some patients experienced a peculiar sensation of dryness of the throat and neighboring parts.

"3d. When given in large medicinal doses, sleepiness or drowsiness, and dull headache were occasionally noticed.

"4th. When administered in very large amounts, some loss

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\* Braithwaite's Retrospect, Part XLIX, p. 262.

of power was noticed in the lower extremities, which passed off when the medicine was discontinued.

“5th. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilis, skin affections.

“6th. No marked action was observed upon the skin or kidneys.”

Soon after these observations had been made, Sir Charles Locock stated that he had found Bromide of Potassium useful in hysterical epilepsy, and in other nervous affections connected with uterine disturbance; and I was from this led to make further trials of the remedy, and have found that—

7th. Bromide of Potassium exerts a most powerful influence on the generative organs, lowering their functions in a remarkable degree.

8th. It is a remedy possessing most valuable powers in diseases dependent on, and accompanied by excitement or overaction of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous, convulsive disease dependent upon uterine irritation; and lastly, in some ovarian tumors.

9th. It appears to produce an arthritic condition of the larynx and pharynx; and hence has been usefully employed in examinations of these parts.

Bromide of Ammonium has been lately proposed, more especially for the production of the last-named effects, but I am not aware that it possesses any powers superior to those of the Salts of Potassium. The Bromide of Potassium may be given in doses from five to ten grains, or even fifteen grains to an adult.

It is curious to observe and compare the physiological and therapeutical powers of three salts as analogous to each other in a chemical point of view, namely Chloride, Bromide, and Iodide of Potassium; the first producing but little action, unless given in large quantities, probably from its being a normal constituent of the body; the second, the Bromide, abnormal to the economy, or existing only in infinitesimal amounts, acting especially on the nervous system; the third,

the Iodide, also abnormal to the body, having its influence more especially directed to the mucous membranes and secreting organs.

The investigations of such actions in relation to the composition of the substances administered, may probably one day afford some clue to the comprehension of the effects of remedies.

These experiments do not quite accord with those of Hœring, (not *Hering*), Butzke, Wemek, and Heimerdinger, who also used large doses.

Hœring swallowed thirty-nine grains of the Bromide of Potassium in the course of nine days, they developed all these symptoms, (those of Bromine,) and moreover an exceedingly painful and disagreeable hoarseness.

"Ten grains of this Bromide, applied to the denuded surface on the arm, caused a violent, drawing, burning pain in the whole arm, with the pulse up to eighty-five or ninety. Next day he had several papescent, and afterwards liquid, stools; increased secretion of urine; hacking cough, with dullness and confusion of the head; violent headache, particularly of the occiput; loathing; efforts to vomit, with vomiting of mucus; *saltish* taste in the mouth.

"Heimerdinger swallowed thirty grains of the Bromide of Potassium, dissolved in half an ounce of water upon an empty stomach.

"Symptoms in order of their development: ptyalism, *saltish* taste, feeling of warmth in abdomen; in a few hours violent vertigo, with confusion of the head; dilatation of pupils, repeated eructations, slight colic, flatulency, slight oppression when drawing breath, troublesome pressure of the stomach after dinner, thirst, increased secretion of urine.

"Sixty grains, divided into six powders, the whole of them swallowed in the course of the day, produced the same symptoms." (*Hempel's Mat. Med.*)

Both the above experiments, however, show that the Bromide of Potash causes many notable symptoms not produced by the Bromine, so far as we know.

Other experiments have been made with the Bromide of Potassium, as follows :

“M. Huett has been induced, by reason of the analogy in composition which this substance offers to Iodide of Potassium, and by the recommendation of a few practitioners of its therapeutical employment, to try a series of experiments with it. These have resulted in complete disappointment; but during his investigations he discovered two effects produced by the Bromide, which, if confirmed on further trials, may admit of useful application. One of these is the power it possesses, even when given in small doses, of inducing a *state of insensibility of the pharynx and palate*, which commencing on the second day, continues during the whole course of treatment. It is so complete that the finger may be carried to the base of the tongue, touch the amygdalæ, and posterior nares, or tickle the uvula without inducing any effort at vomiting or deglutition whatever. This local anæsthesia seems deserving of investigation, as being preferable to that derivable from Chloroform, when tedious and delicate operations about the mouth and throat are in question. Still other investigations are required; for on the one hand the insensibility might not subsist under the action of a cutting instrument, and on the other, perhaps the glottis itself is involved in a like insensibility, and would not indicate the passage of blood into the trachæa. The Bromide also possesses remarkable power in inducing *torpidity of the genital organs*. A patient tormented by a vivid imagination, and subject to frequent consequent pollutions, found himself freed from his infirmity after having taken fifteen grains *per diem* for three days; still some other patients to whom the drug was administered reproached the author with this effect, which however passed off in a few days after the discontinuance of the medicine. The medicine thus seems indicated in *chordee*, in relieving which Camphor and Opium so often fail, as also in certain forms of spermatorrhœa.” (*Gazette Medicale*, 1850.)

It was from these experiments of M. Huett, that Dr. Locock made his deductions that the Bromide would prove a valuable remedy in the so-called “menstrual,” or “hysterical epilepsy.” He rightly concluded that a medicine which could destroy the irritability of the genital organs, would be capable

of suspending the epileptiform paroxysm when depending upon such a cause.

Dr. Locock, in 1853, says: "About fourteen months ago, I was applied to by the parents of a lady who had hysterical epilepsy for nine years, and had tried all the remedies that could be thought of by various medical men, myself among the number, without effect. This patient began to take the Bromide of Potassium last March twelve months, having just passed one of her menstrual periods, in which she had two attacks. She took ten grains three times a day for three months; then the same dose for a fortnight previous to each menstrual period; and for the last three or four months she has taken them for only a week before menstruation. The result has been that she has not had an attack during the whole of this period. I have only tried the remedy in fourteen or fifteen cases, and it has only failed in one, and in that one the patient had fits, not only at the time of menstruation, but also in the intervals."

Dr. R. McDonnell\* calls the attention of the profession to the use of Bromide of Potassium as a remedy in certain cases of epilepsy. He quotes Dr. Radcliffe, who says: "I can testify that this remedy has proved more or less serviceable in cases the most dissimilar in character; so serviceable that the name of Sir Charles Locock ought to be remembered with gratitude by every epileptic, and by many suffering from other forms of convulsive disorders."

Dr. McDonnell says: "I have learned from Dr. Brown-Séguard, who has used the Bromide very extensively, that he also entertains the highest opinion of its efficacy. For my own part, being full of skepticism with regard to the utility of many drugs much boasted of, and not, I must own, being rendered less skeptical by the large per-centage of cures effected in the fourteen or fifteen mentioned by Sir C. Locock, I commenced using the Bromide without being very sanguine as to success. I now confess that I have found it in some cases a drug of remarkable efficacy."

(Several cases are here related, and the writer thus continues:)

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\* Dublin Quarterly Journal, Feb. 1864, p. 48.

"These and other similar cases lead to the belief that we have in Bromide of Potassium a remedy of considerable efficacy in epileptiform disease, when connected with uterine derangement. But in urging my professional brethren to use it in such cases, I would say that it certainly will not be found successful in every case, even of epilepsy connected distinctly with menstrual derangement. I have administered it with consent of my colleague, Dr. Banon, to a young woman in the Mountjoy Female Convict Prison, who had puerperal convulsions at the birth of her first child, and has since been epileptic, her attacks occurring for the most part at the menstrual period. In this case, though I expected much from it, I cannot say that any substantial benefit has arisen from its use; yet it has been given perseveringly and in large doses."

"Although the independent testimony of several practitioners points to cures of epilepsy with derangement of the uterine functions, as those in which the Bromide is most likely to prove beneficial, yet there are others in which its effects are unquestionably good."

"A lad, aged eighteen years, was admitted to the Hospital on April 12, 1863. He was said to be epileptic, having three or four fits a day. I myself never saw him in one; but at the time of my visit I found him dull, stupid, and slow of speech. I was struck by the peculiar odor exhaled from the skin of this patient; it was the same mixture of garlic and brass, noticed in a former case; it was the similarity in this respect alone that suggested to me the idea of giving him a medicine which had been so useful in the case alluded to. I commenced with ten-grain doses of the Bromide, three times a day, increasing after one week to fifteen, and in a fortnight to twenty grains. This boy apparently completely recovered, so much so that he was not recommended for removal to an associated prison, as is usual with confirmed epileptics; and indeed not having myself seen him in any attack, I was inclined to doubt the correctness of the diagnosis, and regarded him as a malingerer." (Dr. McDonnell afterwards ascertained that the man was really an epileptic.)

"I do not mean to say that the peculiar odor observed is a sufficient indication whereby one could venture to predict

anything like successful treatment; yet the circumstance is worthy of observation. A peculiarly foetid odor from the skin and discharges is common in epileptic patients, as a forerunner or accompaniment of a series of attacks."

"When epileptiform attacks are traced to *sexual excess in males*, I have reason to state with some confidence that the Bromide will be found useful; but as my observations on this subject are yet incomplete, I must look forward to a further communication concerning it on a future occasion."

The Bromide is evidently homœopathic to the *effects* of sexual excesses, such as impotency, paralysis, and spasms from exhaustion of the spinal cord. (See remarks further on.)

In some medical journal, a physician \* reported a case of *erotomania*, (nymphomania,) of an exceedingly aggravated character, cured by the administration of the Bromide of Potash. The patient was a young lady of robust habit and sanguine temperament, usually modest and retiring, except at, and for a few days *after, the menstrual period*, when such was the morbid activity of the sexual organs that she lost all control over her words and actions, which were both of a most disagreeably sensual and lascivious character. After the mania had subsided, she had but little recollection of her sensations and conduct. She was given large doses of the Bromide daily during the inter-menstrual period, and the *next evening* was not attended by the abnormal symptoms referred to. They did not appear again. The medicine was continued for two months, without causing any disagreeable effects.

From various sources we gather symptoms enough to make a fragmentary yet suggestive pathogenesis of Kali-bromatum.

**SYMPTOMS.**—*Head.*—Vertigo, both slight and extreme, with dullness of the head. (*Noack and Trinks.*)

Confusion of the head. (*Ib.*)

Violent aching, particularly in the occiput, at night, about 11 o'clock. (*Ib.*)

Dullness and confusion of the head, *with hacking cough.* (*Hæring.*)

Dull headache with sleepiness. (*Dr. Garrod.*)

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\* The name of both physician and journal have escaped my memory. (*Hale.*)

*Eyes.*—Dilatation of the pupils, *with* extreme vertigo and confusion of the head. (*Hæring.*)

Prominent pupils. (*Noack.*)

*Mouth.*—Irritation of the mucous membranes of the month and fauces, painfulness of the tongue, prominent pupils; rough and burning sensation in the whole buccal cavity, as if burnt with caustic. (*Noack and Trinks.*)

Increased secretion of saliva and mucus. (*Ib.*)

Short-lasting titillation in the fauces. (*Ib.*)

Ptyalism with *saltish* taste. (*Hæring.*)

*Larynx and Pharynx.*—An exceedingly painful and disagreeable hoarseness. (*Hæring.*)

A peculiar sensation of *dryness* of the throat, and neighboring parts. (*Dr. Garrod.*)

Anæsthetic condition of the *larynx and pharynx.* (*Ib.*)

A state of insensibility of the *larynx and palate*; the finger may be carried to the base of the tongue, touch the *amygdalæ* and posterior nares, or tickle the *uvula* without inducing any effort at vomiting or deglutition whatever. (*M. Huett.*)

*Gastric Symptoms.*—Smarting-saltish taste [c.] (*Noack and Trinks.*)

Increased appetite. (*Ib.*)

Thirst in the afternoon. (*Ib.*)

Repeated repulsive eructations. [c.] (*Ib.*)

Violent nausea and effort to vomit, with vomiting of a small quantity of mucus with *salt* taste in the mouth. (*Ib.*)

Troublesome pressure at the stomach after dinner. (*Hæring.*)

Peculiar pressure in the region of the stomach, succeeded by violent colic. (*Ib.*)

*Weakness* of the stomach for some time. (*Ib.*)

*Enteric Symptoms.*—Sensation of warmth in the abdomen. (*Heimerdinger.*)

Sudden colic, disturbing the night's rest. (*Ib.*)

Flatulence—frequent rumbling. (*Ib.*)

Frequent soft stools preceded by colic. (*Hæring.*)

Several papescent and afterwards liquid stools. (*Ib.*)

*Colic* before stool. (*Ib.*)

Constipation. (*Noack.*)



[Discharge of a considerable quantity of a tar-like substance, (decomposed blood,) having a fœtid smell, accompanied with tenesmus, (*in animals.*) *Noack.*]

*Urinary Organs.*—Pain in the region of the kidneys, spreading in the direction of the colon ascendens, afterwards copious secretion of urine. (*Noack.*)

*Increased secretion of urine.* (*Ib.*)

Profuse urination with thirst. (*Hœring.*)

Thin, yellowish-white copious urine. (*Heidmerdinger.*)

Pale, thin urine, having a peculiar fœtid smell. (*Noack.*)

Diminished secretion of urine, (secondary effect.) (*Ib.*)

No marked action was observed on the skin or kidneys (!)  
(*Dr. Garrod.*)

*Genital Organs.*—Torpor of the genital organs. (*Huett.*)

Impotence, with absence of all lascivious thoughts. (*Ib.*)

The usual erections and emotions disappear. (*Ib.*)

Lowers the functions of the generative organs in a remarkable degree. (*Garrod.*)

*Thorax.*—Slight oppression when drawing breath. (*Noack.*)

Oppression of the chest. (*Ib.*)

Tightness of breathing. (*Ib.*)

Slight hacking cough towards evening. (*Ib.*)

Violent congestion of blood to the respiratory organs, occasioning spitting of blood. (*Ib.*)

*Extremities.*—Some loss of power in the lower extremities, (*Dr. Garrod.*) (from very large doses; this passed off a few days after the drug was discontinued.)

**PATHOLOGICAL ANATOMY.**—*In animals:* The stomach is contracted, containing a small quantity of bloody mucus. The mucous membrane of the stomach is inflamed; having the appearance of a cloth soaked with blood, with superficial erosions in many places, and hypertrophy of the mucous follicles.

Inflammation of the mucous membrane of the *lesser intestines*, decreasing as it approaches the larger intestines.

The right *ventricle* contains a moderate quantity of coagulated blood. (*Noack and Trinks.*)

(The above narration of pathological effects is of little value, no account of the quantity administered to the animal

is mentioned. It was an important omission that the *kidneys* were not examined. A pathological proving is only of much more value when moderate doses have been given, and a process of slow poisoning is induced.)

**CLINICAL REMARKS.**—I propose, in the observations which follow, to note (1) the actual experience of both schools with the Bromide of Potash, (2) to make such theoretical deductions from the symptoms as seem proper, and (3) to compare the clinical results and symptoms, with the therapeutic uses and symptoms of Bromine itself.

*Nervous System.*—Drs. Garrod, Huett and Gibb, (allopathists,) consider the Bromide to have *anodyne* and *anæsthetic* properties. Dr. Garrod asserts that it acts as especially on the *nervous* system, as does Kali-hyd., on the *mucoous* system and secreting organs.

It seems to act upon the *sensory* nerves of the larynx, *pharynx* and *fauces*; the *sensory* and *motor* nerves of the genital organs, and the *motor* nerves of the lower extremities. Further experiments are, however, necessary, to determine its range of action on the nervous system. We find no paralytic or anæsthetic symptoms in the pathogenesis of Bromine. We are, therefore, to conclude that the Bromide of Potash possesses other and different properties.

We do not hear of Bromine being used in epilepsy, a disease generally supposed to have its seat in the nervous system; whereas, the Bromide of Potash has been used with much success, not only in epilepsy from uterine or ovarian irritation, but from other causes, not originating in the sexual organs.

(See remarks under special organs and tissues, also the cases of Drs. McDonnell, Locoek and others, quoted above.)

*Head.*—We are not aware that the Bromide of Potash has been used in affections of the head. We do not find any pathological observations as to its effects upon the brain. Of Bromine, however, we read that it causes venous congestion and considerable redness of the tunica valculosa of the brain and spinal marrow—(in animals.) The headache of Bromine is mostly in the forehead and sinciput—that of the potash-salt, in the occiput. May not Kali-brom. be of some value

in those fearful diseases—hydrocephalus and tubercular meningitis?

*Eyes.*—Dr. Hering says that Bromine will be found very useful in diseases of the eyes. The symptom of “Dilatation of pupil,” &c., would seem to indicate that Kali-brom. is capable of causing considerable congestion of the brain. It may prove homœopathic to some forms of congestive headaches, and even cerebral disease, presenting the above eye-symptoms. What Noack means to imply by “prominent pupils” is more than I can comprehend.

*Mouth.*—Most of the symptoms of the buccal cavity recorded by Noack and Trinks, are due to the local irritating action of the drug upon the mucous membrane. The “*saltish taste*,” is purely a chemical symptom, and of no value as a homœopathic indication. It may, however, prove homœopathic to some forms of ptyalism when associated with *hoarseness*, &c.

*Larynx, Pharynx, &c.*—Kali-brom. is very useful in some forms of hoarseness, even to complete aphonia. It is indicated when there is *dryness* of the throat, and a partial *loss of sensation* in the fauces, &c. This salt has been substituted, in the treatment of croup and diphtheria, for the Bromine itself. It is doubtful, however, if such a procedure is proper. We cannot know until we have a proving, that the Kali-brom. will have the same curative power as the Bromine. It is supposed by those who use it the free Bromine is liberated from the drug in the stomach. If so, why is it that the potash-salt causes *anæsthesia* of the tissues of the throat, while we cannot find that Bromine gives rise to any such condition? In my opinion the Bromine croup is very different from the Bromide of Potash croup; while I suspect that both preparations act in diphtheria as they act in bad-conditioned wounds and putrid erysipelas, both dynamically, and by the influence of the Ozone which they contain, and after all Ozone may act homœopathically. (See Bromine.)

Dr. F. G. Snelling\* gives the following as the indications for the use of Kali-brom.: “Quickness of the pulse, fever,

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\* North Amer. Journal of Homœop., Vol. 8, p. 132.

and heat of the skin at the outset, together with dry tongue, offensive breath, highly injected or dusky-red fauces, with a patch or two of wash-leather exudation upon one of the tonsils or posterior parietes of the pharynx." He predicates his use of this *salt*, however, upon the fact that "Bromine, as is well known, causes inflammation of the fauces, with an exudation of plastic lymph, and its pathogenesis seems to indicate that it is more adapted to the cases characterized by a febrile sthenic condition than to those of an adynamic type." A deduction of doubtful propriety.

Dr. Belcher,\* of New-York, values the Bromide very highly in the treatment of diphtheritic angina. He reports a very interesting case cured with this remedy. The dose used was "two grains to four ounces of water, a teaspoonful every hour."

The same writer † used this salt with good results in membranous croup. He considers it equivalent to Bromine itself, and says: "So far, for the past three years, I have used it in pneumonia and croup where I considered Bromine indicated, and have not regretted my choice. I do not doubt that while Kali-bichrom. will be found one of the most valuable remedies when the exudations are *yellowish*, and of loose texture, the Kali-brom. will be as valuable when the exudation is *whitish*, of a firmer texture, and affects more especially the trachea and bronchi, as is usual in insidious cases."

The only mention which Dr. Ludlam ‡ makes of Bromide of Potash in diphtheria, is found in a quotation from M. Laboulbene, whose experiments with this *salt* show that it has a marked action on false membranes, when applied locally: "False membranes when plunged into the solution for twelve hours become transparent, softened, diffused; after three days they have disappeared, and there remains only some molecular granulations at the bottom of the vessel."

Prof. Metcalfe § recommends a Bromide of Iodine as a topical application in diphtheria.

*Gastric and Intestinal.*—The few symptoms of the *stomach*

\* North Amer. Jour., Vol. VI., p. 423.

† Vol. V. p. 879, *et seq.*

‡ Clinical Lectures on Diphtheria, p. 121.

§ Wynne on Diphtheria.

are not specific enough to warrant its use to any extent. It seems to produce inflammation of the mucous membrane of the stomach, (see Pathological effects,) and may be tried in some form of acute or chronic gastritis.

It also causes inflammation of the mucous membrane of the small intestines, (in animals,) and even hæmorrhage (from erosions?)—a kind of mælena. It may be found useful in severe cases of mucous enteritis. It is homœopathic to “nightly diarrhœa, first papæsent, then watery. Each stool preceded by colic.”

*Urinary Organs.*—All the Potash-salts act specifically upon the kidneys. This is especially true of Nitrate. Potash alone is a powerful stimulant to the kidneys. The symptoms of Kali-brom. indicate that the kidneys are irritated, as witness the “pain in the region of the kidneys, followed by copious secretion of urine.” In the language of the antiquated school it is a decided “diuretic.” Some of the symptoms would seem to indicate that it is homœopathic to diabetes, but from want of analysis of the urine, while the system has been under its influence, we are at loss to decide the character of the urine, whether it contained sugar, albumen, or other abnormal elements.

One allopathic experimenter did not notice any effect upon the kidneys, probably from lack of proper observation. It is to be regretted that the *post-mortem* appearance of the kidneys was not noted.

In *neuralgia* of the neck of the *bladder*, the Bromide has been prescribed with success by Dr. Pfeiffer. He commenced with half a centigramme a day, and increased it gradually to two or three grammes daily.

**GENITAL ORGANS.**—*Of Men.* The experiments of M. Huett and Dr. Garrod, quoted above, are fully substantiated by those of Dr. Pfeiffer,\* who has confirmed by his researches the opinions of other physicians as to the sedative effect of Bromide of Potassium on the generative organs. He has found that this salt possesses a “decided power of modifying abnormal erections, and diminishing the frequency of seminal emissions.” He has arrived at the conclusion that the Bro-

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\* British and For. Med. Chir. Rev., July, 1860.

mide "exercises a special influence on the *muscular* part of the genito-urinary apparatus, and at the same time induces a characteristic modification of the secreting functions of those organs."

By this it would seem to cause impotence, both by paralyzing the muscles of the genital organs and deranging the functional power of the testes, so that no semen is secreted.

We may therefore conclude that this drug is a homœopathic remedy for *impotency*, and rank it with *Collodium*, *Conium*, *Agnus-castus*, and *Nuphar-luteum*, (*Gelsemium*)?

Dr. Theilmann,\* recommends the Bromide of Potash as an excellent anaphrodisiac in satyriasis; in the frequent and painful erections during gonorrhœa; in spermatorrhœa, and in nymphomania. He gives two or three grains every two or three hours; and advises a vegetable and milk diet, and prohibits all acids.

M. Trousseau says Lupulin is a good anaphrodisiac, but for certainty and efficiency of action he prefers the Bromide of Potassium, in doses of from fifteen to thirty grains. Dr. Holcombe,† remarking upon the above says: "After thorough homœopathic trituration one-hundredth part of this quantity will be found quite as serviceable."

It has been used with success in the treatment of epilepsy caused by sexual excesses, and spermatorrhœa, and is homœopathic to many conditions arising from the same cause, such as paralysis of the lower extremities, &c. (See cures quoted above.)

Among the pathogenetic symptoms of Bromine we find, "increased sexual desire," "nocturnal emissions," but not a single symptom indicating anything like the remarkable *torpor* which is produced by the Bromide of Potassium.

If the ambiguous expression, "increased activity of the testicles," means that their power of secreting semen is increased, the Bromide has an opposite effect, for according to Pfeiffer it lessens the secreting power of those organs.

If the Bromide is used in diseases characterized by torpor

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\* Med. Zeit., Resumé, 1, 1857.

† N. A. Jour. Hom. Vol. VI., p. 266.

of the male genitals, it should be used in the third or even the thirtieth potency.

GENITAL ORGANS.—*Of Women.*—By reference to the cases of epilepsy, erotomania, &c., quoted above, it will be seen that Bromide of Potassium has been used successfully in allopathic practice, in large doses, against those maladies. Whether the use of the drug in attenuated doses will have the same curative effects, remains to be proved.

The Bromide of Potassium may be considered as *primarily homœopathic* to torpor of the genital organs, coldness, or frigidity, absence of sexual passion, sterility, scanty or absent menses from loss of tone in the ovaries or uterus, (atrophic ovarian amenorrhœa,) abortion from uterine debility, &c. If given for these conditions in minute doses, the dilutions from the third to thirtieth may be used.

It is, *secondarily*, homœopathic to hyperæsthesia of the sexual organs, excessive irritation, spasmodic affections, local or general from their reflex influences (uterine epilepsy, hysteria, &c.,) erotomania, nymphomania, irritable uterus, abortion from uterine or ovarian irritation; also menorrhagia and dysmenorrhœa from the same cause; and perhaps ovaritis and metritis, &c. (See Bromide of Ammonium.)

Dr. J. Y. Simpson \* in an essay on "Sub-Involution of the Uterus after delivery," recommends the Bromide of Potassium very highly. Natural involution is thus described :

"The muscular fibres of the uterus, perhaps weakened and exhausted as a result of their violent action during the parturient process, and so rendered prone to degenerate, and deprived also, to some degree, of the supply of blood brought to them so profusely during the time that the uterine circulation was much exaggerated, now undergo, after parturition, a fatty metamorphosis, in consequence of which they almost all melt down and disappear; so that in the brief space of five or six weeks the whole organ dwindles down and diminishes to nearly its original dimensions. The muscular walls of the uterus are absorbed as muscle, but like many other effete structures, they first undergo fatty degeneration, and are absorbed as fat. Now the patients with whose cases I intro-

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\* Med. Times and Gazette, Jan. 5, 1861, p. 1.

duced my present observations, are suffering from this curious condition of the uterus, that after the birth of their last children this retrograde metamorphosis of the uterus has not taken place during the puerperal month; or, rather, let me say, has taken place to such an imperfect degree that the uterus is of the size we usually see it, now at the end of the first week or so after delivery. They are suffering then from a hypertrophy of the uterus, which is pathological in its permanency, but which results from a hypertrophy purely physiological in its origin."

For this condition Dr. Simpson advises certain local measures, such as blisters, antimonial and croton ointments, which, as homœopathists, we are too rational to adopt. He then says:

"You will be obliged to have recourse also to the internal administration of some of the class of deobstruent remedies; and of these the most efficacious are the Iodide and Bromide of Potassium. But of late I have employed the Bromide much more extensively, for it has this advantage over the former salt that its use may be kept up for almost any length of time by a patient without becoming subject to the kind of marasmus which we sometimes find attendant on the prolonged use of the Iodine. The Bromide may not only be given with safety for a lengthened period, but it may be administered with confidence as a good *tonic*, as well as perhaps the best deobstruent in the pharmacopœia. It may be depended on as an active stimulant to absorption, besides possessing the property, beyond all other remedies that I know of, of acting as a *special sedative to the reproductive organs*. In cases of this kind you must administer it in larger doses than usual, making the patient take six, or eight, or ten grains of it three times a day."

We should not quarrel with Dr. Simpson's doses until we ascertain whether smaller ones will have the same effect in removing the "pathological hypertrophy." If a case comes under our treatment and the other remedies have been used in vain, we may try the third trituration for a reasonable time. If we notice no diminution in the size of the organ, we are bound in duty to our patient to use doses large enough



to have the desired effect. An interesting question arises, namely, if the Bromide of Potash has the power of removing the deposit in fatty degeneration of the uterus, may it not have the same influence on other organs, as the heart and liver, when affected with that morbid condition?

I would, therefore, suggest its trial in "fatty degeneration of the heart, or in "fatty liver." Bromide of Potassium has been advised in enlargement of the liver by Magendie and others.\* Under its use in small doses ( $\frac{1}{4}$  grain, twice or thrice a day) the liver acts and subsides, and the belly rapidly assumes its ordinary size."

There appears to be a notable difference between the action of the Iodide and Bromide of Potassium, namely, that the Iodide will remove *normal* adipose matter, (as in the mammæ,) and cause general marasmus, as well as remove abnormal deposits of fat; whereas the Bromide only causes the absorption of pathological deposits of fatty material. This is the ground which Dr. Simpson takes; further experiments are necessary, however, to decide the question.

In goitre, Bromine and the Bromide of Potassium have been administered successfully. If the theory first broached by myself, † in relation to the intimate sympathy between the thyroid gland and the ovaries, be correct we may naturally draw the inference that a drug which so profoundly depresses the functional excitability of the generative organs, must have a very decided influence in suppressing their reflex influences, especially when directed to that important gland. In my hands the Bromide has arrested the growth of the goitre, when occurring in young girls.

*Chest, Lungs, &c.*—Among the thoracic symptoms given by Noack and Trinks, we have a few suggestive ones. The oppression and tightness of the chest, when taken in connection with the hoarseness and dryness of the throat, and cough towards evening, point to its probable usefulness in laryngitis, bronchitis, influenza, &c. It would be interesting to have the last symptom verified, namely, the "violent congestion of blood," &c. If repeated trials should prove the Bromide to

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\* Braithwaite, Part XV., p. 121.

† N. A. Jour. Hom., Vol. XII., p. 375.

be able to cause such condition, it would be a useful remedy in hæmoptysis.

Hœring says that Bromine has as specific action on the *right* lung as Phosphorus on the *left*. Kali-brom. may form one of our most useful remedies in phthisis, ranking with Kali-carb., Kali-bichrom. and Kali-hypophos.

*Extremities.*—The “partial loss of power” of the lower extremities induced by large doses of Bromide, passed off a few days after the drug was discontinued. This, together with its influence on the sexual organs, would seem to indicate that it lowered the vitality of the lower portion of the spinal cord. Sexual excesses have the same effect. Bromide of Potassium, 3d or 6th, should be curative in some forms of paralysis caused by sexual indulgences, or that form which arises from the reflex action of a diseased uterus.

*Method of Administration, Dose, &c.*—In allopathic practice massive doses were given. Dr. Garrod says, “the Bromide of Potassium may be given in doses of from five grains to ten, or even fifteen grains to an adult.”

Dr. McDonnell states that “it may be given with perfect confidence and safety in much larger quantities than it is usually administered.” M. M. Pfeiffer and Theilmann advise it in doses of ten or fifteen grains several times a day.

It seems to be the rule among allopathic physicians to give *as much medicine as possible without causing what they recognize as poisonous effects*; instead of adopting the more rational and humane practice of giving *just enough to produce curative results, and no more*.

It is not long since a reckless English physician rendered himself notorious by advising and administering to his unlucky patients, the Iodide of Potassium in drachm, and even ounce doses!

The question may be asked, how can these drugs be given with such apparent impunity?

The organism is provided with the power of rejecting substances which cannot be converted into nutritive material. It also has the power of excreting substances not food, as medicines, &c., when such substances are given in excess, *i. e.*, in larger quantities than is necessary to cure disease. It even

has the power of expelling from the stomach, unassimilated, the most nutritive and proper food, when taken in excess of the demand.

For example: the undigested and unassimilated portions of food are expelled in the form of fæcal matter, urine, &c.; medicinal substances are said to cause diarrhœa, vomiting, diuresis, &c., but these processes are only efforts of the organism to rid itself of these abnormal substances. A *too large* quantity of the blandest food, will be rejected by vomiting or catharsis.

A patient under allopathic treatment is undergoing a perpetual warfare with drugs. Each organ which acts as an emunctory is constantly laboring to rid the organism of the detested matters which are poured into it. The bowels work painfully to get rid of Aloes, Calomel, &c.; the stomach contracts and expels Ipecac., Lobelia and Antimony; and the kidneys are irritated into an abnormal condition by their efforts to clean the system of Turpentine, Copaiva, Apocynun-cann., Iodide and Bromide of Potash, &c.

When either of these latter salts are given in large doses, the amount beyond what is needed for the removal of diseased conditions is excreted by certain glands, as the salivary glands, liver and kidneys. In general the latter organs do the most of the work, and if the drug be the Iodide, which has been given in the immense doses noted above, the kidneys are made to suffer seriously. The allopathist generally overlooks this important matter, and prescribes his drugs in enormous doses, until the failing powers of life warn him to desist, or death removes the patient from his reckless hands.

To sum the whole matter up, the Bromide of Potassium should be given in such quantities as will produce a curative impression upon the organ or tissue diseased, without leaving any excess to be carried out of the system in an *unnatural manner*.

To illustrate: the drug in question may be given for "fatty degeneration of the uterus;" it is received into the circulation; carried to the diseased organ, when it does its work of removing the morbid deposit—it is then carried to the kidneys or the skin, and if a proper quantity of the drug has been administered, the kidneys or the skin *will not be irritated*.

This question remains to be solved: How much will suffice to have a curative influence and no other? Whether *one grain* of the crude *salt*, or *one drop* of the 30th dilution will suffice, it remains for actual experiment to decide. In regard to the best manner in which to administer the *Bromide*, I would say that in general all quantities below the *third* dilution or trituration, should be given dissolved in distilled or rain water. It is sparingly soluble in Alcohol, therefore, Alcohol should only be used after the *third* attenuation.

If the physician, after a careful study of any case of disease concludes, from the fragmentary pathogenesis and clinical experience here given, that this medicine is the proper remedy, let him give it perseveringly, in that dose which he considers most likely to be beneficial, and decrease or increase the dose according to circumstance, but on no account to relinquish the medicine until it has had a fair trial.

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ARTICLE XXII.—*Cases of Secondary Diseases after Measles.*

By Dr. KAFKA, of Prague. Translated by S. LILIENTHAL, M.D., of New-York.

1. *Hydrocephaloid after Pneumonia from Measles.*

A boy, twenty months old, of delicate and weakly constitution, recovered in the space of six months from two severe catarrhal pneumonias. On the 24th of March he got the measles—running their usual course. On the 29th, new febrile disturbances, accompanied by dyspnoea. Physical exploration proved a pneumonia on the back, below the left scapula, as large as the palm of the hand. Other symptoms were: extreme paleness of the face, hollow eyes, general malaise, and a painless serous diarrhoea. The sensorium was deeply affected, as the boy was continually sleeping except when he wanted to drink or change his position. Phos. 3, in solution, a dose every hour, and in about ten hours the inflammation was broken, but the diarrhoea and sopor continued. After three days, a severe, but loose catarrhal cough only remained, with moist rattling sounds over the whole left lung. Temperature of body greatly increased, pulse 128, with con-

tinual sopor, broken by screams. He then opened his eyes, looked wildly around, raised himself up, only to fall back again, tried to get his head in a lower position, burrowed it deeply in the pillow and lies again in his deep sopor. Muscles weak, not contracted; head continually hot; the greatest and most pungent heat was in the abdomen, which was neither contracted nor bloated, but soft and not sensitive to pressure. Deglutition easy; moderate thirst, although the patient took hastily the offered draught. No automatic motions of the hands towards the head, pulse 140, respiration quick, cough soft, short, not spasmodic, with rattling murmurs over both lungs. Urine and stool involuntary, twelve to fifteen times in twenty-four hours. More restlessness at night than in daytime, with threatening convulsions.

Considering this hydrocephaloid state based on an anæmic state of the brain, we ordered Arsen. ʒ, in solution, and hourly doses, with ice fomentations to the head. After two days, state the same. Dr. Dusersq called in consultation, considered it more as a pressure on the brain, as the increased temperature of the head showed him rather in an active state of the disease, and proposed Bell. ʒ, in alternation with Tinc.-arsen. ʒ, and ice to the head. Two days more passed without any alteration. We now changed to Atropin-sulph. ʒ, a drop on Sach.-lac. every third hour. After six powders amendment was clearly perceivable, and after taking six more powders, he, after nine days, for the first time, opened his eyes quietly and knew his mother and his nurse. Amelioration continued under the same remedy, given at lengthened intervals. A perfect aphonia remained, caused by a creamy substance, covering the tonsils and the back of the pharynx. Trying to wipe off this exudation, a good many particles remained on the linen, which could be washed off. This is only possible with croupous exudation, as diphtheritic ones sink deeply in the mucous membrane, even to destroying it. The watery diarrhœa and the bronchial catarrh, with loose, but hoarse cough remained; appetite had not returned, and the anæmia equal to any after the most severe hæmorrhages. For this state he again received Phos. ʒ, in solution, a dose every two hours, and during the week he took the Phos., all the exuda-

tion vanished, passages got mushy, the appetite and voice returned, the cough stronger and in longer intervals, and the child more lively. For the remaining weakness and anæmia he now took China 1, in solution, a dose every two hours, with animal diet and the use of diluted and sweetened beer. Amelioration continued steadily, only his anæmic state remained, indicating Ferrum-pomatum. We ordered apples to be pierced with iron nails, of which the child received a piece twice a day. He liked them, and after few days his cheeks began to redden. On the third day only spasmodic cough remained, sometimes of such severity as to induce vomiting. This last remnant was removed by Veratr. 3, and on the 10th of May, we dismissed our little patient cured.

2. *Typhoid Fever after Measles, finishing up with Croup in the Mouth and Fauces.*

A strong boy, eight years of age, suffering from childhood up with blepharodentitis-scrofulosis, was taken down with measles, running their usual course. Without cause, the child on the sixth day became nervous—coughed more, breathing and pulse quickened, head and skin hot, slept a great deal. Physical examination showed only extensive bronchial catarrh; fever rose, continual burning heat, short breathing, loose and frequent cough, hoarseness, tongue dry on the edges, great thirst, pulse 120. Delirium at night, sleepy and photophobic in day time. On the 8th day, the eyes could not be opened any more, and the typhoid symptoms increased. The calor mordax, cough and dyspnoea continued, lips and tongue dry, teeth covered with sordes, diarrhoea, scant urination, pulse, 140. No splenetic tremor nor meteorismus. Steady sleepiness, patient did not even ask for a drink. Nights delirious. Loss of strength and emaciation going *pari passu*. Bry. 3, in solution, and hourly doses, and cold ablutions, with diluted vinegar every two hours, and cold fomentations to the head. On the 10th day, involuntary passing of faeces and urine, with increasing debility. Rhus-tox. 3, and external applications continued. On the 12th day, less heat, less nightly delirium, pulse 128. On the 14th day, consultation with Prof. Losehner, who, on account of the diminished san-

guification consequent to the extended bronchial catarrh, proposed *Giesshubler Sauerling*, (with milk,) expecting from the carbonic-acid gas of this mineral water, a vivifying influence on the sensorium, and from its alkalies, a benefit to the diseased bronchiæ. The child got, every half hour, two table-spoonsful of it with luke-warm milk, one teaspoonful. Benefit in twenty-four hours, and on the third day, his mind was clear. But now hoarseness and aphonia appeared, and on examination we found the mouth and fauces lined with a leathery, brown-yellow membrane, of about an eighth of an inch in thickness. We prescribed Kali.-hydro-iod. 1, in solution, and hourly doses, and ordered to rub the affected parts softly every two or three hours with a solution of one grain Kali.-iod. to one ounce of distilled water. It took four days to remove the deposits, and we continued with its internal administration and a strengthening diet till health was fully re-established.

We ascribe the cure of this case to the carbonic-acid gas, and call it a perfectly homœopathic one; for, in very large doses, when the respiratory organs are affected, carbonic-acid gas shows such an effect on the sensorium as to produce perfect sopor, and therefore, in small doses, it will remove such a state and produce health.

### *3. Capillary Bronchitis after Measles.*

A well nourished girl of fifteen months had the measles. After the exanthem had run its course, the already decreasing cough got worse again; the dyspnœa increased and loud mucous rattling could be heard over the whole chest. She was treated without benefit for ten days, when we were called in. We found the child anæmic, with bluish lips, tongue and nails; dyspnœa in such a degree as is only to be found in the severest pneumonia, the rattling could be heard in the next room; cough frequent, short and dry, with nausea during the paroxysm. Percussion on all points of the chest sonorous, respiratio abdominalis. The child lay in a half comatose state with half open eyes and anxious look; when talked to or when offered nourishment, it awoke easily and took it in haste, but fell quickly back in its sopor. Head moderately

warm, eyes suffused, heat of body increased and equally divided; skin moist, urine scanty, stool diarrhœic and painless.

The whole case looked like an acute œdema pulmonum, but the objective symptoms spoke for capillary bronchitis. The cyanosis was to us a sign of stasis in the capillaries, and the half sopor a sign of the blood-poisoning by carbonic-acid.

At a first view, Tart. emet. seems to cover this case. The severe dyspnœa, the cyanosis, the loud mucous rattle, the nausea and the half sopor, are all found in its pathogenesis. But the dryness of the cough, the fine vesicular murmur in the lower lobes, the sonorous tone of the percussion, indicate the dryness and impermeability of the finest capillary bronchioles. The quality of the cough gives another indication: before and during the cough we heard loud mucous rattling, yet no expectoration followed, because the secretion was too tough, and the air could only penetrate laboriously in the swollen bronchioles. This explains also the consequent spasmodic cough, with nausea. We gave, therefore, Phos. 3, in solution, a teaspoonful every hour. In twenty-four hours amendment began, and in one week health was fully restored.

ARTICLE XXIII.—*On the Use of Sulphites and Hyposulphites in the Treatment of Zymotic Diseases.* By DR. DR. RICCI.

PROFESSOR Polli, of Milan, has, for several years past, devoted much of his time in the investigation of zymotic diseases in general, but more especially those which depend upon purulent absorption, with a view, if possible, to discovering an agent which would be capable of destroying those fermenting principles which are supposed to be the cause of these diseases, while it would be, at the same time, innocuous to the constitution. In May, 1862, the Dublin Quarterly Journal of Medical Science published a short review on Dr. Polli's work *On the Use of Alkaline Sulphites in the Treatment of Diseases depending on Morbific Ferments*, and that valuable periodical fully recognized the importance of his researches. Since that time I have been in direct correspondence with the Italian



professor, and, having received from himself much additional information, together with the request that I would prominently bring the subject of his investigations before the medical profession in this country, I have complied with his request, and do so at present by laying a brief sketch of his labors and results before the Obstetrical Society at Dublin.

I should have been happy if I could have brought additional personal evidence of my own to corroborate Dr. Polli's accounts, but unfortunately, my opportunities have been very limited. I have, however, proved to my complete satisfaction that the sulphites of Soda, Potassa, and Magnesia, which are the remedies he relies on in cases of purulent infection, can be freely administered to human beings, even in large doses and for a considerable time, without producing any disagreeable consequences; and this fact will, I trust, induce many to give a trial to these substances in every case where they appear to be indicated, in order to test their real value.

I do not now stop to argue whether these so-called zymotic diseases really depend upon the presence in the circulation of a special ferment, as their name would imply; it is generally thought to be so; for the present we must take it for granted, as Professor Polli bases all his theory and practice upon that assumption. The great physiologist, Bernard, held this view, and believed "that fermentation may arise in the blood, and give origin to poisonous principles, which may, in their turn, produce certain grave accidents in the living frame;" but adds:—"We cannot neutralize these ferments in the living organism; *it is impossible*; because, to effect such a purpose, it would be necessary to interfere with the character of the blood to such a degree that it would no longer be capable of maintaining life." The Italian Professor, however, thought differently. He had long been studying the antiseptic effects of Sulphurous-acid upon animal substances; he had established, by repeated experiments, that animals recently killed, if suspended in a well-closed vessel, containing but a small quantity of a solution of Sulphurous-acid in water, just sufficient to supply, by evaporation, a slight atmosphere of Sulphurous-acid gas, would keep perfectly fresh for months. He also established, by direct experiment, that Sulphurous-

acid, in very small quantities, had the power of preventing, not only the ordinary vinous fermentations—a fact well known in all wine countries—but also those other fermentations, such as the diastatic, by which starch is converted into glucose, that of the pancreatic juice upon fatty substances, and that of emulsine upon amygdaline; and he came to the conclusion that in Sulphurous-acid we possess a substance capable of arresting every form of catalytic action. But Sulphurous-acid could not, with impunity, be introduced into the animal economy; so the professor turned his attention to the compounds of Sulphurous and Hypo-sulphurous-acid, which, by analogy, he hoped to find equally capable, though probably in a minor degree, of arresting the action of ferments. He was not disappointed. He found that the action of the Sulphites of Soda, Potassa, and Magnesia, was quite as decided as that of the Acid itself in preventing fermentation; while, at the same time, he fully established the fact, that an animal, such as a dog, can take as much as fifteen grammes (225 grains) of an Alkaline Sulphite per diem, during a whole fortnight, without any inconvenience. I can fully corroborate the assertion of Dr. Polli so far; and am happy to be able to add my testimony to the fact of the perfect tolerance, by even the human stomach, of the Sulphite of Soda in full doses. I have often prescribed it, during the past two years, in doses of as much as one drachm three times a day, without producing the slightest gastric derangement; and, although I have not, as yet, had an opportunity of testing its value in a case of either pyæmia, puerperal peritonitis, or glanders, still the result I obtained in the cases I employed it have led me to hope much, from its extended use in all diseases arising from purulent infection or septicæmia.

Before relating, however, the results of my small experience in this matter, I wish to lay before the society some further account of Professor Polli's investigations. Having satisfactorily proved to himself that animals can bear with impunity large doses of Sulphites, he took three dogs of about the same size; two of these he fed upon food containing Sulphite of Soda, the third he fed exactly alike, only minus the Sulphite. After twenty-four hours the three

animals were killed, and, by analysis, he discovered the presence of the Sulphite in the blood, the liver, and the urine of the first two dogs, while, as might have been anticipated, he found none in the third. This was a very valuable experiment. It proved that the Sulphites, *as such*, were carried into the circulation; and if they were able to prevent and arrest the action of an animal ferment outside the body, Professor Polli argued that they might equally prevent or arrest the action of a ferment within the body; and as the dogs, which had been largely dosed with Sulphites, had shown no bad effects from it during life, nor any organic lesion from the use of them when examined after death, they having been purposely killed while still under the full influence of the Sulphites, he concluded that, in all probability, we possessed in the compounds of Sulphurous-acid, with earths and alkalies, a means of arresting catalytic action in the animal economy without in any way interfering with the vitality of the blood—contrary to Claude Bernard's assertion, that any subject capable of destroying the action of a ferment in the living body would exert so destructive an action on the blood itself, as to imperil its vitality. Professor Polli now varied his experiments. He administered two grammes of Sulphite of Soda daily to a dog, for the space of five days; at the end of that time he drew off two ounces of blood, and exposed it to the air in the open vessel, beside another vessel containing blood drawn from a dog to whom no Sulphites had been given. In a very few days the blood of the latter dog was quite putrid, while that of the dog which had been dosed with the Sulphites was perfectly fresh, even three weeks later. Two great facts had now been arrived at:—1st, That Sulphites, when administered to a living animal, are carried, *as such*, into the circulation, and diffused all over the organism without the slightest inconvenience to the animal; and, 2d, That the presence of these salts in the liquids and solids of the body retards the putrefactive fermentation for a very considerable period. Dr. Polli having obtained such encouraging results, proceeded to more crucial experiments. He took two dogs of about the same size, and equally in good health; he fed them exactly alike for five days, with the exception of

administering to one of them two grammes of Sulphite of Soda daily—the other dog getting exactly the same food, minus the Sulphite. At the end of five days he injected into the femoral veins of both animals one gramme of pus, taken from a fetid abscess occurring in a broken-down constitution. The operation, in both cases, was carefully performed, and the animals suffered but little. Immediately after the injection both dogs appeared stupefied; they lay down and refused all food, remaining quite prostrate for twenty-four hours. On the following day, however, they both seemed a little better, and took some food. A second injection of pus was now practised on both animals to the same amount, but the first dog had, the meanwhile, been getting two grammes of Sulphite daily, while the other was only getting plain food. The effect of the second injection was most interesting; both were seized with stupor; in both the pulse was rapid, but feeble, while the respiration was greatly accelerated. Both dogs refused to eat; both lay down in a state of stupor; and, when made to rise and walk, they tottered and reeled across the room. The first dog, however, continued to receive, daily, a dose of two grammes of Sulphite of Soda, and in four days was so far recovered as to be able to eat his food with relish, while the wound in the femoral vein was rapidly healing. The other dog fared differently; he got no Sulphites, either before or after the operation, and the result was that he daily became worse; the wound in the thigh became gangrenous, the limb swelled up, and ten days after the second injection the dog died with all the symptoms of typhus, the first dog being already about and well. This result of the experiment was highly satisfactory; but the Professor did not rest satisfied with it, so he again proceeded as follows:—On the 9th of March, 1861, he injected into the femoral veins of three dogs three grammes of putrid blood each. (This blood was defibrinated bullock's blood, which had been kept for four months; it was quite putrid, and exhaled a highly fœtid ammoniacal odor.) The three dogs were about the same size, and were fed exactly alike, with the exception of dog No. 1, who, for two days previous to the operation, had taken sixteen grammes of Sulphite of Soda in one-gramme doses. A

few minutes after the injection the three dogs were affected very much alike. No. 1 vomited almost immediately, looked ill, lay down at once, and for several hours refused all food; the following day it was still heavy and stupid. Two grammes of Sulphite of Soda were administered to it, and repeated the following days; on the third after the operation the dog was already much improved, and by the fifth it was perfectly well. Of the other two dogs, one, after having vomited, remained standing, with its legs wide apart and its head hanging down; it shook and shivered all over, then fell on its side, panting violently; gradually it became worse, and finally died in five hours. The other suffered much in the same way; it lived five days, during which it was too weak to stand; it did not eat; the wound in the thigh became gangrenous, and it expired comatose, with all the symptoms of typhus fever. It was examined after death, when the lungs were found of a deep red color, dotted all over with ecchymotic patches, some of which had suppurated in the centre, the right cavity of the heart was filled with black grumous blood, while a pale yellow fibrinous clot filled not only the left ventricle, but extended also into the aorta. The whole gastro-intestinal tract was injected, and smeared in places by purulent matter.

The same experiment was now repeated in a modified form. Two dogs of nearly the same weight, in good health, were submitted to an injection of one gramme of putrid blood each; but in one case the blood was diluted first with three grammes of a saturated solution of Sulphite of Soda. Both dogs were very ill at first, and both recovered eventually; but while the dog which had received the diluted injection was only sick for two days, the other was more than a fortnight before it struggled into convalescence.

This was a very valuable experiment. It showed that these Sulphites can with safety be introduced directly into the circulation, without in any way endangering the vitality of the blood. I should have premised that Dr. Polli had previously tested the safety of injecting a solution of Sulphite of Soda into the circulation by trying it in healthy dogs, and had done so repeatedly without any bad results.

Encouraged by the evident success of his experiments, Dr. Polli determined to test the efficacy of the Sulphites by bringing them into direct antagonism with one of the most virulent of animal poisons, that of glanders. He took a strong, healthy dog, and having made a cutaneous incision between its shoulders, where the animal could not reach with its mouth, he introduced through it into the subcutaneous cellular tissue, some discharge obtained from the nares of a glandered horse. In a few days the wound became gaping and ill-conditioned; the dog looked ill, heavy, and stupid; it refused its food; and, by the fourteenth day, the animal had a number of unhealthy pustules over its body, which spread out into ill-looking, sanious ulcers. The dog became daily worse; and finally died twenty-six days after the inoculation. An examination after death revealed a highly injected condition of the mucous membrane of the stomach, with many ecchymotic patches. The intestines were highly vascular, and of a dark livid color; while the lungs were thickly studded with apoplectic clots. Professor Polli now took two large dogs, as similar as possible both in size and health, and having administered to one of them eight grammes daily of Sulphite of Soda, he injected into the femoral veins of both dogs three grammes each of muco-purulent discharge obtained from the nares of the same glandered horse which had served for the previous experiment. The first dog which had received the Sulphites seemed at first to suffer the most from the injection. It at once fell to the ground as stunned, and its breathing was rapid and panting; but in a few hours it began to recover, and the following day it was able to eat. The second dog bore the operation better, and did not appear to sustain so severe a shock; but on the following day it began to mope; towards evening it was very drowsy, and with difficulty it could be got to stand; by the third day the animal's extremities had become cedematous and painful; by the fourth a purulent discharge was running from its nose and eyes—the wound in the thigh was now almost gangrenous; on the sixth day the animal died, worn out by pain, foetid suppuration, and diarrhoea. The first dog was by this time completely recovered.

I might relate many other instances of equal interest, as Professor Polli has repeated these experiments nearly a hundred times *almost always* with a *successful, always invariably* with a *satisfactory* result. He seems to have clearly established that, contrary to C. Bernard's assertion, those ferments which, in the animal frame, are capable of originating zymotic disease, *can be neutralized* by substances which do not in any way prove injurious to the animal economy. I cannot bear full testimony to the correctness of Professor Polli's experiments, not having as yet had as ample opportunities of testing their accuracy as I could wish; but I can bear testimony to the harmlessness of the Sulphites of Soda, Potassa, and Magnesia, when administered internally, even in large doses; and I think that the three cases in which I employed these remedies I observed a decided improvement after their administration. One was a case of phthisis, with excessive purulent expectoration. The patient took for several months one scruple of Sulphite of Soda three times a day, with very manifest advantage. In this case, although the cure was hopeless, I gave the Sulphite with a view to diminishing the purulent secretion, and I was not disappointed. Another case was that of a gentleman who consulted me about an unpleasant eruption by which he was tormented, and which looked extremely like rupia. He assured me, however, that he had not had syphilis for eighteen years previous; and I have no reason to doubt his assertion. I gave him half-drachm doses of Sulphite of Soda three times a day, in a bitter infusion, and in a short time he became perfectly well. I gave him no other medicine. The third case was one of constantly recurring boils, some of which were so large as to require incisions. The patient was a young gentleman in easy circumstances, well nourished; and although a student in an English university, not in any way broken in health by over-study. He had been suffering from these troublesome boils for upwards of six months. After trying divers remedies, I placed him under a course of Sulphite of Soda, giving him one drachm of the salt three times a-day; and in less than a month not a boil could be

seen on his body, though his face, neck, and shoulders still exhibited plentiful traces of his former tormentors.

It is not in private practice, however, that the real value of a remedy can be fairly tested. I have proved to my satisfaction that the Sulphites are, at any rate, uninjurious in the animal economy. It now becomes the duty of those physicians and surgeons who enjoy the incomparable advantage of hospital practice to put these remedies to the test. It is to them that my friend, Dr. Polli, appeals. "To the test of clinical investigation and clinical result I leave the issue of my discovery," are his words to me.

If Professor Polli has not deceived himself—if these Sulphites really have the power of neutralizing animal poisons, even after their absorption into the circulation—his discovery would be as great, if not greater, than that of Jenner. Nothing can be more candid than his conduct has been throughout. He has made no secret of his discovery; and nothing can be more modest than his constant expression: "I wait for the verdict of the clinical students of Europe."

In conclusion, I earnestly beg to call the attention of all practitioners, and especially of those who enjoy the privilege of hospital practice, to the subject of this paper. Let these remedies be tried in every case in which they offer a chance of success, both in the treatment of disease and as prophylactics also. Whenever they meet a case of scarlatina, let them treat not only the patient, but let every individual in the family take a certain quantity daily of one of these Sulphites; and let the same plan be adopted in every case apparently depending on some zymotic poison, whether fever, pyæmia, septicæmia, or puerperal peritonitis. (*Dublin Quarterly Journal*, Nov. 1863, p. 470.)

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ARTICLE XXIV.—*On Burns.* By FREDERICK C. SKKY, Esq., F. R. S., President of the Royal College of Surgeons, and Surgeon to St. Bartholemew's Hospital.

IN the treatment of burns I have had some experience. Every year confirms my conviction of the soundness of the principle first proclaimed to our profession by Dr. Kentish, of



Bristol, about half a century ago—a principle approved, accepted, and all but universally adopted for twenty years and upwards. That principle consisted in the application of stimulants in one or other form as early as possible after the receipt of the injury. Although less popular in 1863, it is not less sound. How many hospital surgeons have subjected these painful accidents to the test of critical inquiry and experiment? How many can truly affirm, “I have fairly tried the two methods of treatment, and I adopt the Carron-oil system?” Of these two systems of treatment which consist of medical or other agents, the one adopts the principle of stimulation, the other soothes. The idea of soothing an irritated surface is, indeed, plausible. To soothe signifies to allay, to calm. What is the agent employed for this purpose—almost universally employed? Carron-oil. Ask a man the subject of a burn what amount of relief from suffering he obtains from the application of Carron-oil at the expiration of any term from one hour to forty-eight. I believe it neither affords relief nor answers any useful purpose whatever. Its employment is little better than a delusion. Yet it is the almost universal agent used in the coal and iron districts, in which injuries by fire are so frequent and so fatal. The reason why it is so universally employed in these districts may be inferred from the following anecdote. Some years since, while on a visit near the iron works of Dowlais and Merthyr Tydvil, where many thousand men were engaged, I witnessed sundry cases of severe burns; and on my urging on the resident surgeon the value of the opposite principle to that which he adopted in the treatment, he replied to this effect: “If I were to attempt to invade the prejudices of these men, and to insist on a change of treatment, my life would hardly be safe from their violence.” This is, indeed, valuable testimony. A very common fact in every-day life displays the value of the treatment by stimulants. The smarting pain caused by a burn or scald on the hand is relieved, and, if not very severe, is almost removed, by subjecting the hand to the influence of the heat of a fire. The closer it is held—the more severe the pain caused by the undue heat, the greater is the amount of permanent relief. What is the theory of this? I cannot pretend

to give a satisfactory explanation of the phenomenon, but it is not the less true. It is palpable to ordinary observation that if we stimulate a burnt region of the body, or, in other words, if we increase the pain of the part by the application of any agent, as heat, whether from fire or hot water; or if we stimulate by the agency of turpentine, as recommended by Dr. Kentish, or spirit or stimulant of any description—we relieve the affected part from its pain, and carry it forwards by a rapid stride towards recovery. The greater pain deadens the lesser, and not for the hour merely, but permanently. And what is true in principle on the smaller scale is equally true on the larger. Of stimulants I know no agent so efficient as a solution of Nitrate of Silver, which I have for some years employed in the proportion of from ten to fifteen grains to an ounce of water for an adult, and from five to seven grains for a child. This solution, applied freely over the burnt surface, is followed by the application of cotton wool. In an hour or less the pain decreases, and ere long subsides. I cannot illustrate the efficacy of this treatment by an endless number of examples, but I will mention one only. Five men were severely burnt by an explosion of gas, and were brought to the hospital. One died immediately; the remaining four were badly burnt about the face, chest, and arms. The face and chest of each man was washed with a solution of ten grains of Nitrate of Silver; to the arms the celebrated Carron or boiled oil was applied. Twenty-four hours elapsed, and on inquiry whether the patients were suffering pain, each made the same reply, "I am easy everywhere except in the arms and hands." The oil was removed, the solution was applied, and relief followed immediately. The solution may be profitably applied at any period so long as the pain remains.

On the younger members of our profession I most strongly urge the value of the stimulating principle in the treatment of burns and scalds of every description, not only from the relief from suffering which it affords, but for the influence it exerts in abridging the duration of the consequences of the injury and promoting an early recovery. The only exceptions to this benefit are found in the cases of very severe injury which are attended by great destruction of the tissues of the

affected parts; but even in such cases relief from pain is always afforded by the application of the solution in or about the strength I have mentioned. (*Lancet*, Jan. 2, 1864, p. 2.)

ARTICLE XXV.—*Clinical Cases treated with High Potencies.*  
By B. FINCKE, M. D., of Brooklyn.

(*Amer. Hom. Review*, Oct., 1864.)

CASES.—1. *Angina Ophthalmia.*—Therese S., seven years and nine months old, of German descent, dark complexioned, at a time when diphtheria was prevalent in the neighborhood, presented the following symptoms:

December 28th, 1863, 3, P. M. High fever with dry burning skin; aching in the forehead; maturing of the eyes which stick together, so that she can hardly open them; swelling of the throat on the left side, with pain in swallowing; nausea; pains in all her limbs; sent her one dose of *Apis-mel.*  $\frac{1}{2}$  m.

29th. The fever had ceased very soon after taking the medicine. Otherwise she is about the same.

30th. Much better. The swelling went from the left to the right side. Tonsils very red, swollen, looked as if scratched.

January 1st, 1864. Stench from the throat in speaking. *Lachesis*  $\frac{1}{2}$  m.

2d. The swelling goes down. Two days after she was well.

2. *Herpes Circinatus.*—Same patient.

February 13th, 1863.—Ringworm, red and burning, as large as a copper cent under the lower lip, for a week. *Sepia*  $\frac{1}{2}$  m.

After that the eruption subsided within a fortnight.

3. *Indigestio.*—Mary S., sister of the same, ten years old, blond hair, blue eyes, short, fat.

December 7th, 1863. After eating potato-salad and pork, vomiting early in the morning in bed; diarrhoea with tearing pains in the bowels; sour taste; coated tongue. *Aluminum-met.*  $\frac{1}{2}$  m. Soon relieved.

4. *Angina. Ophthalmia.*—Same patient.

December 30th, 1863. Headache, both eyes watering and latterly maturing. *Apis-mel.*  $\frac{1}{2}$  m.

January 1st, 1864. Watering and maturing of the right eye; gum-boil. *Belladonna*  $\frac{1}{2}$  m.

January 3d, 1864. The right eye maturing yet; fever, red, swollen cheeks; pain on swallowing in the throat on the left side, externally and internally; no appetite. Apis-mel.  $\frac{1}{2}$  m.

4th. Slight fever in the night; slept but little; throat red, swollen; left tonsil swollen; pain on swallowing still; right eye maturing; no appetite; little thirst. After a day or two well.

5. *Hæmorrhoides Cæcæ*.—Mrs. N., American, blond hair and blue eyes, thirty years old; after the loss of a valued friend. February 27th, 1864, complains of aching in the lower part of the back, followed by blind piles with stinging pains; stool regular. Used to have piles when pregnant, which she is not now. Neck and shoulders rheumatic. She is unable to walk. Great depression of spirits. Took Opium 200 (Lehrmann) herself without effect. After Nux-vom.  $\frac{1}{2}$  m., in some sugar of milk, she got well and went the next afternoon some distance to church. She said, "it acted like a charm."

6. *Rheumatismus*.—Ch. F., boy ten years old, dark complexion.

February 4th, 1864. Rheumatic pain in the right knee on walking. Bryonia 40 m., some pellets.

5th. The pain disappeared in the morning after taking the medicine, and returned in the afternoon. Bryonia 24 m., some pellets.

6th. The pain was gone.

7. *Ablactatio*.—Mrs. B., of French descent, dark complexion, well formed, was, March 1st, 1864, delivered of a healthy child. She did not want to nurse the child, although she had nursed her previous children, and was in good condition to nurse again now.

March 4th. Breast very sore, swollen as far as the left arm; pressure and soreness in motion and on touch. The milk is running out. Bryonia 40 m., some pellets, to be dissolved in about one gill of water, and one teaspoonful to be taken once in three hours.

5th. She is doing well. The swelling went down; but still the milk is being secreted and oozing out. Pulsatilla 51 m., in solution as before.

9th. The milk is gone; the breast is quite natural. She has no more uneasiness about it.

14th. Patient called at the office, reporting herself quite well.

8. *Hernia Inguinalis*.—J. F. F., of Dresden, Saxony, seventy-five years old, fat, middle stature, in

August 19th, 1861, during a walk, got stinging pains in the right inguinal region, shooting over into the right hip and the right thigh, with difficulty in walking. Coming home, he noticed a swelling just above the pelvis, near the hip. After Aconite 30 it disappeared, but afterwards it returned. He then must pass water more frequently than usual. The spine is curved on the right side in such a way that, when sitting, the lowest ribs touch the right hip bone, the ribs having assumed a corresponding curvature. Thereupon mailed him three doses. 1. Nux.-vom.  $\frac{3}{4}$  m. 2. Nux.-vom.  $\frac{3}{4}$  m. 3. Rhus-tox.  $\frac{1}{4}$  m., to be taken dry, successively one week.

June 1st, 1862. Patient reports, that the remedies had acted successfully, when by a sudden and violent motion in bed he got a relapse. The next physician on hand was called in, and he declared that it was an inguinal hernia, which, besides the bowels, contained also some omentum; he then reduced the hernia and put on a truss. Mailed a powder with a quantity of pellets of Rhus-tox. 10 m.  $\frac{3}{4}$ ,\* with the direction to take three pellets once a week.

November 23d. Patient reports that the hernia had no more protruded behind the truss as often as before, and that, whenever it occurred, it was hardly to be distinguished from a fold of loose skin.

April 3d, 1863. Mailed some more pellets of Rhus-tox. 10 m.  $\frac{3}{4}$ , three once a week.

December 7th, 1863. Received good news that the hernia had come down no more, that there was no more any difficulty about it, and that patient had stopped taking medicine.

March 12th, 1864. Patient reports that the hernia did no more protrude.

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\* High Globule Dilution Potency, see the "American Homœopathic Review," Vol. III, p. 88.

## OBSERVATIONS.

“E paucillis atque minutis.”—LUCRETIUS.

It remains, to gather the consequences and proper deductions, for general science, to be drawn from the facts and observations collected in the preceding articles, and also to sketch the position which Homœopathy, especially as determined by high potencies, deserves to occupy among the sciences. But we must here limit ourselves to the following suggestions :

1. The high potencies which form the basis of our observations, are fully known as to their preparation and elements, all having been carefully registered in our books, and the clinical effects of them having been taken from our journals. So there is no mystery, nor uncertainty, about these high potencies and they, at least, claim immunity from the sweeping objections by which heretofore even Goullon, Meyer and others, actually, excused themselves from considering high potencies at all.

2. The general principle of potentiating remedies appears to be a working out of the old theoremata: *corpora non agunt nisi soluta*.

3. From the views presented in the observations, it results, that homœopathic remedies are agents and reagents, and more particularly that they are as homœodynamic with the organism in its actual condition, as the organism is homœopathic with them in their proper application. Hence, when they are indiscriminately termed homœopathic, it is done metonymically.

The organism in its healthy condition is by homœopathic remedies always similarly affected, as it is in its diseased condition by the disease, and it is always contrarily affected by them in either condition.

A further result is, that homœopathic drugs are, likewise and contrariwise, morbidic and curative, pathopoetic and hygiopoetic, pathogenic and pathotonic, pathic and antipathic, nosantic and hygiantic, according as they are applied to the given state of the organism.

Conformably to these views, the character of homœopathic remedies is always *pathematic*, and at the same time always

*homœomatic*, and always *dynamic*. It might be aptly designated as equally *homœopathopoetic* and *homœohigiopoetic*, equally *homœopathogenic* and *homœopathoetonic*. Such, or a similar terminology would seem to be serviceable for a shorthand description of the peculiar and distinctive nature of medical *Homœodynamicity*, in which we recognize the basal principle of that Homœopathy and Potentiation which were both discovered, and established, by Hahnemann, the true son of Hippocrates, the equal of Columbus upon the vast ocean of Medicine. These discoveries being positive enrichments science form his highest original merit, his *monumentum ære perennius!*

4. Inasmuch as the direction of the action of our remedies in relation to the organism, and its constituent or integrant parts, is in every case distinct, and peculiar, and unerringly specific, as has been recently so well elaborated by Von Grauvogl; it is certain, that their effort is always specific in each individual case, where it is properly administered and proves curative; and in this sense a homœopathic remedy is a *specificum*.

But this would seem to be about all that is tenable of the theory of the specificists and of the schools which enjoy the delusion of being orthodox. There is no such thing as a specificum for any generic class of diseases, unless it means only a generalization and abstraction of pathognomonic symptoms of single remedies. (*Organon*, 5th ed., § 147.

5. The specific direction of the several remedies, or drug-matters, compared with the equally specific direction of the several hypothetical nosopoesis, or disease matters, presents again a similitude and, on account of it, another property of homœopathic remedies, which is recognizable in that they are *homœotropic*.

6. In relation to *Therapia* the inference from the views developed in the observations, do not here need any more explicit elaboration. Generally these observations, may contribute to a correct understanding of what Paracelsus described as the pith of our art, in these words: "Summum artis mysterium erit in *naturæ et remediî convenientis cognitione.*"

7. Inasmuch as each homœopathic remedy has, and, especially in its high potencies, maintains, its own, and peculiar, pathematic sphere, and its own pathognomonic character, reflected in the pathogenetic picture,—the old *Nosology* will not be sufficient for any thing else, than a mere nominal index.

But a better system of Nosology, that is, a true and real Pathology or *Pathognosis*, might be built up on the basis of scientifically comparing, and contrasting, and carefully and cautiously grouping, the different symptoms of the different remedies according to the traits which they have similar and in common. This might be done by combining the true pathognomonic symptoms with cautious and correct generalization, in which already Hahnemann, Von Bœnninghausen, Hering, Lippe, Jahr and others have succeeded to a great extent. The nomenclature, then still desirable, would most naturally be taken from the names of the drugs which produce the same or similar symptoms; *e. g.*, Aconitism, Carbonism, Digitalism, Helleborism, Iodism, &c.

Such a pathognosis would mainly depend upon the study of high potencies, because they, as is confirmed by Jahr, “present the real, proper and peculiar characteristics of the remedy.”

True, such pathognosis would certainly presuppose considerable help from micrological, microscopical, anatomical, microchemical, and other exact observations, finer than those hitherto made by physicists, chemists, and physiologists. Yet it may confidently be hoped, that, as science and arts proceed in their onward march, they will, with a fuller appreciation of the thorough micrological character of *all* matter, and of *all* natural processes, find, and acquire, those finer methods and instruments which are required to elucidate, palpably, what homœopathy, with them, has already commenced to secure by her experience and observations, and by her operations with the finest substances upon the fine organization of the human body.

8. Inasmuch as the true *Remedium* is that drug which in quality, substance, and effect, is *contrary* to the given state of the organism, or its concerning organs, therefore, capable of unmaking the disease in the sick, and making the disease in



the healthy organism ; and which, at the same time, in relation, quantity, form and modality, is conform and equal, ergo *similar*, to the given pathopoesis or morbification, and most nearly so, and in the exactest possible proportion unto the quantity and form of the disease ; and which is, therefore *homœotic*, or capable of assimilating the disease ; and inasmuch as the corresponding pathopœsis, or morbific agent, must be *equally homœotic*, or capable of assimilating the drug, or hygiopoesis ; it is clear that such a *remedium, necessarily*, is thorough, direct, positive, radical, and precise in its effect, and that any other drugs, selected and administered after other theories, can only be more or less indirect, negative, palliative, or alterative, and uncertain in their action—*Positivity of Homœopathy.*

9. *The correlation of physiological and pathological Assimilation* in the view we have taken, will find its illustration in an examination into the effects of our best known remedies from which we select Arsenic as an example.

The pure metallic Arsenic undergoes no oxydation in the alimentary canal, is eliminated in its pure metallic state, and not poisonous. (See Schmidt and Bretschneider in *Moleschott Untersuchungen*, Vol. VI., 140.)

The arsenious acid, if taken in large and massive doses, terminates life more or less rapidly, and is one of the most formidable poisons.

The same arsenious acid is taken habitually and regularly, in small doses, by mountaineers, in some places, for the purpose of improving their "wind," and of preserving and bettering their general health. And there its effects are, that the people who make a regular practice of Arsenic eating, with certain precautions, grow upon it sleek and fat and red-cheeked, and their appearance improves generally. Likewise it is given to horses, cattle and hogs for the purpose of fattening them up. And we are informed that in the Styrian stud of the King of Prussia it is made a rule to give Arsenic to the horses. Thus Arsenic serves as a nutritious element.

The same arsenious acid is, in some places, taken regularly, and in small doses, by persons who are connected with the manufacture of Arsenic, for the purpose of avoiding the del e

terious effects of the fumes of the poison, and this is done not only with impunity, but with marked benefit, as it preserves their lives. Thus Arsenic serves as a prophylactic, and at the same time as a remedy and nutriment.

The same arsenious acid, if taken in infinitesimal quantities, cures such complaints as are similar to those produced by it in large doses. Thus Arsenic serves as a true *remedium*, and is one of the most efficacious remedies in our *Materia Medica*.

Arsenic, therefore, stands as full proof for the fact that the same substance may be indifferent, poisonous, nutritious, morbid, or curative, as the case may be; the effect depending upon the mutual action of the organism and the drug, according as it is assimilable in different degrees.

We are aware of the objection against considering arsenious acid as a nutriment, on the ground that it diminishes the ordinary waste of the tissues and causes an amount of fat and albuminous substances, equivalent to the repressed carbonic acid and urea, to remain in the body and to increase its weight, when the animal receives at the same time a sufficient amount of food. (*Schmidt and Stuerzwage Jour., f. pr. Chem.*, 1859, Vol. LXXVIII., p. 373.)

But this objection rests on the narrow view physiologists take of assimilation. The arsenious acid must be assimilated by the tissues in some way or other, if it is to diminish their waste. And, that it is so assimilated, is conclusively proved by the chemical test in *post-mortem* examinations.

10. Hippocrates already observed the *correlation of physiological and pathological assimilation*, and laid down illustrations, and rules drawn from it for practice, in various passages of the books which we have under his name. His views in this respect are concentrated in this sentence: "For any other thing is food to one and injurious to another," (*de morbo sacro. ed. Adams 2, p. 843.*)

But this, like many other good things, was mostly neglected by his epigones, and so it is, that the profession generally, even homœopathic physicians, still cling to the untenable definition of a "remedy" which assumes it to be unassimilable matter.

It must be acknowledged, however, that Falck, of the physiological school, refers to the difference in the effects of

toxication as depending upon the dose and the state of the organism. But he, too, completely ignores what, before him and in the very same direction, was observed by Hahnemann and others, and what might be well made available for *Toxicology*.

11. With that understanding of remedial action, which is adopted in our observations, Boerhaave's, "*Idem remedium aliter afficit sanum hominem, quam ægrotantem,*" and Hartmann's, "*Corpus etiam ægrum longe aliam ac sanum a medicamento effectum experiatur necesse est,* are easily reconciled and scientifically confirmed. Of course the same drug operates differently upon different states of the organism. And by our homœopathy it is proved that it operates contrariwise as well as similarly.

Of the Holmesian witticism, "that, what is injurious to the healthy must be injurious to the sick," it is hardly worth while to say more, than that it is, at best, an injury to logic.

12. In regard to *Biology* our theory of homœopathic high potencies leads to the following views:

Nutrition is the result of *assimilation of nutritious matter*, contained in the particles of food, comminuted and refined by mastication and digestion, and combined with indigestible matter which serves as a vehicle to keep the nutritious matter in the required condition of fineness and comminution.

Nutrition is thus carried on by *potentiation* of nutritious matter in the organism, rendering it assimilable by the concerning parts or organs of the system.

Every part of the organism assimilates of the nutritious matter, presented to it in a variety of forms, whatever is affined to its own substance and nature, and required to meet its wants.

Consequently, any food which by such assimilation contributes to the self-preservation of the organism, is proper nutriment.

As there is an assimilation of nutritious matter, so there is an *assimilation of noxious matter*, and whatever does not tend, or contribute, or agree to, or concur with, the self-preservation of the organism, is noxious to it.

The indigestible matter of the particles of food which, as a

vehicle, keeps the nutritious matter suspended in a state of comminution or fineness, forms one source of assimilation, of noxious matter, being itself comminuted and refined by the process of digestion, in such a manner, that its assimilation is facilitated, which again is *potentiation*.

The ingestion of poisons and drug-matter in a crude state, by their contact and chemical action upon the organism, forms another source of assimilation of noxious matter.

The ingestion of nutritious matter, when nutrition is deranged, forms a third source of assimilation of noxious matter; the nutriment, thus ingested, itself becomes noxious to the organism, by virtue of its chemical and physical properties.

The perversion of nutrition, taking place where the self-preservation of the organism does not require nutrition, and being contrary to self-preservation, forms a fourth source of assimilation of noxious matter.

The ingestion into the healthy organism of drug-matter in a condition of comminution or refinedness, obtained by high potentiation, forms a fifth source of assimilation of noxious matter.

All this taken together, it will be perceived, that *all* matter assimilated by the organism, though its various parts and organs, stands in the signification of nutriment or noxious matter, conversely, as the case may be. And whether it act as the one or the other, depends upon the place, and upon the part in the organism, where the assimilation is going on, and upon the velocity of the assimilating process, as well as upon the (infinitesimal) comminution, or fineness, of the matter, and, of course, upon the affinity of the assimilating particles to those assimilated, and *vice versa*.

Noxious matter may be assimilated, and by nature prevented from exerting its specific action, by being enveloped with different tissues so as to remain indifferent, or innocuous, to the self-preservation of the organism for a longer or shorter time. *Innoxious assimilation of noxious matter.*

*Assimilation*, everywhere, is accomplished by *potentiation*, that is by rendering the infinitesimal particles of matter susceptible and active according to their inherent affinities.

*Disease* originates in the specific action of noxious matter

which is either produced within the organism, or brought in from without, and it is always carried on by a process of assimilation.

As homœopathic remedies are obtained by potentiation, that is comminuting and refining drug-matter, by means of a *vehicle* easily assimilable, so nutritious matter appears to stand as the vehicle in the natural potentiation of those noxious materials which the organism itself prepares as remedies for its own self-preservation.

As the whole organism draws upon digestion, as the source of its nutrition, so every part and particle of the organism draws upon the various materials successively worked out by the different processes of animal chemistry for its own proper nutriment, and assimilates them for its own particular use and subsistence. Thus the lacteals draw upon the chyle prepared by digestion; the lymphatics upon the transudation of the capillaries; the blood upon the fluids of either of these; and the nerves upon the blood.

Those parts of the organism which do not satisfy their wants and requirements by this intra-organic nutrition alone, assimilate from the outer world, whatever is necessary, not only for their own existence, but also for their co-operation with others and for the self-preservation of the organism. Thus the blood assimilates oxygen from the air; the eye light; the ear sound; the nose olfactory matter; the tongue gustatory matter; the skin surfaces; the brain and nerves phosphorus; the mind operations of other minds by means of the senses, and so on; the organism, in fact, continually assimilating from the planet and universe as long as it lasts. Consequently, the whole organism is the product of assimilation of matter, and its action is the results of potentiation of matter. And so is disease. And so is health. And so is all life.

The hypothetical ether is, possibly, infinitesimally comminuted matter in space, forming, as it were, the reservoir of the high potencies required for the *Universal Assimilation or Homœosis*, which is continually going on and medicating all life in the world.

13. The inferences for *Ætiology*, to be drawn from the above advanced biological views, are easily understood.

Inasmuch as the properties and effects of homœopathic remedies are similar to the properties and effects of what we must conceive to be the causes of the diseases which they cure, it would not seem unlikely that the material substance, or nature, of both, the drug-matter and the disease-matter, should be also similar.

And, if so, it would give an important addition, if not a new basis, *Ætiology*, which, therefore, will have to direct its attention to the homœopathic materia medica, and complete its investigations by the results of the homœopathic provings which are, in fact, as many *ætiological* studies.

The probative process is the reverse of the curative process, and there is no reasonable doubt, but that by proving, the disease is produced under the same laws of nature under which the disease is produced otherwise.

14. The *homœotic hypothesis* proposed in the course of these observations and deductions, is an unpretending effort of harmonizing, and subsuming under one common head, many important physiological and physical phenomena, which appear to bear near relation and resemblance to the healing process by homœopathic high potencies.

It can hardly be denied, that the homœopathic nature of our healing process shows itself in the fact, that the remedies, in different degrees of potentiation, exert their natural selection and affinity for certain parts and conditions of the organism in different degrees of intensity and susceptibility.

Considering, that the conception of *Mutuality of action* is, indeed, as Herbart observes, transferable and applicable to chemical affinity; believing that the character of our homœosis corresponds to Newton's "*propensity of nature to transmute everything into its contrary,*" and to Leibnitz, "*harmonie pre-establie,*" and remembering Kant's conception of "*chemical interpenetration,*" which Herbart once thought deserved to be made the foundation of all natural philosophy; we may feel assured, that further examination will be accorded to this subject, for the purpose of more fully elucidating its comprehensive relations to science; and that it will ultimately lead to good practical results.

As it is, our homœosis presents a generalization and com-

bination of Grove's and Faraday's *universal correlation and mutual conversion of the physical forces of matter*, and of Herbert's "*concursum incompletum*," applied to physiology, pathology, and therapeutics.

The homœopathic idea in general is proverbially expressed in Pope's sentence: "All nature's difference makes all nature's peace;" and poetically rendered in the lines of Tennyson:

" Nothing in this world is single,  
All things, by a law divine,  
In one another's being mingle."

It is classically depicted by Goethe's master hand in the words:

" Und es ist das ewig Eine,  
Das sich vielfach offenbart,  
Klein das Grosse, gross das Kleine,  
Alles nach der eignen Art,  
Immer wechselnd, fest sich haltend,  
Nah und fern, und fern und nah,  
So gestaltend, umgestaltend,  
Zum Erstaunen bin ich da!"

And, it is, with characteristic emphasis and precision, embodied in Faust's exclamation:

" Wie Alles sich zum Ganzen webt,  
Eins in dem Andern wirkt und lebt!"

But the practical realization of this homœopathic idea, and its application to medicine, is properly due to Homœopathy.

## General Record of Medical Science.

### 1. Law of "Likes."

HOMŒOPATHY is not yet perfect. The temple, whose corner-stone was laid by the illustrious Hahnemann, is a *building* not yet *built*. Whoever, in an enthusiastic burst of glorification for this greatest of therapeutic generalizations, declares that the TOP-STONE HAS BEEN BROUGHT FORTH WITH REJOICING, has either got a peculiar obliquity of vision, or, like Æneas of old, "*Septus nebula*," fancies he sees what cannot by possibility exist. Not knowing the pathogenesis of *all drugs*, we are not in a condition to treat *every form of morbid condition* to which human nature is liable. We know no drug perfectly pathogenetic to the cancerous diathesis; then, what is to be done when the homœopath is called in to treat CANCER? He cannot apply to the law of similia perfectly. Not that the

law fails; but man has not discovered the drug in which the cancerous force lies embedded. What is to be done then? He does the next best thing: he selects a drug having a special affinity for the diseased part, and which will produce symptoms and morbid states as much *like* those developed by the natural morbid force as he is able to select; and, by keeping the cause in abeyance for a time, the curative power of nature may possibly step in, assert her right, and a considerable palliation be the result. This mode, as we have shown, is the nearest approach to RATIONAL MEDICINE, & c., to HOMŒOPATHY, and is the highest form to which the best allopathic treatment can attain, without a man's being a *homœopathic physician* altogether. This treatment of cancer is the best under the circumstances—and why? Because of our ignorance of the drug which would enable us to apply directly to the morbid cause, and the materialized disease produced by it, the great law of cure. This kind of treatment, arising from ignorance is PALLIATIVE, from its Alpha to its Omega. To the homœopath it is unsatisfactory, because God's law of cure cannot be brought into play; to the allopath, it is the VERY BEST HE CAN DO, and is the perfection of HIS MEDICAL ART! Depend upon it, the law of cure, by the similars is the perfect. It is our *ignorance* in not being able to comply with all the conditions requisite which is the cause of failure. Hundreds of thought-to-be-incurable-diseases would be cured if our knowledge would enable us to produce the two parallel series of phenomena—morbid and pathogenetic.

It should be borne in mind that what is *outside* the homœopathic law, when giving drugs, is merely PALLIATIVE; seldom if ever curative. The latter is the exception: the former the rule. Still, this imperfect, this round-about-system, belongs to the homœopath, as well as to the allopath. To the former only, when from ignorance of the properties of drugs, and the causes of disease, he cannot apply God's therapeutic law of "likes;" to the latter, it is the only mode *he* can adopt, as *his* knowledge of the properties of drugs is merely *general, imperfect, and incapable of particular application* if his own principles be adhered to.

As to the use of the imponderabilia in medicine, the *odforce* in man, hydropathy in all its forms, atmopathy, general and local; kineisipathy, in all its movements; modes of treating disease other than those of homœopathy; these are all open to homœopathic as to allopathic appropriation. Nay, more; the analogy between these remedial agents is closer in respect of homœopathy, than it is with regard to allopathy. There is an innate elegance in the homœopathic treatment, which allies itself to all kinds of *dynamic forces*, whether galvanic, electric, magnetic, or mesmeric; while on the other hand, allopathy, gross in its conception, clumsy in its application, and always repulsive to the refined and the cultivated, finds analogues alone in those gross substances which strike home to the sensual understanding, and which fitly enough harmonize with the crude notions and the imperfect conceptions of a barbarous age, not to say the low state of refinement of a semi-educated people.

The law of "likes" is God's law of cure by *drugs*; but the liberal-minded homœopathic physician, looking abroad on the great fields of human misery, and feeling there are other means of restoring the equill-



brum between the internal and external organizations of that wondrously formed creature, man, avails himself of other agencies, clearly enough intended by Providence for the alleviation of human suffering and the prolongation and enjoyment of life. Standing on the immutable law of "likes," as the foundation of rational treatment by drugs, he avails himself of every recuperative form and appliance in the wide domain of curapathy, which has a tendency to restore his fellow man from a debilitated physical condition to one of vigorous health; of health, that indescribably joyous feeling which when a man is in possession of, compels him, having with untiring muscle and unabated breath reached the mountain-top, to bless his existence, and to thank God that **HE IS A MAN.**

In conclusion: we have endeavored to show that the development of mind and an advancement to a higher order of thought and of action are properties inherent in the nature of man; that error in every form must of necessity give place to truth; that drugs set up artificial disease, and have a special affinity for certain pre-ordained parts of the organisms; that all curative action depends upon the drug-force impinging *the seat of the disease*, and producing symptomatic and pathological phenomena "like" or correspondent to those engendered by the cosmic-morbific force; that the farther we recede from the doctrine of "likeness" into the regions of differentism and contrarism the more uncertain, palliative, and unsatisfactory every form of treatment becomes; that the whole topical revulsive form of treatment boasted of by the allopath belongs specially and truly to the homœopath, as *he alone* knows how to give those dead forms a vital, curative power; that the best treatment of the old school must of necessity merge into that of the new, as the *inferior* ever yields to the *superior*; that the *pure old school treatment*, whether internal or external, is one vast system of error, barbarous in conception, disagreeable in practice, and highly destructive in its effects on the bodies of men; that there is a large curative and hygienic domain, **OUTSIDE THE GREAT THERAPEUTIC LAW OF CURE**, common alike to the homœopathic and to the allopathic practitioners, of which each may avail himself without the one re-criminating the other; that the dynamic is unlike either the chemical or the physical law, and he will most assuredly reap a harvest of folly who expects to gather a crop which properly belongs to either of the others; and finally, the conclusion strikes the mind with a resistless force, that it is the bounden duty of the homœopathic physician to avail himself of every kind of curative means or appliances scattered throughout the realms of science and of art, which will tend in any measure to alleviate the sufferings of his fellow man, when from ignorance of the properties of some peculiar drug, he is rendered incapable of applying the great law of healing in order to bring about a **TRUE CURATIVE ACTION.**

Seeing then that such is the high and commanding position of the homœopathic school of medicine, why should any of its members fawn and hang with joyous step on the skirts of the allopathic? Why succumb to error? Is not truth more powerful than error, howsoever bedecked with ermine, or encircled with a coronet of power? These external trappings with the **THING** they cover lose their brilliancy and moulder away; but truth shines brighter and brighter, and endures forever.

The allopathic Alexander has already left his palace, and is travelling four in hand on the great highway of progress, to visit the homœopathic Diogenes. Soon his arrival will be announced, and then this imperious medical sovereign will feel it no derogation from his pride to be told to step aside, and not to stand betwixt him and the sun of homœopathic truth.—*London Monthly Homœopathic Review.*

## 2. *Phosphorus in Diseases of the Mammary Glands.* By W. WEBSTER, M.D., Dayton, O.

*Mr. Editor.*—Having used Phosphorus for many years, in diseases of the mammary glands, I wish to report two cases as examples of many others that have occurred in my practice. I consider Phosphorus one of the most valuable agents we can use in nearly every form of diseased breast; and if your medical brethren would resort to it more frequently, I know they would have less difficulty in curing those obstinate complications, including abscess, fistula, induration, and even scirrhus.

**CASE 1.**—Mrs. Y., aged twenty-three, married, was confined three months ago, and has been under allopathic treatment for mammary abscess nearly constantly since the second week of confinement, till finally her physician said she could not recover, and must die.

When I was called to see her she presented the following symptoms— hectic fever, emaciation, violent cough, tongue dry and livid, night-sweats, tender and painful stomach, irritable bowels, and great nervous restlessness. There were two fistulous pipes in one breast, and three in the other, some of them extending deep into the gland, and others more superficial, but diverging at right-angles—all discharging a thin serous fluid, so acrid as to corrode the adjacent parts.

*Treatment.*—Gave Phosphorus 6, four times a day till better, then only twice a day. In about three weeks the fistulas all healed, and all the other formidable symptoms disappeared, and she was restored to perfect health, and has remained so during a period of nine years, since her recovery.

**CASE 2.**—Mrs. V., aged thirty-three, married, was attacked with an abscess in the left breast, three weeks after [confinement, and was subjected to allopathic treatment for three months, without relief. When she applied for treatment I found the following symptoms: a fistulous pipe in the left breast, extending into the gland to the depth of three inches, which I examined with the probe; a thin, acrid serous discharge; health otherwise good, except general debility.

*Treatment.*—Gave Phosphorus 6, four times a day till better, then only once a day. The fistula healed in seven days, and she has remained in perfect health since—after a lapse of two years.

I wish to call attention in this report to two points, viz.: the superiority of homœopathic medication over allopathic, and the great importance of using but a single remedy at a time, when it is in our power to do so.—

(*Amer. Hom. Observer.*)

*On the Insignificance of the Pathogenetic and Nosological Symptoms which Determine the Choice of the Remedy.*  
By Professor HOPPE, of Basel.

(From Allg. Hom. Zeitung, Vol. LXVIII., p. 105.)

IN Homœopathy it has not been brought forward with sufficient emphasis that the determining symptoms, both of diseases and of the provings of the medicines, make their appearance in what in many respects are insignificant, nay even very insignificant, and unimportant forms. This fact has not, indeed, passed unrecognized in homœopathy, but it has not been noticed with sufficient distinctness, and thus its importance and the apparent anomaly of the circumstance has not been fully appreciated. For when it is taught, that in the examination of the patient we must go to work in a sharp and penetrating fashion, and search unweariedly till we find the deciding peculiarity, this recommendation clearly implies that these peculiarities do not lie on the surface, but take an insignificant and apparently unimportant form. And when further it is taught in what manner provings must be made in order to allow the pure symptoms to develop themselves and not be concealed or suppressed by accidental phenomena, and also to observe them without disturbance it likewise plainly follows that the deciding, instructive, and important symptoms do not always force themselves upon the attention at the first glance. Hence it has been well understood that the deciding symptoms frequently occur almost unobserved. But most of us have timidly, as it were, rather kept this fact to ourselves, and have not put it forward in the first rank as a rule for practice; we have silently given it an importance which we did not venture to pronounce openly in a clear, loud, and sharp manner. And we have acted thus timidly because we have looked upon it as a kind of immaturity and imperfection, that we should be obliged so often to depend upon such insignificant and unimportant symptoms. But whoever was thoroughly initiated into this open mystery, that just the deciding symptoms were insignificant, and took advantage of it, at once distinguished himself by peculiar knowledge and skill; so much so that he again fell into the opposite danger of laying more stress on insignificant and hair-splitting distinctions than the progress of science has *as yet gone far enough to justify*—an evil which, when duly investigated, may show error on the part of individuals, but can ultimately only do good to science. Let us, therefore, pronounce decidedly, loud, and openly, that the determining symptoms frequently make their appearance in an insignificant and unimportant form, and let us make a formal demand that in the provings and examination of patients the insignificant symptoms should not be neglected, but, on the contrary, observed with peculiar care. It is *true* what we say here: this truth has its analogy in all departments of science, and it has its necessary foundation.

A slight shooting or boring in the teeth in the proving of a medicine, a little stronger beat of the heart, a trifling pain in the throat, a somewhat unpleasant taste in the mouth, which is repeated only at long intervals, a little alteration of the stools, a somewhat copious perspiration, a somewhat

depressed or excited state of the spirits, &c.; these are the phenomena to be observed, and to a certain extent it is primarily from these that the whole picture of the disease or the provings are to be put together. And has not also the diagnosis of diseases its difficulties and fine distinctions? Is the diagnosis of iritis so glaringly obvious to the senses? is that of pneumonia so grossly palpable? or the distinction between diphtheritis and catarrh always so striking as it usually is in the fully developed cases? There are also here phenomena which occur in an insignificant and unimportant manner, which are, nevertheless, often of such consequence that they are the turning point in the decision. And as in diagnosis, so in microscopy, so in all medical rules, so in all sciences, and so in all things of daily life. Where no glaring facts stand out prominently there must be investigation, and that must direct itself to the insignificant circumstances, which in the nature of things must occur more frequently than the striking ones, but are often more important. And if the coarser changes in and about the tissues are often little developed, *how much rather* must this be the case with *such* phenomena as give only the subjective expression of excited action of the tissues. For these insignificant and apparently unimportant phenomena, which are often of such consequence, are expressions of tissue action. These are the inceptive phenomena, and they are therefore likely enough to be wanting when the morbid process has attained its full development; they are wanting *e. g.* in a fully developed pneumonia, while they are still present at the beginning of the same and could betray the peculiarity of the irritation in progress. The "peculiar," the "proper" symptoms are those which are to be considered as the determining ones; but one must not thereby forget and reiterate the fact that these may be very insignificant and are, in fact, mostly to be sought in the ranks of small, little striking phenomena. Therefore, without any timidity, we admit those into our field of investigation. What microscopic observation is in small objects, that is the scientific investigation of the small subjective and objective phenomena of disease in semiotics; and whoever is unable to work in the field of the small and the fine, will never be a master here no more than there. The more mature intellect ventures into the depths, whose bounds are innumerable and whose results readily appear to the uninitiated to be insignificant, unimportant, petty, and fruitless.—*British Journal of Homœopathy.*

4. *Osteo-Sarcoma.*—Report by SMITH ROGERS, M.D., made to the Michigan Homœopathic Institute, June 8th, 1864.

SOME four years ago I was called to see a Mrs. H., of Penfield, Mich. I found her suffering and very much reduced and emaciated. Three years previously, while milking a cow, she received a kick on the left arm, just above the wrist-joint. In a short time after the arm commenced to pain her, and the bone to enlarge, its structure became altered, from a deposit of flesh-like matter, mingling with its substance. The changes thus produced resulted from the inflammation excited by the injury. The word

osteosarcoma has also been applied to tumors in any part that seem to be of a bleeded osseous and fleshy consistency.

In this case the bone enlarged as the disease progressed, and the internal structure changed from the proper cancelli, or reticulated tissue, to a brownish, fleshy mass, producing true "osteosarcoma."

The bone enlarged to the enormous size of seventeen inches, only four inches above the wrist-joint. As this morbid formation increased the parts of bone extended and became very thin; in some places giving way entirely; fungus then filled up the crevice; the symptoms at the beginning were acute pain in the parts injured; the swelling becoming hard and elastic and the pain more dull. At a still later period, acute lancinating pain returned, severe constitutional symptoms set in, the tumor became fluctuating, and in consequence of loose pieces of bone floating in it, crepitus could be felt on handling; eventually the integument burst and a large fungus growth sprouted out with a bloody discharge.

If I had been called to the patient in the early stage of the disease of acute inflammation, before pus had formed, I think, by putting the patient on proper remedies, as they were indicated, before the bones became necrosed, I could have saved the limb.

When a bone becomes necrosed the surrounding parts throw out lymph; this is changed to cartilage, and the cartilage to provisional bone, by decomposition in it of osseous matter, as in mortification of soft parts, a line of demarcation is found separating the dead from the living tissue. The living bone throws out granulations, while the necrosed bone or sequestrum is gradually dissolved and absorbed, or discharged in the form of pus through the opening which nature generally provides.

Pus, from diseased bone may be easily distinguished by any one who has had any *sensible* experience of it; its very offensive odor is quite characteristic. Touch is, however, a better test of diseased bone than smell; apply the finger or probe wherever possible. If the surface of the bone be felt rough or uneven, with loose pieces, or looks either much whiter or darker than natural the case is clear; if the suspected part of the bone cannot be reached, by subjecting the pus to a chemical examination for phosphate of lime, it will be easily determined whether the pus is from diseased bone or not. In healthy pus there is scarcely a trace of this phosphate, but in that from bone an appreciable quantity will be found in an ounce or more.

In treatment assist nature and avoid all unnecessary interference. Here, as everywhere, remove causes and obstructions and let nature proceed with her recuperative work when she is doing well, and let well enough alone. The patient should be kept quiet, the limb in a horizontal position, and the diet regulated according as the constitutional powers are vigorous or enfeebled. If the inflammation is of an erysipelatous character, Belladonna will be beneficial. Mangan-acet. is valuable in periostitis and inflammation of the joints; also Phos-acid for periostitis, and if the disease is located on the shin, or superficial bones; Mezereum, *Stillingia-sylvatica*, and Nitric-acid for caries of the nasal as well as the skull bones. Phosphorus for persons with impoverished vitality. It exerts a particular in-

fluence over fibrin. Silicia is perhaps more useful in diseases of the bones than any other remedy; it seems to exert a specific influence both over the separation of the sequestrum from the living bone and the state that follows when it is loose, and there is a copious discharge of pus and ichor from the fistulous opening. It controls the nervous excitement which prevents sleep. If called too late for this or for arresting the inflammation, pus having formed, the limb continuing to swell, if there is not an opening apply an issue with caustic potash over the most prominent part of the tumor, so as to cause an opening in the centre of the diseased mass as soon as possible. Having thus made an exit for the pus wash out the cavity freely with strong soap suds, and treat the same as for a cancer with similar symptoms.

Amputation should not be delayed too long, if the disease does not yield, and the patient is sinking. Operate if possible, having a healthy joint, between the diseased portion and the point of amputation. My reasons for doing this are, that not unfrequently where the amputation is performed, on the same bone the disease re-appears. Hastings, in his practice of surgery, after quoting Gibson's language, adds, respecting amputation, "but unfortunately this does not always prove successful, for the disease has re-appeared on the stump after the operation."

I might continue these quotations from old school authority, to a great extent, but I deem it unnecessary, for there is so much unanimity among them on the treatment of this disease that it would be sheer tautology, though they do not exactly copy each others' words.

In Mrs. H.'s case I amputated the arm above the elbow, and dressed it with Calendula. In six weeks from the time of the operation it was entirely well. Her health very much improved, and her health has been good from that time to this, having no symptoms, or any appearance of any return of the disease, it may not be incongruous to state that at the time I amputated the arm this woman had twins six months old. She was so reduced that the old school physician dared not amputate, he said she could not live. I gave her Chloroform one part, Ether two parts, which produced complete anæsthesia. In thirty minutes from the time she commenced to take the Chloroform the limb was off, dressed, and the patient sitting up in her chair, eating some toast and drinking a cup of tea.—*Amer. Hom. Observer.*

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### *Reviews and Bibliographical Notices.*

1. *Family Homœopathy.* By JOHN ELLIS, M.D., Prof. of the Theory and Practice of Medicine in the New-York Medical College for Women, &c., &c. New-York, John T. S. Smith & Sons. 1864.

THIS volume adds another to the catalogue of Domestic works, a list which would seem already adequate to the purpose designed. It is well written

and, in many respects, superior to most of its predecessors. Its chief merits lie in a clear and comprehensive style, its plain, vigorous English, as well as in the omission of a section upon Anatomy and Physiology, and another upon Materia Medica. The size of the volume is also a recommendation. It is not over-grown and bulky. The introduction affords a brief and concise *exposé* of the principle or law of cure which it advocates. A brief article on the Dose, &c., is made to answer for the whole work, thus obviating the endless repetition common to other books of the kind. It does not recommend the "New Remedies" for domestic use. The author "is satisfied that the success of even a physician does not always depend upon the number of remedies with which he is acquainted, but upon his understanding how to make the best possible use of such as he does administer, and this is more manifestly true in case of lay practitioners."

Another merit of the work is that: "the author has purposely avoided the alphabetical arrangement in noticing the remedies indicated for the various diseases." This is a sensible innovation, and may have the effect to prevent amateur prescribers from running through the list of remedies from Aconite to Zincum in cases of emergency.

The chief defect of the Volume is one which must cripple its popularity and usefulness. We are told in the preface that: "one of the leading motives which has induced the author to write this volume has been to have an opportunity to call the attention of the homœopathic portion of the community to another work, which he has written, denominated 'The Avoidable Causes of Disease, Insanity, and Deformity,' published by Messrs. Mason Brothers, 5 and 7 Mercer-st., New-York; a work which in the opinion of the author, is of far more importance, and of much greater value to every man, woman, and child, than any work on domestic medicine can possibly be."

Accordingly we find frequent references like the following, from page 119:

"Let every individual who is tainted with scrofula in any form, or who has a child thus affected, obtain the author's work on the 'Avoidable Causes of Disease,' and carefully read it through, and he will find information which is far more important, not only for the prevention of the disease, but also for its medical cure, when it has already commenced, than any remedies can possibly be. Still proper remedies are useful and very important."

For the prevention of croup, and to eradicate a predisposition thereto, in your children, it is recommended to read three several chapters in the "Avoidable Causes, &c.," and "also give Hep.-sulph., and Spongia, alternately, one week apart."

At page 132: "If the reader would avoid this disease (laryngitis), or get rid of it, if already affected, let him obtain and read without fail, the author's work on the 'Avoidable, &c.'"

In chronic bronchitis (p. 150): "For much valuable information, which is all-important to patients suffering from this affection, consult the work on the "Avoidable, &c., &c."

Page 164 affords the following, which smacks of newspaper puffery: "If you have symptoms of consumption, or fear this disease yourself, or if

you would train up your children so that they will not die from it, especially if they inherit from either parent a tendency to this disease, obtain and carefully read, &c., &c., &c." At page 166: "If the consumptive patient would obtain all the information he needs, let him read the author's work, &c., &c."

Under the head of "Seminal Emissions," p. 290, we encounter the following *morceau* of therapeutical intelligence: "Every young man, whether troubled with this disease or not, should read the author's work on 'Marriage,' which is at present bound in the same volume with the 'Avoidable,' &c." \* \* \* \* \* It is published by Mason Brothers, New-York, and can be had through any bookseller."

This excerpt is certainly akin to such as the following, clipped at random from a daily paper: "*Human frailty, or physiological researches* should be read by everybody. It treats on, and shows how, the evil results arising from early abuse and unhappy contamination may be subverted, with a sure method of dispelling the misgivings many experience in entering the marriage state." We can see no difference in principle. The one card is as legitimate, as dignified, as professional as the other.

For epilepsy (p. 321): "Read the author's work on the 'Avoidable, &c.,' and you will find a vast fund of instruction, not less important to epileptics than medicine."

In treating of hysteria, p. 326: "If a husband, father, or brother, would avoid spending his living on doctors, or nostrums, or if a lady would avoid a life of suffering and wretched uselessness, let him or her obtain the author's work on the "Avoidable, &c.," and read it carefully through from beginning to end, &c., &c."

Without making farther quotations, we must be permitted to utter a protest against the value of such unprofessional, *ad captandum* publications. Surely, it is time our literature were attaining something of dignity and influence; time that our best writers and experienced physicians, of whom Prof. Ellis is undoubtedly one, should contribute somewhat of the fruits of their learning and observation to the enlightenment of their fellows, and through them, to the welfare of mankind.

LUDLAM.

## 2. *New Remedies; their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice.* By EDWIN M. HALE, M.D., &c., &c. Detroit, Mich., E. A. Lodge, Homœopathic Pharmacy, 266 Jefferson Avenue.

THE desire for information concerning new remedies, is universal. It constitutes a family trait among medical practitioners. One earnest physician meets another informally, or a number of them are convened by appointment, and the clinical value of a new remedy, or a novel application of an old one, is the theme which most interests them. Half the readers of our medical periodicals subscribe for them, and scan their pages, not so much for the learned, labored, and leaden essays which are afforded, as for the clinical items, scattered here and there, which may prove serviceable in their every-day practice.



Doctors have always been gleaners. The bulk of every work on materia medica extant is empirical. The crudest suggestions, based upon the observations of the unlettered, in the profession and out of it, sometimes acquire a significance that is positively overwhelming.

These suggestions may originate in a domestic way. Much of the early history of almost every remedy is traditional. By-and-by it gets into the newspapers, and attracts professional notice, experiment, and endorsement. Then the clinical results begin to crop out in our journals. Extravagant claims are set up for the new candidate, and hypothesis runs to seed in speculation concerning its *modus operandi*, and its almost universal applicability to the cure of disease. These materials accumulate. Our libraries become filled with them, and yet they are not available. The wheat and the chaff are garnered together, a condition of things which necessitates much of editorial winnowing.

Of late, American medical literature has been cumbered with this species of *omnium gatherum*. A thousand items are afloat concerning the efficacy of indigenous remedies, of the paternity of which little or nothing is known. And, because of this unfortunate state of affairs, because the use of these agents has been in a measure limited to those who were satisfied to prescribe them empirically, the profession as a body has consented to leave them in comparative obscurity.

In the work before us Dr. Hale has endeavored to rescue these remedies from the hands of those who have used them unwittingly; and called attention to their promised usefulness, when we shall be permitted to avail us of their pathogenesis. In other words, he has collated the material and edited the volume. Thanks to his zeal and the enterprise of his excellent publisher, we have presented between two covers, and in an available form, a digest of what is known of more than forty new remedies. The work is clinical, pathogenetic, and suggestive.

The clinical department comprises well authenticated reports of cases in which cures have been effected by the use of these remedies. The facts are compiled from every source, and the pages are richer in the fruits of homœopathic experience than one could have imagined possible. The work needs no additional endorsement. The names which are laid under contribution are sufficient guaranty that, in the clinical history of the drugs selected, there is enough to warrant, and indeed to demand a more thorough acquaintance with their virtues.

The provings are many of them original and valuable. Those furnished by Dr. W. H. Burt, of Lyons, Iowa, are especially to be commended. These include provings of *Baptisia*, *Baptisia*, *Caulophyllin*, *Erigeron-can.*, *Hydrastis-can.*, *Iris*, *Irisine*, *Leptandria*, *Phytolacca-dec.*, and *Veratrum-vir.* Other provings are re-published, but read well in their new setting. Among them are included those of Drs. Warren, Buchmann, Boyce, and Payne, of the *Asculus-hép.*; Henry, *Apoc.-andros.*; Savery, *Asclepias-tub.*; Douglas, Thompson, Hill, and others, *Baptisia-tinct.*; Marcy, H. M. Paine, Hill, and Douglas, *Cimicifuga-rac.*; Moore, P. P. Wells, Lazarus, Vincent, and Douglas, *Gelsemium-semp.*; and so on throughout the volume. A glance at these pages prompts the desire for yet more thorough and elaborate

provinga. We indulge the hope that our younger and more zealous brethren will light their torches at the same altar, and, following the commendable example of these worthies, give us of the fruits of their labor.

Suggestions are "thick as black-berries." They cluster about these clinical and pathogenetic data like grapes upon the stem. The text abounds in practical hints to which we can do no more than direct the professional attention. The editorial scissors have performed a good work. If they might sometimes have clipped a little more closely, and narrowed the margin of theory and speculation in which so many writers are prone to indulge, they have nevertheless preserved much that is spicy, readable, and valuable.

The work has its defects which time will remedy with subsequent additions, omissions, and confirmations. They who know best, and have successfully overcome the difficulties of this species of labor, will think and speak most kindly of the efforts bestowed upon it. As the best historical productions are based upon old manuscripts and volumes which in themselves are fragmentary and incomplete; so a perfect *materia medica* must have its fore-runners in tradition, empiricism, clinical reports, provinga, and monographs. The time is not far distant when some Macaulay, Motley, or Prescott in medicine, will collect, translate, revise, and reproduce the therapeutical history of these "new remedies" in quite a different form.

### 3. *Discussion on Homœopathy in the Council of State of Berne.* Translation of official Report. By B. R. SCHEIBLER. London: Henry Turner & Co., 77 Fleet Street.

THE discussion here reported exhibits the latest indication of the progress of homœopathy in Europe, as well as the spirit and ability with which it is supported by its advocates. We copy the introductory part of the protest of the Homœopathists of Berne.

"We are far from knowing all the powers of nature in their different grades of action, and it would be unphilosophical to deny the existence of phenomena only for the reason, that by the standard of knowledge we have attained, they appear inexplicable to us." (LAPLACE.)

The members of the old medical profession in the Council of Berne, attacked homœopathy and the physicians who practised it, in a sitting of the Council on the 18th of March, 1863, in such a manner, that a number of homœopathists of the said Canton, who by many years of study and experience, were convinced of the truth and advantages of this system, felt called upon to protest publicly against it in the Nos. 89 and 90 of the Journal, the "Bund."

The following is the translation of their protest:—

"It is the lot of every great and newly discovered truth, to be misrepresented and opposed, and this with the greater animosity, the more it hurts old rotten prejudices and interests of all kinds.

"This has also happened to the homœopathic system of medicine in a very conspicuous manner.

"It is now sixty years since Hahnemann made public and taught the foundation of this new system of medicine. The bold reformer and his

pupils were persecuted, ridiculed and scorned in all manners, by the so-called orthodox doctors, who declared their principles to be so ridiculous and nonsensical, that it would be below the dignity of a truly scientific man to make himself acquainted with the laws and practice of homœopathy. But homœopathy in its progress has given daily so many theoretical and practical proofs of its universal importance, that both in its individuality and in its immense and incalculable consequences, it deserves to be mentioned amongst the most important discoveries of the age, and to be ranked as one of the rarest and most beneficial inventions that humanity has ever been blessed with.

"It is not the place here for scientifically investigating and discussing the theory of homœopathy. Latterly several very scientific men, like Wislicenus, Von Grauvogel, and Hoppe, have given us undeniable proofs of its foundation on an undisputable law of nature, and of its right to be considered as a science.

"The truth of its principles had been practically proved by its success, not only in isolated cases, but in great epidemics, as those of diarrhoea, cholera, typhus, small-pox, scarlet fever, the measles, angina, diphtheria, syphilis, &c., &c., in so conspicuous a manner, that year after year, it has forced its way into larger circles, and is now practised in all countries by a considerable number of scientific and intelligent physicians, who, after having studied and practised for a greater or shorter length of time the old system of allopathy know both systems, and have given the preference to homœopathy, only after mature investigation and numerous comparisons of the result of both systems on their patients.

"The great majority of allopaths, however, only know homœopathy by hearsay, and look upon it through the dim glasses of the prejudices of a thousand years. Few or none of those who have opposed and abused homœopathy, have previously examined and studied the matter thoroughly, because all those who have conscientiously done this, have soon been convinced of the truth of the system, and adopted its practice.

"In the ranks of believers in homœopathy, we see physicians, whose writings prove, and to whom nobody can deny an extended and profound medical knowledge, as well as a sound judgment: Men like Stapf, Mor. Müller, Rummel, Hartmann, Hartlaub, Von Bönninghausen, Jahr, Rückert, Noack, Trincks, Hering, Stens, Wislicenus, Kafka, Bähr, Grauvogel, Petroz, d'Almador, Desguidi, Jourdan, Espanet, Tesaier, Teste, Imbert, Simon (for Great Britain we may name Quin, Laurie, Dudgeon, Wilson, Henderson, Russell, Malan, Simpson, Sharp, Epps, Horner, Sampson, Ryan, Cameron, Heurtley, Chapman, Chepmell, Eadon, &c.), and many others whose scientific writings or successful practice, but whose names will make too long a list, would adorn and honor any medical system they advocated.

"Homœopathy can boast of a rich and very scientific literature, and a great number of profound writings in all the languages of the civilized world.

"In Germany, six well-written journals are published, treating exclu-

sively of homœopathy;—in France and Belgium, five;—in Great Britain, three;—in Holland, one;—in Russia, one;—in Italy one;—in Spain, two; in North America, five;—in Brazils, one, &c., &c.

“Homœopathy, although systematically opposed by its adversaries, and excluded from all public medical schools, with the exception of in the United States, where there are five homœopathic colleges, possesses nevertheless many great and small hospitals and public dispensaries, as for instance, three hospitals in Vienna, one hospital and many dispensaries in London, U. States, &c., &c.

“The yearly statements they publish of their results can be verified by the medical faculty, they being accessible to the practitioners of any school. The results obtained in these homœopathic hospitals will bear an advantageous comparison with those of the old school, even those which are under the immediate direction of the most renowned of the professors of allopathy.”

4. *Nosological Classification of Diseases: Monthly Summary of Prevailing Diseases in Connection with a Similar Summary of Meteorological Observations during the year 1862.* By Drs. WM. H. WATSON, of Utica, and HORACE M. PAINE, of Clinton. Read before the Oneida County Homœopathic Medical Society.

THIS article comes to us in an advance sheet from the forthcoming volume of Transactions of the New-York State Homœopathic Medical Society for the year 1864. The object which the authors propose to accomplish is one of the highest practical importance, and we will permit them to present it in their own way:

“It is common to ascribe the source of a large number of diseases to atmospheric influences. In one form only, that of rheumatism, the aggregate amount of human suffering annually produced, directly and indirectly by these influences, is incalculable. No one will deny that these forces are constantly active in producing some diseases, and aggravating others. What these forces are, and just how far they are instrumental in producing the results ascribed to them is not apparent.

“Dr. Paine, having for several years past kept a daily meteorological record, also a list of the new cases of disease occurring in his practice, has attempted to arrange in tabular form, so as to be convenient for reference, a monthly summary of both reports for the year 1862. This arrangement affords an opportunity for comparing the winds, temperature, and humidity of the atmosphere with coincident diseases. Very little assistance to medical science can be expected from reports of this kind, however accurate and complete they may be, if made by a single observer only; but when engaged in by county and State associations, and adopted by the profession generally, the results of investigation in this direction will doubtless become exceedingly useful in determining many of the remote as well as proximate causes of disease.”

The importance of a methodical classification and nomenclature of dis-

eases is universally admitted. The authors have adopted the system of Dr. Farr, of England; but they say they have enlarged it by the addition of six orders, and upwards of four hundred and thirty genera and species. This announcement is sufficient to show how imperfect Dr. Farr's Catalogue of Diseases is, since that of Drs. Watson and Paine is certainly not too full, and in some parts might be still farther extended.

The classification presents to our minds some advantages and some disadvantages; but for the purpose aimed at by the authors, will no doubt be as useful as any other arrangement yet proposed. Its general extent and method will be rendered intelligible by the following tabular view :

CLASS I.— <i>Zymotic Diseases—Zymotici.</i>	}	Order 1. Miasmatic Diseases, 63, genera & species.
		“ 2. Enthetic Diseases, 16, “ “
		“ 3. Dietetic Diseases, 16, “ “
		“ 4. Parasitic Diseases, 13, “ “
CLASS II.— <i>Constitutional Diseases—Cachectici.</i>	}	Order 1. Diathetic Diseases, 23, “ “
		“ 2. Tubercular Diseases, 6, “ “
CLASS III.— <i>Local Diseases—Monorganici.</i>	}	Order 1. Diseases of the Brain and general nervous System, 40 genera & species.
		“ 2. Diseases of the Eye.—Ophthalmici, 36 genera and species; Lachrymal Organs 25 do.
		“ 3. Diseases of the Ear Auriculari, 19 genera and species.
		“ 4. Diseases of the Nose.
		“ 5. Diseases of the Mouth, Fauces, and Œsophagus.
		“ 6. Diseases of the Heart.
		“ 7. “ “ Arteries and Veins.
		“ 8. “ “ Lungs.
		“ 9. Intestinal Diseases, Stomach, Liver, Bowels, &c.
		“ 10. Diseases of the Kidneys.
		“ 11. “ “ Bladder.
		“ 12. Genetic Diseases.
		“ “ “ Male.
		“ “ “ Female.
		“ 13. Spinal Diseases.
“ 14. Bone and Muscle Diseases.		
“ 15. Skin Diseases.		
CLASS IV.— <i>Developmental Diseases—Metamorphici.</i>	}	Order 1. Developmental Diseases of Children.
		“ 2. “ “ of Old People.
		“ 3. Diseases of Nutrition.

H.

5. *The Lung Diseases of Cattle; or Pleuro-Pneumonia, Curable by Homœopathy; With Directions.* Eighth Edition. By JAMES MOORE, M.R.C.V.S., &c. London: Henry Turner & Co., 8vo., pp. 22.

THIS small work on a subject important alike to the Homœopathist and the agriculturalist, was first published in Oct., 1856. Having passed through six editions in the first two years, and now appearing again in a seventh, it may claim to have already established its claim to the attention of physicians and farmers on both sides of the Atlantic. H.

## Miscellaneous Items.

### *Medical Journalism.*

It was the opinion of Sydney Smith that it is "the first, the most imperative, and the most offensive duty of an editor to strike his pen through all the introductions and all the eloquence." Our own opinions are not very important; but we will enumerate a few of the characteristics of an *Editor*. He should know more about almost *everything* than most other persons know about *anything*. It is indispensable that his own pen should have the widest possible range, and that he should also be competent to judge with fairness and confidence the relative value of all contributions of his collaborators. He should be able to go through all the sciences with ability to appropriate what he reads, and to add something to all subjects from his private stores. He must be a stranger to that scrupulosity that torments fastidious workmen; he must have the heart and audacity to *appropriate* to his purposes whatever good building materials may turn up from other rough-grained quarries; and, then, by a few touches of his polishing chisel, transform them into veritable marble, fit to unite with blocks of finer texture in the tessellated mosaic pavement of some of the many multiform edifices which must perpetually grow up under his hands.

And, furthermore, he must be master of the art of "beautifying the productions of his journeymen." We have read of one who, according to his biographer, could effect this end in a great variety of difficult cases, by "slight omissions and delicate touches," sometimes "dashing out and substituting by wholesale," at other times, "interweaving graces or lacing up seams."

The ideal, the *real* editor is always a *myth*. You can neither estimate his caliber by the weight of what he says, nor calculate the force of that *inertia* which so often holds him back from saying anything. It has been supposed that he is, or at least ought to be, a man of great *genius*; but even this is declared to be not true by those who have good opportunities to know. The first Editor of the London *Times* said: "Nearly all the great historians, novelists, essayists and popular writers have tried their

hands in editing some one or another of the London daily papers; and nearly every one of them failed. I might say all; for after a display of brilliancy, brief and grand, they literally died out." "I can," said THE EDITOR to Moore, "find any number of men of genius to write for me, but very seldom *one* man of *common sense*." That the Editor possessed a fair share of the article himself, must be admitted; and he exercised it bravely thirty years ago, at the fair salary of \$7,500 per year. It is, indeed, the man of *common sense* who is wanted. We have inquired what use he makes of his sense, since he displays so little of it to the public. In answer we have received the following: "The Editor, indeed, seldom writes; and by writing so little he maintains his non-committalism on a great many subjects, on which *any* opinion would be offensive to somebody; but he has the tact to draw out of others the opinions that he desires to have disseminated. He, however, does *something*; he reads, judges, compares, selects, dictates, directs, alters, combines. Through the possession of such faculties as these, Barnes, Sterling, Phillips, DeLane and Low succeeded. For the want of them Campbell, Carlyle, Bulwer, and D'Israeli failed." Such are the words of the oracle. We have not thought proper to question their correctness; for oracles always are, or *believe* themselves *infallible*; it is a vain thing to dispute with them.

These are a few of the qualifications of that mythic abstraction, called *the Editor*. We are not informed how often he appears in a century; or whether he has at *any time* presided over a *Medical Journal*.

The special qualifications of the Medical Editor we will not now attempt to enumerate; but it may be interesting to recall the names of a few who have tried their hands at it, at least of those with whom medical journals originated.

In the autumn of 1796, Dr. Elihu H. Smith, a physician of much refinement and rare acquirements, conceived the project of a medical periodical. He communicated his plan to Dr. Edward Miller, and they together consulted Dr. Samuel L. Mitchell, who had just returned from Europe. These three enterprising men immediately commenced the task of preparing material for the object in which they had embarked, and in August, 1797, was published the first number of the *New-York Medical Repository*. This work, the first of its kind, was warmly received, and ably supported. In its pages may still be found the most authentic records of the history of the epidemics and other diseases of this country. Beginning with the yellow fever of 1793, it contains the history of that disease almost up to its last appearance in New-York. In the same journal will be found the most ample records of the spotted fever, a very fatal epidemic which prevailed in the northern and eastern portions of the United States, from about 1807 to after the second war with England, supposed to be now returning, and also of the cold plague, or typhoid pneumonia, which caused the death of so many American soldiers as well as citizens during the years 1813-'14, and for a short time afterwards. This first of Medical Journals also published many important communications on the medical topography of various localities. Of chemistry, as it was known in that day, the *Repository* was the most able exponent, the celebrated Dr. Priestly being one of its diligent contributors.

The success of the New-York *Medical Repository* awakened the ambition of medical men in foreign countries, and similar works were projected in Europe as well as in America. "*The Medical and Philosophical Journal*" of London was the first medical journal started in Europe, its editor avowing that he took the first hint of such a work from New-York. Other medical journals were soon after established in London, Paris, Edinburgh, and Bremen.

The principal medical journals published in the United States in the early part of this century were :

- The Phila. Med. and Physical Jour., 1803, editor, Dr. Benj. Smith Burton.  
 Bost. Med. and Surg. Jour. established 1828, editor, Dr. J. V. C. Smith.  
 Medical Magazine, Boston, . . . 1832, } " Drs. Flint, Bartlett and Gould.  
 American Journal Med. Sciences, Phila. 1826, " Association of Physicians.  
 Journal of Pharmacy, . . . " 1829, " Dr. R. E. Griffith.  
 Am. Med. Jour. & Rev., Baltimore, 1833, " Dr. E. Geddings.  
 West. Jour. Med. Phys. Sci. Cincinnati, 1827, " Dr. Daniel Drake. "  
 The American Journal of Homœopathia, " Drs. J. F. Gray and A. Gerald Hull.  
 Feb., 1835, . . . . .  
 Four numbers were published. (New-York.)

Correspondenzblatt der homœopathischen Aerzte, herausgegeben durch die nord-amerikanische Akademie der homœopathischen Heilkunst zu Allentown an der Lecha, 1836, . . . . .

Philadelphia Homœopathic Journal, 1838,

Homœopathic Examiner, New-York, 1840,

" Revived " 1845,

Amer. Jour. Homœopathy, " 1846,

North Western Jour. Homœopathy, Chicago, 1848,

Quarterly Homœop. Journal, Boston, 1849,

North American Journal of Homœopathy, New-York, 1851, . . . . .

U. S. Jour. Homœop., New-York, 1860 to 1861.

" Dr. Constantine Hering.

" Drs. Hering, Lingen, and Neldhard.

" Dr. A. G. Hull.

" Drs. Gray and Hempel.

" Drs. Kirby and Snow.

" Dr. Geo. E. Shipman.

" Dr. Becker. Continued

by Drs. Birnstill and De

Gersdoff.

" Drs. C. J. Hering, E. E.

Marcy and J. W. Metcalf

H.

### *On the Influence of Cultivation upon Medicinal Plants.*

(From *Repartorio de Chinze in London Pharm. Journal*.)

SOME correspondents have recently expressed to us their belief, that extracts made from herbs growing wild will keep better than those prepared from the same plants in a cultivated condition. As this is a point of great interest, and one which has an important bearing upon the preparation of



medicinal extracts, we subjoin the following translation from *L'Union Pharmaceutique*, of a report recently presented to the Imperial Society of Medicine of Toulouse, *On the Influence of Cultivation upon Medicinal Plants*; by M. Timbal-Lagrave.

"At the present time, it is scarcely necessary to insist upon the advantages to be derived from a knowledge of botany, and the important applications of such knowledge in the treatment of disease. Whilst we thus admit the importance of an acquaintance with the medicinal properties of plants, we must acknowledge, however, that it is not so easy to ascertain with certainty under what conditions medicinal plants should be chosen and collected. Although many authors have written treatises on Therapeutics and Pharmacology, we are far from knowing, as yet, the principles which ought to be acted upon in the choice and collection of medicinal plants. The great number of writers recommend that such plants should be collected in those places where they grow wild, under the belief that if they are removed from their natural habitats, they will but rarely find in their new ones those conditions which are necessary for their complete development; and that, hence, they will languish, become sickly, and will not possess in the same degree the properties which they had in their natural states, and the medical practitioner would, therefore, have to deal with doubtful and variable agents, in which he could place no confidence.

"It must not be imagined that this decision in favor of wild plants has been arrived at hastily, or without proofs; on the contrary, it rests on certain scientific data, which the labors of modern physiologists have confirmed. Thus, if we cast an attentive glance upon the distribution of plants over the surface of the globe, we shall be struck at once with their number and variety, and if we search for the causes of such variety, and for the evident preference of certain plants for particular localities, we shall see that they obey those influences in which heat and light have the greatest share; it is in fact by them that the seasons affect the climates, which have, in their turn, so powerful an action on vegetation. It is heat and light which increase or diminish the respiration, absorption, and exhalation of plants; in fact, it is to their influence that vegetable secretions owe their peculiar tastes and odors. A plant, says M. Alph. De Candolle, is a living machine working under the influence of two external agents, heat and light, and one internal, life. He observes, at the same time, that the old botanists ascribed to these two agents a still greater influence, for they looked upon plants as thermometers, the degrees of which were marked by the phenomena of vegetation.

"It is also by heat and light that we explain the preference of some plants for certain latitudes, certain climacteric zones which they do not go beyond; it is also by them that we account for the presence of a great number of species at particular heights above the level of the sea, from whence they neither ascend nor descend without destroying themselves or their progeny. It is also to these two agents that we must attribute the fructification of certain species in a given spot, a fructification which cannot be produced if such plants be placed in colder regions; such are, for example, the olive, jujube, &c.

"To these and other causes of a purely physical character, we might add those of a chemical nature, for although these have been altogether denied by some writers, they have, nevertheless, a great influence upon the distribution of plants over the earth. All botanists, for instance, know the preference of certain species of plants for silica, chalk, &c.; of others, for mixed rocks and gravel, &c. Those species, again, which inhabit swampy or turfy ground; those which select stagnant and warm waters, or those which choose running and cold streams; and those which spring up in the woods, meadows, or upon walls, ruins, &c., are not placed in such situations by chance and without appreciable causes. Again, without referring to parasitic plants, examples of a more extraordinary predilection have been noticed—such, for instance, as are presented to us by alternating plants—namely, those which appear in certain soils for one or two years, then disappear to return again and again disappear; thus obeying some particular physical and chemical influences which are necessary for their development.

"The study of the physical and chemical causes which are concerned in the distribution of plants over the earth constitute the science of Botanical Geography. It is upon the data furnished by this science and upon some very conclusive physiological experiments that the selection of medicinal plants should be based if, we desire to obtain efficient remedies: such, at least, is the design of pharamacologists when they advise the employment of wild plants, for they think that when they are obtained growing under other conditions, that is, when in a state of cultivation, they have lost a great portion of their medicinal properties."

### *Improvement in Bread Making.*

We have on more than one occasion called attention to the mode of making light and healthy bread, devised by Prof. Horsford, of Harvard University, and now successfully practiced for several years. His method may be sufficiently intelligible from the following extracts:

To secure the more important advantages of the best ordinary bread, with the incidental evolution of carbonic-acid, it is only necessary to mix together with the flour a dry, highly acid phosphate of lime, which is phosphoric-acid and neutral phosphate of lime, and dry bicarbonate of soda, in such proportions as shall leave a neutral phosphate of lime and phosphate of soda after the dough has been thoroughly kneaded and baked.

*Advantages of the New Method.*—Among the advantages which the new method of making bread presents, are:—

1. Its saving of the nutritious constituents of the flour from consumption in the process of raising the bread.
2. Its restoration of the phosphates, which are in larger or lesser measure removed with the bran in the preparation of the finer qualities of flour.
3. Its saving of time. While ordinary fermented bread involves, as a general thing preparation over night, care for several hours before baking, and dependence on a variable supply of leaven or yeast, the phosphatic bread is prepared from the flour for the oven in a few minutes.

4. It secures a uniformly excellent result, while the result with the process of fermentation is of doubtful issue, and in household production is more frequently indifferent than good.

5. It furnishes a bread that retains its moisture much longer than equally porous fermented bread, and does not mould as readily as fermented bread does.

6. It provides a bread, from the use of which, even by persons of delicate digestive apparatus, none of the ills peculiar to fermented bread follow. It may be eaten warm with impunity, while with most persons it is necessary that fermented bread should lose its freshness, or become stale, in order to the destruction of some objectionable qualities, before it may be eaten with safety. (*Theory and Art of Bread-Making*; Cambridge, 8vo., pp. 30.) Sold at No. 11, Old Slip, New-York.

### *Metallic Mercury found in Bones.*

Professor Hyrtl, a celebrated anatomist in Germany, has found in three cases metallic mercury in bones. The first time, about twenty five years ago, whilst demonstrator of anatomy at Vienna, having found in the bottom of a cellar in which skeletons had been macerated, a certain quantity of mercury, he examined, separately, each one of the bones and found out that those which contained mercury, belonged to a man about whom no information could be procured. The quantity of metal he gathered on shaking the bones might have been equal to a spoonful. Three of his condisciples gathered also a few drops. Last year Professor Hyrtl again found metallic mercury in the skeleton of a man of about thirty years of age, and which bore traces of periostitis at the inferior extremity of the left radius. About half an ounce was gathered, but it was impossible to find out the quantity lost through the maceration and perforation of the bones. Lastly, Professor Hyrtl mentions a skull of a Malaysian belonging to a collection of skulls sent from India, and so saturated with mercury that the metal would ooze out drop by drop on the least motion given to the skull. It is evident that the mercury thus deposited in bones must have penetrated in them by means of the blood vessels, and came from mercurial frictions made on the integument. Persons still disposed to deny this will be forced to yield to evidence, for Prof. Hyrtl is well known to be an intelligent observer whose words merit full confidence.

### MEDICAL SOCIETIES.

*Homœopathic Medical Society of Oneida County.* By H. M. PAINE, M.D., of Clinton.

*Proceedings of the Seventh Semi-Annual Meeting.*

The seventh semi-annual meeting of the Society was held at Stanwix Hall, in Rome, June 21, 1864.

The meeting was called to order at a quarter before twelve o'clock by the Vice-President, Dr. L. B. Waldo.

On calling the roll the following gentlemen responded to their names:

*Honorary Members.*—Dr. C. W. Boyce, Auburn, Cayuga Co.—*Members:*  
Dr. L. B. Wells, Utica, Oneida Co. Dr. J. C. Raymond, Utica, do. Dr. W.  
Warren, Deerfield, do. Dr. S. O. Scudder, Rome, do. M. M. Gardner, Hol-  
land Patent, do. H. M. Paine, Clinton, do. L. B. Waldo, Adams, Jeffer-  
son, do.

The following gentlemen were present, and, on motion of Dr. M. M. Gardner, were elected honorary members:

Dr. D. Chase, Palmyra, Wayne Co. Dr. E. R. Heath, do. do. Dr. Carroll Dunham, New-York City. Dr. Henry M. Smith, do. Dr. H. Robinson, Sen., Auburn, Cayuga Co. Dr. H. Barton Fellows, Sennett, do. Dr. Wm. A. Hawley, Syracuse, Onondaga Co.

Dra. Clark Hamilton, of Clinton, and G. J. Jones, of Holland Patent, were also present, and were invited to participate in the deliberations of the Society.

The minutes of the last meeting were read, and on motion of Dr. J. C. Raymond, approved.

Reports of Committees being called for by the President, the following gentlemen responded:

Dr. C. W. Boyce, on *Epidemics in Cayuga Co.* The report consisted of the history and treatment of a recent epidemic of typhoid fever. A marked peculiarity of this epidemic consisted in a diphtheritic complication. The remedies chiefly employed were Belladonna, Kali-hyd., and Phytolacca-dec.

Dr. L. B. Waldo, reported a historical sketch of *Diphtheria*, recently epidemic in Jefferson County. The remedies employed were chiefly Aconite, Belladonna, Mercurius-iod., also as the symptoms required, Kali-bi, Raus-tox., and Nitric or Sulphuric acids.

Dr. L. B. Wells reported verbally his experience in the use of high potencies in the treatment of disease. He expressed his continued and increasing confidence in them, especially in chronic diseases; indeed, he would scarcely know how to practice medicine without them. In very many forms of disease they prove far more efficacious than the low potencies. Phthisis especially should be treated exclusively by them. Let any who doubt their utility, read a case by Dr. R. R. Gregg, recently published in the American Homœopathic Review. One dose of medicine was given, followed by another at the expiration of one week, which produced a decided aggravation. The doses were then repeated at intervals of four weeks. Many cases of chronic herpes are very successfully treated with high potencies. He has treated a number of cases of recent scabies with Croton-tig. and Lobelia, as recommended by Dr. Teste, but this plan has occasionally failed.

Dr. Dunham recommended the application of lard to the surface whenever the acarus is found, which destroys the parasite; he then administers remedies as in any other ordinary disease.

Dr. H. M. Paine presented an incomplete report on *The Influence of Meteorological Conditions of the Atmosphere in the Production of Disease.* The report consisted of a monthly summary of meteorological observations in connection with a monthly summary of prevailing diseases, arranged in tabular form, and was prefaced by the following statement:

"It is common to ascribe the source of a large number of diseases to atmospheric influences.—What these influences are, and just how far they are really instrumental in producing the results ascribed to them, is not apparent.

"The accompanying tables are presented with the hope of calling attention to this department of medical science, so that new light may ultimately be thrown upon this important subject.

"It is intended to represent, side by side, in tabular form, so as to be easy for reference, a monthly report of the weather, and a record of the prevailing diseases occurring in the same locality and at the same time. Thus a convenient opportunity is afforded for comparing the monthly report of the wind, temperature, and humidity of the atmosphere with the diseases occurring in the same place and during the same period.

"Similar records are now made at many of the hospital stations in the regular army, and are published from time to time in separate volumes, or, if in one volume, in such an imperfect method of arrangement respecting both the classification and nomenclature of the diseases treated, and the incomplete record of the weather, as to preclude any attempt at thorough investigation. It should also be observed that statistical information, however reliable, obtained from hospital reports, is not as valuable for the present purpose as that obtained from the daily records of ordinary practice.

"A few reports of this kind are of little importance, but if continued through a number of consecutive years, by many observers, they would become exceedingly useful in determining some of the remote as well as proximate causes of many zymotic diseases.

The Society adjourned to meet at 2, P.M.

*Afternoon Session.*—Dr. D. Chase never employs lower than the third potency, and usually, in ordinary practice, the twelfth. He is still suffering from the effects of a severe injury received more than a year ago. The injury produced temporary paralysis. He has obtained greater relief from the sixth potency of Arnica than any other remedy.

Dr. H. Robinson has found *Sticta-pulmonaria* very useful in many forms of rheumatism, catarrh, and influenza. In a case of vertigo with greatly increased flow of sweet saliva, *Sticta 3.* afforded prompt relief. In cases of rheumatism when there is restlessness with a sensation of lightness rather than heaviness of the limbs, the *Sticta* is very useful. Also in cases of rheumatism accompanied with great irritability and restlessness it affords relief when *Rhus* fails.

Dr. Wm. A. Hawley presented and read a paper by Dr. A. R. Morgan, of Syracuse, on *Diseases of the Skin*. The paper consisted of an extract from a work on *Diseases of the Skin*, soon to be published, giving a new and original method of classification. Dr. Morgan has devoted several years to the study of this class of diseases. He proposes a new classification and nomenclature based upon natural phenomena, by means of which any one can scarcely fail to arrive at an accurate diagnosis. When published it will probably be fully illustrated by engravings, and will be of very great service in securing *uniform and accurate* delineations of skin-diseases in recording drug provings. The want of such a standard is sadly

apparent to the most superficial observer on reviewing our present materia medica.

Dr. E. R. Heath related the history of epidemic vaginitis. Almost every female in the locality where it prevailed was affected by it. It attacked alike those in advanced years as well as in middle and early life; those who had previously enjoyed good health as well as those who were suffering from chronic diseases. In the latter its encroachments were usually in an aggravated form. The disease consists of an inflammation of the vaginal mucous membrane, causing a profuse leucorrhœal discharge. As the disease progresses it produces various complications—hysteria, nymphomania, convulsions, and in some cases epilepsy. The symptoms usually increase at night. There was observed in many cases a red spot over the left iliac superior spinous process, at times changing to the right side. From these spots quite severe paroxysms of pain extended upwards, implicating the abdominal parietes. The discharge during the fever was of a dark color, but usually light, and very offensive. Valerianate of Zinc ʒ, and Aurum-mur. ʒ, were found useful remedies. Sometimes Cicuta relieved the hysteric spasms. Recovery in most cases occurred in from seven to ten weeks.

Dr. L. B. Wells called attention to the utility of Murex-purpurea as a remedy for the disease just mentioned. Since reading a full proving recently published in the Review, he has found it a very useful remedy.

Dr. H. M. Smith gave a verbal statement of a recent meeting of homœopathic physicians in Philadelphia, at which a plan of organization of a Homœopathic Publishing Society was proposed; the recent organization of a Homœopathic Medical College for Women, and also the establishment of a Homœopathic Hospital for Women, both in the city of New-York.

Dr. C. Dunham communicated information respecting the proposed plan for the organization of a Homœopathic Publishing Society. He read the constitution, and explained the objects of the association. A meeting of homœopathic physicians will be held in Philadelphia next October to complete the organization of the Society.

Dr. L. B. Wells considered it one of the most important movements proposed. He presented the following resolution which was adopted:

*Resolved*, That the Homœopathic Medical Society of Oneida County approves the organization of the Homœopathic Publishing Society, and would recommend the members of the profession to avail themselves of this opportunity to advance the homœopathic system of practice.

Dr. C. W. Boyce presented and read a paper giving the symptoms and treatment of *Epididymitis*, by Dr. H. D. Paine, of Albany. Thuja, from the 12th to the 200th potency was administered nine months without benefit; the disease was cured in three months, by the same remedy, in drop doses of the mother tincture administered daily.

Dr. C. W. Boyce also presented and read a communication from D. Ad. Lappe, of Philadelphia, entitled: "*A Case of Gastrosis.*"

Dr. M. M. Gardner presented and read a paper entitled: "*Lachesis in the Treatment of Stomatitis Materna.*" The symptoms of a case from practice were given. Lachesis, 200, proved efficacious.

Dr. Dunham presented and read a paper by Dr. B. Fincke, of Brooklyn, entitled: "*Potencies.*"

Dr. C. Dunham also read a communication entitled: "*A Case of Pterygium crassum,*" cured by Zincum-met., 200.

Dr. Wm. A. Hawley read a paper entitled: "*A Case of Phthisis.*" This case was cured by Sulphur 150, and Arsenicum 200, after lower potencies of these remedies had been given without apparent benefit.

The Secretary read extracts from his correspondence, among which may be mentioned a letter from Dr. Ad. Lippe, of Philadelphia; another from Dr. B. Fincke, of Brooklyn, and one from Dr. C. Heermann, of Phila.

Dr. L. B. Wells offered the following resolution, which was adopted:

Resolved, That the thanks of this Society be extended to the delegates from other County Homœopathic Medical Societies present at this meeting, and for the interesting papers they have communicated; and that a copy of each be requested for preservation in the archives of the Society, and publication in the Transactions of the State Association.

The introduction of the homœopathic system of practice into the army, was then considered. The illiberality and intolerance that controls the allopathic school is, at the present time, strikingly illustrated, in excluding the practitioners of the homœopathic school from the army. Our just claims are ignored, and our standing in the medical profession continually, impudently and wilfully misrepresented by the allopathic school, merely because we differ in opinion from them respecting the scientific application of remedies in the treatment of disease. This course is not only illegal and discourteous, but reflects discredit upon its authors, and will ultimately prove advantageous to the cause they evidently wish to weaken, and the class of the profession whose influence they fear and whose prosperity they desire to arrest.

The following committees were appointed, and are expected to report at the next meeting:

Dr. C. W. Boyce, Prevailing Epidemics, in Cayuga County.

W. R. Gorton, do. Onondaga do.

E. A. Munger, do. Oneida do.

A. Gulwits, do. Herkimer do.

L. P. Waldo, do. Jefferson do.

Geo. B. Palmer, do. Madison do.

D. D. Joslyn, Drug Proving, Jefferson County.

W. W. Gwynn, do. Cayuga do.

Geo. W. Bailey, do. Oneida do.

William B. Stebbins, Pathology and Treatment of Miasmatic Fevers.

M. M. Gardner, Diphtheria.

L. B. Wells, High Potencies in Disease.

Wm. Lant, Diseases of Mucous Membranes.

Wm. H. Watson, Special Pathology.

H. M. Palne, Meteorological Conditions of the Atmosphere in connection with prevailing Diseases.

W. Warren, Diseases of Children.

J. C. Raymond, Cholera Infantum.

Dra. J. C. Raymond, L. B. Wells, M. M. Gardner, and H. M. Paine were appointed delegates to the meeting of the Cayuga County Homœopathic Medical Society.

Dra. Wm. H. Watson and E. A. Munger, delegates to the Wayne County Homœopathic Medical Society.

Dra. L. B. Waldo, George W. Bailey, and H. M. Paine, delegates to the Onondaga County Homœopathic Medical Society.

The Society adjourned to meet at Bagg's Hotel, in Utica, October 18, 1864.  
H. M. PAINE, Secretary.

### *The American Institute of Homœopathy.*

"THE New-York Homœopathic Physicians' Society," in July, 1843, in view of the benefit to be derived from a mutual cultivation of the art by the various members of our school throughout the United States, appointed a committee to draft and send suitable invitations to them. They performed the duty assigned them, and on the tenth of April, 1844, a convention of the practitioners of homœopathy of the United States, took place in the city of New-York, at the Lyceum of National History, upon the anniversary of the birth of the illustrious Hahnemann.

Dr. Constantine Hering, of Philadelphia, was elected President; Dr. Josiah F. Flagg, of Boston, Dr. Wm. Channing, of New-York, Vice-Presidents, and Henry G. Dunnel, Secretary.

A preamble and resolutions in these words were adopted, viz.:

Whereas, a majority of allopathic physicians continue to deride and oppose the contributions to the materia medica which have been made by the homœopathic school; and, whereas, the state of the materia medica in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who seek diligently for truth alone; and inasmuch as the state of the public information respecting the principles and practice of homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art to acquire credit as proficients in the same:

Therefore, Resolved, That it is deemed expedient to establish a society, entitled "The American Institute of Homœopathy," and the following are declared to be the essential purposes of said Institute:

1st. The reformation and augmentation of the materia medica.

2d. The restraining of physicians from pretending to be competent to practice homœopathy, who have not studied it in a careful and skillful manner.

The above is part of the record of the organization and the first session of the Institute; the oldest National Medical Association in the United States.

It has now been thought desirable and feasible so to modify the constitution of the Institute as to convert it into such a National Representative Society, and, in view of the probable meeting of the Institute in June next, the subject is here laid before the profession.



In the following letter to Dr. G. D. Beebe, of Chicago, Dr. Paine indicates a plan, which it is to be hoped he may be willing to work out in detail in the form of a constitution for the New National Society, and respecting which we earnestly desire an expression of opinion on the part of our colleagues generally.

DUNHAM.

"CLINTON, ONEIDA Co., N.-Y., June, 1864.

"*Sir*: It is now fourteen years since the Homœopathic Medical Society of the State of New-York was first organized. It was then composed of members of the profession at large throughout the State. This form of association lacking the stimulus existing in organizations formed upon a representative basis, soon expired. Within the past three or four years, a successful effort has been made to revive the society and organize it, in accordance with existing State laws, upon a basis of representation. The admirable working of this plan is abundantly evident throughout the State. A new interest in the advancement of homœopathy and the science of medicine has been awakened.

"The primary organizations are local, composed of one or more counties, and embracing territory, so limited in extent, that each member can readily attend the meeting, at least once a year. These meetings contribute largely to the cultivation of mutual acquaintances, and in many other ways promote the objects for which they are designed. The county or local societies are represented in the State society by delegates elected once in four years, and these delegates are so classified that one-fourth annually go out of office.

"At the meeting of our State Society, held last week, in Albany, there appeared to be a very strong desire on the part of the members present, either to revive the American Institute of homœopathy, and reorganize it upon a representative basis, or form a new National Association to be composed of delegates from the State and County Homœopathic Medical Societies in this country. A committee was appointed to present the subject for consideration at the meeting of the Institute, about to be held at Cincinnati.

"Allow me to suggest the importance of presenting this subject for discussion at the meetings to be held this week in Chicago. We cannot doubt that such an association would strengthen and encourage all our State and local societies, whereas under the old form the effect would be rather to weaken them.

"Yours respectfully,

H. M. PAINE, M.D."

### *Medical Colleges.*

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.—The seventeenth Annual announcement of this, the oldest Homœopathic Medical College in the world, is received. While it promises well for all the branches usually taught in medical colleges, a new claim to the patronage of the profession and students is thus presented: "The Board have made, since the last session, important changes in the faculty of the College, and created a chair of "Special Pathology and Diagnostics;" thereby supplying a *desideratum* demanded by modern researches." All other branches are

made subservient to the grand end and aim,—the illustration of the homœopathic law, more particularly elucidated from the chair of Institutes and Practice by Dr. Hering. A list of all matriculants and graduates of the College is promised.

**CLEVELAND HOMŒOPATHIC COLLEGE.**—*Session of 1864-5.*—The trustees and faculty announce the continued prosperity of the Institution. They say: "We have from year to year advanced our standard of scholarship; improved and multiplied our means of instruction, strengthened our corps of teachers; and steadily increased our number of students." The rapid progress of homœopathy in gaining the favor of the people "is surely auspicious for the future, and carries its own rebuke to the unfair, illiberal, and exclusive patronage which has been given by the government to the members of only one medical school." The faculty earnestly recommend all "first course students to acquire some knowledge of osteology, chemistry, and botany before matriculating; and then also urge the importance of attendance at the *opening* of the course, as it is found that those students who come in afterwards, experience embarrassment therefrom during the whole session."

**HÄHNEMANN MEDICAL COLLEGE.**—*Chicago.*—The fifth annual announcement of this College represents that its means of instruction are now very extensive, embracing "all the positive sciences in any way connected with the practice of medicine and surgery;" the labor being "divided into eight departments, each of which is represented by an experienced and competent teacher." The various branches will be taught and illustrated by means of the black-board, drawings, manikins, models, skeletons, demonstrations from the recent subject, microscopic exhibitions, fresh specimens of medicines, minerals, plants, and chemicals. The Museum is well furnished; hospital and dispensary advantages are ample; medical and surgical clinics offer the best opportunities for seeing cases skilfully and satisfactorily treated.

**HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.**—*St. Louis.*—The third annual circular is received, and we learn with much pleasure that homœopathy and the school which represents it in the "central city of North America," has survived all the perils of the civil war which is soon to end. The faculty is reorganized and composed entirely of resident physicians of known ability, and all residing in the city of St. Louis. The hospital advantages are of the most inviting character. "The Good Samaritan Hospital, one of the largest and best arranged institutions in the country, possessing accommodations for two hundred patients, and having all the appointments for medical, surgical, and ophthalmic clinics, is opened for the benefit of the students of the College; and *regular clinics* will be holden in the different departments by the physicians of the Institution. A large Military Hospital, which presents from 125 to 150 cases per month, is under the control of one of the professors. Here all the diseases and injuries incident to camp life will be brought to the notice of the student who will have the opportunity to observe in each case the effects of homœopathic treatment. In all other departments of instruction the facilities for improvement are on the most extensive scale.

*Monthly Summary of Meteorological Observations for the year 1862.* By HORACE M. PAINE, A.M., M.D., of Clinton.

We add for New-York City:

## CLINTON.

Latitude 42°, 8' 16".  
Longitude 5°, 1' 30".  
(From Washington.)  
600 feet above tide water at Albany.

## NEW-YORK.

Same day and hour.  
Lat. 40°, 42' 40".  
Long. 74°, 08' 21".  
(From Greenwich.)

Highest degree of temperature 96, 2 P.M., Aug. 8. ....	95°
Warmest day August 8, mean temperature 84.6. ....	Mean temp. 87.
Lowest deg. of temp. 4 below zero, 7 A.M., Jan. 5 and Dec. 20, .....	9° above.
Coldest day Dec. 20, mean temperature zero, .....	60° above, falling
Range of temp. during the year, 100—highest range 68 in Dec.; lowest range 27 in March; mean range 46.6.	during the day to 8°.
August was the warmest month, mean temperature 73.14; February the coldest, mean temperature 19.06.	
Mean temperature for the year, 47.53.	
A frost on the morning of June 16, injured corn and grape vines.	
Slight frost on the morning of Aug. 30.	
Hard frost on the morning of September 3.	
The first snow fell October 20. ....	Rain.—First snow, Nov. 6.
Total amount of rain and melted snow, 36.87 inches. ..	Total rain and melted snow, 41 inches.
Mean amount of clouds, 6.8, 10 being entire cloudiness, and 0 entire clearness.	

## Materia Medica.

*Analysis of Dr. Grover Coe's Work on Concentrated Organic Remedies.* Arranged by ADRIAN STOKES. (*Brit. Jour. Homœopathy.*)

SPLEEN, Congestion of.—*Hydrastin, Veratrin.*

INTESTINAL IRRITATION.—*Hyoscyamin, "Dioscorein," Euphorbin, Juglandin, Caulophyllin, Asclepin, Gelsemin, Atropin.*

PERITONITIS, Acute.—*Asclepin, Digitalin.* Dig. after *Asclepin*, moderates arterial activity, and tends to avert effusion.

PERITONITIS Chronic.—*Sanguinarin.*

HÆMORRHOIDS.—*Collinsonin, Digitalin, Hamamelin, Hydrastin, Leptandrin, Podophyllin, Veratrin.*

COLLINSONIN, in languid and atonic states, and chronic piles, when most obstinate and inveterate. It relieves the pain, and stops bleeding. Is a most valuable remedy. Dose at first five grains every two hours; then two grains and one grain every four hours.

DIGITALIN has been employed with much benefit in the treatment of colliquative hæmorrhoidal discharges.

**HAMAMELIN.**—In blenorrhœa of the rectum, bleeding piles, prolapsus ani: locally and internally.

**HYDRASTIN.**—We know of no better remedy than this for the treatment of piles, locally and internally.

**LEPTANDRIN** is most valuable in piles, owing to its power of removing congestion in the veins of the mesentery and rectum; its action is rather slow, and we usually prelude a dose of Podoph. We use Hydrastin locally if there be pain or bleeding.

**PODOPH.**—When piles depend on a sluggish state of the portal circulation, this remedy gives prompt and complete relief.

**CONSTIPATION.**—*Euonymin, Irisin, Juglandin, Leptandrin, Menispermín, Podophyllin.*

**EUONYMIN** is one of the most reliable agents we possess for the relief of obstinate constipation. It acts slowly, but influences powerfully and enduringly the excretory function. It should be used perseveringly.

**LEPTANDRIN** is a tonic, and in constipation and piles with atony of the intestines will be useful.

**MENISPERMIN** is tonic and alterative, and will do much good in atonic dyspepsia with constipation and feeble circulation.

**IRISIN** and **JUGLANDIN** are tonic, deobstruent, and resolvent, and not directly stimulant to the intestinal fibres. Podophyllin may be studied under "Torpor of the Liver."

**COLIC, Flatulent.**—*Asclepin, Baptistin, Collinson., Dioscorein, Gelsemin, Juglandin, Populin, Viburnin Xanthoxylin, Solidago, Rhein.*

**ASCLEPIN** quickly relieves in doses of five to ten grains every twenty minutes, until spasm gives way, and the wind is expelled. It acts better if given in warm water. One dose may suffice.

**GELSEMIN** as a sedative.

**VIBURNIN** also.

**POPULIN** as an alterative.

The wonderful efficacy of Dioscorein in bilious colic will make it an indispensable remedy for the treatment of that disorder. Relief is prompt and certain. Dose four grains every half hour, until relief is obtained. It will be speedy.

[He does not mention Hyo. as a sedative, or remedy for colic in nervous women.—S.]

**JUGLANDIN** in bilious colic. Five gr. doses. It is a tonic and deobstruent.

**XANTHOXYLIN** is a permanent stimulant, giving tone to the muscular fibre, like Juglandin.

**SOLIDAGO**, Oil of.—Soothing in infantile colic: also for flatulent pain in the belly in adults, with fainting.

**COLLINSONIN** expels wind, relieves pain, and relaxes spasm. Cramp in stomach, flatulency, and colic soon yield to this medicine.

**RHEIN** in the colic of children, caused by the retention of acrid or fermented ingesta.

**ENTERITIS Mucosa.**—*Gelsemin, Leptandrin, Digitalin, Baptistin, Myricin, Veratrin, Hamamelin, Euphorbin, Lycopin.*

The special indications are considered under Diarrhœa and Dysentery.

**DIARRHŒA, Catarrhal.**—Asclepin opens the akin, harmonizes the action of the nervous system, and soothes the mucous membranes.

**BAPTISTIN** in chronic or asthenic cases.

**CERASEIN** in convalescence from acute attacks when there is atony of the membrane.

**COLLINSONIN**, two grains every, two hours. It soothes pain, deterges and heals the mucous membrane, quickens the glandular and absorbent vessels.

**DIOSCOREIN** is a fine medicine to soothe pain.

**GELSEMIN.**, ditto. See Fevers.

**GERANIN** acts as an astringent. Myricin, tonic. Juglandin, Leptandrin, Geranin, Myricin, Hamamelin, Hydrastin, Rhein, Stillingin, Rhusin, Rumin, and Lycopin, all act best in *chronic diarrhœa*, or in atonic states following acute attacks.

**DYSENTERY.**—Asclepin, Cerasein, Collinsonin, Gelsemin, Geranin, Eupatorin-purp., Juglandin, Leptandrin, Lycopin, Myricin, Rhusin, Stillingin, Veratrin, Trillin.

**ASCLEPIN** in the febrile stage to induce diaphoresis.

**GELSEMIN**, for controlling spasmodic action of the bowels. It far exceeds any single remedy we have yet employed. It is useful to soothe the irritability which causes tenesmus.

**LEPTANDRIN** is useful in mild cases, and in chronic. When false membranes have been formed in the intestines by the gradual exudation of plastic lymph, Lept. may be relied on for their removal. Dose two or four grains two or three times a day.

**JUGLANDIN** corrects the acrimony of the secretions, obviates putrescent tendency, soothes irritability of the mucous surface, and favors normal secretion.

**EUPHORBIN** in chronic dysentery, with ulceration of the bowels. It is an arterial sedative.

**EUPATORIN-PURP.** in dysentery, with low symptoms, or putrid dysentery.

**LYCOPIN** in chronic dysentery, or when there is ulceration of the bowels.

**MYRICIN** used after morbid accumulations or secretions have been removed; as a tonic. Dose two grains every two hours.

**TRILLIN** is antiseptic, and is given in order to correct fermentation or putrescence.

**VERATRIN** to meet the inflammatory symptoms and fever at the onset of an attack, and

**RHUSIN** when fever is subdued: tonic.

**CHRONIC DYSENTERY.**—Lept., Rhus, Myricin, Still., Hydrastin, Hamam., Lycopin, Ceras., Collins., Geran., Cornin, Xanthox.

**CHOLERA, Infantum.**—Collinsonin, Dioscorein, *Euphorbin*, Fraserin, Leptandrin.

**COLLIQUATIVE DIARRHŒA.**—Cerasein, *Fraser.*, Euphorbin, Myricin, Rhein, Rumin.

#### HÆMORRHAGE FROM THE INTESTINES.

**GERANIN** in passive hæmorrhage from any of the mucous membranes. Administered by enema in the case of hæmorrhage from the bowels. Dose three grains.

**HAMAMELIN** in hæmorrhages of a passive character, when the pains are weak: specific.

**COLLINSONIN** acts promptly in checking bleeding from the bowels, and especially in piles, soothing pain.

**WORMS**.—Gels, Chelonia, (*Ascaris lumb.*, and *Tricocephalus dispar*)—Helonia, Leptandrin, Apocynin (*ascaris vermicularis*), Euphorbin.

#### AFFECTIONS OF THE RESPIRATORY ORGANS.

**LARYNGITIS Chronica**.—Leptandrin, Euonymin, Stillingin, Apocynin, Hydrastin, Sanguinarin.

**CROUP**.—Hyoscy., Lobelia, Macrotin, Podophyllin, Sanguinarin, Veratrin, Gelsemin.

All these remedies are relaxant and sedative, or antispasmodic. Their individual action is thus remarked on by Dr. Coe.

**LOBELIA** must be given in full emetic doses so as to obtain its relaxing action. The secret is, to give enough!! [Save us from our friends!!—S.] In mucous and spasmodic croup, dose  $\zeta ij$  to  $\zeta ij$  every half hour. It wont hurt the stomach: for after using a Lobelia puke a man can in half an hour sit down and eat a good dinner, aye, and digest it, too!!!

**PODOPHYLLIN** prepares the system for the reception and better action of other remedies.

**SANGUINARIN**, generally combined with Eup.-perf. or Lobelia, because its emetic quality is very acrid.

**VERATRIN** gives prompt relief in mucous or spasmodic croup. It is peculiarly appropriate in membranous croup on account of its anti-plastic quality, preventing the formation of false membranes. It relaxes spasm, lessens arterial excitement, and promotes diaphoresis.

**BRONCHITIS, Catarrh, Cold**.—Asclepin, Senecin, Macrotin, Euonymin, Apocynin, Euphorbin, Hyoscyamin, Lobelia, Hydrastin, Leptandrin, Sanguinarin.

**SENECIN**.—In coughs, colds, and catarrhal complaints Senecin is valuable, especially where mucus is plentifully secreted. Add Hyos. if there be pain in the chest, or night cough.

**MACROTIN** is a fine expectorant, and a soother of nervous irritation. In chronic bronchitis it is very useful. Leptandrin promotes secretion.

**HYOSCYAMIN** in obstinate coughs, nervous cough, worse by night, when there is much nervous sensibility, and wakefulness.

**VERATRIN** in acute bronchitis as an arterial sedative, to resolve the plasticity of the blood and local secretions. It exercises a wonderful control over the capillary system, and hence, in congestion of deep-seated tissues is a remedy of great service. For controlling the action of the heart and arteries, and promoting the action of the absorbents, and veins, and lymphatics, both in acute and chronic disease, we regard it as having *no equal*. It is one of the most reliable expectorants known. In pneumonia, asthma, and bronchitis, it will give entire satisfaction. Dose one-eighth to half a grain. Tincture one drop to three, or five to eight.

**EUPATORIN-PURP.**—A valuable expectorant. It removes plasticity of venous blood, and promotes cutaneous exhalation, and assists cure by promoting the renal secretion. Two to five grains.

**APOCYNIN** in chronic bronchitis as an expectorant and promoter of mucous secretion.

**HYDRASTIN** is a valuable remedy in bronchitis, laryngitis, &c., in atonic conditions, or in advanced stages of acute bronchitis.

**SANGUINARIN** is a fine expectorant, and in pneumonia, bronchitis, and other similar diseases may be employed with great advantage, keeping up a gentle diaphoresis. It resembles *Veratrin* in overcoming plasticity of the blood.

**SOLIDAGO**, Oil of.—Employed beneficially for inhalation in chronic bronchitis, or in catarrh.

**CERASEIN** in chronic coughs.

**LOBELIA** excellent in catarrh, bronchitis, pneumonia.

**PNEUMONIA.**—*Apocynin, Asclepin, Digitalin, Gelsemin, Hyoscyamin, Prunin, Sanguinarin, Veratrin, euonymin.*

**DIGITALIN** is employed in pneumonic fevers, and lingering hectic, when there is sthenic irritability of the arterial system, or irritation kept up by some remote cause, as tubercles. Useful in chronic irritable states of lungs and pleura, such as often terminate in hydrothorax; also in pneumonia of phthisis.

**EUONYMIN** quickens the secretions of the kidneys, skin, and bowels, and thus helps in pneumonia, catarrhs, and bronchitis. Half a grain every two hours.

**HYOSCYAMIN** used in irritable conditions of the respiratory mucous membrane, but not in acute inflammations.

**VERATRIN** is indicated in inflammations, especially those of a hypersthenic kind. It has a powerful relaxing influence, and resolves the plasticity of the blood as well as opens the absorbents.

**PRUNIN** and **SANGUINARIN** are useful in pneumonia after the sthenic inflammation has been subdued, when they promote secretion and help expectoration.

**LOBELIA** is used in America in pneumonia; emetics of it are given several times daily until the inflammation is over. Coe says it acts well.

[Of *Aconite* and *Belladonna*, so valuable, nay, indispensable in homoeopathic hands, for the treatment of pulmonary affections, Coe says next to nothing. He considers them to be contra-indicated in hypersthenic inflammations, and therefore omits them in speaking of diseases which our school considers to be their proper and legitimate sphere of action.—S.]

**PLEURITIS.**—*Asclepin, Apocynin, Euphorbin, Prunin, Sanguinarin, Veratrin.*

**ASCLEPIN** is of especial service when the serous membranes are involved as in pleuritis, peritonitis, &c. The remarkable efficacy of the plant used in domestic practice for the cure of pleurisy has caused it to be denominated "*Pleurisy Root.*" Begin with doses of ten grains every two hours, until the inflammatory symptoms give way, and then relax, and give five grains to two grains every four hours; keep up free perspiration for twenty-four hours. If nausea arise remit for a time and then resume the medicine. We have seen several severe cases of pleurisy cured by this medicine alone.

**APOCYNIN** is valuable to cause absorption of serous effusions in the

thoracic or abdominal cavity. It is diaphoretic, stimulant, and expectorant, hence useful in subacute inflammatory affections of the lungs or air passages: or after more acute inflammations. Quarter to half grain.

**EUPHORBIN** in doses of quarter to one grain every hour or two. Valuable in fevers, acute rheumatism, pleurisy, acute bronchitis, &c. If nausea arise, diminish the dose.

**PRUNIN** in the convalescence from acute pneumonia or pleurisy, to facilitate expectoration.

**SANGUINARIN** in asthenic forms of inflammation, or when the patient is reduced. See under Bronchitis.

**VERATRIN** in asthenic inflammation, to reduce the pulse and diminish plasticity of the blood.

**HÆMOPTYSIS**.—*Erigeron, Eupatorin-purp., Geranin, Hamamelin, Lycopin, Trillin, Apocynin.*

**APOCYNIN** in cases where some suppression of hæmorrhoids or menses has taken place, or where serous accumulation exists in the chest.

**ERIGERON** controls the action of the heart and acts as a sedative, one drop every half hour or hour.

**EUPATORIN**, two to five grains every thirty to sixty minutes.

**GERANIN** in passive hæmorrhages as astringent, in doses of five grains or more every hour until better.

**HAMAMELIN** in hæmoptysis occurring in a low state of health, when the blood is venous.

**LYCOPIN**.—No agent yet discovered can compete with this as a radical remedy in hæmoptysis. It seems to be almost a specific. We have used it long and successfully and can speak from authority. It is an arterial sedative of the most valuable kind, reducing the pulse without causing any symptom of narcotism. Two grains three or four times a day in water, or in severe cases every twenty, thirty, or forty minutes. In incipient phthisis it abates fever, promotes expectoration, strengthens digestion, and aids cutaneous and renal depuration.

**ASTHMA**.—*Ampelopsin, Atropia, Carulophyllin, Eupatorin-purp., Euonymin, Veratrin, Lobelia, Sanguinarin, Gelsemin.*

**ATROPIN** as a sedative against spasm.

**APOCYNIN** as an expectorant, and to thin the secretions.

**EUPATORIN-PURP.** resolves the viscosity of the bronchial secretions and the plasticity of the venous blood. We incline to think that the efficacy of this and some other medicines depends upon their rousing the kidneys to activity, and the improvement of cases of asthma, &c., is owing to the removal of effete matters through the kidneys or skin. At any rate we have found diuretics the best remedies in whooping cough, asthma, &c.

**EUONTMIN**, as a remedy in asthma arising from disorder of the liver, will be very effectual.

**LOBELIA**.—In spasmodic asthma we give this in quantity sufficient to relieve the urgent symptoms, and afterwards continue in smaller doses, until a cure is effected. As "an expectorant it has few equals and no superior."

**VERATRIN** is given at intervals of thirty minutes, until the spasm is



broken and relief obtained. "It is one of the most reliable expectorants known."

See under Bronchitis, also at Fever.

GELSEMIN is employed in asthma to break the spasm, and subdue nervous irritation.

SANGUINARIN promotes expectoration.

Medicines which relieve the air tubes by lessening plasticity of the blood, and promoting secretion of mucus: Apocynin, Capsicum, *Eupatorin-purp.*, Euonymin, *Lobelia*, *Veratrin*, Viburnin.

PERTUSSIS.—Asclepin, Ampelopsin, Caulophyllin, Digitalin, Eupatorin-purp., Hyoscyamin, Sanguinarin.

### *Proving of Gnaphalium.*

*Species* : Polycephalum, Uliginosum, Margaritaceum.

*English Synonyms* : White Balsam, Indian Posy, Sweet-scented Life-everlasting, Old Field-balsam, Cud-weed.

*Natural Order* : Asteraceæ.

*See Syst.* : Syngenesia superflua.

The plant is indigenous, herbaceous, and annual, with an erect, whitish, woolly, and branching stem, from a few inches to a foot high. The leaves are alternate, sessile, linear-lanceolate, acute, entire, scabious above, whitish, and woolly beneath. The flowers are yellow and tubular; in heads clustered at the top of the paniced, corymbose branches.

The gnaphalium was formerly deemed to contain three species, as indicated above: but the *G. margaritaceum* more properly belongs to the order Antennaria; and it was reckoned a member of this genus more from its similarity than from any strict botanical resemblance. Moreover, the only perceptible difference between the *G. polycephalum* and the *uliginosum* seems to be in development; the former being more perfect, and thus may be considered the proper type of the genus.

*History.*—It is found in all the northern and eastern parts of the United States and Canada, in old fields and dry barren lands, in old gravel-pits, by the roadside, &c. It flowers in July and August, bearing a whitish-yellow flower. The leaves have a pleasant, aromatic smell, and an aromatic, slightly bitter, and astringent taste.

Allopathically it has been recommended as a diaphoretic; use in quinsy, and in various pulmonary diseases; in leucorrhœa, and in diseases of the bowels. The official preparation is an infusion. It has been applied as a fomentation to bruises, indolent tumors, &c.

The fresh juice has been deemed anti-aphrodisiac.

From the provings which have been made, we are led to believe that its sphere of action is not extensive; that in its action on the healthy system, it is generally slow, though its curative effects are manifested with promptness. Its sphere of action seems to be in those diseases dependent upon an irritated or relaxed condition of the alimentary canal,—such as diarrhœa, cholera-morbus, cholera-infantum, and especially the diarrhœas of children occurring during the heat of summer, and characterized by copious watery and exhausting discharges, with or without griping or

nausea, and which frequently prove so intractable during dentition. This conclusion is not merely theoretical, but has been confirmed by the experience of many physicians of Boston and vicinity.

In the following provings we have individualized each case, and given, as exactly as possible, the order in which the symptoms occurred.

*Proving by Dr. Woodbury.*—Aged twenty-nine; dark hair and eyes; in perfect health. Sept. 10, 1860, took, one hour after breakfast, fifteen drops of a saturated tincture of *G. ulig.* Experienced during the day unusual rumbling (*borborygmus*) in the bowels, with slight griping pains: in the evening a diarrhœic stool, with uneasiness in the bowels until falling asleep. 11th and 12th, no symptoms; natural stool as usual. 13th, took twenty-five drops on retiring at night. 14th, diarrhœic stool early in the morning, and a second before noon, with pain and rumbling in the abdomen, diminished urine, loss of appetite and taste. 15th, bowels constipated; no stool; urine natural; also appetite and taste. 16th, took fifty drops on retiring at night; diarrhœic stool, very copious and watery before morning, and two before noon on the 17th. Nausea and pain in the abdomen on the 16th; urine scanty as before. 18th, dark-colored, liquid, offensive stool at the usual hour in the morning: the pain in the bowels continued nearly all day. 19th, constipated, no pain, appetite and taste natural. 20th, ditto. 21st, bowels natural again. 22d, a half ounce of *G. Polycephalum* at night on retiring. Three loose and watery discharges, with great pain and nausea, before morning. 23d, profuse diarrhœa, attended with great pain in the abdomen all day; urine scanty and red as before; great weakness and prostration as the result of the diarrhœa. 24th, discharges more natural; less pain. 25th, no symptoms; bowels natural.

I now discontinued my experiments upon myself, as I found that the increased doses produced no new symptoms, but only increased, to an uncomfortable degree those developed by the previous and smaller doses.

Mrs. S ———. —Gave fifteen drops to each of three children, aged, respectively, four, six, and eight years, and on retiring at night. The two older children had diarrhœic discharges in the morning, and several times during the day following, attended with great irascibility of temper, and pain in the bowels. The youngest had vomiting and purging, like cholera-morbus, before morning, and the purging continued through the next day, at intervals of increasing length.

In all three cases, constipation, continuing two or three days succeeded diarrhœa; during which time the children were indifferent, almost to aversion, to food and very irritable.

The children were all healthy and strong.

Mrs. S ———, aged forty years, mother of the little provers just mentioned, has dark hair and eyes, uniformly well, but inclined to constipation; took, first, ten, then fifteen, then twenty-five drops of the *G. Ulig. Tinc.*, without perceptible effect; then took sixty drops, which caused a copious diarrhœic discharge, preceded and attended with nausea, pain, and rumbling in the bowels. The pain and *borborygmus* continued for two days. She declined to experiment any further.

The medicæ was taken by two other provers; but no new symptoms were elicited, although most of those already stated were confirmed by them.

Dr. Chase made several provings of this drug upon himself, in doses of from forty to sixty drops; the results of which were fully confirmatory of those already stated. The same is true of the provings made by Dr. Talbot and others.

Highly satisfactory clinical results, in accordance with the above pathogenesis, have been furnished by Drs. Gregg, Walker, Scales, Talbot, Chase, and others; in whose hands it was remarkably successful in the treatment of cholera-infantum and kindred diseases.—(*Publications of Massachusetts Hom. Society.*)

### *Sticta in Catarrh.*

Dr. C. W. Boyce writes, July 16th, 1864: In the the July number of the *American Homeopathic Observer*, I notice a reference to *Sticta in Catarrh*. This remedy has been of the greatest value in this vicinity, in that troublesome disease. During the past spring, there was an epidemic influenza which affected nearly every one, and which produced symptoms quite unusual here. These consisted of an extensive dryness of the nasal mucous membrane, which became painful. The secretions were so quickly dried that they were discharged after great effort, in form as hard as scabs; the soft palate felt like dried leather; deglutition became painful from the same cause. Often, the catarrh extended to the chest, leaving an irritation lasting for weeks. There was, usually, a distinct exacerbation in the latter part of the day, and fore part of the night; the morning hours were nearly free from distress. *Sticta was the only remedy that relieved.*

### *Cucurbita Pepo Semen, for the Expulsion of Tape Worm.*

DR. A. M. VEDDER reports to the *American Medical Times* the expulsion of a tape-worm eighteen feet nine inches long after the administration of three table-spoonful of pumpkin seeds, previously peeled, dried, pulverized, and mixed with sugar. The patient took also five ounces of oil, fasting fifty hours. He says: "To get the curative effect of seeds, absolute fasting is a *sine qua non*." Turpentine, santonine, and male fern had been previously administered in this case without avail.

### *Superiority of Vulcanized India Rubber over any other Substance for the Fabrication of Bougies.*

PROFESSOR NELATON has recently shown the superiority of the vulcanized India rubber for catheters and bougies over the instruments in common use made of tissue coated with oil mixed with litharge. They are large, rigid, liable to give rise to false passages, cause pain, and when permanently left in the urethra, exercise a degree of pressure which may induce mortification and perforation. In a few days, moreover, they are deteriorated by humidity. Vulcanized India rubber sounds, on the contrary, are perfectly flexible and unchangeable. They are inserted with greater ease, and cause so little distress, that they may be preserved in the urethra during a journey without any inconvenience. They are not affected by moisture, and one of these instruments which remained in the urethra twelve days, in one of M. Nelaton's cases, when withdrawn presented no sign of outward injury, and was as smooth as before its introduction.—(*Jour de Med. et Chir.*)

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ARTICLE XXVI.—*Choice of Climate.* By JAMES T. ALLEY,  
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IN the remarks I have to make upon this topic, I propose for the most part, to refer only to the general principles which should be our guide in selecting a climate, leaving the more particular indications to be referred to hereafter, when treating of particular localities.

It is no light matter to advise an invalid, one who is threatened with serious disease, to leave the comforts of a home, and the care of friends, and live for months, thousands of miles away. It is no ordinary climatic influence that would ever counterbalance the disadvantages of such change. Accordingly when such a course is advised, it should be with a consideration of the discomforts and disadvantages which necessarily attend it, and with a calculation not only of the probable effects of these, but also of the climatization process which every one must surely undergo.

It is the misfortune of many invalids, that they are more willing to take the advice of wandering story-tellers, than of their medical adviser, no matter how well informed he may be.

The conceits of these over-wise people are frequently formed from mere whims and idle reports, without a single truthful observation to support them, and they are expressed in colors so glowing or so dark, as to make the sober truth of the better informed appear tame by their side. Only a few days ago a young man came to me with the second stage of phthisis just commencing, wishing advice whether to go abroad, and where to go. I gave him a plain statement of his condition, as much encouragement in going abroad as I thought consistent with the facts, and such directions as to place as seemed best. It is evident however that my story did not meet his confident expectations of a speedy cure, and that he was anxious for more pleasant advice. This he very soon received from some lay friends, and acting upon their counsels, started for Pau, in the south of France. I have seen so many of his class as wanderers in Europe, that it is not difficult to prophesy his course and its results. Wherever he goes he will ask the advice of all he meets, and follow that which he *wishes* to be true. He will remain in Pau until he hears some dismal stories in regard to its climate, immediately after which he will himself feel similar effects, and will then take the first conveyance to some other favored spot, at which he will do the same. He will grow impatient, be disappointed, grumble and find fault, he will not test the virtues nor adaptation to his own wants, of a single climate he visits, he will constantly be looking for perfection, and finding nothing but earthly elements; in short, his journey will be fruitless, probably injurious, and very possibly fatal. This picture is not overdrawn. With persons of his temperament and disease and course, it will be the almost uniform experience.

But the question may be asked: Is it possible to give any definite instructions to such individuals as wish to follow legitimate advice? I answer undoubtedly, yes! Understanding thoroughly the climate, and making due allowance for personal idiosyncracies, we can give the strong probabilities with about the same certainty, that we can of an untried remedial agent. Here, however, as in medicine, it is the more embarrassing, as we are compelled to regard the indications *tout ensemble*, and thus prescribe an apparent contradiction

in some of the minor, in order to meet some of the major indications.

Commencing upon the negative side of the question, let us first look at those points which should not influence our choice.

First, it is not true, as many seem to suppose, that those climates which produce the largest physical growth, are healthiest in their action upon either the sick or the well. In England, one continually meets with a bodily growth beyond the ordinary size, yet there are very few invalids one would think of sending there in preference to other places of resort. The climate of England is well fitted to produce a large physical growth, but not the most perfect physical man. Indeed, it is doubtful whether those who attain this extraordinary size are ever so thoroughly formed as those near the medium stature. The most perfect physical development I have ever seen was in the young men in the French army, where the stature is usually about five feet, and in the inhabitants of Albano, near Rome, where the height is frequently not more than this. Notwithstanding the ruddy countenances one sees in England, all Europe is filled with her invalids, and they are scattered in every part of the world. It is not unfrequently the case that a robust and hardy race is found in a climate where very few invalids could live, the strong opposing elements being the means which develop hardihood in the strong, whilst it overpowers the weak. Certain animals, fulfilling the law of selection, destroy the weaker and smaller of their own kind, so that only the larger and stronger perpetuate the species. What the instinct and rapacity of these animals do for them, harsh and severe climates do for the human race, they cut down the weaker, and by their severity develop the strength of those who are able to oppose. On the other hand, a climate which brings its native residents below the ordinary degree of vigor, may be exactly the *desideratum* in certain excited, diseased conditions.

2d. Statistics of mortality among the native population, do not necessarily prove a good or a bad climate. At Pau, in France, the mortality is remarkably small, that is 1 in 45, whilst at Rome it is remarkably great, as 1 in 25, yet I believe the latter climate to be quite as healthy as the former, 'he dif-

ference in mortality being easily accounted for as follows: At Pau, a small and comparatively modern city, the streets are broad, and the apartments in which the natives reside are for the most part freely exposed to the fresh and pure air; whilst at Rome, the poorer class of residents, and they are the vast majority, are huddled together into narrow streets and damp and ill-ventilated houses, into many of which the sun almost never enters. Again, and this is a most important consideration, at Pau, nearly all of the inhabitants are industrious, and find comparatively little difficulty in getting sufficient reward for their labor to procure the absolute necessaries of life. At Rome, on the contrary, large numbers of the inhabitants suffer greatly from want of food, and the food which many of them get is of bad quality, and in no way adequate to the proper sustenance of the body. We thus find that these figures are of not the least account in determining the value of the respective climates, and the only way by which we could arrive at any just comparison, would be by taking into account only those whose situation and surroundings are nearly the same.

Again, the degree of latitude, vegetable productions, the quantity of rain, &c., are no certain criterion of the states of the atmosphere, without taking into consideration all prevalent influences. Perhaps enough has been said upon this point in a former article, in which I gave brief illustrations of these propositions. Thus much upon the negative, a few words now upon the positive side, and these may conveniently be said in answer to the three following questions. Shall the climate we recommend be cold or warm? Shall it be moist or dry? Shall it be a sea or an inland air? Of course the answers to these depend upon the form and condition of disease, but inasmuch as the strumous or tuberculous diathesis is present in a very large majority of those who are compelled to seek the benefit of a change of climate, it is not difficult to give general indications which will apply to a large number of cases.

1st. To the cold climate I would assign the majority of such patients as have extensive tubercular deposit in the lungs, especially where the softening process has commenced, and the

symptoms indicate a greatly impaired condition of the general system. A\* properly-selected warm climate will sometimes palliate cases of this kind, and prolong life for several years, but its trial under these circumstances is always attended with much risk, and a radical cure hardly ever to be expected. On the other hand, a dry cold climate is attended with far less peril, and offers a greatly better chance for permanent cure. Whilst at and around Lake Superior a few years ago, the captain of the iron quarries, at Negauny, told me he had repeatedly seen laboring men come there with all the symptoms of the later stages of phthisis, unable at first to work more than an hour a day, and after a year or two, entirely recover their former health and strength. What is somewhat remarkable, the greatest benefit seems derivable from the winter season, long, cold, and snowy as it is. As an example of a desirable cold climate, perhaps there is none known equal to that of parts of Minnesota and Wisconsin, and even the northern part of Michigan, if we keep a few miles from the lakes, so as to avoid the damp lake winds of autumn and spring.

To the warm climates I would generally commend those who have decided evidences of a strumous, scrofulous or tuberculous diathesis, but in whom the dyscrasia is not sufficiently developed to interfere in great measure with the normal functions of any particular organ or part. In children affected in this manner, especially if they are between the ages of four and sixteen, the effect of one or two winters passed in a well chosen southerly climate, in repressing the development of anticipated disease, and pushing the system forward, so that it is able to overcome and cast out the morbid influence, is quite as remarkable as that of any recuperative effort of nature we ever witness.

Next to the youth, those who will have the best chance of extraordinary benefit from the change here spoken of, are elderly persons, or those who are beyond the prime of life, and in whom the vital powers temporarily begin to flag. With most persons, whether male or female, there is a period known as "change of life," occurring usually in the latter, betwixt the ages of forty and fifty, and in the former somewhat later, which, if it is successfully passed, a new lease seems to be



given them, and their original vitality is renewed. For such, a season or more spent in a well-adapted warm climate, will very frequently ensure a safe passage of the crisis after all medicinal means have failed.

The two stages of life here mentioned are those from which we may expect great results; but we may safely say that at any age, persons in the physical condition here described will usually find their best chance for recovery in a mild rather than in a cold climate.

With regard to those persons in whom there is tubercular deposit, but in whom there is not extensive softening of tubercle, whose constitutional disturbance no more than keeps pace with external indications, they will require more particular discrimination, and must be advised according to existing conditions. With French authorities, generally southerly climates are decidedly preferred, especially if the disease has not gone far beyond the first stage, and there are no contra-indications present, as also in the various chronic affections of the lungs, resembling in symptoms, though not of a tubercular nature. I had the opportunity of learning personally the opinions of Teste, Milsante and others of our own school, and of the celebrated Louis, Briau, and others of the allopathic school, and under the circumstances named, their uniform advice was, *au midi*. A son of Dr. Louis was only a few years ago a victim of phthisis, and even in the last months of his life, his father accompanied him to Pau, as the nearest and best point that it was practicable for him to seek. This was done not with the expectation that the climate would prove a sovereign remedy, but only to avoid the severe winter months of Paris, and to be surrounded by the more negative influences of Pau.

English authorities also, as far as I have seen, nearly all advise the warm climates, and expect better results therefrom than could otherwise be obtained. With them, however, as with the French, this is very often the only practicable course. From Paris to the south of France is not more than eighteen hours, thus making a southerly clime easily and quickly reached at a trifling expense, whilst a suitable cold climate is exceedingly difficult of access. With us it is different. The

State of Minnesota is now from here more easily reached than even any warm climate of America, besides, as I have already said, its trial is attended with far less risk, to a patient with advancing tubercular disease.

The paramount advantage of warm climates in general is, that one is able to spend much time in the open air at a season of the year when at home the inclement elements shut them closely within doors.

The advantages of a dry cold climate (a moist cold one can hardly ever be recommended) are, the degree of tonicity it gives to the relaxed system, whilst the waste and reparative process is carried rapidly forward to assist as far as possible in the renovation of the system.

With either it is largely a question of oxygenation, and accordingly as this is well or badly performed, will benefit or injury usually follow.

2d. Shall the climate be moist or dry? This distinction is a matter of importance, perhaps equal to that of temperature.

Briefly stated, the moist climate to a diseased surface is emollient and preservative, and thus better calculated for palliative, whilst the dry climate is more or less exciting, and if we may so term it, alterative, and thus better suited for preventive and constitutionally curative effects. To be a little more explicit, the moist air, other circumstances being equal, is far superior as a mere topical application, frequently healing the broken surface, without directly altering the tendencies of the system, whilst the dry air, irritating as it may be, has a far more beneficent action upon the general system.

The unkindly effects of moist climate, says Sir James Clark, upon all constitutions in which the lymphatic temperament predominates, are usually shown in depressed spirits, feeling of weariness and enervation, laboring digestion as well as in the occurrence of some passive local congestion, glandular swellings, &c. To these effects most of us could testify from even the temporary periods of moisture in our own climate. Many people quickly anticipate the occurrence of what is called "falling weather," by experience of the symptoms here noted. Again, he says, "wherever there is a tendency in the system to struma a moist air is particularly hurtful."

On the other hand, Dr. Radclyffe Hall considers "a moist climate rather favorable than otherwise in phthisis, and thinks it had better be too moist than too dry."

These opinions are both correct if properly applied to different stages of the disease. To that stage of phthisis in which the membranous surfaces are broken, attended as it always is by some kind of inflammation, a warm moist atmosphere will frequently mollify the diseased tissues, ease the urgent symptoms, and sometimes heal the broken structure. I believe also that in those cases where the disease has advanced to the second or third stage, if a warm climate is employed at all, it should almost always be a moist one. Of this character is the climate of Madeira, and for that development of the tubercular dyscrasia, known as phthisis, perhaps no other climate has obtained a like reputation. For the different varieties of chronic membranous affections of the lungs, such as chronic pneumonia, hepatization, and especially the dry form of chronic bronchitis, the moist climate either bracing or relaxing according to the tonic or atonic condition of the system is decidedly to be preferred. Again, a moist bracing air, of which I know of no better type than that of Montpellier, in France, is especially well suited to cases of general debility, without serious organic disease, as also those who have passed through severe febrile or zymotic affections, and are slow in recuperating therefrom. The same may be said, in most instances, of rheumatic and neuralgic troubles.

The dry climate I consider better suited for the commencement of the tuberculous dyscrasia, and indeed for almost any stage up to that point in phthisis when acute irritation commences. If the digestive and assimilating organs are weak and liable to derangement, especially if one is liable to congestions of the chylopoietic viscera, a dry air will be more strongly indicated, and a moist air will more surely disagree. In short, in all those cases where we wish to produce resolution of substances wherever deposited, and promote such an active excretion as shall prevent further formation, a dry atmosphere is particularly to be recommended.

3d. Shall it be a sea or an inland air?

Upon this point I have room for but few words, and there

fore, without giving testimony *pro* and *con* I will merely state my deductions.

Affections of the lungs attended with acute inflammation do not usually bear well an atmosphere immediately bordering upon the sea. These are generally best suited by a residence far in the interior, and in a level rather than in a mountainous country. In chronic diseases of the lungs, I think a mild sea air decidedly favorable, and where there is an atonic conditions of those organs without serious organic disease, the strongest sea air will frequently exercise a highly beneficial influence. If on the sea-shore, changes are somewhat more sudden and extreme, they are usually attended with less injurious results than similar changes in the interior. Many invalids will receive much benefit from an alternate change from a mild sea, to an inland air, at intervals of a few months. Indeed it will frequently be found profitable for chronic invalids occasionally to change from one to another of the several conditions here noted, as a continued residence in any climate having special peculiarities will not be for the highest good.

In regard to the distinction, known as the bracing and the relaxing climate, I will merely mention leading examples of each. Of the dry bracing we have: Nice, in France, Florence and Naples, in Italy, the South-east coast of Spain, Egypt, and portions of the Northern States of America. Of the moist bracing, Montpellier and Algiers, as the most prominent. Of the relaxing, Madeira, Pau, in France; Rome and Pisa, in Italy; parts of Florida, and the West Indies.

In reference to equability of temperature, it is only desirable for temporary purposes. Where the pulmonary surfaces are so inflamed as to be dangerously injured by ordinary catarrhal affections, there an equable climate is for the time greatly to be desired. With the exception of this, however, a moderately changeable atmosphere is far better for the general health, and in many instances of chronic inflammation of the lungs or other organs a properly controlled catarrhal attack is rather favorable than otherwise to a final recovery.

In the choice of climate there are also personal considerations which we are compelled to regard, such as age, means, strength,

tendencies, complications, and the climate in which one has lived. In reference to the last, it is somewhat hazardous suddenly to change from one extreme to another. It is always better in these cases to first try the effect of an intermediate, and be guided by its experience in what is afterwards necessary. I have often found that patients from the cold and bleak portions of New-England find the climate of New-York a sufficient change to answer their purpose, whilst those from a more southerly locality may find it necessary to go into tropical countries to obtain the same benefit.

With respect to those climates which I am hereafter to describe, let it be remembered that they are only valuable during certain seasons of the year, and positively and highly injurious during other seasons. To Nice, one may go as early as October; to Pau, not earlier than November, and to Madeira and Algiers not sooner than December. As to particulars in this respect, they will be given when speaking of different places of resort.

**ARTICLE XXVII.**—*Furuncles in the Auditory Canal, or Circumscribed Inflammations of the Ear.* From DR. E. M. HALE'S forthcoming work on Diseases of the Ear.

BOILS (*furuncules*) of the auditory canal are exactly similar in their nature to the furuncles which so commonly appear in other parts of the body. It is well known that this form of abscess distinguishes itself from others, in that the furuncle has in its centre a circumscribed "core," which is formed from dead connecting tissue, and also from a diseased hair-cyst. The inflammation generally begins in the hair-cyst, and as a consequence of the profuse formation of pus, this cyst, as well as the connecting tissue about, is destroyed. A so-called, demarcated, or circumscribed inflammation develops itself about this "core," and thus furnishes still more purulent matter; since, however, the central mass of connective tissue becomes fully separated, the furuncle presents a great similarity to an abscess.

*Symptoms.*—These furuncles may be described as swellings

of various sizes: flat-round, or coniform in shape, of firm consistence, with broad bases, and with a not clearly defined border, proceeding from the integument of the auditory canal. Their color is often scarcely changed from that of the skin, seldom more than a pale-red, always very tender to the touch; the surrounding parts are more or less swollen, so that a complete closure of the auditory canal, and with it hardness of hearing, or deafness (*dysekoia*) may occur. Sometimes the borders of the swelling are so little to be distinguished, or the external meatus so extremely slit-shaped, that we can with difficulty find and designate the exact position of the abscess. Several furuncles often appear near each other, whereby the symptoms are very naturally increased.

The *subjective* symptoms arising from these boils, are as similar to those which arise from circumscribed abscesses in other parts of the body; but generally the suffering is much more intense.

The patient at first feels only a sense of fullness in the ear, as if the ear were stopped up. Soon severe pain occurs, extending from the ear to all the surrounding parts, aggravated by mastication, talking, and other movements of the jaw, and this pain *always increases at night*. A feeling of extreme tension is felt in the ear, and sounds as of pounding and hammering in the head. The patient cannot lie on the affected side, because at each motion intense pain is occasioned. In severe cases the pain and unrest brings on febrile symptoms, often to such an extent as to simulate inflammation of the middle ear. The symptoms will of course vary in intensity, according as the furuncle is situated in the entrance, or in the deeper portions of the auditory canal. They appear in every age, and in the most different kinds of constitutions. They often occur as complications of otorrhoea.

*Troltsch* thinks that lotions of alum seem to produce them. He mentions several cases confirmative of this.

*Course.*—Resolution sometimes occurs without there being a discharge of pus; generally, however, a yellow point appears, and an opening follows from three to six days from the beginning of the attack. Then the scene ends, and at one stroke all the disturbing symptoms disappear, if a new furuncle does

not immediately set in. The contents are generally a few drops of thick pus, and a fatty or flocculent mass, which we can commonly obtain by pressure on the walls of the abscess. The discharge of pus soon ceases; just previous to the opening we find the surface covered with a kind of glutinous moistness.

*Prognosis.*—Nearly always good, except that often many such abscesses follow each other in rapid succession. In this respect they resemble those troublesome abscesses which occur in the axillæ. By their continuance, in successive crops, they become a real annoyance, and a source of great suffering, although in themselves they are unimportant.

*Treatment.*—Allopathic experience may be summed up briefly. *Wilde* speaks highly of the use of Nitrate of Silver, as an abortive remedy. If the inflammation has just begun, he thinks by this means to have often cut short the process.

*Trottsch* considers incision of the furuncle as quickly as possible, "not waiting by any means for the formation of pus," as the best means of arresting the inflammation. His rule is "the quicker we use the knife the better. The incision should be deep and free. The skin of the contiguous portion of the auditory canal is very dense and somewhat thick, therefore the knife must be used with some force." Although my experience in these abscesses of the ear has been limited, my observation of this plan of early incision in case of furuncles in other parts, as well as felons, &c., incline me to the belief that his treatment is the best to be adopted. But in very many cases, as in children, and nervous men and women the knife is strongly objected to, and we shall have to adopt other methods of treatment. (The instrument recommended is a slender, tapering-pointed bistoury with a long handle, which has on its other extremity a "Davielsen spoon," such as is used in the extraction of cataract, with which to complete the emptying of the abscess.)

*Homœopathic Treatment.*—The best *topical* treatment is to fill the ear with warm water, in which is mixed a little Aconite, or Arnica, or Hamamelis, in the proportion of about twenty drops to an ounce; or we may place a small poultice of hops or catnip against the meatus. In some cases I have found the following an excellent application: mix with one drachm of

pure Glycerine ten drops of mother tincture of Aconite-root, or one grain of Morphium-acet. Warm [this, and moisten a wad of cotton and place it in the ear. This will often give relief when all other means fail.

After the furuncle has been incised, or has opened by the process of suppuration, an injection of warm water should be immediately used to wash away the blood or pus. These injections should be repeated, carefully but thoroughly, once a day for a week to clear the ear of the increased secretion of epidermis and cerumen which will occur.

The *medical* treatment of furuncles consists in the administration of the following remedies known to be indicated in *general* in that affection: *Arnica*, *Apis-mel.*, *Belladonna*, *Hepar-sulph.*, *Kali-hyd.*, *Lycopodium*, *Phytolacca*, *Rhus-ven.*, *Staphysagria*, *Silicea*, and *Sulphur*.

*Arnica* is the remedy when the boil is not large but very sensitive to the touch, hard, and has a blunt appearance.

*Apis-mel.* when the tissue around the furuncle has an oedematous appearance, and the swelling is pale and unyielding.

*Belladonna* is useful when the tumefaction is quite extensive, red, and erysipelatous, and there are symptoms of cerebral irritation.

*Hepar-sulph.* will hasten suppuration and bring about a healthy condition of the tissues involved.

*Kali-hyd.* is indicated when the boils appear all over the body, leaving hard tubercles after scanty suppuration, also when the periosteum is affected.

*Phytolacca* is a close analogue of the last-named drug, and is also very useful when the abscess does not heal kindly.

In *chronic* cases, the two latter, or *Lycopodium* and *Sulphur* in attenuation will eradicate the dyscrasia. They will prove more efficient when administered in the thirtieth or three-hundredth potency, a dose of each on alternate days.

Dr. Wm. Barchs recommends *Hepar-sulph.*, *Staphisagria* and *Silicea* as the best remedies against boils in general.

Dr. W. H. Burt, in proving *Rhus-venesiata*, was troubled with boils in different parts of the body, at the same time with the vesicular, erysipelatous eruption, and rheumatic pains.



This remedy will be most useful when the boils are associated with the conditions above named.

ARTICLE XXVIII.—*The Differential Diagnosis of Hysterical Affections.* By R. LUDLAM, M.D., of Chicago. From the Medical Investigator.

THE diagnosis of hysteria is involved in obscurity. The reflex relations of the female generative apparatus are both numerous and important. Errors in diagnosis and in treatment sometimes result from a familiarity therewith. It frequently happens that diseases are thought to be idiopathic, when their chief characteristics are really hysterical; and less experienced physicians are especially liable to confound them.

There are a few pathognomonic signs of the hysterical seizure and complication which should always be borne in mind. These are (1) a morbidly acute and peculiar state of the emotional faculties; (2) the pain does not bear its proper relation to the degree of functional embarrassment, and frequently there is none whatever; (3) as a rule, but one of the sexes is susceptible to it, and this susceptibility is limited to the interval between puberty and the climacteric period. Each of these general peculiarities is important, and may be of service in a differential way, but the last mentioned brings hysteria within the limits of special diagnosis by confining it to women at a particular age.

The diagnosis between the hysterical and the epileptiform paroxysms is so well drawn by Da Costa that I prefer to copy it; (page 104):

EPILEPSY.

Sudden and complete loss of consciousness.

Livid face; escape of frothy saliva from the mouth; eye-lids half open; eye-balls rolling; grinding of the teeth; biting of the tongue; insensibility of the pupils to the light.

Distortion of countenance.

Patient evinces no feeling.

HYSTERIA.

Gradual, and only partial or apparent unconsciousness.

Face flushed, or complexion unaltered; eye-lids closed; eye-balls fixed; no grinding of the teeth nor biting of the tongue; pupils react.

No distortion of countenance.

Patient sighs, or laughs, or sobs.

**Aura epileptica.**

Convulsions often more marked on one side than on the other; and more tonic than clonic.

Paroxysm generally of short duration.

Paroxysm followed by a heavy half-comatose sleep, by headache and dullness of intellect.

Frequently occurs at night.

No particular connection with uterine disturbances, although the paroxysm often takes place at the menstrual period.

**Globus hystericus.**

No such difference; convulsions clonic.

Paroxysm generally of longer duration.

Paroxysm not specially followed by sleep; patient often after attack terminates wakeful and depressed in spirits.

Rarely occurs at night.

Often connected with disorders of the uterus, or of menstruation.

Da Costa omits mention of a principal distinction between these two diseases, noted by Marshall Hall, who says that, in epilepsy, the larynx is closed, while in hysteria it is not.

Hysteria is frequently confounded with insanity. Aberration of the mental faculties in the former affection are invariably related to disorders of menstruation, to pregnancy, or to post-partum contingencies. They are moreover of transient duration. In insanity there is evidence of cerebro-mental disease. The reproductive function is not necessarily implicated. The delusion is lasting in its effects. In hysteria the mind is fickle and capricious, the emotions run riot and, as Sydenham remarked long ago, the patient "observes no mean in anything, and is constant only to inconstancy." In insanity a strong and settled mental bias is manifested. There is usually much depression of spirits, the result of a fixed delusion, of which it is impossible to dispossess the mind of the patient. In the former affection, a little tact will discover a species of malingering which is well calculated to deceive the unwary. In the latter, there is an honest and grave sincerity that withstands any amount of analytical cross-questioning. A woman with the hysterical form of insanity almost invariably dislikes those she has loved the most, and towards whom she sustains the most endearing relation. She takes a mortal aversion to her husband, and would perhaps destroy her children. Removal from home and its suggestive surroundings, and especially if she is not permitted to see her husband or children

frequently, will do much towards effecting a cure of her strange and temporary hallucination. With insanity the case is different. The victim is as likely to suspect and to conceive a dislike for one member of the family as another. Hysteria is a paroxysmal disorder, with a great variety of nervous and visceral complications, none of which are strictly pathognomonic. Insanity cannot be called paroxysmal, although it is marked by recurring fits of greater or less severity and duration. Nor is there any structural lesion which is peculiar. If we except paralysis, nervous complications are lacking in insanity. They are both hereditary disorders, but the predisposition to hysteria is much more susceptible and easily acted upon by exciting causes than in the case of insanity. There is no question but they may sometimes exist in the same person. This is, however, an unfortunate complication, and one in which the prognosis is unfavorable.

We may diagnose hysteria from hypochondriasis more readily than from the more decided forms of insanity. Thus, in hysteria the mental derangement is not always of a desponding or gloomy kind. The attack comes on suddenly and without warning, is explosive in its nature. The classes of persons predisposed to these two affections are of very different habits of thought and temperament. Those most liable to hysteria are the fitful and the frivolous, such as have not taken especial pains in the culture of the reflective faculties. Aristotle observed that "melancholy men are the men of the greatest genius." Hysteria affects the *perceptive*, while hypochondriasis implicates the *reflective* faculties of the mind. In the former, the integrity of the understanding is intact, or indeed it may be violently acute. In the latter, the gloomy forebodings, the delusional insanity impairs all the mental processes; the perceptions are misunderstood and the judgment is perverted.

The hysterical *headache* differs from other forms of cephalgia: (1) in its period of occurrence, and recurrence; (2) in the fixed limit of its location; (3) in the fitful flow of the animal spirits which accompanies it; and (4) in the marked effect that the most trifling emotional influences have to increase the suffering. The paroxysm is very prone to occur in more or less immediate connection with menstruation. Sometimes it an-

ticipates the flow; again it accompanies or follows it. A suppression of the catamenial discharge may occasion it, in which case the pain persists until the flow is restored. This form of headache is a frequent symptom in dysmenorrhœa, and may sometimes result from menorrhagia.

The most characteristic seat of the pain in this affection, which may also be styled menstrual, is in one or both the temples, and in the superior occipital region. Located in the former, it sometimes gives rise to the sensation as if a nail were being driven through the skull at that point (*clavus hystericus*); in the vertex, it is equally pathognomonic, and, as a rule, more persistent. When the latter becomes chronic, it will lead us to suspect some uterine lesion, as a dislocation of the womb, uterine leucorrhœa, or menorrhagia.

The gastric disturbance, as well as the relaxed and wretched feelings which are concomitants of the "sick headache," are not present in the hysterical. In the "sick" headache, pressure, like that of a handkerchief bound tightly around the head, usually affords relief, while it will not do so in the other variety. In the former the pain is more diffuse, is relieved by emesis, and the patient is disposed to hypochondriasis. In the latter the pain is local, circumscribed, does not shift its locality, is not accompanied or relieved by nausea or vomiting, while the mind is full of vagaries. A word may precipitate a paroxysm of laughter or of weeping, which will be of indefinite duration, with sobbing, choking, and exhaustion.

The "congestive" headache, of which one sees more in medical books and journals than in daily practice, is marked by a flushed face, redness and suffusion of the conjunctivæ; dilated or contracted pupils; photophobia, an intolerance of noise, and a full pulse. This form of headache is usually a mere symptom of the phlegmasiæ, and lacks all the pathognomonic peculiarities of the hysterical.

"Neuralgic" headache occurs most frequently in damp and variable weather, and in case of those persons who have inherited the neuralgic or rheumatic predisposition. Sempstresses, and others who live upon a light and insufficient diet, and who drink much tea and coffee, are very subject to this variety of headache. It is sometimes caused by decayed teeth.

The pain is piercing, darting, lancinating, and erratic, sometimes present in one part of the head or face, again in another, now superficial, then deep-seated. The suffering may be increased by noise, light, or by the various mental emotions, or it may be relieved by the latter, but, unless complicated with ovarian or uterine disorder, this kind of cephalalgia is not likely to be confounded with the hysterical.

The hysterical headache may be readily diagnosed from the "rheumatic." This latter occurs only in connection with an attack of rheumatism. The lesion is either muscular or periosteal. The pain is tearing and migratory in character; not peculiar to either sex, nor to any especial period of life, nor is it characterized by such emotional or mental manifestations as are at all peculiar.

The apoplectic form of the hysteric seizure is known by the state of semi-consciousness in which the patient lies. An occasional fitting smile on the features, and an evident knowledge of what is passing around her, alternating with a deep sleep, in which there is none of the noise and stertor of true apoplexy. The breathing may be hurried, but is not labored or oppressed. Any dyspnea present is referable to the *globus hystericus*. The pulse is more than usually frequent, but neither quick nor oppressed. The paroxysm is often induced by a sudden suppression of the catamenial flow, and the worst symptoms disappear when that flow is restored. The patient may come out of the fit in a whirlwind of excitement, with erratic pains in the stomach or abdomen, or with local hyperæsthesia in other parts, or she may sleep it off quietly, and awaken in her usual health. In many cases of this kind, careful examination discloses a spinal tenderness which is significant. The prognosis varies with the importance of this latter symptom. The hysterical form of apoplexy is occasionally, although very seldom, fatal.

The *delirium* that is hysterical, is in many respects peculiar. We should be able to diagnose it from other forms of delirium, more especially as it is liable to occur as a concomitant of other diseases—as typhoid, typhus, and the puerperal fevers, and also of some hepatic disorders. In case either of typhoid or typhus fever, occurring in a young or middle-aged female,

if the delirium persists after the more acute symptoms have subsided, and especially if there is no evidence of cerebral lesion; if the paroxysms return at irregular intervals, and are the result of trivial causes, which, in one who was seriously ill, would produce little or no effect; if the mind is more than usually fitful and capricious, or if it be inclined to dwell upon a single train of ideas, which in themselves grew out of the most ridiculous fancies, if the vagaries are *outrè*, and otherwise unaccountable, you would be led to suspect the hysterical complication. The suspicion would be confirmed by any evidence of malingering on the part of the patient.

She will not look one directly in the eye. Her eye is cast down and expressionless, like that of a young man with spermatorrhœa, which has been brought on by self-abuse. This is, in general, an important symptom. During the fit, in assumed fear of dysphagia, or from a settled determination that neither food nor medicine will avail anything in her case, she peremptorily refuses to swallow.

A little tact will enable him to detect the counterfeit. Let me illustrate. In December, 1861, I was called from my lodgings at two o'clock in the morning to visit a lady residing on Michigan Avenue, who was said to be dying. She had been ill for five weeks with typhoid fever, but in charge of another physician. The messenger begged my attendance, on the score of humanity, and implored that I would prescribe something to put a period to her delirium and induce sleep, in order that she might die as quietly as possible. The doctor and her clergyman had made her a farewell visit during the previous evening, and all the family had supposed she must die. I found her lying upon her back, with the eyes half open, and having a vacant expression. I remarked at once that she would not meet a steady look from me, but cast her head restlessly, and in a somewhat disconcerted manner, to the opposite side. The nurse informed me that, since nine o'clock—for five hours—she had repeated constantly, as she was then doing, the monotonous phrase: "Oh, my blessed mother!" over and over again. Sometimes she would articulate it very plainly, and again, mumble it in a scarcely intelligible manner. Her pulse was distinct, but considerably excited—perhaps 115 or 120 in the minute. The

respiration was slightly accelerated, but full and free. The lips and tongue were dry, partly, no doubt, in consequence of her not having taken any fluids into the mouth for about two hours. She could not be induced to swallow anything, either by the nurse or her husband.

She had had no fever for two days, neither any exhausting discharge, as hæmorrhage and diarrhœa. I made an attempt to examine the pupil, but she closed the eyelids so firmly, and with such a will that I could not press them open. I then tried to give her a teaspoonful of cold water, but her teeth and lips at once became as closely pressed as the eye-lids had been. Meanwhile, she seemed to be looking at me somewhat askant and suspiciously.

Here was evidence of a strong will and purpose on her part, which, with the previous history of the case, and an inquiry into her peculiar hysterical idiosyncrasy, settled my diagnosis and prognosis of the case. I compelled her to swallow one dose of Ignatia, 2 dec., and instructed the nurse to give her another in half an hour. I then assured the husband and family of my decided conviction that the patient would not die, and took my leave. After the second dose of the Ignatia had been given, she slept sweetly, and the next morning was better. The startling phrase—which had been interpreted into evidence that she had seen her mother who had been dead many years, was repeated only a few times after my visit. She made a good recovery, and is now in excellent health.

This form of delirium is especially liable to result from the effects of drugs given inordinately in the adynamic types of fever, especially in case of nervous and delicate females. It has been my lot to meet with several examples similar to that which has been detailed.

In the convalescent stage of fevers, there is a tendency to a sudden development of the hysterical delirium, which frequently depends upon suspension and derangement of the menstrual function, induced by the fever itself. When the catamenial period arrives, there is an especial liability to the hysterical complication. This hint is serviceable, both in respect of the prognosis and treatment of such cases. The ap-

prehension of danger is much lessened thereby, and the remedies selected should be such as would tend to restore the flow.

The same is true of the restoration of the ovarian and uterine functions after delivery, or prolonged lactation. Until the organic functions have resumed their natural order, and the periodical discharge appears, there is danger, more especially after acute disease, of the mental processes being temporarily impaired.

The hysterical delirium is present in most attacks of child-bed fever, in which case it is a reflex disorder. Here one would very naturally refer the symptoms to their true source. It will be more or less decided and troublesome in proportion to the amount and natural character of the lochia and of the lacteal flow. The significance of this delirium in all post-partum affections varies also with the gravity of the uterine lesion. It is absurd to speak of a metastasis of uterine phlebitis or peritonitis to the brain, even in the worst examples of puerperal mania.

In rare cases this variety of delirium is complicated with a form of hypochondriasis that results from diseases of the liver. Where the uterine lesions, which are indirectly the source of the hysteria, are conjoined with chronic disorder of the hepatic function, the delirium acquires a serious importance. Hepatic abscess may co-exist with uterine displacement, ulceration or enlargement and a form of delirium be present, which is both hysterical and hypochondriacal. In such case, the danger is increased by the retention or resorption into the blood of one of the post-organic elements of the bile—the cholestrine. The prognosis is always unfavorable.

(To be continued.)

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ARTICLE XXIX.—*Dynamization.* By I. S. P. LORD, M.D.,  
of Chicago.

MUCH has been written and more spoken concerning the potencies of medicines.

“Do succussion and trituration really increase the power of a medicine?” is a question more frequently asked than satisfactorily answered.



No doubt, they increase the activity or the promptness to act, else there would never have been powders or tinctures. But does it add to the power or amount of specific force of a drug to shake it in alcohol, or grind it in sugar of milk?

If the question be answered in the affirmative, and so admitted; then why are not the alcohol and the sugar of milk increased in power at the same time? We assume that both are pure; *i. e.*, the alcohol containing no foreign matter but water; the sugar of milk no foreign matter but phosphate of lime, carbonate of lime, sulphate of lime, and water.

Now we are ready to answer the question.

1. Alcohol cannot be dynamized. No one has ever claimed that it could be.

Whatever succussion and trituration may do for other substances, they have never yet increased the specific force of alcohol;—at least there is no evidence that they have. If an ounce of it be shaken in a six-ounce vial for any length of time, with any degree of violence, it remains alcohol, and only alcohol, of the same strength as before it was shaken. It is already at the maximum of dynamic power. In practice this has already been conceded during 4000 years. If the manufacturers of whisky could increase the dynamic force of alcohol by succussion, the whole land would resound with the ring and clatter, and clank of shaking machines. They know better. They know that alcohol when first formed is as strong as it ever can be; that it cannot be dynamized, though it can be watered, and SCIENCE should know as much.

2. Sugar of milk cannot be dynamized. There is no evidence that any amount of trituration can increase the force or power of sugar of milk. It is one of the principal elementary substances appropriated to nutrition. A certain limited quantity is necessary to a normal condition of the human organism.

Then it cannot, in normal quantity, be recognized as a toxic or a therapeutic agent. Any excess or quantity more than can be used physiologically, may be interfering with nutritive processes, act pathologically, and of course such excess might be used therapeutically in certain disordered conditions of nutrition, such as ulceration or abscess.

3. Water is at the maximum of dynamic power. Pure water, however much squeezed, or ground, or rubbed, remains water, and nothing but water. It is neither stronger nor weaker. In a cloud, in wood, in a steam boiler, or in a crystal, it is always the same, neither weaker nor stronger. Indeed, it constitutes the bulk of the human organism, and several pounds are every day appropriated to its use.

4. Carpenter says, after treating of saccharine, oleaginous, albuminous, and gelatinous substances: "Besides these, there are certain mineral ingredients which may be said to constitute part of the food of animals, being necessary to their support," \*\* &c. \* \*. "Of this kind are common salt and also phosphorus, sulphur, and lime, either in combination or separate."

"The uses of salt are very numerous and important. It consists of two substances of opposite qualities, muriatic acid, and soda; and the former is the essential ingredient in the gastric juice; whilst the latter performs a very important part in the production of bile. Phosphorus is chiefly required to be united with fatty matters, to serve as the material of the nerve tissue—and to form bone-earth with oxygen and lime."

"Sulphur exists in small quantities in several animal tissues." "Lime is required for the consolidation of the bones." "To these we may also add iron, which is a very important element in the red blood of the vertebrated animals."

What more do we need here to show how the phosphate, carbonate, and sulphate of lime, of sugar of milk, might be disposed of physiologically! Indeed, we might admit iron, potash, and half a dozen other impurities into sugar of milk, and dispose of them all, dynamized or undynamized, with equal facility.

Begin with a child one week old. It will take two ounces of milk at once. Two ounces of good milk contains sixty-five grains of *sugar of milk*, which may be, and generally is appropriated. Now sixty-five grains of *sugar of milk* contain at the very least five grains of saline matters, carbonates, phosphates, and sulphates, and these are appropriately disposed of in the infant organism with little or no perceptible disturbance.

The *common sugar of milk* of commerce has a little more than four and a half per-cent. of saline matters.

One hundred grains of the third decimal trituration of arsenic contain just one-tenth of one (1) grain of arsenic and ninety-nine (99) grains, and nine-tenths of *sugar of milk*. These ninety-nine ( $99\frac{9}{10}$ ) grains contain about four and a half ( $4\frac{1}{2}$ ) grains of saline matters.

Two grains of the third trituration of arsenic is the maximum dose. Then the maximum dose contains less than one-tenth ( $\frac{1}{10}$ ) of a grain of saline matters, and less than one-fiftieth ( $\frac{1}{50}$ ) of what an infant takes at one meal.

#### Tabular View.

Saline matters in sugar of milk, per-cent.	$4\frac{1}{2}$ grains.
Sugar of milk in 100 grains of the 3d trituration of arsenic, $99\frac{9}{10}$	"
Arсенic in 100 grains " " " "	$\frac{1}{10}$ "
" " 1 grain " " " "	$\frac{1}{1000}$ "
" " 2 grains maximum dose of 3d trit. " "	$\frac{2}{1000}$ "
Saline matters in 100 grains of 3d trit. " "	$4\frac{1}{2}$ "
" " " 2 " " " " less than " "	$\frac{1}{10}$ "
" " " 2 ounces of milk, which an infant may take at one meal,	5 "
Relative difference between 2 grains of 3d trit. and 2 ounces of milk,	$\frac{1}{100}$ "

That is, the infant takes at one time fifty times as much saline matters as is in a maximum dose of the third trituration.

There is no evidence that any therapeutic or toxic effect has ever been produced by any dose of sugar of milk of less than one-half an ounce. There is no evidence that sugar of milk after trituration has produced any greater effect than an equal quantity which had not been trituated.

There is evidence that very large doses of two or more ounces, not only of *grape*, but *cane* sugar, have acted therapeutically without trituration.

The formula of the law seems to be: The elements of nutrition cannot act toxically or therapeutically in normal quantity. The excess, or that quantity not appropriated by the organism, may act toxically and therapeutically.

If then these elements in normal quantity have no toxic or therapeutic power in a crude or natural condition, the question arises, can such a power or force be developed during

comminution by trituration or succussion? And this opens up the whole subject of dynamization of medicines, since phosphate and carbonate of lime and other ingredients or elements of sugar of milk, are accredited therapeutic agents. We began the article with this inquiry, and propose now to answer it.

Practically, matter is infinitely divisible, every ultimate atom or granule, or mass is endowed with a force. This may be specific or non-specific. Direct toxicals, disease causing and disease-curing agents have specific forces. Disease-curing may have their granules separated; vegetables most conveniently by succussion, minerals, by trituration.

These processes add to the availability of the medicine or toxicol, and enable it to act more promptly and with greater energy, by increasing the number of points of contact with the tissues, and facilitating its introduction into the circulation.

For it is manifest that if a mass, presenting but one point of contact, be divided into one hundred parts, the chances of its contact with the surface of a tissue are increased nearly one-hundred fold, and if these hundred are again sub-divided into a thousand, the chances are increased just in the proportion of 100 to 1000, and it could, of course, be applied by careful manipulation to a thousand times more surface than the original mass.

The effect then of such sub-division would be what we have before stated, to increase the availability; that is, the promptness and certainty of action of the medicine.

Thus far we have only considered the effect of simple comminution, or division, or separation of atoms or granules.

We assumed that each granule had an original force. We now assume that each of the hundred granules possesses only the one-hundredth of the force of the original mass, and each of the one thousand only one thousandth of it. That there has been no addition or subtraction—no loss nor gain. That is: to illustrate, a grain of opium has a force equal to 1000. Now if it be divided into one thousand equal parts or granules, each having an equal portion of the original force, and no force has been added or subtracted, then each of the thousand granules will have just a one-thousandth part of the force of the origi-

nal grain; *i. e.*, would be 1, and the aggregate of the forces of the thousand granules would be just equal to 1000, or the original force of the opium. And no matter how far the division is carried; even if it reached a million or a billion, the aggregate force would never more than equal a thousand, and exactly represent the original force. If this is all, then pharmaceutic dynamics is resolved into a simple question of quantity and divisibility. There is no positive gain. It is only a question of time; *i. e.*, shall a force equal to one thousand begin to act after five minutes, and continue to act twenty minutes; or shall it begin after twenty minutes, and continue to act sixty? The increase is only relative. In each case a force equal to one thousand is applied to the same surface, and expended in the one in twenty, and the other in sixty minutes.

In mechanics, force is that which moves matter—power is matter in motion or momentum, and velocity is merely increased momentum. Velocity then involves increased expenditure of force. If it requires a force equal to 500 to raise one hundred pounds 100 feet in sixty minutes, it would require a force of 1500 to raise them the same distance in twenty minutes.

Dynamization then in pharmacy or pharmaco-dynamics, depending upon simple divisibility of matter, is, like velocity in physics, a mere question of time at the expense of power, and its law might be thus expressed:

*The dynamic force of a medicine is in exact ratio to its comminution or the number of atoms or granules into which a given bulk is divided.*

Now, whatever it may seem to be in practice, this cannot be true in theory, and therefore it cannot be true at all, for when division has reached the ultimate atom, the medicine would have no specific power, since all ultimate atoms must necessarily be alike and equal.

Another and fatal objection is, that it places alcohol, ether, water, common air, chloroform, acetic-acid, carbonic-acid gas, bromine, potassium, ammonia, and nitrous-oxide gas on a common dynamic level, while some of them, as alcohol and common air, potassium and water are antipodes.

No amount or extent of comminution increases the force of

these forms of matter. Shake and triturate, for an indefinite time, with unlimited violence, their force remains the same. Their activity even is not increased. They are and were primarily at the maximum of force, and of activity also, and so exceptions to the law which I venture thus to express :

*Division or separation or multiplying atoms or granules increases the velocity or activity of a medicine.* For it will not for a moment be claimed that each of these forms of matter has the same number of atoms or granules in a given space or bulk as every other or even any other of them. They are all compound substances, and the granules of which they are composed are themselves compound.

We have so far examined this subject analytically—we will now treat it synthetically.

The ultimate atom is a unit, and of course, all ultimate atoms are alike and equal, and the simple aggregate is homogeneous.

To form a mass, say a drop of alcohol, it is first requisite that the ultimate atoms should aggregate. The number of atoms in a drop are forced to approximate. But this does not constitute the mass alcohol, though the requisite number of atoms, say for convenience sake, one hundred thousand millions, are forced sufficiently near each other; for alcohol is a heterogeneous compound, made up of three different and unlike forms of matter, having very dissimilar properties; to wit: oxygen, hydrogen, and carbon.

Now, but one of these can, by any possibility be an ultimate atom, seeing they are *unlike*, and ultimate atoms are *alike*. Finally, it can easily be demonstrated, that all of them are compounds, and we shall consider them as such, though it is something more than possible, that they are formed of compound granules, which are themselves compounds; that is: secondary or tertiary compounds. It does not vary the effect of the illustration, however, to treat them as primary or elementary granules. To begin—one thousand atoms unite to form a simple granule—the first combination of ultimate atoms. This granule unites with a second like granule, and the two form a granule of hydrogen, equal to one thousand. Thirteen thousand atoms unite with other thirteen thousand and form a

granule of oxygen, equal to twenty-six thousand; and 36,000 atoms combine in the same way with other 36,000 to form a granule of carbon equal to 72,000 ultimate atoms.

Thus we have:

One granule of hydrogen of	2000	ultimate atoms.
“ “ “ oxygen “	26,000	“ “
“ “ “ carbon “	72,000	“ “
“ “ “ alcohol “	100,000	“ “

Assuming each drop of alcohol to contain one million of these alcohol-granules, then the number of ultimate atoms in a drop would be one hundred thousand millions. This probably, only remotely approximates the truth, but it serves for an illustration.

Now, where shall we seek the peculiar specific force of the alcohol? In the ultimate atom? certainly not, as that would require the three elements to be identical, and we know that they are not. A like aggregation of like matter endowed with like force should always present a like product. The granules of oxygen, carbon, and hydrogen are unlike, and their properties—force, form, and character are unlike, therefore the force, form, and character of each must depend upon some peculiarity of the granules composing them.

Whence did they acquire this peculiarity? *i. e.*, why are there more particles in a granule of oxygen than in one of hydrogen, and why more in carbon than in oxygen?

The law of aggregation may be briefly stated thus:

1. All ultimate atoms are mutually repelled.
2. A force greater than the repulsive force that separates the atoms, compels them to approximate and at the same time corollates a portion more or less of the repulsive force.
3. The manner of the aggregation or the arrangement of the atoms in the granules thus formed, and the manner in which these granules are forced into combination to form other granules, and finally into masses, depends upon: 1. the force; 2. the conditions of the granules; their relation to surrounding matter.

Under this law of aggregation, it becomes necessary to assume, that, “*in the beginning,*” matter was everywhere

equally diffused; *i. e.*, each atom having an equal repulsive force with every other atom, then in the absence of all other force, all atoms must have been equi-distant.

To change or alter this condition, it would be necessary to alter or change (correlate) the repulsive force which kept the atoms apart, or to apply an external force that should overcome it, or both. In other words, remove the one preventing, or apply the one compelling aggregation.

Most likely, in the *creation of forms* both expedients were resorted to, since we have no knowledge of any substance, not even gold, that is not porous—*i. e.*, the atoms, particles, and granules of which are not kept separate or asunder by repulsive force, therefore no matter is entirely divested of it.

Now, the result of a uniform and equal application of such a law, would be an aggregation of *all matters so acted upon*, into one homogeneous mass. But this is not a fact, since matter, as we see it, is heterogeneous; and instead of one, we have many thousands of essentially different forms and combinations of matter.

It follows then, that the primary combination of atoms must have been produced by unequal forces, or rather the *unequal application of force*, and therefore such combinations must of necessity have been unequal, and all subsequent ones still more so, for the secondary ones would be essentially modified by the presence of the primary, and the tertiary by that of the secondary, &c.

The resulting granules thus unequally aggregated, having different forms, and varying magnitude and density, must have been endowed with different and unequal forces, since force itself is modified by ever-varying form of matter.

Every subsequent combination of unequal granules under different and ever-varying relations and changing circumstances, by such modified and unequal forces, must be essentially different.

Now, we have no means of determining the *status* of what are called the simple elementary forms of matter, for example: oxygen, hydrogen, nitrogen, and carbon; and therefore cannot say authoritatively that they are what they *are* (or rather *have been*) claimed to be.



They may be primary aggregations of atoms, for aught we *know*, but they are far more likely to be tertiary or quaternary combinations. If our premises are well laid, and our reasoning is correct, it follows that, oxygen, hydrogen, nitrogen, and carbon differ from each other, simply because each oxygen granule contains a greater or less number of primary, secondary, tertiary, or other granules than does a hydrogen granule; and so of the rest. And what is true of these is true of every form of matter.

Now, these four forms of matter are as much individualized as the original inhabitants of Europe, Asia, Africa, and America. They are peculiar and specific substances or individuals as distinguished from other so-called elementary substances.

The difference dynamically considered, or what is called the specific force of the substance or matter is merely the relative motion of the atoms of the granules, and that of the granules themselves; *i. e.*: the compound or modified vibration of atom to atom, and granule to granule. This vibration, when imparted to other matter, is called the specific action of the body or substance.

But action depending upon the specific vibration, and the specific vibration upon the number of atoms in a granule, and the number of granules in a mass, and also the manner in which these are combined, it follows that any increase or decrease in the number of atoms or granules, or change in the integral form (constitution) of a given substance, must be followed by a corresponding change of vibration and consequently action. Oxygen is only known to exist by its action, and only to be distinguished from hydrogen and nitrogen by its *mode of action*. This *mode of action* is what is meant by the term specific force (power), and equally applies to every appreciable form of matter; fluids, liquids, and solids; hydrogen, water, and gold. And here, that we may not be misunderstood, we venture to introduce our definition of matter and its forms.

ATOM.—Ultimate atom. A particle of matter so minute as to admit of no division. The elementary form of ether. Has only a repulsive force.

**MOLECULE.**—Primary, secondary, tertiary, or other combinations of atoms, as 1 to 1, 2 to 2, 3 to 3, 4 to 4, &c., &c., which are inappreciable and probably non-specific, and like atoms are interposed between all granules, and so pervade all masses.

**SPECIFIC ELEMENTARY GRANULES.**—Primary, secondary, or tertiary combinations of molecules, which when aggregated become appreciable and manifest specific properties, as an oxygen or arsenic granule.

We have assumed here, that the specific force of a substance is not the aggregate of the atonic force (motion, power), for the atonic force is a unit—simple repulsive force; and its resultant, ether or universal and uniform diffusion. It cannot be proved to be in the molecule, because the first combinations of molecules are inappreciable.

It is somewhere, and therefore it must be in some of the subsequent combinations. Reasoning from the seen to the unseen, we may safely assume that what we have heretofore called simple elementary forms of matter are composed of aggregations of unequal molecules into granules in different proportions; and the combination of such aggregations into other granules, and so on *ad infinitum*. It matters little whether oxygen, or arsenic, or gold, or hydrogen is the first, or which is the second, or third, or thirtieth. Whenever we find a substance having specific proportions, we may be sure that it is composed of granules, each one of which has the peculiar and specific proportions of the mass, and these should be called elementary granules.

Now, every substance having a manifest specific power may be subdivided, *i. e.*: the granules may be separated from each other, so that the matter may occupy, five, ten, fifty, five hundred, or five thousand times more space than before, while each granule retains its proportion of specific power.

It is easy to perceive that there is no real dynamization in this case, no addition of force or power. True, the substance may extend its action over a greater space, but that involves a real loss of force or power, because all granules act like masses on all contiguous matters, and the spaces between the separated granules being occupied by atoms and molecules,

the force or power of each granule will be expended on this inter-granular matter. Thus the greater the space, the less the force expended on any given portion of it. To illustrate, we will synthesize and then analyze a grain of arsenic on our hypothesis of secondary creations, and let it be distinctly understood that it is intended for nothing more than an illustration. Indeed, we much doubt if the relative value of the figures more than remotely approximates the truth, even allowing the principle to be correct.

For convenience sake, we will assume that all molecules are formed by the aggregation of 1000, or 2000, or 3000, or 4000 atoms, and that the figures 1, 2, 3, 4, represent those members.

$$\begin{aligned} \text{Then } 1 \times 1 = 2. \quad 1 + 2 = 3. \quad 2 \times 2 = 4. \quad 2 \times 3 \times 4 = 9. \quad 2 \times 4 = 6. \\ 2 \times 6 = 8. \quad 2 \times 12 = 14. \quad 6 \times 8 + 14 = 28. \quad 4 + 6 = 10. \quad 4 \times \\ 8 = 12. \quad 4 \times 12 = 16. \quad 10 \times 12 \times 16 = 38. \end{aligned}$$

These three primary combinations of molecules or granules, 9, 28, 38=75, and 75 represents a specific elementary arsenic granule. To effect this combination or approximation of atoms, the atomic repulsive force must have been correlated to some other force; and some portion of it, at least, to the specific force of the elementary or arsenic granules. This specific force acts upon all contiguous matter; *i. e.*: upon all matter at least half way from it to some other specific granule: in other words, on all atoms and molecules within its jurisdiction.

The reverse of all this occurs in dynamizing. It is essentially an analytic process.

Take a grain of arsenic and divide it into four parts by simple mechanical force. This will not necessarily add anything to the specific force, but it will increase the sphere of its jurisdiction; *i. e.*: it will act over a greater space, but with less power over a given portion of it. Now, this specific force, which is equal in each of the four parts, will act equally on every granule and molecule half way to every other fourth part. But if the force remains the same, and the parts are farther removed from each other, it is manifest it will act with a correspondingly less power on any given portion of surrounding matter. That is, a given power acting upon a

*greater space* must act less upon any given portion of it, than it would upon an equal portion of a *lesser space*.

Still farther sub-divide the four parts equally, and you increase their sphere of action (jurisdiction), but lessen the sum of their power to act upon a given space; and no matter to what extent the process of subdivision is carried, if it does not reach the specific elementary granule, there is only a mere repetition of the same process; an increase of territory, and decrease of power in a given space.

We have so far treated the dynamization of arsenic as a mere division and subdivision of mass—the simple surrounding or separating of granules, the one from the other; so that the granules which were confined equi-distant, say, in one-fourth of a cubic inch of space, now are distributed equi-distantly through a cubic inch; *i. e.*: occupy sixteen times as much space as before, though each granule retains only its original equal share of the total sum of the original force of the mass. So, while the power (force) remains one (1), the jurisdiction (territory) is as sixteen (16); therefore any given cubic quarter inch has now only one-sixteenth of the force in the original quarter inch. This is true in mechanics, and equally true in inorganic chemistry, and why not in physiology and organic dynamics? Virchow, in his Cell Theory, pages 14 and 15, says:

“I have therefore considered it necessary, and I believe you will derive benefit from the conception, to portion out the body into *cell territories*. I say *territories*, because we find in the organization of animals a peculiarity which in vegetables is scarcely at all to be witnessed, namely, the development of large masses of so-called *inter-cellular substance*. \*

\* \* In the often very abundant mass of matter which lies between the cells (*intermediate intercellular substance*), we are seldom able to perceive at a glance, how far a given part of it belongs to one or another cell; it presents the aspect of a homogeneous intermediate substance. According to Schwann, the intercellular substance was the cyto-blastema, destined for the development of new cells. This I do not consider to be correct, but, on the contrary, I have, by means of a series of pathological observations, arrived at the conclusion that the

intercellular substance is dependent in a certain definite manner upon the cells, and that it is necessary to draw boundaries in it also, so that certain districts belong to one cell, and certain others to another.

You will see how sharply these boundaries are defined by pathological processes, and no direct evidence is afforded, that any given district of intercellular substance is ruled over by the cell which lies in the middle of it and influences the neighboring parts.

It must be evident now to you, I think, what I understand by the territories of cells. \* \* \* Every cell, in addition to its own contents, has the superintendence of a certain quantity of matter external to it, and this shares in its changes, nay, is frequently affected even earlier than the interior of the cell, which is rendered more secure by its situation than the internal intercellular matter."

The primary objects of dynamization being to increase the activity and obtain the greatest possible amount of force from the least quantity of medicine, and the human organism being selected as the field of experiment, it became necessary to connect, here, the organic with the inorganic.

Now the *intercellular* matter being only granules, not organized, but merely organizable, are subject to the same laws as other inorganic matter would be in the same circumstances—for instance, a granule of arsenic introduced into the organism, between the cells.

If *intercellular* granules can impress upon the living elementary cell a power sufficient to modify its functions, so can arsenic granules. And it must be done, if done at all; by the sum of the forces of the individual granules, and any action of the cell upon the intercellular matter, must be only the sum of the forces of all the parts composing the cell. The action is reciprocal. Every cell has co-ordinate jurisdiction—so has every granule.

If the intercellular granules have a certain limited jurisdiction, so has each individual granule, as the parts make the whole, and so would a granule of arsenic, under similar circumstances, have.

Practically, then, as a question of simple division, a granule of arsenic divided into as many granules as there are cells in

the human organism, and equally distributed through it, would impress the sum of its force upon the whole number of cells, each granule its proportionate force upon each contiguous cell.

Simple division introduces the arsenic to the cells, thus extending its territory and increasing its jurisdiction, and consequently its availability; for it is manifest that a grain of arsenic divided into one hundred insoluble indivisible parts could influence, comparatively, very few cells, though it might concentrate a very considerable power on those few, and act very energetically.

But this is not, cannot be the all of dynamization, else many very shrewd observers and patient experimenters have been grossly deceived. There must be something more; some increase of the specific force of the medicine dynamized, and the next step will be to determine whence it comes. And first, we must rest upon the fundamental law: "*All force is correlative.*"

If mechanical force can by appropriate manipulation be changed to light, heat, electricity, sound, taste, repulsive and chemical force, why not to the specific force of a drug?

Mechanical is the only force used in dynamizing a drug, and to illustrate its philosophy, we will attempt to describe the process. To make it unmistakably clear, we will select silex for the experiment. Assume that silex has specific power of its own—a force inherent in a peculiar combination of *molecules*, which combination is the *specific elementary silex granule*—that which makes it silex. But a grain of silex in one mass has no apparent or appreciable dynamic properties, or power over contiguous matter. It has no taste or smell. It is practically inert. Several grains may be swallowed at once with no result but simple mechanical irritation.

Put one grain into a mortar and triturate it during one hour, with ninety-nine grains of sugar of milk. During that time there has been expended a mechanical force sufficient to raise fifty pounds one hundred feet. As force is never lost, what has become of it? 1. A very considerable portion of it has been transferred, as simple mechanical force, to the mortar

and its surroundings. 2. A portion was correlated to repulsive force, separating the granules. 3. A portion is changed—correlated to heat. 4. A portion is correlated to electricity, 5. A portion is changed to sound. 6. A portion is correlated to the specific force of silex. 7. A portion is correlated to the peculiar forces which may be in the sugar of milk.

Of all these different powers, only the sixth is retained by the drug (silex), for though the seventh remains in the trituration, it cannot act as a toxic substance unless the elements of the sugar of milk be in excess in the organism—sugar being one of the normal elements of nutrition, a very considerable quantity can generally be disposed of physiologically, without any disturbance.

The sixth then, is that force which by correlation is added to the granules of silex, as they are separated by repulsive force. The original force of the silex is its dynamic power. The added or correlated force becomes identical with it, and the process of this *adding to* is called dynamizing.

The dynamic force of the mass of silex was not appreciable before the division, and probably not after. But it must have been increased. A second and third would still farther increase it; and if the process be continued to the thirtieth time, (30th attenuation) it will probably become appreciable. The only limit to this cumulative process would be the point at which the silex granules would correlate no more force, or the granule itself be divided and cease to be silex.

Any farther trituration would, if it produced any change, lessen or altogether destroy the specific force of the drug. In other words, its specific force would be correlated to some other, and the preparation become inert.

There is probably a limit in all drugs to increase of force or power by mechanical attenuation, and no doubt it varies very materially in different ones, if, indeed, there are two alike in that respect.

While one drug in its crude state may be endowed with a maximum of specific force without the possibility of increase by any means, a second may have only a minimum which will correlate, under approximate circumstances and conditions, any other force to its own. That is if the mass is comminuted

and the granules properly separated, and arranged by mechanical force, their specific force may be indefinitely increased. Between these two, the *maximum* and *minimum*, we have every conceivable degree of dynamic *receptivity*.

Thus, crude camphor, musk, and phosphoric-acid are highly dynamized, and comminution can add very little, if anything to their specific force. At the second or third attenuation, at most, they appear to be at the maximum of dynamic force, incapable of correlating any more, if indeed they can correlate any at all; while crude silex and metallic gold are evidently at the maximum, and their dynamic force may be increased *ad infinitum*, at least practically. The dynamic receptivity of a drug, *i. e.*: its capacity to receive or correlate mechanical force must have a limit, but it is very difficult, and indeed, at present, impossible to determine where that limit is. And yet it is highly important that we discover some rule or scale of dynamization, if any exist, by which to graduate the attenuation of different drugs, since, if comminution be pushed beyond a certain fixed, but as yet unknown limit, the force of the drug may be diminished or absolutely lost. A correct theory might enable us to construct a proximate classification of the drugs of our present materia medica, but only carefully-conducted experiments on *sensitive subjects* can furnish a *reliable* basis for it.

We may perhaps theorize in vain; but as it may help to get a clearer idea of what we really need, we venture at the risk of being thought tedious, to farther elucidate the law of aggregation as enunciated on another page.

There it is assumed, that *atoms* aggregate by the pressure of extraneous force, and form molecules—the primary combinations of matter.

Subsequent combinations constitute all the different (unlike) forms of matter. Now, as like causes produce like effects under like circumstances, it follows, that, as these forms of matter are unlike, unlike or dissimilar *applications* of force; *i. e.*: force applied under unlike conditions and circumstances, must have produced such results.

On any other hypothesis there would be no *forms of matter*—*it would be homogeneous*. Again, if it requires a like force



under like circumstances and conditions to produce a specific aggregation (compound) of molecules, as metallic arsenic or platinum, it would seem to follow that arsenic and platinum would seldom be formed, and this, comparatively, is a fact. Many substances are still more rare, because the *requisite* concurrence of force, condition, and circumstance seldom occurs.

Arsenic and platinum are arsenic and platinum, and not sulphur and gold, simply because their elementary granules are unlike those of sulphur and gold; and the elementary granules are unlike, only because the molecules which form them were aggregated under unlike circumstances and conditions, among which are unlike *quantity or proportion*. The aggregating force may be a unit, or merely differential, or greatly modified by the presence of other matter; *i. e.*: unlike, and the result will vary but little.

Now arsenic will continue arsenic, and platinum, platinum, no matter what amount of trituration or succussion is employed, so long as the elementary granules remain intact—unbroken; *i. e.*: a certain number of elementary molecules unite under certain circumstances and conditions (manner, form, and proportion) to form an arsenic granule. A simple aggregation of a sufficient number of these granules form a visible and appreciable mass of metallic arsenic.

While the granule remains unbroken—undivided, the mass will continue to be arsenic; but if by trituration or succussion we succeed in breaking down (comminuting) the granules (reducing them to elementary molecules), then they cease to be arsenic granules, and the mass is no longer arsenic.

Oxygen differs from arsenic only in this, that it is combined by modified forces under different conditions and circumstances, *i. e.*: while arsenic may be a secondary combination of molecules, oxygen may be a primary or tertiary.

It was formerly held to be an ultimate atom, and next an elementary molecule, but as it is manifestly a specific form of matter unlike any other, it must of necessity be a combination of *unlike molecules*.

Now if we combine three granules of oxygen with one of arsenic, we have an arsenous-acid granule, and when a sufficient

number of them are aggregated to become appreciable, we have arsenious-acid, a substance with properties materially, though not radically, different from metallic arsenic.

If we now add two oxygen granules to one of arsenious-acid, we have an arsenic-acid granule with properties still more unlike metallic arsenic. The results of combining arsenic granules with those of sulphur or hydrogen are still more marked.

These differences, however, are much less than result from the various combinations of mercury and many other substances. For instance, quicksilver is a "brilliant silver white metal of great density, liquid at all common temperatures." If we combine two granules of it with one of oxygen, we have a gray tasteless powder—a sub-oxyd. If we add to a sub-oxyd granule one granule of oxygen, the result is a red powder formed of prot-oxyd granules.

If to two granules of mercury we add one of chlorine, the result is a sub-chloride granule—the aggregate of which is *calomel*—a "heavy, white, tasteless, insoluble," and almost inert powder. If to a calomel granule we add one of chlorine, we have a *chloride of mercury granule*, the aggregate of which is corrosive sublimate—"a dense, white, crystalline substance, soluble in water, possessing a disgusting metallic taste, and one of the most deadly poisons known in chemistry."

Now, as all these differing substances are merely aggregations of differing elementary granules, it follows that, if we could by trituration disintegrate the granules, so as to separate and remove the last accretion, we should be able to reduce the whole mass to the original simple substance, and even reduce that to the elementary molecules; for it should be borne in mind that a granule of oxygen never becomes arsenic any more than a granule of arsenic becomes oxygen. The specific elementary granules of the simple substances forming compounds, always retain their identity, unless broken down, and then they are destroyed. Thus, if from every granule of arsenic-acid in a grain, we could remove two granules of oxygen, there would remain only arsenious-acid granules, and the mass (grain) would be arsenious-acid. And if from each granule of that we could remove three granules of oxygen, we

should have only metallic arsenic; and this will apply equally to mercury, sulphur, and all other compounds.

But it does not stop here, so far as we at present know. If we could break down and separate the molecules of the specific elementary arsenic granule, it would be something else, and cease to be arsenic; for if the granules are no longer arsenic, the mass cannot be; as the parts make up the whole. If the arsenic granule is a primary combination, then if broken, it would be dissolved into non-specific molecules. If it is a secondary, it might become the elementary granule of some known or unknown substance or form of matter.

The alchemists based all their theories and experiments of transmutation of metals on *this*, though without any very definite notions of it.

A law deduced from our theory would be: *the primary combination of molecules is the most simple elementary granule, or form of matter*, and the more closely the specific elementary granule of any substance approximates the molecule, the farther may its trituration or comminution, if not its dynamization be carried. Then the first combination of molecules is probably placed beyond the reach of division by mechanical force, and substances composed of them may be trituated to any extent without any loss of identity, though there might be a limit to their dynamization; *i. e.*: they might cease to correlative mechanical force.

Classified in reference to dynamization, all substances might be arranged in three divisions.

1. Those which cannot be dynamized.
2. Those which have a limit beyond which their dynamic power cannot be increased, and
3. Those in which the capacity is practically unlimited. ¶

We have, with much hesitation, ventured to put, in what we conceive their approximate divisions, some of the many medicinal agents which, under our system of practice, are subjected to the dynamizing process, and to make it more complete, or *rather less incomplete*, introduce some that are never subjected to that process.

If it makes our views to be better understood, and leads to any important modifications in pharmaceutical manipulations,

there will be less cause to regret the risk we run of being thought presumptuous.

I.	}	<ol style="list-style-type: none"> <li>1. Alcohol.</li> <li>2. Atmospheric air.</li> <li>3. Water.</li> <li>4. Chloroform.</li> <li>5. Æther.</li> <li>6. Carbonic-acid.</li> <li>7. Sugar.</li> <li>8. Ammonia.</li> <li>9. Bromine.</li> </ol>	} No kind of manipulation can increase their force.
At the maximum of dynamic power.			

II.	}	<ol style="list-style-type: none"> <li>1. Hydrocyanic-acid.</li> <li>2. Fluoric-acid.</li> <li>3. Moschus.</li> <li>4. Camphor.</li> <li>5. Kali-Bichrom.</li> <li>6. Phosph.-acid.</li> <li>7. Cimex.</li> <li>8. Cannabis.</li> <li>9. Cantharis.</li> <li>10. Secale.</li> <li>11. Ipecac.</li> <li>12. Nit.-acid.</li> <li>13. Sambucus.</li> <li>14. Hellebore.</li> <li>15. Hyosциamus.</li> <li>16. Ignatia.</li> <li>17. Senega.</li> <li>18. Opium.</li> <li>19. Bryonia.</li> <li>20. Rhus.</li> <li>21. Phosph.</li> <li>22. Nux-vomica.</li> <li>23. Veratum.</li> <li>24. Pulsatilla.</li> <li>25. Belladonna.</li> <li>26. Cina.</li> <li>27. Emet.-tart.}]</li> <li>28. Kali-carb.</li> <li>29. Calc.-carb.</li> </ol>	} Dynamic power may be increased more or less by manipulation.
Medium of dynamic power.			

III.	{	<ol style="list-style-type: none"> <li>1. Antimon.-crud.</li> <li>2. Causticum.</li> <li>3. Cuprum.</li> <li>4. Arsenicum.</li> <li>5. Mercury.</li> <li>6. Sulphur.</li> <li>7. Alumina.</li> <li>8. Ferrum.</li> <li>9. Plumbum.</li> <li>10. Stannum.</li> <li>11. Argentum.</li> <li>12. Graphites.</li> <li>13. Aurum.</li> <li>14. Silex.</li> <li>15. Carbon.</li> </ol>	}	Dynamic power can be increased indefinitely. No known limit.
At the minimum of dynamic power.	}		}	

ARTICLE XXX.—“*What is Homœopathy? A New Exposition of a Great Truth.*” By WM. H. HOLCOMBE, M.D., of New-Orleans, La.

THIS is the title of a new pamphlet just issued at New-Orleans, by our highly esteemed and talented friend, Dr. Holcombe. The author presents homœopathy from a new, enlarged, original stand-point, and sustains his progressive views with much ingenuity, candor, and ability. Although we do not coincide in all respects with the opinions expressed in this essay, yet we feel assured that our readers will derive both pleasure and instruction from a perusal of its leading ideas.

Respecting the progress of Homœopathy—the opposition it has met with, and its ultimate mission, we quote the following:

“Who has not heard of homœopathy? From the German centre in which it originated, this strange medical doctrine, with its stranger practice, has diffused itself, in sixty years, throughout the civilized world. In the United States alone, it has between two and three thousand educated practitioners. It is a vast and growing power in the scientific sphere of thought, demanding earnestly the attention of every intelligent man. Its real merit may be partially measured by the strength of the obstacles it has overcome. In the beginning

everything was against it. The doctors ridiculed it; the people distrusted it. It was assailed alike by professional jokes and by doggerel poetry. The novelty of its principle, the smallness of its dose, the extravagance of its claims, the dogmatism of its founder, the eccentricities of its adherents, and the exactions of its practice, all conspired to retard its reception. It then had no colleges to teach—no hospitals to verify—no journals to disseminate its discoveries. How changed is all this at the present day!

“It has also to contend against the weight of authority, the prestige of great names, the power of prejudice, the influence of fashion, and immense commercial and corporation interest in the old order of things, the pre-occupation of the whole ground by a powerful, learned, and jealous profession. These are still its real and only enemies: not truth, or light, or reason, or science, or nature. Independent and candid physicians came slowly to its rescue. The indolence of some, the timidity of others, and the self-interest of all, impelled them in the conservative direction. Still the heresy grew. When there were not physicians to urge it upon the people, there were people to demand it of the physicians. Its vitality was indestructible. Persecuted from one place, it sprang up in another. Extinguished here, it ignited there. When one man rejected it, a dozen adopted it. Thus on, on it went, until it became what it is, which is only a prophecy of what it will be. Time has falsified the predictions of its enemies, but has not softened their bitterness. When they said it was declining, it was just wakening into life. When they declared it was dying, it was growing into power. And now that they swear it is dead, it is likely to prove immortal.

“And yet, my good reader, *what is homœopathy?* It has excited a great deal of public attention and private discussion. Every allopathic professor ventilates the subject annually to his credulous class, and every allopathic physician portrays its follies and its dangers to his restless patients. Nothing is so much talked about, and nothing so little understood. The ‘regular profession’ universally sees it in a false light. It is indeed a curious subject. There is some truth in everything which has been said against it, and some weakness in

every argument which has been propounded for it. And still the homœopathic law of cure—‘*similia similibus curantur*’—is the vivifying principle of scientific medicine—the grand thought which is to revolutionize the medical world. It is worth studying. I have the ambition, and I think I have the power, to explain to you what homœopathy is; what it really professes to be and to do; its essential nature and necessary limitations—without a particle of theorizing—in a plain, practical, and convincing manner. What if it be not Hahnemannism, the homœopathy of the past? Reflect candidly on my views, and ask yourself as you read, is not this the homœopathy of nature, of reason, of common sense—the homœopathy of the future?”

“DEPARTMENTS OF PRACTICE NOT HOMŒOPATHIC.

“In the first place: homœopathy is not a new and perfect science of medicine. It is no new gospel, no new revelation to the medical world. All such claims are preposterous. It is not science, but a part of it. It is not medicine, but a grand reform in one of its departments. It has no new anatomy, or chemistry, or physiology, or pathology. It has no new surgery or obstetrics, although it has made great improvement in the medical treatment of surgical and obstetrical cases. It does not reject the accumulated experience of ages. It is not ‘the grave of scientific medicine,’ but its cradle. It holds fast to all that is good in the storehouses of the past. Every fact is of use to it. Every truth is in sympathy with it. It repudiates nothing but error. The whole cycle of sciences, physical and psychological, is necessary to its full and final development.

“*Secondly*: There are many measures (not medicines) valuable or dispensible in the treatment of disease. Such for instance, as relate to the proper and scientific regulation of temperature, light, air, water, food, exercise, habits, and the various influences which modify our mental and moral life. There, too, is the vast realm of hydropathy—a therapeutic world in itself—the operation of hot and cold water, of ice, steam, vapor, local and general bathing, packing, &c., &c. Electricity, also, galvanism, magnetism, mesmerism, kinisipathy,

and chrono-thermalism, are no doubt exceedingly valuable in the treatment of many diseases. All these are not homœopathy. They neither exclude it, nor are they excluded by it. They constitute a grand collateral department of the healing art—in the most friendly alliance with the homœopathic administration of drugs.

“*Thirdly*: Homœopathy does not interfere with the use of *mechanical* measures, nor even with the use of drugs for certain *mechanical* purposes. Vomiting may expel a poison from the stomach, a gall-stone from the biliary ducts, or a false membrane from the windpipe. The homœopathist may thus use emetics for their mechanical effect. Ergot to empty the uterus, Belladonna to dilate the pupil, Chloroform to relax the muscles, Sulphur-ointment to kill the itch-insect, Vermifuges to destroy and expel worms, and in certain cases astringents, diluents, emollients, and protectives, (such as Collodion,) are examples of drugs being used to bring about certain mechanical ends, all admissible in the strictest homœopathic practice. Purgatives, in some cases of great intestinal obstruction or torpor, become simple mechanical agents. Even blood-letting, as a mechanical measure, is perfectly allowable to the homœopathic physician. He does not use it simply because the superiority of his medicine enables him to cure his patients without it. ‘Let your lancet rest,’ said a distinguished homœopathist, ‘but do not throw it away.’

*Fourthly*: There are chemical means of cure often available, and which act according to the laws of inorganic or organic chemistry, as the case may be. The antidotes for many poisons are used on this principle, and, of course, in the doses found requisite by laboratory experiment—a certain quantity of antidote being required to neutralize a certain quantity of poison. How often have homœopathists had to answer the silly question, whether or not we treated arsenical poisoning by small doses of Arsenic? Examples of chemical therapeutics are the following: Acids and alkalis for excess of alkalinity or acidity in the gastro-intestinal or urinary secretions; vegetable acids for scurvy; alkalis to dissolve inspissated mucus in some bronchial affections; certain remedies which modify the chemical condition of the blood; iron



for an impoverished state of that fluid; phosphate of lime, when deficient in the bones; chlorine, charcoal, lime, creosote, and other antiseptics to arrest or prevent putridity, &c. This is not homœopathy; neither is it allopathy. It is vital chemistry, operating by special laws of its own, and equally free to the advocates of any system of medicine."

“THE HOMŒOPATHIC PRINCIPLE OR LAW.

“Having thus briefly surveyed those departments of practice in which homœopathy, as such, does not profess to operate, we can approach more understandingly to the far greater and more important field in which it gives us the sole law of cure. The only point of dispute between allopathists and homœopathists is about the vital or dynamic action of drugs, and their application in the cure of disease. What is a medicine? Given to the healthy man, in sufficient dose, it is always a poison. The Greeks had but one word for medicine and poison. That drugs have any special healing, mollifying, curative effect is merely a popular superstition. Every drug is a poison, and it cures by means of its poisonous or disease-producing properties. Every dose of medicine occasions, beyond all dispute, an artificial disease. This artificial disease is the secret of the cure. Every dose of medicine given by an allopathist to cure a sick man, would, if he were well, make him sick. Let this great truth, so ignored by the profession so unknown to the public, be kept constantly in mind. The idea is very ancient. An old Sanscrit poem declares that poison is the remedy for poison. The homœopathic law peeps out even in Hippocrates, the father of medical literature. It is hinted at, or sometimes openly declared, in the saws and axioms of almost all the nations. Shakspeare, who caught up everything which was true and beautiful by a kind of divine instinct, thus teaches us homœopathy:

“In poison there is physic: and this news,  
Having been well, that would have made me sick,  
Being sick, has in some measure made me well.”

[Henry IV. Part 2, Act 1, Scene 1.

Never forget it. Drugs always produce artificial diseases. These artificial diseases are the mediums of the cure. Where

shall they be produced, and to what extent? These are the only vital questions. The allopathist, in accordance with certain theories of disease and its cure, employs the poisonous properties of drugs to produce certain physiological perturbations, vomiting, purging, sweating, increased or diminished secretions, narcosis, depletion, stimulation, &c., &c., which he believes will effect his object. His general idea is to produce a state *opposite* to that already existing. The homœopathist repudiates all this theory and practice, and affirms that diseases are cured by those drugs which produce similar diseases, in strong doses, on the healthy man. Both parties use poisons to cure. The situation, extent, and character of the poisoning or artificial disease are the only mooted points. A slight, similar, morbid impression in the diseased spot, is the simple and beautiful law of homœopathy. The allopathists, having no such therapeutic law—nothing but his crude and often contradictory theories to guide him—produces very strong morbid impressions, sometimes similar, and sometimes dissimilar; sometimes in the diseased point, sometimes in distant points; often in both. Sometimes one of his medicines produces one set of these symptoms, whilst another medicine produces the other. Sometimes a second medicine is required to undo what he had effected by the first. He pulls down, only to build up again. Now he blows hot, then cold; and so on. In fact, his philosophy is a labyrinth, and his practice a chaos.

“Hahnemann states our therapeutic law in the following terms: ‘A dynamic disease in the living economy of man is extinguished in a permanent manner by another, that is still more powerful, when the latter (without being of the same species) bears the same resemblance to it in its mode of manifesting itself.’ Leaving out the unnecessary and unestablished hypothesis, that the new disease is stronger than the old one, this formula is the most practical and beneficent generalization which has ever been made in the science of medicine. A dynamic natural disease (not a mechanical or chemical deviation from the normal standard) is best cured by producing a similar (not the same) dynamic disturbance in the same parts and tissues, which therefore manifests itself by similar

symptoms. This is the only 'indication' in homœopathic practice. This is the clue which leads us out of all the old labyrinths of speculation and experiment, and makes available the disease-producing power of drugs.

"Now this is the fundamental idea of homœopathy, its true basis, its corner-stone, its only essential element. All other questions—of large or small doses, of pellets or tinctures, of dynamizations, of what Hahnemann said, of what this or that disciple said or did, of imagination, or diet, or nature, or impo-  
 posture, &c., &c.—all these questions and many other such, have no bearing on the point under trial, and are altogether collateral and impertinent. No matter what solution they receive, homœopathy remains intact, vital, indestructible, and sure to be the medicine of the future, unless you overturn this grand pedestal, this natural or vital law, on which it has been erected. It is only the small fry of allopathy, knowing little and thinking less, who attempt to ridicule this principle, '*similia similibus curantur*'—'like cures like.' The great leaders, the intelligent men of their school, although attacking our system just as bitterly on the unimportant side-issues, do not care to impugn the truth of the fundamental law. They content themselves with attempting to limit its applications. Witness the following evidence from the very highest allopathic authorities."

After proving by quotations from several distinguished allopathic sources, like Wood, Trousseau, Pidoux, and Symonds, the value and importance of the homœopathic law of cure, our author proceeds to describe several

#### "PHASES OF THE HOMŒOPATHIC LAW.

"There are three branches or classifications of the homœopathic principle when applied to practice, each of which it is important to consider:

1st. When we produce a similar morbid impression in the diseased organ, we practice *direct*, *irritative*, or *substitutive* homœopathy. This includes nine-tenths of our daily use of drugs: it is pure homœopathy.

2d. When we produce a similar morbid impression in a distant healthy part, in sympathetic relationship with the

diseased part, so that the morbid impression is reflected or communicated by nervous transmission from one to the other. we are practicing *indirect sympathetic* or *transpositive* homœopathy.

“3d. When we produce a morbid impression in healthy parts to prevent or exclude an approaching or threatened similar affection, we practice what may be called *preventive* or *anticipative* homœopathy.”

“SOMETHING ABOUT THE DOSE.

“Ah, yes! What about the dose? chuckles the unbeliever. Indeed, the small dose, the apparent inadequacy of the means to effect the end in view, is the great stumbling-block in the way of the new school. And still, the dose, like the law itself, is not a matter to be settled by theory and speculation; but a mere matter of fact and experiment. The principle says nothing about dose. He who gives an ounce of epsom salts in a case of diarrhœa, prescribes homœopathically just as truly as if he gave the same substance in the hundred-millionth of a grain. Hahnemann and his disciples began by giving large doses, but produced such aggravations that they were obliged to diminish them greatly. They pushed the attenuating process, as most of us believe, to an unnecessary and even absurd degree. Still, it is a question only to be determined by experiment. I prefer to use our medicines in very small but still appreciable quantities—quantities which would have no influence whatever in health, or on any part of the system except upon the diseased point. The whole scale, however, from the crude natural substance up to the highest infinitesimals, should be open to the choice and the practice of every candid and sensible man.

“Several general truths may be mentioned as tending to make the small dose of homœopathy more credible or plausible to those who demand something more than the simple trial of it in disease.

“All the great operations of nature, those of heat, light, chemical action, &c.; and those also of the human frame, particularly the wonderful modifications of the nervous fluid,

are carried on by microscopic, atomic, and infinitesimal movements, almost transcending our imagination.

“Our medicines, vastly attenuated by trituration and succussion, present an immeasurably greater surface for action, becoming thereby more electric or magnetic, or at any rate more subtle, penetrating and permeating; so that they effect a more perfect contact with the deepest recesses of the vital tissues, where the atomic, microscopic, and infinitesimal operations of life are taking place.

“Matter is indestructible, and no matter how far the subdivision be extended, every drop of the alcohol used as a vehicle must be pervaded with the infinitesimal atoms of the drug.

“There are many natural agencies, malaria, effluvia, &c., which cannot be seen, felt, weighed, or analysed by man, which yet produce the most powerful morbid impressions on the system; so gradually and insensibly too, that man at the time is wholly unconscious of their action. It is not unreasonable to suppose that homœopathic drugs may act in a similar manner—nothing being felt by the patient beyond the gradual removal of the disease.

“Homœopathic writers have illustrated this difficult point with great learning and ingenuity. Some of their more intelligent opponents know that their objections are really answered, and they are scarcely put to the blush; but they cannot forego the malicious pleasure of keeping the ‘small dose’ before the world as the essential part of homœopathy. Believers in homœopathy are, however, either persons of education and culture, or they are people of that strong, practical habit of thought which looks straight forward to the *result*—the *effect*—without troubling itself to understand the causes or the means.’

#### “LIMITATIONS OF THE HOMŒOPATHIC LAW.

“There are several natural limitations to the operation of pure homœopathy, which it is necessary to remember, before denouncing the practice of professed homœopaths in certain cases.

“1st. We only profess to be able to cure those morbid

states which we can imitate on the healthy body. We have discovered no drug which will produce anything resembling a deposit of tubercles in the lungs, fatty deposits in the tissues of the heart, cancerous degeneration of the breast, &c. We shall no doubt add greatly to our remedial discoveries in the future; but at present there are many morbid conditions which we cannot produce by drugs, and for which, consequently, we have no homœopathic specific.

"2d. Some diseases are naturally incurable—not only the above, but many others—such as ossification of the heart, softening of the brain, aneurism of the aorta, epilepsy, certain forms of paralysis and dropsy, &c., &c.

"3d. Life itself is dependent upon certain conditions, the presence of certain natural elements and certain physiological stimuli acting on those elements. We must remove so far as possible the cause of disease. We must give food, and air, and water. Sleep also is a vital necessity. Sometimes it is a mere question of sleep or death. If we cannot remove by our specifics the morbid condition which prevents sleep, before the vital powers would become exhausted, we must administer opiates, or do anything which would produce an artificial sleep. Sometimes, also, the excitability of the system has been so greatly exhausted by protracted or prostrating diseases, that a bottle of wine is worth all the medicines in the world.

"Now, in such cases as these, with patients afflicted with strange and incurable diseases, or with those for which no homœopathic specific has ever been discovered, what is the homœopathic physician to do? Is he to give them up into allopathic hands, under the plea that he only practices medicine where he can make the homœopathic law available? Not if he is a man of scientific culture and independent character. He will do the best he can under the circumstances. He will palliate by every means in his power; and it is astonishing sometimes what relief homœopathic remedies can give, even when they cannot cure. But he need not confine himself to homœopathic remedies. His treatment should be empirical—anything and everything which promises to do his patient any good. If he falls short here of the most in-

telligent and wide-extended eclecticism, he is ignorant of his duty or faithless to his trust."

"FINAL DEFINITION.

"Homœopathy, therefore, is a *reform* in the central and main field of medical practice—a reform effected by the discovery of a great therapeutic law, '*similia similibus curantur*,' and by the construction of a new materia medica, which reveals to us the disease-producing properties of drugs.

"A homœopathic physician, therefore, is one who uses the *surgical, obstetrical, mechanical, and chemical* measures of the old school; who, in the vital or dynamic sphere, is guided by the homœopathic law; and who, beyond its natural and necessary limitations, is an empiric and eclectic in the most liberal and enlightened sense of these words."

"ALLOPATHIC OBJECTIONS NOTICED.

"What have the 'regular physicians' to say against this rational and beautiful philosophy and practice of medicine? How do they endeavor to blind themselves to its real merits, and the public to its further reception? The fact is, that nine times out of ten they know little or nothing about it, and have neither the time nor the disposition to learn anything more. They think that Prof. Andral, and Prof. Simpson, and Dr. Holmes, &c., have examined the question fairly, decided point blank against it, and that it should now be laid on the shelf. Moreover, they are getting along very comfortably as they are. Why should they fluster themselves and their little circles, lose some of their practice, alienate their brother-doctors, and commit themselves to a new doctrine, which certainly has had its fair share of trials, persecutions, and misrepresentations to encounter? Innovators need not count on 'the powers that be' to assist them in their labors. Some acute writer has remarked, that if it were not for the restless spirit of inquiry and progress existing in the laity, there never would have been a single permanent reform in law, government, theology, or medicine.

"Still they must have some answer to give this inquiring public, when it presses them closely on the homœopathic

question. In their published expositions, they generally attack the visionary theories of Hahnemann with great fury. If Hahnemannism were homœopathy, the system would have long ago been demolished. But Hahnemannism is a mass of straw. Homœopathy is a different thing altogether, and demands a very different kind of answer—not yet given. To the public our opponents make many objections. The ‘small dose’ comes in for the main share of ridicule and incredulity. The story of little Johnny Smith, who swallowed all the sugar pellets in his mother’s box, without being hurt, is, of course, never omitted. Then its all ‘imagination,’ although babies and horses are cured by it as well or better than the imaginative young or old ladies. Then, its all ‘diet,’ although it is well known that we always allow a more liberal diet than the old school physicians. Then, its all ‘nature,’ but the wonder is that nature should always practice in partnership with us and not with them. But all these things are shallow and silly—quite beneath the dignity of the present argument. Our answer to all this is the following:”

“WHAT HOMŒOPATHY HAS ACCOMPLISHED.

“It has spread over the civilized world and has been especially favored by the most influential and intelligent classes of society. It has schools, hospitals, journals, dispensaries, associations of all kinds; and it numbers its practitioners by thousands, and its patients by millions.

“It has given a new and vast impetus to the study of the true action of drugs by experimentation with them on the healthy system.

“It has thus reorganized, we might almost say, created a materia medica, a glorious monument of learning, industry, and self-sacrifice.

“It has rendered pathology the highest service by making that great branch of medical science truly practical; for an exact parallel, functional and organic, between the phenomena of diseases and drugs, is necessary to the scientific selection of homœopathic medicines.

“By its great therapeutic law, it has introduced new light, order, beauty, and efficiency into the theory and practice of medicine.



“It has cured thousands of cases of chronic disease beyond the reach of allopathic art, and has treated all the acute diseases with admirable success.

“It has met all the great epidemics, and proved itself always superior to the old system. I was converted from the old to the new school by witnessing the triumphs of homœopathy in the treatment of the Asiatic cholera, in the terrible epidemics of 1849-50-51. In yellow fever its success was equally surprising. Dr. Davis and myself treated over a thousand cases at Natchez in 1853-5, with a mortality of less than 7 per cent. On account of this great triumph, we were elected physicians and surgeons of the Mississippi State Hospital (an old and well-endowed allopathic institution), and our reports from that Institution were further confirmatory of the superiority of the new system.

“It has saved thousands of cases from surgical operations, and has introduced new comfort and safety into the lying-in room of woman.

“It has been a blessing to children and to mothers incalculable.

“It has been found as useful in the diseases of animals as of men, and many veterinary institutions have been established for its practice.

“Finally, it has shortened the average duration of disease, diminished the expense of treatment, economized the vital resources of the patient, and delivered its friends from the frequently baneful and long-lasting effects of enormous doses of medicine.”

The writer ends his essay by alluding to what he terms “Elements of Reconciliation.” He declares that there are many fundamental facts and principles common to both schools. With so much common ground to stand upon, he contends that it is the duty of medical men of both schools, to harmonize and work in concert as much as possible. But we fear that the bigotry and intolerance of the great majority of the physicians of the old school, will render any attempt of this kind hopeless during the present generation.

ARTICLE XXXI.—*High or Low Dilutions?* By J. S. Douglas, M.D., of Milwaukee, Wisc.

MUCH has been written and said upon high and low dilutions. Much discussion has been and is being had to determine the question: What degree of dilution is the most effective in the cure of disease? We are glad to see this. The question is one of great practical importance, and not of easy settlement. Facts have always an intrinsic value which will be appreciated when their true import comes to be understood. But even facts may mislead before they become sufficiently extended and various. A misapprehension of the true import of partially-observed facts has been at the foundation of all the false systems of philosophy. Such, I apprehend, is the tendency of the facts now being adduced on both sides of this question—in favor of the high and of the low attenuations. From a limited number of cases in which high attenuations have cured after the low had failed, the inference is drawn by some, that, therefore the high is more efficient, as a rule. On the other hand, those observing the prompt cures effected by low attenuations, in some instances, after higher had failed, come to the opposite conclusion, and adopt the low as the rule. Both these parties *may* be equally in error from want of a sufficiently comprehensive view of *all* the facts in the case.

But as facts must eventually determine this great question. we propose to add a few in the hope of aiding this desirable result.

CASE 1.—In Aug., 1859, I took charge of the following case: A lady, of fifty-four years of age, had had diarrhoea for over a year under the treatment of some five or six allopathic physicians in succession, who had all failed even to effect an amelioration, except temporarily by opiates and astringents, which always left her worse as a secondary effect. As much depended on the successful treatment of the case, I examined it with great care. No one remedy offered a complete simillimum of the disease as a whole, but Nux-vom. and Sulphur seemed completely to cover the whole case. I accordingly prescribed six pellets of Nux 30, every night, and the

same dose of Sulph. 30, every morning. A week passed without apparent change. Reviewing the case, and arriving at the same conclusion as at first, I decided to give the sixth attenuations in the same manner. Another week passed, and she was rather worse, the evacuations being fifteen or sixteen in the twenty-four hours, instead of about twelve as before. The patient was discouraged, and so was I. I gave Sac-lac., and took time for reflection. But reflection led me irresistibly to Nux and Sulph. After the cessation of all medication, the disease resumed its former course, about twelve evacuations daily. I now resolved to try the 400th of the same medicines with the same frequency.

During the first twenty-four hours after the first dose (Nux at night), there were but six evacuations; during the second, but two; and during the third, but one. From this time the alvine discharges continued normal, except one slight interruption from injudicious food, and she was soon restored to her usual health and strength.

CASE 2.—In September, 1852, I was called to visit a German lady, who was evidently in an alarming condition. But, being unable to understand the language of the family, or they mine, I called in a German homœopath, a man remarkably familiar with our *Materia Medica*, and an advocate of high dilutions, seldom giving lower than the hundredth even in acute diseases. The history of the case was as follows: She had had quotidian ague about seven weeks without a day's interruption. Three weeks ago, a copious watery diarrhœa set in, which still continued. Two weeks ago, a general anasarca supervened, had rapidly increased, and was now excessive. The skin of the lower limb seemed ready to burst, and the whole cellular tissue was equally involved. From six to eight copious watery evacuations daily, urine scanty, great prostration, is unable to sustain an upright posture without fainting. Daily pretty severe paroxysm of ague. We instantly agreed upon the remedy, viz., Arsenicum, but what potency? My German friend preferred the highest, was sorry he had not with him any above one-thousand, would prefer ten-thousand. I should have given third or sixth, but having little faith that anything could save her, I was willing to see the doctor's etherialism tried. She

accordingly took one pellet, smallest size, dry upon the tongue every four hours. On repeating our visit after two days, we found the following changes: No paroxysm of ague since last visit, but three evacuations during last twenty-four hours, less copious and more consistent, decided increase of urine, anasarca very visibly diminished, says she feels every way better and stronger. Continued same treatment.

After another interval of two days, we found her greatly improved. We judged that at least half the dropsical accumulation had disappeared; only two alvine evacuations in the last twenty-four hours, small in amount and of nearly healthy consistence, urine copious, no ague; is able to sit up in bed for half an hour without faintness, has some appetite, and expresses her sense of improvement in very strong terms. Continued same treatment.

After another interval of two days, the dropsical effusion had almost disappeared, bowels in a normal condition, appetite good, is able to leave her bed and sit in a chair for an hour or two. A pill was continued morning and evening for a few days, when she was dismissed, permanently cured.

We think these two cases very strong ones in favor of high attenuations. In both, the prognosis must have been held to be doubtful, in the last case *very* doubtful. In neither could a spontaneous recovery have been reasonably expected. In one, the remedy which effected the cure had been fairly tried in low dilutions, and entirely failed. In both, the process of recovery commenced so immediately on taking the proper remedy and continued to complete recovery with such wonderful celerity, that it would, perhaps, be difficult to adduce two cases which furnish more conclusive evidence of cures effected by medicine. Many similar cases, I mean of cures by high dilutions, and some after the low had failed, have been furnished, and many more doubtless might be. But are we, therefore, to conclude that high dilutions should be the rule in all cases? Let us see.

CASE 3.—In 1860, the following case came under my treatment. A lady had had chronic hepatic disease which had finally resulted in ascites. The dropsical fluid had been accumulating for several weeks, and had now become so great that

tapping had been announced by her physician as unavoidable. She decided to try a different treatment, and I took charge of the case. She had been, from the first, under allopathic treatment. With a view to the obvious hepatic disorder, she took Merc. and Iod. in succession, with the effect of improving somewhat her general symptoms, but without diminishing the effusion. She then took Ars. 6 and Apis 3 for two weeks without any apparent result. I now gave her Ars. 3 trit. 1 qr. and Apis 1 dec. from the tinct. alternately every four hours. Within two days improvement became obvious in increased urinary secretion and diminution of the effusion. She went on rapidly to a complete disappearance of the ascites, and a few doses of China 3, one dose daily, dissipated the remaining hepatic disorder, and the cure was radical and permanent.

CASE 4.—The patient was a sufferer from repeated attacks of rheumatism. He was now suffering from an attack, affecting the muscles of the chest. Respiration was very difficult and painful. He had been under treatment for ten days. For six days, he had not been able to lie down. He had been treated by a homœopath, who administered almost exclusively remedies in the thirtieth dilutions. He had taken for most of the time, Bry. doubtless in the thirtieth. He had not been in the least degree relieved. He dismissed his physician, and I was called. I gave him Bry. 3, in doses of one drop, to be repeated hourly till relieved. Soon after taking the second dose at 7, P.M., he went to bed and slept soundly all night. On rising in the morning, he found himself completely relieved, being able to expand the chest to the utmost by the fullest inspiration. The disease did not return. Two questions suggest themselves from these two cases.

1. Were the remedies, employed in the above two cases, appropriate? In answer to this, it is perhaps sufficient to say, that a prompt, radical and permanent cure, effected by a drug in a given case, is a tolerably satisfactory evidence of its appropriateness.

2. Would high dilutions of these remedies have produced equally good or better results?

After the failure of *Apis* and *Ars.* in the third and sixth, and the prompt cure by the first and third, is it a reasonable presumption that the four-hundredth or one-thousandth would have done better? In the second case, after the entire failure of *Bry. 30*, is a trial of more than a week, and the equally prompt cure effected by the third, is the same presumption more plausible?

CASE 5.—In September last, Mr. N. was attacked in the night, after being unwell for two or three days, with the following symptoms: Severe and protracted chill, violent and distressing pains in the limbs, back and head, extreme restlessness, being unable to lie in one position a minute, slightly whitened tongue, depressed pulse and great depression of strength. He had been in this condition for over six hours. Having been, for several years, so uniformly successful in the treatment of similar cases by quarter and half drop doses of *Gels. tinct.*, I gave it to be repeated every half hour till the chills ceased. At the end of three hours, I was notified that he was no better. I found him rather worse than better, and gave him doses of one drop every half hour. At the end of another three hours, I saw him again not improved in any respect, still chilly and now complaining of a very uncomfortable sensation of gastric and abdominal fullness. I concluded that *Gels.* in this rare instance, was a failure, and put him upon drop doses of *Acon. 3*. Six doses of this gave no relief, and I now resolved to return to *Gels.* in larger doses. I prepared it, three drops to each spoonful, to be given every half hour, first one spoonful, then two, then three and so on till he was relieved or I should see him. Soon after taking the second dose (six drops), the chills ceased, after the third, he grew very hot, after the fourth (twelve drops), a prickling sensation was felt over the whole surface, and soon a copious perspiration followed. I have seldom seen one more profuse, and notwithstanding the efforts of the nurse to moderate it by light covering and a cool room, it continued all night. When I saw him in the morning, he had taken a bath, got dry clothes and bedding, and complained of nothing but a moderate dull headache and weakness. He had slept soundly dur-

ing the last half of the night. No further medication was required.

Who can doubt that an alarming congestive fever was happily averted by this, I must acknowledge, rather heroic, and in the estimation of the exclusive etherialists, gross and unscientific treatment? But the true question is, would etherial doses have done as well?

During the past autumn, we have had, in this city, an unusual prevalence of fevers, many of which have assumed a profoundly congestive character, affecting chiefly the abdominal viscera. I must confess that several of my early cases were only saved by a critical and alarming hæmorrhage from the bowels. They were treated by Acon., Gels., Bry., Ipecac., Merc., Nux., &c., all in third dilution, except Merc. 6 and Gels. tinct. in doses of a quarter drop to two drops. I am compelled to say, that, in the bad congestive cases, they all proved absolutely powerless, and the disease went on increasing in severity until relieved by a dangerous hæmorrhage, or, in the milder cases, until reaction had slowly taken place, and the congestion gave place to inflammation of the abdominal organs.

Disheartened by these unpropitious results, and reflecting that, in these profound congestions the sensibility of the organism to impressions was greatly diminished, I resolved upon stronger measures. Since that time I have relied, during the continuance of the congested stage, almost exclusively upon Acon. and Gels. the first in from one to three drop doses, of the first dilution of the tincture, and the last in one to five drop doses, tinct. every half hour.

Since adopting this treatment, I have had no more hæmorrhagic crises, the congestion has been speedily relieved, and the fever either quickly terminating or continuing in a mild and safe form. I will even confess, under penalty of being pronounced by some of my good brethren unscientific, eclectic and unhomœopathic, that I have not unfrequently given these two remedies in alternation, and they seem to work very pleasantly together.

In most instances, a few doses have been sufficient to induce re-action and perspiration. In a few obstinate cases, it has

been necessary to persevere for twenty-four hours or more. It is proper to remark, that the adjuvants of hot pediluvia, hot, wet compresses over the abdomen, warm baths or the pack were not omitted in bad cases under either form of treatment.

According to our recorded pathogenesis, it seems to me that Acon. stands pre-eminent above all other drugs in the treatment of such forms of congestive fever, as have prevailed the past autumn. Gels. is its most intimate congener, and from the provings with it on myself and my therapeutic experience with it, its equal.

Any number of cases may be adduced to prove that low dilutions effect prompt, perfect and radical cures, in many instances after the higher have failed. Can any be adduced, of the character of those above given, as promptly cured or cured at all by very high dilutions?

But are we, therefore, to infer that exclusively low dilutions should be adopted as the rule? By no means. But what is the rational induction from all the facts at present in our possession? To my mind, simply and inevitably this: That in some constitutional and abnormal conditions in which the sensibility is highly exalted, the high dilutions—even the highest, are quite sufficient to make the needed impression; while in others in which the sensibility is greatly depressed and blunted, the low—even to the lowest are indispensable for producing any sensible impression and rousing the depressed organism to re-action.

It is probable *a priori*, and the probability is greatly increased by observation, that the degrees of susceptibility in different conditions of vitality are sufficiently various to correspond to all the dilutions from the first to the ten-thousandth and even higher. If there is any truth in this view, it follows that those who adopt either the high or the low dilutions as the rule, are equally in error, and must often fail of curing cases which ought to be and would be cured without a change of medicine, but a change in the quantity of the same medicine, sometimes to more, sometimes to less. And this is equally true whether the first, third, thirtieth, hundredth or thousandth is adopted.

This view is strikingly illustrated by two members of one



family, a brother and sister who have been my patients for many years. They seem much alike in constitution and temperament, and both have a hereditary tendency to phthisis. I first treated the sister, and found in her a remarkable sensitiveness to medicines. One pellet of Bell. 6 would invariably produce a red, dry throat and the characteristic headache. The same quantity of Puls. would bring on premature menses and exhibit a good pathogenesis of gastric disturbance. She was equally sensitive to Nux., Merc., Sulph. and all other remedies. I was compelled to adopt the rule of high attenuations and very small doses of these, and then they acted beautifully. Having established the rule with her, I had occasion to treat the brother for a distressing attack of colic, in which Colocynth was clearly indicated.

Inferring something of his sensibility from that of the sister, I began with the twelfth, then the sixth and then the third. But, he was not relieved. I gave Merc. and Nux. He now became desperate, declared that he could not live another half hour, and that something different must be done. I begged him wait the trial of another remedy, and stepped to my office and took a bottle of Colocynth 1, three drops of which I put upon his tongue. In less than three minutes, he was in a profound sleep. He has always declared that it cured him instantaneously, and before he could conceive that the remedy had reached the stomach. I have treated him many times since for various affections, but have never succeeded in producing a perceptible effect upon him from any medicine, except in about similar doses. My own clear conviction is, that if an exclusively high dilutionist should treat him, he would fail to relieve him of any disease; and if an exclusively low dilutionist should treat the sister, he would do something worse than fail to relieve her.

If, in the expression of my views and convictions, I have rendered myself heterodox in the opinion of some of my professional brethren whom I respect, the only amend I can make at present, is the assurance that when my theoretical and practical views shall prove to be erroneous, when it shall be proved, contrary to my present experience and belief, that high dilutions can always be made safe and effective, none will accept the truth more gladly than I.

ARTICLE XXXII.—*Articular Resections in Gun-shot Wounds.*

Read before the Western Institute of Hōmœopathy. By  
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EXSECTIONS or resection of bones as termed by more modern writers, strictly belongs to the department of conservative surgery, the design being to preserve limbs in more or less integrity, and avoid the total destruction which succeeds its alternative—amputation. The term resection has reference to the removal of a bone whether at its extremity or in its continuity, and either entire, or limited to a portion of its extent. Previous to the present rebellion this branch of surgery in the western world—was in its infancy, but the immense experience gained by the large number of cases operated upon throughout the army, and the accumulated facts and statistics collected together to be made available for the purposes of a rigid and faithful analysis, has given this subject an impetus that constitutes it one of the leading characteristics of the healing art at the present day. Until this vast field of facts and statistics shall have been collated and analysed, in relation to the operation of resection, few professional men will be found able to command the time, study and research, required for the faithful presentation of a subject so important, and so pregnant with interest to the chirurgic art. The procedure of resecting bones, though performed to a limited extent at a period as far remote as the time of Galen, for certain bones of the trunk and the removal of protruded extremities of fractured bones, was never actually introduced into practice, with anything like fixed rules, until a little more than a half century ago. Within the past few years, and especially during the rebellion, the operation of resection, has, to a large extent superseded the necessity of amputation, and has gained the confidence of military surgeons, as affording not only the means of preserving life, but also of saving a useful limb. By repeated observations it has been demonstrated, that where resection has been performed in the continuity of a bone, the periostium being left in position, new bone is developed and

very frequently in sufficient perfection to restore the symmetry as well as the function of the part. In the more remote periods, resection was employed in disposing of incurable organic diseases affecting the joints, such as caries, necrosis, osteo-sarcoma, spina-ventosa, and also in ancient ununited fractures. One of the earliest, and the first well authenticated case of resection of the heads of any of the bones was performed by Mr. Filkin, of Norwich, in 1762. This operation consisted in removing the articulations of the knee-joint. Following close upon this, Vigaroux and David removed the superior extremity of the humerus, but did not publish their case until the year 1768, a period subsequent to the same service as performed by Mr. White, of the Manchester Hospital, who resected nearly four inches of the humerus, in the case of Edmund Pollit, on the 6th of April of the same year. It will not be uninteresting to state, that, in this case, although nearly four inches of bone was resected, the arm was but slightly shortened and its contour so little altered, the rotary and other motions so imperceptibly interfered with, and the form of the joint retaining so closely its natural standard, that, the space from which the bone was resected soon acquired an almost normal degree of firmness and strength. The sequel of this operation, so important in its results, and so brilliant in its achievement, soon "led the way to all that has been accomplished in this department of operative surgery," and did much to obviate the objections sought to be urged against resections. In the year 1781, Mr. Park, of Liverpool, repeated Mr. Filkins' operation, and from the gratifying success attending it, he advocated resection of *all the important* articulations, and soon after published a work, in which he proposed the opening of the knee and elbow joints, and to resect the extremities of the bones entering into their formation when in a condition of caries. Like all great achievements in the history of the medical profession, this brilliant conception of Mr. Park, was met with opposition and ridicule by most of his contemporaries, who condemned the procedure as impracticable, harsh and reckless. Indeed so great was the opposition, and so violent the denunciations, that, the operation had fallen into complete disuse, and would have been entirely ignored, had it not been for the

boldness, skill and undaunted valor of Mr. Moreau, senior, who, appreciating the inestimable value of these proceedings, executed in quick succession the articular extremities of the shoulder, elbow and knee. The brilliant results attending these operations, and those of his son and successor who with great ability and zeal advocated these procedures upon the joints, who had acquired a wide-spread fame and reputation throughout France, attracting patients from all parts of the kingdom, went very far towards establishing these operations upon a fixed and firm basis. Previous to these resections, however, and as early as the year 1693, Akoluthus, Physician of Breslau, removed the larger portion of the superior maxillary in a female who had a tumor in the bone, and is entitled to the credit of being the first surgeon, so far as we have any record, of proposing the removal of the whole of the upper jaw. This is the first published operation of the kind, and consisted in gouging and scooping out the contents of the antrum with a portion of the surrounding parts, partly by cutting, and partly by the actual cautery, completing the successive steps of the operation at intervals of several days. Succeeding this, Messrs. Desault, Jourdain and Dupuytren and others, performed various other operations of this nature, removing in a few instances the entire jaw. Although occasional monographs had been published prior to these periods, detailing accounts of operations performed, no general precepts were established as a basis or guide to the profession in this comparatively new procedure. Even as far back as the time of Hippocrates, from certain passages in his work, it would not be difficult to maintain, that resections were performed in certain cases of compound fractures, when the bones were denuded. This is the doctrine as advocated by Celsus, Galen, Paré, the two Fabricii, Gourmelin, Delachamps and others. The first systematic work, however, in which the recommendation of resection was advocated and generalized, is that of Mr. Pott, translated and commented upon by Lassus, who refers back to the teachings of Paul of Cœgina at the close of the last century, which explain in a clear and concise manner the operations of resection of bones. From this period, to the beginning of the present century, resection was chiefly confined to operations on diseased

joints, the lopping off of protruded bones in compound fractures, the simple removal of diseased articulations, and the subsequent formation of a false joint. Various operations of this kind were practised with this view, during the latter part of the last century, but the subject did not receive the full attention that it deserved by the profession, until prominently brought forward by the labors of Liston and Syme. In the early part of the present century, during the terrible and bloody wars that followed the Neapoleonic dynasty, resection of joints received a powerful and salutary impulse from the French army surgeons, particularly Larrey, Willaume, Percy and Bottin, who repeatedly performed extirpation of the heads of bones, especially those of the shoulder, for gun-shot wounds. As many times as this operation was performed by these surgeons, with the splendid successes that followed its achievement, the procedure, nevertheless, was received with doubt and distrust in Great Britain, where it originated, and not until it had received the confidence and support of Messrs. Liston and Syme, did it attain a status among the medical men of that country. Within the last thirty years, resection has been performed in numerous instances by surgeons of eminence in this and other countries, upon nearly all the articulations, and the success attending it has stamped the operation as the most important improvement in this department of the surgical art. Resection of bones in their continuity has been practised to a considerable extent in this country, and modern surgery through it has achieved many of its most brilliant exploits. Dr. Deadrick, of Tennessee, in the year 1810 first performed the operation of extirpation of the lower jaw, and following close upon this, Dr. Mott originated and was the first to perform the entire removal of the clavicle for osteo sarcoma, "one of the most dangerous, and difficult operations, if not the most so," he says, "of any to which the human body has ever been subjected, not excepting that of the ligature upon the *arteria innominata*." Next among American surgeons, we find the names of McClellan, Mussey, and Gilbert, renowned as having successfully removed the scapula and clavicle throughout their entire extent, also, Buck, Rogers and Carnochan, who from their operations upon the arm, besides a score or two of no

less distinguished surgeons, have reflected the highest credit upon the scientific character of the profession; elevating the standard of surgery, and conferring upon the human family the inestimable blessings attendant upon the preservation of life and limb. It is to the military surgeon that resections, consequent upon gun-shot wounds of the joints, form a group of cases of the greatest interest. Sir John Bell in his valuable treatise on gun-shot wounds, thus remarks, "as for a wounded joint, we may take the united experience of all surgeons, which has established this as the true prognostic, *that wounds of the joints are mortal.*" While admitting the force of the aphorism as made by the learned author, generally, I think the facts, based upon the experience of American army surgeons, antagonistic to the deduction laid down by this eminent surgeon. During quite an extensive service in field and general hospitals since the beginning of the rebellion, abundant opportunities have been afforded for the resection of bones from gun-shot wounds. My own experience, corroborated by the testimony of others who have seen much practice in this department, have led me to the following conclusions. 1. The gravity of gun-shot wounds of the joints depends largely upon the size and construction of the articulation, the extent of the wound, and the condition of the system at the time of the injury. 2. The care and attention given the sufferer immediately following the wound. 3. The proximity of the patient to the field or general hospital in which he is to be treated. Mr. Alcock, who has given this subject much reflection and study, during many years of active hospital duty, thus classifies wounds of joints, with reference to their results under three heads, viz.: 1. Those treated under *favorable circumstances*, in which he includes all cases admitted into a large, well-organized and commodious hospital an hour or two after the injury was inflicted and there treated to the end, under the same medical superintendance and with all essential means for good treatment. 2. "*Partially unfavorable circumstances*," which comprise, "cases not immediately brought into a well-organized hospital, subjected to some leagues of transport, or passing part of the first period in a field hospital with deficient means, or received into a permanent hospital with lax discipline." 3. Cases admitted and "*treated under unfavorable cir-*

*circumstances*, or those admitted into crowded hospitals with epidemics prevailing, means either personal or material, not fully adequate; with cases of wounds inflicted after a reverse in the field, or long subjected to the deficient means, discomforts and imperfect discipline of temporary or field hospitals, with one or two days subsequent transport to the permanent hospital stations." To illustrate the practical utility of these remarks, I can bear testimony to the fact, that the ratio of mortality from gun-shot wounds, in every battle in which I have served since the beginning of the rebellion, is in direct harmony with the propositions as advocated by Mr. Alcock. Let me state generally, that in the earlier part of the campaign, when, from various causes, (some of which it was impossible to avoid), it was not in the power of surgeons to give that care and attention to the wounded that their condition demanded, either from the want of proper hospital accommodations, or from an inadequacy of those personal and material means so important in the treatment of such cases, the ratio of mortality was comparatively great. As facilities multiplied for the procurement of medical and hospital supplies, and means and appliances for the proper care and treatment of the wounded increased, the ratio of mortality became correspondingly diminished; so, that in the assault of Vicksburg, May 22, 1863, which terminated in the wounding of 890 in the division to which I was attached as chief medical officer, more than one-third of whom required important operations, the number of deaths were proportionately small. The division field hospital, over which I presided as chief medical officer, was located quite near the scene of conflict, in fact so close, that the leaden and iron compliments of the enemy reached us from every direction. The transportation of the wounded from the field to hospital, was short and quickly performed, the operations were made promptly and with despatch, under the most favorable circumstances, all the essential means for good treatment were present, and the success attending was superior to the same grade of wounds in any battle during the war, of which I have seen the record. The most dangerous gun-shot wounds of the extremities are the hip, knee and elbow articulations, where the heads of the bones are injured, the wound extending into

and lacerating the capsule of the joint. The injury done to the synovial membrane adds greatly to the gravity of the case, and so serious was this complication viewed in olden times, that it was considered necessarily fatal, involving an amputation, which under the ordinary circumstances attending hospital treatment at that period prognosed a fatal termination. The wound of a ginglymoid articulation is as a general rule more serious than that of a ball and socket joint, owing to its more complex structure. The severity of the symptoms of articular injuries depend upon the size of the joint, the character of the wound and the nature of the missile inflicting the injury. A mere fissure, or a small puncture extending into an articulation may be followed by the most serious results, from the want of proper and decided means at the onset, the wound from external appearance not prognosing much mischief and the parts apparently not being much injured, until extensive local and constitutional disturbance takes place, causing destruction of the joint and too often sacrificing the life of the patient. The experience following the *Crimean war* fully corroborates the aphorism of John Bell, "that wounds of joints are mortal," as the records of those terrible battles demonstrated the fact, that extensive injuries of the large articulations rarely recovered, unless by resection of the joints, or amputation of the limb. It is not the severe wounds of the articulations that present the most ungratifying result to the surgeon, as such patients, from the severity of the injuries, demand immediate attention and operation whenever required, but too often, the greatest mortality occurs among those slightly wounded, apparently trivial cases, that escape the eye of the surgeon unless practised by extensive observation and experience. From the insignificant appearance of the injury, too often, no danger is apprehended, until intense inflammation and suppuration ensues, threatening alike the limb and life of the patient. It is highly necessary, therefore, that in all injuries of joints, an accurate and careful diagnosis should be made and especial attention be given to the conduct of the case throughout.

Slight wounds of the ginglymoid articulations are perhaps more frequently than other joints, followed by tetanus and



other extremely severe complications that challenge the closest care and attention of the surgeon. In such cases he is too apt to be thrown off his guard from the apparently slight injury and only realises the gravity of the wound when the most dangerous symptoms are manifest. In those wounds of the joints where exist much laceration and destruction of the soft parts, extensive local disturbance and constitutional irritation ensue, and if not counteracted by appropriate treatment and care, the destruction of the joint is almost certain to take place, and too often, if not operated upon early, the life of the patient is in imminent danger. As a general rule I have found, that better results follow the treatment of the more *severe* injuries of the articulations, as from the gravity of the wounds, surgeons are led to perform the required operations more promptly, than in the lesser injuries that are frequently left to the conservative powers of nature. Thus my experience has taught me, that in those battles when the wounds of the joints were considered *slight*, few operations were made, but the mortality record was greater, the patients succumbing from constitutional irritation, hectic, absorption of pus, &c.; whereas, in those conflicts, when wounds of the articulations were *severe*, the operations were more numerous and the ratio of mortality proportionally diminished, owing to the promptitude with which the operations were made. Gun-shot wounds in the neighborhood of joints require the closest investigation, not only from the apprehension of secondary inflammation threatening the integrity of the articulation, but on account of the stiffness and immobility that succeeds a long-continued disuse of the limb. If the patient does not succumb from erysipelas, gangrene, pyemia and the irritative fever that occurs in the earlier stages of the disease, he will scarcely escape the destructive ravages that follow the disorganization of membrane, cartilage and bone in one mass of disease, and its accompanying hectic. In view of the fatal tendency, therefore, of the apparently trifling wounds of joints, and the serious consequences that ensue in slight injuries, the diagnosis of articular wounds requires close observation and study, as to the extent of the injury, the direction of the wound, the escape of synovia. It is in these very cases of doubt and of apparent trifling cha-

acter, that the most violent reactionary symptoms occur, and which too often prognose a fatal termination. If left unoperated upon, the trifling wound, from the injury done the articulation, may prove disastrous; thus surgeons are frequently deceived in their *early* examination of such wounds, and this affords an explanation why a want of diagnostic acumen and skill in delaying the adoption of decided measures, so frequently proves fatal. In alluding to tetanus, following wounds of the ginglymoid articulations, let me add, that of eleven cases of tetanic convulsions succeeding gun-shot wounds, treated in the Mound City Hospital; EIGHT followed injuries of such articulations; ONE succeeded to a shell wound of the inferior border of the scapula, and two followed amputations of the lower third of the thigh. I do not recollect of seeing, during my whole term of service, a case of tetanus succeeding injuries of the ball and socket joints. Larrey details the case of a young French officer, wounded in the Egyptian campaign, who received an apparently trifling wound in the region of the hip, and who died twenty years afterwards from the effects of a musket ball imbedded in the neck of the femur. Another case is reported of a private, wounded in the hip by a musket ball, the wound seeming to be of little magnitude, and apparently yielding to the treatment employed, the orifice being closed, and all appreciable symptoms disappearing, who died of tetanus two months afterwards. The ball was found impacted in the head of the femur, shattering the bone and a portion of the brine of the acetabulum, the capsular ligament forming the sac of an abscess containing a large quantity of pus and spiculæ of bone. The treatment of gun-shot wounds in the lower extremities differs remarkably from those of the upper, on account of the minor degree of vascularity, and the greater tendency to terminate in mortification and gangrene. This leads me to the position taken throughout my career in the military service, that, injuries of the superior extremities as a general rule demand resection, while those of the lower extremities require amputation. As remarked in my communication (Homœopathy in the Army) published in the Feb. No. of the North American Journal, 1864, "resections of the lower extremities gave very unsatisfactory results, so much so,

that I abandoned the operation on the lower extremities, especially in the continuity of the tibia, fibula and femur." Resection of the hip-joint, or more properly speaking, of the head and neck of the femur, is of comparatively rare occurrence. The attention of the profession was first directed to this procedure, by Mr. Charles White, of Manchester, England, but it does not appear that the operation was ever performed until 1818, when Mr. Anthony White of London, successfully put the idea to the test of experiment, in the case of a young man affected with coxalgia, who recovered with a loss of four inches of the femur, and enjoyed good health for a series of years. In 1823, the operation was again repeated by Mr. Hewson of Dublin, the superior extremity of the femur above the trochanter minor, having been entirely removed; the case, however, resulted unfavorably, the patient dying within three months from disease of the acetabulum terminating in pelvic abscess. It is claimed on behalf of German surgery, that Kohler, Heine and Schlitchting, performed the operation successfully, their patients making excellent recoveries, which took place soon after the unfortunate termination of Mr. Hewson's case. Until within the last half century these services were performed for coxalgia, and chronic diseases of the articulation. In 1832, Mr. Scutin, resected the head of the femur in a case of comminuted fracture from a cannon ball; the patient dying soon after of gangrene of the surrounding textures. Of six resections performed by English surgeons in the Crimean war, one only was successful, but the condition of all were made more comfortable by the operation. It is claimed that if "the conveniences for treatment had been greater and the general sanitary condition of the troops better, and had not the diseases incidental to crowded and illy-ventilated hospitals, such as erysipelas, pyemia, cholera, scurvy and hospital gangrene, raged with such fearful malignity, most of the cases would have recovered, as every prospect of success seemed to attend them. All the amputations in the vicinity of the hip-joint in the same campaign were unsuccessful, not a single case recovered. The experience of this, as well as other campaigns, and I may add that of the present rebellion, has fully proven the inutility of such mutilations. When death from a gun-shot wound of

the hip-joint is inevitable, it seems inhuman to amputate, when observation and experience teach us, no benefit can accrue to the patient by the operation. Mr. Jæger has indicated the following divisions to which resection of the femur is applicable:

“1. In cases where there were splinters of the neck and head of this bone, or of the great trochanter from wounds of fire-arms;

2. In cases of fracture of the neck of the femur, where suppuration and caries have supervened;

3. In cases of dislocations complicated with fracture and laceration of the soft parts;

4. In cases of ankylosis of the articulation, where the limb could not be made use of;

5. In cases of the head of the femur, in consequence of coxalgia.”

As resection of the hip, from disease, gives greater chances of success, than from gun-shot wounds or injuries, it has been suggested by surgeons of experience “that an exception to the rule of immediate resections be made for the *hip-joint*, and that such cases, even the most suitable for the operation, be deferred until suppuration is well established.” For hip-joint resections it is claimed that nothing is lost by this delay, whilst on the contrary, there may be a chance of saving the limb without an operation. Baudens says, that, as the resection of the hip-joint only succeeds as a secondary operation, attempts should first be made to save the limb. Larrey, in 1812, reports six cases of gun-shot wounds involving the neck of the femur, with three cures. I will here present two cases of gun-shot wound of the trochanters and neck of the bone treated in Mound City General Hospital, while under my charge. The first case is that of Capt. Abbott. See cases\* marked Nos. 18 and 96 with Remarks.

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\* From Drawings in my private collection, treated in Mound City General Hospital.

## PRIMARY RESECTIONS AFTER GUN-SHOT WOUNDS.

SURGEONS.	Operated upon.	Cures.	Deaths.
Larrey (Volume 3, Clinique).....	6	..	6
J. Cooper (Dictionary).....	2	..	2
Leteille (Relatione du Siège d'Anvers).....	1	..	1
Hutin (Memoires de Medécine et Chirurgie) ....	2	..	2
Sedillot (Annales de la Chirurgie Française) ....	5	..	5
Guyon (Expedition de Churchill, Algérie) ....	1	..	1
Ruchet (Journées de Juin 1848).....	1	..	1
Gubiot (Thèse de Montpellier, 1840).....	3	..	3
French Crimean Service .....	9	..	9
McLeod (Crimean War).....	5	..	5
Stromeyer .....	1	..	1
Total....	86	..	86

## SECONDARY RESECTIONS AFTER GUN-SHOT WOUNDS.

SURGEONS.	Operated.	Cures.	Deaths.
Larrey (Clinique, Volume 5) .....	1	1	—
Guthrie (Clinique, Vol. 5) .....	1	1	—
Baudens (Traité des Plaies d'Armes) .....	1	1	—
Ferussæ (Bulletin des Sciences Medicales) ....	1	..	1
Robert (Journée de Juin 1848) .....	1	..	1
Guersant (Journées de Juin, 1848).....	1	..	1
Vidal (Traité de Chirurgie) .....	1	..	1
Mournier (Constantinople, 1854) .....	3	..	3
Legouest & McLeod, each 1 case .....	2	..	2
Total....	12	8	9

It follows, therefore, from the tables showing the relative advantages of primary and secondary resections of the hip, that better results have followed the operation in secondary than in primary resections. For, as in the first table, all operated upon *primarily* died, in the *secondary* operation *three* recovered, establishing the principle laid down by Baudens, that as resection of the hip-joint only succeeds as a *secondary* operation, it is the duty of the surgeon first to attempt to save the limb, not to perform the operation until all other chances of preserving the limb have failed.

*Gun-shot wounds of the knee-joint* are considered in army surgery as lesions of the gravest character. Gurthrie remarks, that he never saw such a case recover in which the limb was not removed. Larrey also, speaks doubtingly on recoveries

from such wounds. Esmarch, who had extensive experience, and whose observation in the Sleswick-Holstein war, entitles him to the highest consideration, says, "all gun-shot injuries of the knee-joint, in which the epiphyses of the femur or tibia have been affected, demand immediate amputation of the thigh." "It is a rule," (says he) "of deplorable necessity already given by the best authorities, and which our experience fully confirms." In the Reports of the Indian war, nine cases are mentioned in which the knee-joint was penetrated, but the injury was so slight as to induce the surgeon to try and save the limb. Every one died. The primary dangers of these wounds are not so great, but the consecutive difficulties that ensue constitute the chief hazard. The long and wasting suppuration, the tedious and dangerous abscess burrowing into the structure of the articulation and extending upward into the deep-seated muscles of the thigh, frequently destroying the periosteum and tending to disintegration of the bony structure, and the purulent absorption entering the circulation and poisoning the nervous centres of animal life, constitute the principal sources of alarm. These abscesses following gun-shot injuries of the knee-joint, appear almost invariably among the deep-seated muscles of the thigh, extending as I witnessed in one case as far up as Poupart's ligament, and if they continue long unnoticed, give rise to serious mischief and danger; they burrow along the track of the muscles, between the sheaths, dip down to the bone, extending upwards along the shaft, stripping it of its periosteum, and yet are seldom apparently in connection with the joint. The escape of even small portions of the acrid secretions into the superficial or deep cellular membranes, sets up a renewed inflammation, terminating in suppuration and the formation of abscesses, whose connection with the original wound is difficult to trace. These collections of pus, almost always are developed in the deep muscular layers of the thigh, frequently extending as high up as Poupart's ligament. I recollect well having amputated a thigh in the lower third, for gun-shot wound of the knee-joint, involving pyemia of the limb from the os-pubis to the knee-joint. In making the flaps, over a gallon of dark-colored sanies gushed out. The patient never rallied and died in twelve hours after the operation.

If death does not take place in these severe cases during the inflammatory stage with the pyemia and hectic that usually accompanies such injuries, it most certainly follows, from the great constitutional disturbances attending the inflammation, with its consequent abscesses, purulent absorption, diarrhoea, &c. Dr. John Thompson first called the attention of surgeons to the fact, that, in the latter stage of the disease the joint closely resembles the conditions manifest in white swelling, terminating in the most favorable condition, in ankylosis of the joint. Dr. Stromeyer, to obviate the necessity of resection at the knee-joint, has strongly recommended free incisions at an early period, laying open the whole front of the articulation by an incision similar to that for resection, so as to permit the extraction of all foreign bodies and the free escape of pus, the retention of which involves the gravest danger. The importance of this treatment, so ably advocated by Stromeyer, may be seen by the comparative results that follow shell-wounds, when the joint is freely laid open, and those, in musket or minnie balls, which enter the articulation without producing much laceration. The record of three cases thus treated in the Mound City General Hospital, wherein, a simple punctured wound was converted into a compound one by free incisions, may be adduced as evidence of the beneficial results following the method proposed by Stromeyer. During the latter portion of my service in the army, I strongly recommended this practice, having witnessed the good results following it. Dr. Alcock strongly advocates this treatment in the following words, "I am sternly inclined," he says, "to the conclusion that injuries to joints are not fatal in proportion to the extent of surface laid open. The most dangerous of these wounds I believe to be punctured, or such wounds as a musket-ball creates, a small lacerated and contused opening, with more or less mischief to the internal parts. Shell-wounds of the knee-joint are therefore as a general rule, less dangerous than bullet-wounds of the same locality, the incisions, though ragged, act beneficially in permitting the free discharge of the accumulating resections, terminating in ankylosis of the articulation, a result much more to be desired than either resection or amputation. A very interesting wound of the knee-joint fell under my observation

during the siege of Vicksburg, on the 29d of May, 1863, when our forces assaulted the rebel works at that place.

Lieut. Boies, mustering officer of the 2d division, 15th army-corps, was sitting beside a fallen tree, tired and exhausted from the fatigues of that terrible struggle, with his sword lying across the patilla of the right knee — a solid shot from the enemy's cannon, partly spent, struck the hilt of his sword, breaking it, and fracturing the patilla transversely. He was immediately transported to my division-hospital, and upon most critical examination not the slightest appearance of external injury was manifest, not even discoloration of the cuticle. The limb was kept at rest in the extended position, and the fragments obtained in juxta-position by such mechanical contrivances as could be extemporized for the occasion, and perfect quiet was maintained, with cooling lotions and evaporating washes applied to the part. The tumefaction and pain following the injury, was very slight, and every thing prognosed a speedy recovery. During my absence from the hospital, the division having been ordered to reconnoitre, for the enemy then threatening an interruption of our communications in the rear, the lieutenant procured a leave of absence to return to his home near Milwaukie. On the passage up the river, the surgeon in charge of the hospital-boat made incisions into the knee-joint for the purpose of drawing off the secretions accumulating within. Violent inflammation ensued, with all its attendant phenomena, terminating in amputation of the thigh, from which the patient never rallied, and died a few days after the operation. I mention this case to show the bad effects that too frequently follow such treatment. I have no doubt, if the case had been treated less heroically, the patient would have survived, with partial stiffness of the joint. My experience in the military service leads me to the opinion, that resection of the knee-joint for gun-shot wounds, are not productive of good results. Having performed the operation once in a case as favorable for the procedure as I could select, with no corresponding benefit, I concluded to abandon the operation, either, relying upon the conservative means spoken of, for restoration of the limb with anchylosis, or performing the service of dernier resort—amputation. Two other cases admitted into



the Mound City hospital with resection of that articulation, gave the same unfavorable results, death following the resection in both cases. So far as I can learn, the operation is discountenanced by our army-surgeons. My reasons for prescribing it in gun-shot wounds are these, that it is more painful, tedious and dangerous than amputation in the continuity of the femur, that, in the most fortunate cases, the preserved limb is not as useful as an artificial leg—the shortening is from four to eight inches—the articulation cannot be restored, the limb performing its motions in an irregular and unsatisfactory manner, and most usually is strongly deviated outward. The brilliant triumphs in mechanical surgery in the adaptation of artificial limbs to supply the loss of the natural member, are so complete, and the purposes which they subserve are so well performed, that the artificial leg is in reality more useful to the patient than the natural limb. Dr. Mott observes that “none of them can do with their misshapen limb what they would be enabled to execute with a wooden one properly made.” The record of such operations is adverse to the procedure. Mr. Syme regards it as “a dangerous and unprofitable proceeding,” and the weight of surgical authority, as far as results are concerned, is opposed to the operation and in favor of amputation in the continuity of the thigh.

*Resections of the ankle-joint* following gun-shot wounds, is an operation of such rare occurrence that I do not know of a single case of the kind performed during the present rebellion. When the bones of this articulation are crushed, and the ligamentous bands partially or totally destroyed, I know of no other resource, save amputation or the conservative method of trying to save the limb. From the complicated character of this articulation, violent inflammation, succeeded by mortification follows such injuries, and amputation holds out stronger inducements for immediate and subsequent benefit than any other procedure. If the joint is not extensively lacerated, the best treatment is to try and preserve the limb, by all the means and appliances within our reach. Many patients have recovered from injury of this articulation with more or less permanent stiffness of the joint. If amputation has to be resorted to, my experience has led me to the opinion that the

secondary amputation promises equally good results with the primary, while the patient has the advantage of the chances of recovery with the preservation of his limb. It is the duty, therefore, of the surgeon, first to use all means to preserve the parts, many limbs having been saved by this conservative method, and only to amputate *secondarily*, and in those cases where all our efforts at restoration have failed, and the patient's life is threatened from the consequences of the injury.

In gun-shot wounds of the tarsus and meta-tarsus, resection affords the only desirable relief. Horstius mentions a case in which a portion of the bones of the foot, of three fingers breadth in dimension, was extracted, and in which the patient nevertheless was enabled to walk without limping. De la Motte also extracted with success what remained of the third cuneiform bone, after it had been crushed by a ball. Bilguer extirpated nearly all the bones of the foot in the case of a Captain Frankenburg, for a gun-shot wound in the foot, and then brought into coaptation the two portions that remained. The operation was so successful that this officer was enabled to walk and to resume his duties by means of a heel of double thickness. Saviard also removed a cuneiform bone in a case of necrosis with good results. I have resected various portions of the tarsus and meta-tarsus in gun-shot wounds with like results. One important rule should guide us in all these operations, and that is, in all cases of resection, save as much of the foot as is possible, no matter how extensive the injury. In one case I resected the three metatarsal bones of the smaller toes, and secured for the patient a tolerably good foot. I have removed also portions of the os-calcis and astragalus, the patient recovering with the use of his foot, although it was partly ankylosed. The successful removal of the astragalus by the older surgeons are numerous, and the beneficial results following these operations are well attested.

Gun-shot wounds of the clavicle, in which that bone has been fractured and comminuted by musket balls also demand resection. Twice I have performed the evulsion of that bone; *in one case* involving the disarticulation of the sterno-clavicular extremity with one-half of its whole extent. *In the other*, the extirpation of nearly the whole of the bone. The

record of this latter case is published in the *North American Journal of Homœopathy* for 1862. \*

Injuries of the shoulder-joint following gun-shot wounds have met with better results from resections than any other articulation, such services being vastly superior to amputations. The comparative simplicity of the joint, and the superficial position of the shoulder, cause it both to suffer less, and to be more manageable when injured. Balls sometimes pass closely to the head of the bone, either without opening the cavity, or injuring it so slightly, as to require little, if any operative interference on the part of the surgeon. Larrey reports an interesting case in which a solid shot passed near the shoulder-joint, and although the skin was scarcely abraded, the head of the humerus, the scapular extremity of the clavicle, and the acromium, and coracoid processes were so shattered, as to require resection of the injured extremities, which operation, he says, no doubt preserved the patient's life. If a ball remains impacted in the head of the bone, as sometimes takes place, the surgeon should extract the bullet without delay, and in the event of failure to withdraw the ball, to resect the head of the bone, as caries and disease of the joint will almost surely supervene, necessitating either disarticulation of the limb, or the death of the patient. Two cases are reported, in which death followed the impaction of a bullet in the round head of the humerus, terminating in necrosis and final exhaustion of the patient within two months. Abscesses and fistulous openings are the terminations most to be dreaded, in all cases in which the shoulder-joint is implicated in gun-shot wounds. Exceptions to this rule sometimes happen. I recollect the case of a German, stout and healthy, who received a wound, at the battle of Fort Donelson, in which the head of the humerus was extensively comminuted by a minnie ball, entering from the inner aspect of the head and emerging from the outer side. The patient, was left entirely to the conservative powers of nature, with such attention locally and generally, as the case required, and finally recovered with three-fourths of an inch shortening of the arm. This is the only unoperated case that fell under my observation with the same fortunate termination.

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\* Velpeau's *Operative Surgery*—exsections of the Tarsus.

1865.] By E. C. FRANKLIN, M.D., of St. Louis, Mo.

Larrey performed resection of the shoulder in the Egyptian campaign ten times. "Four of whom died, two of scorbutus, one of hospital fever, and one of the pest, after complete recovery from the operation."

In 1795 Percy mentioned nineteen cures after resection of the shoulder. Baudens had thirteen recoveries from fourteen operations. Of NINETEEN resections of this articulation performed during the Schleswick-Holstein war, seven were fatal, and most of the deaths were from pyæmia. Legouest had six cases of primary resection of the shoulder in the hospital at Constantinople, two of whom only recovered. During my service in the army in the present rebellion, I performed eleven resections of the shoulder, most of which were primary operations, with the loss of only two patients. In three partial resections of the scapula, involving portions of the spine, superior and inferior borders, all recovered. Motion was impeded in one case only, and that was very slight. My experience leads me to the opinion that resections of this joint, to be successful, should be performed as quickly as possible after injury. The procedure of resection of this joint, as well as the others I have referred to, cannot be entered into in the short space of this communication, I will, however, point out three or four general rules to be observed in all cases of articular resection, and which should always be remembered by the surgeon, as his golden guides to success, viz. In making the incisions for exposing the articular extremities of bones, always select that portion of the limb opposite the main blood-vessels and nerves, to avoid injury to these vital parts. Make your incisions free, giving sufficient space to the surgeon for manipulating and turning out the heads of the bones. If possible, make the incision in the line of the wound, if any, terminating them in such a position as to permit a continued drain from the joint. Remove as much of the synovial membrane as possible, but preserve all the periosteum. The one is prone to take on inflammation and its attendant consequences, jeopardizing the success of the operation; the other is necessary for the reproduction of bone.

Gun-shot wounds in the region of the elbow-joint, are much more readily recognized by the escape of synovia, &c. than

injuries of the shoulder. The first successful operation of this articulation was performed by Wainman, who removed only the trochlea of the humerus for a luxation of the elbow.

Following him Percy, Moreau, and other military surgeons performed this operation a number of times with success. The resection of this joint is a long, tedious and painful procedure, and is apt to be followed by exhaustive and sometimes fatal suppuration. It is rare that perfect, immediate union follows this operation.

It is related that one of Mr. Roux's patients was not perfectly cured for nearly a year. Mr. Syme remarks, that "he had performed the operation of resection of the elbow-joint in nearly a hundred instances, and that his experience had shown that many months, or years or even a whole life time might elapse before the wound was so completely consolidated as not to suffer occasionally from small collections of matter in and about the cicatrix, interfering a little with the patient's comfort, which ultimately did not affect the usefulness of the hand, or of the strength of the arm, but would entirely unfit the inferior extremity from being employed as a support for the body."

Mr. Erichsen mentions a case of resection of the elbow-joint in the case of a coachman, who, after the operation, was able to manage horses, carry a pail of water and to perform all the duties of his employment nearly as well as if the arm had been left in its normal condition. In another case in which he resected this articulation, the patient died of pyæmia, the autopsy disclosing the humerus to be filled with pus, and the axillary vein to be in a state of suppuration.

Mr. Fergussen,\* in his work on surgery, also relates some successful cures following this operation. In this country credit is given to Dr. Thomas Harris as the first who performed the resection of the elbow-joint; succeeding him, Drs. Pancoast, Buck, Warren and Mutter repeated the operation generally with good results. Drs. Gouraud and Larrey were opposed to this operation and only adopted it in cases of fracture, or comminuted luxation, with laceration of the soft parts and

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\* Science and Art of Surgery, p. 614.

protrusion of the bones. I do not know of a single case in the West,\* where this operation has been performed during the present rebellion. No doubt our army surgeons generally have opposed the procedure, chiefly on account of the tediousness, and length of time required to make the resection, and partly on account of the long convalescence before the patient is able to use his limb. In the present organization of our armies in the field, with a scarcity of competent surgeons, owing to the fact that so many are placed on detached duty in hospitals and elsewhere, with large numbers of wounded at the field organizations constantly imploring surgical assistance, it is impossible to give that care and attention to individual cases that too frequently conservative surgery demands. Larrey contended that gun-shot wounds of the elbow-joint, were particularly dangerous owing to the complexity and slight disensibility of the articulation and the dense strong ligaments that enter into its formation. He therefore advocated amputation in preference to resection, whenever the joint became injured by a ball, or even a cutting instrument, blood having escaped into the joint. I have witnessed a number of cases of gun-shot wounds involving this articulation, and in my earlier career in the service, held to the opinion that in those cases that did not demand immediate amputation, attempts should be directed to save the arm, and in a few instances beneficial results have been experienced. A few, however, succumbed to this conservative process. Later in my career, I adopted the principle of amputation in all cases that demanded an operation, and found the results more encouraging for the following reasons. In field service, especially when large armies are on the move, it is impossible to give that attention and care to these cases that the gravity of their wounds require, and in our attempts to save the limb, frequently patients will die from constitutional irritation, absorption of pus, hectic, &c., through want of adequate nourishment, hygienic treatment, &c., or through the prostrating influences of transportation from place to place, change of surgeons, &c.

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\* Since writing this, I learn that Dr. G. S. Walker formerly Surgeon of 6th Regt. Mo. Vols. performed this operation successfully, the patient recovering free use of the limb.

Dupuytren strongly advocated the importance of the position of the aperture in gun-shot wounds of joints, and contended that better results followed the conservative process when the wound was situated at its inner aspect. If, on the contrary, he adds, the aperture is situated on the outer aspect, resection is imperatively called for, as the natural position of the arm in such a wound prevents the free escape of pus and the accumulating secretions of the joint. That resections generally afford the most beneficial results, I may mention, that, in the Schleswick-Holstein war, of fifty-four recorded *amputations* of the arm, only forty-five recovered; while from forty *resections* under similar circumstances only six died. The results of these operations were also modified by the period at which the resection was performed. Of eleven cases resected *primarily*, and before inflammatory reaction set in, only one died; while of twenty cases operated upon *secondarily* and after reaction ensued, four died, and of nine cases operated upon between the eighth and thirty-seventh day two died, proving the principle already advocated, that wounded men bear operations better before reaction, than when prostrated by high inflammatory excitement. It is contended by surgeons of eminence, that exposure of the medullary canal in resections leads to unpleasant and fatal consequences by diffuse suppuration and pyæmia but, I can assure you, that the principle is not founded in truth, as I have exposed this canal a number of times without the least untoward result, and I now confidently assert, that this canal may be divided with no more risk to the patient, than the exposure of periosteum produces, in operating upon the continuity of bones, a practice violently reprobated by older surgeons.

Gun-shot wounds of the wrist-joint involving resection has been practised much less frequently than of the other articulations of the upper extremity, and the cases operated upon have given discouraging results. The procedure is both tedious and difficult, in consequence of the complexity of the structures, and is extremely liable to be followed by ankylosis of the wrist and permanent stiffness of the fingers. On this account surgeons have preferred amputation to resection, especially in the military service. Partial resections of the bones of the

carpus and metacarpus are of almost daily occurrence in the army and the best results have followed such operations. In a case reported by Bagieu the head of the radius and ulna was fractured by a ball; the splinters were extracted immediately; a shortening of more than an inch took place with ankyloses of the radio-carpal union. Mr. Fergusson details a case in which he performed the resection of the whole of the carpus with the contiguous articulations. The result of the case was, that the hand and fore-arm were as useless as before the operation. Dr. Sayre, in 1853, performed a partial resection of the carpus. The operation was a failure, subsequent amputation having been required. Following close upon this, M. Erichsen ressected the carpus. His patient was under treatment nearly a year, and was discharged from the hospital with the wounds nearly healed and with stiffness of the joint.

Mr. Simon of St. Thomas Hospital operated in 1852, but the wound had not healed at the end of a year, when the patient contracted fever and died. Drs. Carnochan and Pancoast have resected this articulation, the first having removed the whole wrist, and the latter the upper row of bones. Other surgeons prefer amputation at the onset, rather than run the risk of the serious results that frequently accompany resection, without the certainty of a final cure. My own opinion is, that in extensive lacerated wounds involving a larger portion of the wrist, the safer plan is to amputate immediately, just above the articulation; but in injuries involving only a smaller portion of the bones of the carpus, resection of the injured bones will afford the most excellent results. In gun-shot wounds of the *hand*, no matter how extensive the lesion, resection should be performed, as it is very seldom that the hand is so mangled as to be beyond the reach of surgical skill. Some surgeons lay down the rule, that an amputation of the hand is *never* imperative, however frightful the injury may seem, and to this conclusion I can cheerfully give the weight of my experience. The golden rule that should guide us on all occasions, is to save as much of the hand as is possible, as a single finger preserved, is infinitely better than the best adjusted artificial limb.

In conclusion, I desire to express my unqualified commendation in the application locally and generally of *Calendula* to



suppurating surfaces following gun-shot wounds, and I feel convinced that in my own practice, while in the army, scores of limbs have been preserved by this valuable therapeutic agent that must have been lost without the aid of this important remedy. As far as I can learn, the application of this valuable medicine to suppurating surfaces, and its importance in surgical practice, was first brought before the profession by my friend and colleague, Prof. J. T. Temple, of St. Louis, in an interesting article published in the North American Journal of Homœopathy, in 1859, to which I refer those who feel an interest in such matters.

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ARTICLE XXXIII.—*On the Manner of Preserving and Preparing Bodies for Dissection.* By WM. TOD HELMUTH, M.D., Professor of Surgical Anatomy in the Hom. Medical College of Missouri. Read at the Second Meeting of the Western Institute of Homœopathy, held at Chicago, Ill.

GENTLEMEN,

Appointed upon your committee on anatomical science, the rendering of a proper and interesting report presents difficulties which could not be easily surmounted. No matter in which of the branches we were to engage ourselves, the same obstacles are apparent. They may be embraced under three heads.

The first and most important difficulty is the absence, in such a report given at such a time of demonstration. Whether the subject be general, pathological or surgical anatomy, it becomes not only tedious to the listener, but the lecturer being aware of the absolute importance of practically illustrating his subject, feels that he is neither doing justice to his hearers, to his subject or to himself. Of what avail would be an essay on the surgical anatomy of hernia without the parts before the anatomist? It has been my lot often to remark, that by description a very different idea of the anatomical relations of the body is arrived at, from the reality when the dissection of those parts is accomplished. And although a lucid explanation of minute points may, by strict attention of

the listener, be perfectly understood by the latter, yet I am very positive, that lasting impression on the mind is not obtained, which would result from the proper demonstrations. At the last meeting of this society, I was so impressed with these facts, that the imperfect address, which was offered, was illustrated by specimens, which at considerable trouble and risk were presented for the consideration of this respected body. It is much to my regret that a sufficient amount of material could not be collected for a similar object on this occasion.

The second obstacle to the preparation of a report on anatomy, is that of *repetition of subjects*, already well known by physicians in general, and consequently such repetition would be nothing more than the re-reading of a worn-out book, on a worn-out subject, and would be devoid of that interest, which one would necessarily expect to attach itself to a medical essay in this progressive age.

The third impediment is the difficulty in selecting a subject which would be interesting to all. The field is so vast, and there are so many different tastes to be catered for, that this item, in itself, is necessarily a subject of consideration. After some reflection on these heads, I thought that, perhaps, a short paper on the manner of preparing bodies for dissection, with the appropriate means for preservation and disinfection might be somewhat novel, and at the same time instructive. I was the more impelled to the contemplation of such a subject, because anatomical text-books are surprisingly devoid of information of this head, and because for a number of years I have had reason in my intercourse with students, to be frequently in the dissecting-room, and could therefore be able to state, from practical experience, certain items which, though perhaps of small importance in themselves, still are deserving of some consideration.

Besides, as medical men, such information may at certain times and under certain circumstances be of considerable service.

Very often a patient may die, and it is the desire of the friends to preserve the body until the arrival of an absent parent or other relative, whom circumstances may prevent

from being present for a number of days, or at all events until after the period that decomposition occurs.

Or, a stranger may expire in our midst, and his body is to be forwarded to his friends at a distance, perhaps even to a foreign country; or, above all, it may be necessary for the establishment of certain medico-legal points at issue, to preserve an identity for a considerable time. And in all such cases, such preservation is easily accomplished by very simple means, viz., by injecting the body with substances possessed of antiseptic properties, sufficient to arrest or prevent decomposition. It will be seen, therefore, that besides the great importance to the student, or to the anatomist, who are daily lecturing or studying the cadaver, that the proper preservation of the human body, after death, may assume an importance, which, particularly when tried from a legal stand-point, can not be well over-estimated.

We may then examine in detail, the manner of injecting a subject, and the substances which are best adapted, first for the preservation, and secondly for the dissection of the body.

The points which have been found most desirable for entering the injection-pipe, are at the common carotid in the neck, and the arch of the aorta. At the risk of being a little tedious, or of rubbing off the rust which may have accumulated upon a once bright anatomical knowledge, we may here examine in detail the regions in question.

Firstly, then, we may look at what may be properly termed the topography of the neck.

Taking then the neck, we have first a quadrangular space, which may be bounded above by the body of the inferior maxillary bone, and a line carried backward from the angle of the same bone to the vertebral column, below by the clavicle, anteriorly by the mesian line of the neck and posteriorly by the trapezius muscle. This quadrangular space is divided into two triangles by the sterno-cleido-mastoidens; and these spaces again subdivided by the omo-hyoid. The spaces that are formed by the sterno-cleido mastoid are known by the names of the anterior and posterior lateral triangles; and the spaces formed by the omo-hyoid, being subdivisions of the former

triangles, are called : 1. The posterior superior. 2. The posterior inferior. 3. The anterior superior, and 4. The anterior inferior.

Leaving out some of the more minute structures, we find in the posterior inferior triangle the subclavian artery and vein, the transverse cervical artery and the brachial plexus of nerves. In the posterior superior we have the cervical plexus and lymphatics. The anterior inferior triangle contains the carotid artery, the internal jugular vein, the par-vagus and the sympathetic nerves. The anterior superior triangle is bounded above by the digestive muscle and the lingual nerve, and contains the carotid artery, the internal jugular vein, descendens noni, par-vagus and sympathetic nerves, and it is in this space, the carotid is best found, and, from its being superficial, the nozzle of the injecting apparatus can be most readily inserted.

In certain cases it may be very necessary that the surface of the neck is not marred by an incision, and therefore the arch of the aorta may be preferred. It is certainly the preferable point when subjects are to be prepared for dissection and demonstration.

To effect this injection properly, the sternum is to be divided longitudinally its whole length,—taking great care that the great vessels are not injured,—and each side being held firmly apart by assistants, the pericardium comes into view. This membrane must be carefully divided from below upward when the arch of the aorta will be exposed. In this, the aorta pipe must be firmly secured, and the requisite injection thrown in. In the dissecting-room, where such a proceeding has frequently to be resorted to, the instrument invented by Dr. Horner of Philadelphia, called “the sternum elevator,” will be found of the utmost service, but in exceptional cases, the hands of careful assistants will answer the purpose exceedingly well.

The question then arises as to what may be considered as the best injection.

Very many antiseptic articles have been recommended and used by different anatomists, each landing his own as the best. Both, alkaline and metallic substances abound, which in a greater or lesser degree possess the desired property. Preparations of Alum, and Nitrate of Potash, of Arsenic and Mu-

riate of Mercury, Ammonia, Creasote, Pinus-sylvestris, and the essential oils have been tried, but, so far as my own experience goes, there are but three preparations that may be relied upon with certainty, besides, in such cases, the cost of the materials, the facility for obtaining them, and the easiness of their admixture, is always a matter of consideration.

Many of the so-called embalmers of the present day, who, at enormous prices, essay to preserve bodies, profess to have discovered secret preparations, which are superior to those generally known, but there is little doubt that the majority of these so highly esteemed "*occult*" injections contain more or less Arsenic, Chloride of Zinc, or common Saltpetre. Taking all the circumstances into the question, I believe for the actual preservation of a subject, at present the Chloride of Zinc holds the preference and is most generally used. Certain I am, that I have seen in bodies half green with putrefaction, not only the process of decomposition arrested, but the integument assume an almost healthy appearance some hours after the injection has been made. The celebrated disinfecting fluid of Sir William Burnett, which was introduced in 1840, and acquired for a time a great reputation on this continent, was nothing more than the "*Zinci, Chloridi Liquor*" or an aqueous solution of the Chloride of Lime. It contains two hundred grains of the metal to each imperial fluid-ounce. One great desideratum in these compounds of Zinc is found in the fact, that they possess no smell of their own, while they excite the most powerful deodorizing properties. For the production of a good deodorizing fluid, on a large scale, take one pint of the liquor above-named to four gallons of water, but for the *injection* of bodies the better preparation is composed of one part of the fluid to eighteen parts of water.

I have been in the habit, however, of generally preparing the Chloride of Zinc for injections in a very simple manner as follows. Having carefully cleansed a large stone jar, capable of holding four or five gallons, procure some common metallic Zinc, break it into pieces, throw it into the vessel, and to every pound of the metal, pour on one gallon of the ordinary Muriatic-acid of commerce; cover the jar and allow the mixture to stand for forty-eight hours, then add a few pieces more of

Zinc, to allow the metal to combine with any excess of acid which may be present. This mixture may be kept standing in the dissecting-room, and must be diluted about one-third with water before it is thrown into the subject, otherwise, the corroding properties of the caustic may destroy, rather than preserve. Three pints is a full allowance for a large subject, one pint being water and one quart Chloride of Zinc. This preparation is so simple, so easily prepared and so very effective, that it deservedly holds a high rank among preservative injections, but there are two difficulties which I have found in its use. In the first place, if it be used for the purpose of preserving bodies for dissection and *demonstration*, it renders the muscles quite brittle, and, secondly, destroys their color, making them much darker than natural, and at the same time causing more or less shrinking of their substance. These to an ambitious demonstrator, are very serious obstacles. The connoisseur in wine must have his champagne from the proper glass, his ale from his tankard and his hock in the emerald-green. The jockey must have his horses in good condition and his appointments in perfect order when he exhibits his favorite animals, and the man who feels a pride in his lecture on the muscles, must have them a good color (a fine red), the right size, and in such condition, that he may turn over layer after layer without danger of tearing or breaking them. Therefore, while a body may be prepared for keeping, for preserving its identity; for the student who wishes to learn *how* to handle a scalpel, or the names and relative position of the different parts of the human body. The Chloride of Zinc is as excellent an article as can be found, but it is not so good, when a competent anatomist desires to lecture and to demonstrate either the muscles or the nerves. A much better preparation may be used in the following. This injection was always employed with most gratifying success, by the late Wm. E. Horner, M.D., for so long a time, the professor of anatomy in the university of Pennsylvania, than whom, I believe few more accomplished anatomists ever lived, and who for twenty-five or thirty years devoted himself almost exclusively to the cultivation of anatomical science. The ingredients are :

Turk's Island salt . . .	ʒxxxvj	avoirdupois.
Nitrate of Potash . . .	ʒxix	"
Carbonated Soda . . .	ʒviiij	"
Molasses (Sugar-house) .	ʒiv	by measure.
Starch . . . . .	ʒij	
Water . . . . .	ʒvj.	

The directions for preparing the compound are as follows. First dissolve all the saline constituents in boiling water, then gradually and thoroughly stir in the molasses; after these have been well mixed, the starch should be mingled with a half ounce of cold water and all the lumps finely reduced, then it may be added to the parts already combined. This mixture must be allowed to boil and so soon as ebullition is complete, removed from the fire. The advantages it possesses, are as follows:

1. If it be desirable to "*color up*" the muscles; by the addition of a little more molasses, a most beautiful tint is procured.

2. If the nerves are to be demonstrated, add but one quart of the molasses.

3. If it be necessary to harden the surface, add one-half more of starch.

4. The arteries become quite soft and more easily distended, making them the better able to receive the coarse injection, destined for their expansion and demonstration.

5. When injected by the aorta, the fluid will return by the veins, and render them full as in health.

6. The Soda prevents instruments from being acted upon during dissection.

It is well also to understand, that the compound has some *objections* which may also be stated. If the brain or spinal marrow is to be demonstrated, it should never be used, as the great nervous centres are much softened by its action. If a skeleton is to be made for *use*, and *not for beauty*, it is very serviceable, as it renders the ligaments durable, but if the bones are to be bleached, the injection should not be employed, as the ossific matter will always be more or less dark. Neither if we wish to make wet preparations, can this injection be made use of, because there will be constantly a dark deposit taking place, which will in time entirely obscure the specimen. These

small items may be of service to those who desire to prepare bodies either for preservation or for dissection.

There is still another preservative injection which is not generally known or much used; but is of the very best character, being preferable to Dr. Horner's in some respects, and also to the chloride of Zinc, in the fact that in bodies where it has been used, the muscles retain almost as good a color as they are noticed in health. This compound is

Pyrolig.-acid

Tinct.-sulph., āā ʒviij to xij.

Aquæ-sulph., ℞ vij.

This mixture softens the structure somewhat, but, as before remarked, does not destroy color, and is so easily mixed that it will be found useful when a subject is to be prepared in a hurry, though both the injecting apparatus and the knives employed must be cleansed immediately, or they will corrode.

In the use of any of these preparations, there is one item that the dissector may be prepared for; if the body is allowed to be exposed to the air for any length of time, desquamation of the cuticle takes place.

I think that the three injections which have been alluded to will be found sufficient for the purpose in question; although corrosive sublimate may be necessary in some cases. This chloride, perhaps, possesses more power over decomposition than most substances, but the dissector must be very careful in his manipulations. Arsenic and Alumina also present the same objections, as the health of the student may be seriously impaired by their use.

If after either of the foregoing receipts have been used, the body is to be preserved for a length of time, or to be forwarded to a distance, it should be rolled in a sheet saturated with a solution of nitrate of Potash, or a very weak solution of corrosive sublimate, then laid in a box containing saw-dust and salt, combined in the proportion of one-third of the latter to two-thirds of the former, and having secured the cover very firmly, all the joints and crevices are to be filled either with wax or tar; the former is the better, and by having it melted in a small saucepan, it can be easily poured into the places required. A subject prepared in this manner will last a very



long time. If, however, subjects are only to be kept for some months, as is the case when they are "*pickled*" in the summer or autumn for the winter's dissection, all that is necessary is to place each in a barrel, pour therein several gallons of whisky, and having covered the body with a cloth, close the head of the cask as tightly as possible. Every month, a little more whisky may be added.

Having as briefly as possible entered upon the preservative fluids, we come now to consider the compounds which are adapted to distend the vessels of the body.

It is said that Swammerdam used injections composed of *wax* in 1672, and that what are termed corroded preparations, were first made by Francis Nichols, professor of anatomy at Oxford, early in the last century. Ruysch has attained the reputation of having made the best anatomical specimens, and as knowing the best injections; of what, however, the latter were composed has not descended to posterity. Rouhaut, of Sardinia, was the first who used dissolved glue as an injection. There are coarse, fine, and minute injections. Of the two former we will only treat, as the latter are so very numerous and belong to an entirely different department of anatomical science, that of micrography, and can be found in any of the works treating upon that interesting subject.

When the subjects are "*unpacked*," what then is the preferable material for distending the arteries and the veins? The object is to procure such a substance that can be rendered fluid for a sufficient length of time to allow the vessels to be properly distended, and when this is accomplished, to become solid in their interior.

The commonest injection of this kind, and no doubt the most unsatisfactory, is that of plaster of Paris. I care not how carelessly the manipulations are conducted, it very rarely fills the indications. It is made by mixing the refined plaster of Paris with water until it becomes almost of the consistence of cream, coloring the same (if the arteries are to be injected, with red lead; if the veins, with Prussian blue), and by the ordinary injecting apparatus, forcing it into the body. The difficulties attendant upon this are these:

- 1st. It is very difficult to prepare it of the right consistence.

2d. It "sets" too quickly, often while the anatomist is re-filling the pipes. The injection has become solid in the vessels, or at least so thick that it will not "run."

3d. Even if the body becomes tolerably injected, the material is so brittle that the arteries break very readily. No arterial preparation made to keep for any length of time should have a plaster of Paris injection.

4d. It turns the edges of the scalpels.

5th. It requires a long time to properly clean the injecting apparatus which has been used.

An injection of *wax* has been highly recommended by some, and although it is not so brittle as the former, it is even yet more troublesome. In the first place, the body must be heated, which is best done by placing it in a trough filled with hot water; 2d. the instruments must be at a temperature sufficient to keep the substance fluid, which in itself often renders the apparatus too hot for handling, and in the third place, the injection tubes are troublesome to cleanse after the specimen has been injected.

The old-fashioned "*cold injection*" is the best, and deservedly the most used. It receives its name because it does not require heating, nor need the subject be warm, and may be prepared as follows:

White lead,

Red lead   āā   ʒiv.

Linseed oil,   qs. to make a thick paste.

Mix well and add gradually

Turpentine varnish, ʒviij.

Before the injection is used it must be sprinkled with water. A point worthy of remembrance in the manipulation of this formulæ is that the varnish must only be added immediately before it enters the subject.

The next most convenient compound is the Dublin injection, which may also be used without heating the subject.

Beef tallow, ℥ij.

Calcined-magnesia, ʒss.

Chinese-vermillion, ʒj.—Mix.

Liquify over a slow fire, and use a heated injecting pipe. Another very good formulæ is the following, and possesses

a great advantage in the fact that it remains fluid for a long time after having once been well melted :

Tallow, ℥ij.

Turpentine varnish, ℥x.

Red lead, ℥viiij.—Mix.

Other injections are those of Fyfe:

Yellow bees-wax, ℥j.

Bleached rosin, ℥½.

Turpentine varnish by measure, ℥vj.

Or that of Monro :

Tallow, ℥j.

White wax, ℥v.

Common oil, ℥iij.

Turpentine or rosin, ℥ij.

Or that of Nicholls:

Yellow rosin ℥j.

Yellow bees-wax, ℥½.

Turpentine varnish, q̄s. to make a liquid.

Or again :

Common rosin,

Beef tallow,

Bees-wax, āā ℥½.

There are very many other compounds to which your attention might be directed, but perhaps sufficient has been said upon the subject.

For the fine injections, different preparations of varnish are the best, and a good one may be made by mixing brown spirit varnish, white varnish, and turpentine varnish together in the proportion of ℥iv. of each of the former to ℥i. of the latter. For minute injections, as before noticed, recourse must be had to the various works upon the microscope.

Quite a time might be occupied in mentioning the manner of injecting, the apparatus employed, the difficulties which are encountered by the anatomist, and the various paraphranalia of the dissecting-room, but there are really so few physicians that regard the matter of any import, that the mere allusion of such minutiae would perhaps but increase what may have already become a tedious essay.

## General Record of Medical Science.

### 1. *Infinitesimal Doses of Sulphate of Quinine in Periodical Neuralgia and Acute Articular Rheumatism.*

In these painful maladies Dr. Escallier has employed Sulphate of Quinine in infinitesimal doses with marked success. In "*L'Art Medical*" for April, he reports the following cases.

**CASE 1.**—*Suborbital Neuralgia of the Left Side. Morning Periodicity. Sulphate of Quinine 1st trituration. Immediate relief, and cure in three days.*

Y., thirty years old, clerk, had been affected every spring since the age of eighteen with facial neuralgia. The pains usually commenced on the left side, but sometimes on the right side, and, occasionally, on both sides. These periodical attacks, for many years, yielded readily to Sulphate of Quinine. Before the use of this remedy the attacks lasted about two months.

This year (1860) they have reappeared, and have now lasted about fifteen days. They commence every morning, and continue from 7 to 12 o'clock. The pains are lancinating, commence under the eye, and soon extend into and around the eye, causing considerable lachrymation. The pains are alleviated by pressure of the affected part. General health good.

Feb. 10th, the sixth dilution of Sulphate of Quinine was prescribed, three times a day.

Feb. 11th, the pains more violent, but of only four hours duration.

Feb. 12th, pains for four hours, but much lighter.

Feb. 13th, no pains, but a slight heaviness of the head.

After this the pains did not recur, and the cure was permanent for three years.

**CASE 2.**—*Return of the same Malady after Three Years. China 3d, produced an aggravation for two days, and cured on the third day.*

The same patient, Y., had another attack at seven o'clock in the morning which lasted six hours. These attacks occurred during four days in the same place, and in the same manner as in the first instance. Four doses of China, third dilution, were prescribed, night and morning, for two days. During these two days the symptoms were all aggravated, and six loose watery discharges from the bowels occurred, after which the pains disappeared permanently.

**CASE 3.**—*Suborbital Neuralgia of the Right Side, with Morning Periodicity. China, 5th dilution, effected an immediate cure.*

M. B., advocate, thirty-six years old, was attacked every morning, at eight o'clock, with a lancinating pain under the right eye, which continued until after three o'clock, P.M., when it disappeared, leaving a sensation within the cranium as if there was water dropping. During the past ten years M. B. has had many attacks of intermittent fever which have been cut short by Sulphate of Quinine. On the ninth of April I prescribed the 5th dilution of Sulphate of Quinine, four doses after the attack, at inter-

vals of two hours. The pains appeared on the next day, but much less severely. After this day there was no recurrence of the malady.

CASE 4.—*Periodical Cephalalgia of the Left Side, occurring each morning. Immediate cure with China, 6th dilution.*

M. A., 80 years old, has been afflicted with an intermittent neuralgia for four years past. The attack commences at one o'clock in the morning, and lasts until ten, twelve, and sometimes one o'clock, P.M. The pain is confined to the left side of the head, and is of a boring and pulsating character.

May 9. China, 6th dilution, one dose immediately, one dose to-morrow morning, and the third dose at noon.

On the 10th, the pain was scarcely perceptible.

May 11th, a slight sensation, but not *pain*, at the usual hour. China, 12th dilution, morning and evening. This completed the cure.

CASE 5.—*Suborbital Neuralgia of the Right Side, with Morning Periodicity. China, 5th cured on the second day.*

Madame F., forty years old, nervous and sensitive, has suffered for many days with a suborbital neuralgia of the right side, which commences regularly at nine o'clock in the morning, acquires its maximum at noon, and disappears at about five o'clock in the evening. The pains are lancinating and tearing, the parts intolerant to pressure, and accompanied with redness of the eyes, and lachrymation. She attributes this neuralgia to repeated currents of air to which she has been exposed. A dose of China, fifth dilution, was ordered every evening, for three evenings, after each attack. After the second dose, the attack was very light, and after the third dose, the cure was complete.

CASE 6.—*Temporo-facial Neuralgia of the Left Side, with Morning Periodicity. An immediate cure with China 5th.*

M. C., clerk, after a bronchial attack, suffered for five days with a facial neuralgia of the left side, with dartings and constrictive pressure which extend from the temple and the eyes to the whole side of the face. Lachrymation, aggravation of the pains by movement, noise, and the touch. The attack commences regularly at 8 o'clock in the morning, acquires its maximum about noon, and ceases at about 4 o'clock, P.M.; but yesterday it continued until 9 in the evening. Loss of appetite, white tongue, but bowels and sleep regular.

About fifteen years ago, M. C. had a similar attack which yielded only to large doses of Quinine. April 23d, China 5th, a dose at 4, P. M., a dose on going to bed, and a dose on rising in the morning. On the next day, a slight attack which lasted a few hours. On the third day, only a slight heaviness, which soon disappeared, after which there was no recurrence of the disease.

CASE 7.—*Suborbital Neuralgia of the Right Side of three weeks' standing, with Morning Periodicity. Immediate cure with China 5th.*

Madame R., seamstress, thirty years old, delicate and nervous, has suffered for three weeks with a periodical neuralgia, commencing at seven o'clock in the morning and ending at two o'clock, P. M. Pains lancinating and tearing, occupying the suborbital nerve of the right side, and accompanied

by heat, with swelling and perspiration of the face. She finds it impossible to work, to speak, to swallow.

On the 17th of December, I prescribed China, 5th dilution, three times a day. On the next day, pains had disappeared, on the 27th she complained of having experienced during the last four days, a few moderate lancinating pains, occurring at irregular intervals. A second dose effected a complete cure.

**CASE 8.**—*Cervical Neuralgia of three weeks' standing, with evening Periodicity. Immediate cure with the third dilution of the sulphate of Quinine.*

Young P., sixteen years old, jeweller, returned fifteen days ago from the country, having suffered every day at about four o'clock in the afternoon, with violent pains in the lateral muscles of the neck, which appeared to him to be swollen and contracted. Same time his head was heavy and giddy, and he wanted to lie down, after he had gone to bed, pain gradually diminished, and after a little while he went to sleep. This ended this paroxysm. During this night and the following day, up to four o'clock, he was perfectly well.

These attacks commenced after several days amusement of fishing during damp weather.

On the 20th of June I prescribed four doses of the third trituration of sulphate of Quinine, to be taken every night and morning.

June 22d, the attack of the 20th was very much lighter, and on yesterday he had none at all. The same prescription, one dose this morning. This completed the cure.

**CASE 9.**—*Sciatic neuralgia of the right side of many weeks' duration. Temporary cure with the first trituration of the sulphate of Quinine, then after a return of the disease, with China 4th. No result; definite cure with sulphate of Quinine.*

M. L., laborer and glove maker, has suffered for eighteen months with pains in his kidneys, to which have been added for several weeks past; lancinating pains along the track of the sciatic nerve of the right side, and appearing about quarter of an hour after getting up in the morning, and disappearing at the end of two hours. One dose of the third trituration of the sulphate of Quinine daily. This was his condition on the 23d of December.

December 31st. Condition the same, a dose of the first trituration of the sulphate of Quinine daily.

January 14th. The pain continued to diminish up to the fifth day, when it disappeared. It recommenced again but more lightly three days ago; a dose of the second trituration in water daily.

January 26th. During the last five days, he has felt nothing but a slight sensitiveness of the affected parts. Same prescription.

February 2d. There is no longer any pain in the sciatic nerve, but I prescribed Sulphur 4th, and on the 13th, Causticum 4th, for a lumbago.

July 1st. Return of the attack during fifteen days past. The use of the first trituration during the entire month produced an amelioration of the disease without completely curing it. I then gave a dose of China 1st. This cured it until November, when he had another attack, for which I

prescribed China 4th, without success. I then administered a dose of the fifteenth attenuation every morning. At the end of four days there was a slight amelioration, Prescription repeated.

July, 26th. The only thing now remaining is a slight sensitiveness, which continued fifteen days, after which the cure was complete and permanent.

## 2. *Apis-Mellifica* in Malignant Scarlet Fever. Dr. NANKIVELL, of Penzance.

DURING the months of August, September, and October, 1863, an epidemic of scarlet fever prevailed in the town of Penzance, which swept off a great number of children. During the first month, Dr. Nankivell relied upon Belladonna as his chief remedy, and had the misfortune to lose two of his patients, one of five, and the other of four years, in consequence of the suppurative or diphtheritic depositions in the throat and larynx. After this, he made use of *Apis-mellifica* with the following results.

CASE I.—On the 8th of September, was called to a boy, eight years old. The eruption had been out four days, and the parents had given Belladonna 3; but as the boy grew worse, they became alarmed, and sent for me. The child was very weak, his respiration was difficult; his throat very much affected, but the larynx still uninvolved. The eruption was considerable, and covered the whole body, with the exception of the face and fore-arms, which were white as snow. On inquiry, I learned that these affected parts had been inflamed by the sting of a bee about ten days before.

This natural result convinced the doctor that the bee-poison had produced the effect to guard the parts involved from the action of the scarlatinal poison, in accordance with the homoeopathic law, and reasoning from analogy, he was induced to prescribe *Apis* 3, as the appropriate remedy. The result was an immediate improvement of all the symptoms, and a speedy recovery.

CASE II.—A few days afterwards, a sister of the patient, aged twelve years, fell sick with the same malady. On the second day the eruption covered the entire body. *Apis* 3, was prescribed, all the usual symptoms were moderate, and a speedy recovery ensued.

CASE III.—Shortly after this, another child of the same family, aged three years, was attacked with hæmaturia without fever. On the first day the blood flowed mixed with urine; but on the next day pure blood was passed. The hæmorrhage ceased under *Arsenicum* and *Arsina*. I attributed this bleeding to the influence of the epidemic upon the kidneys. Indeed, in four days the fever, with the characteristic eruption and sore throat declared themselves. The case was moderately severe, but recovered well under *Apis* alone. After fifteen days, the urine became albuminous and bloody; but under *Arsenicum* and *Arsina* a speedy cure was effected.

CASE IV.—Boy, eight years old. Anasarca following scarlet fever.

The swelling general, and the urine highly charged with albumen. *Apis* alone was prescribed, and cured promptly.

Dr. Nankivell reports fourteen cases similar to the above, and all cured by *Apis* alone.

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## *Reviews and Bibliographical Notices.*

1. *The Homœopathic Theory and Practice of Medicine.* By E. E. MARCY, M.D., and F. W. HUNT, M.D. New-York; Wm. Radde, 550 Pearl-st., 1864.

It is matter of history that the Emperor Justinian, in the first year of his reign, A.D. 528, set himself to achieve the reformation of the Roman law. This was an arduous task. Some ten centuries had elapsed, and the various enactments and legal opinions had so accumulated as to fill many thousand volumes. These works were in manuscript, and so rare and costly that neither judge nor advocates could avail himself of them. The Emperor hit upon the following expedient. The learned Tribonian, the *Duon* of that age, with the aid of a few competent associates, was directed to revise all the old codes, to purge them of errors and contradictions, to retrench whatever was obsolete and superfluous, and to select and retain whatever was wise and salutary for the use of the Roman subjects. Thus originated the famous Justinian code. The *Digest*, or *Pandects*, was the work of some forty compilers, who, we are told, reduced two thousand treatises to an abridgement of fifty books, or three millions of lines or sentences to about one hundred and fifty thousand.

We practice an honorable profession, which dates as far into the remote past as that of the Law. The codes of Hippocrates and of Galen in medicine, like the Gregorian and Theodosian codes of the Law, have been followed by others, and statutes and volumes, decisions and dogmas have so multiplied as to render the expedient of Justinian equally applicable in our own day and case.

The appearance of the volumes under review marks an era in the history of Homœopathy. Their advent is most opportune for the medical practitioner and student. We congratulate the parties more immediately interested—the authors, the publisher, and the profession upon this auspicious event. The work to be done could not have fallen into better hands, and consequently, could not have been more satisfactorily performed.

More than ordinary interest attaches to this new issue from the medical press. Hitherto, we have not possessed a textbook upon the Homœopathic Practice of Medicine, which was at all commensurate with the professional needs, or which determined the position of our school in the realm of science and of letters. If the student inquired for a standard work upon this branch, the preceptor was obliged to refer him to the dingy volumes of the old-school: He must turn to Watson, Wood, Bennett, Dewees,



Gregory, Barlow, Dickson, for detailed instruction in pathology, in much the same manner as our American fore-fathers were obliged to resort to Sheffield and Manchester, in England, for their cutlery and cotton fabrics. All that the inquirer could thus obtain must be shipped across the ocean: of doubt and uncertainty that divides the two systems of medical practice. With the pathology, he would almost necessarily import much of therapeutical hypothesis, which could not be sifted out or separated, and which might give a wrong bias to his professional faith and practice.

We have thus been placed in a peculiar position. Without a well-digested system of pathology, or a reliable and comprehensive treatise on therapeutics, that would in some measure compensate for the lack of which we have spoken, our students and practitioners were left to omniverous reading, an empirical routine, and the traditional dogmatism of a few leading minds. The school had resources, but like those of the pre-Justinian libraries, they were not available. Our journals abounded in therapeutical data, but no one had the courage and the clinical tact to collect and arrange them in proper form. The transactions of our medical societies teemed with the resources of a multifarious experience, but one must consult their scattered and irregular issues for detailed information upon practical topics. In brief, the material for a large and useful work upon the Theory and Practice was abundant, but no one had wrought it out. It was like a volume without an index, or paging of any kind, deficient, incongruous, and unsatisfactory.

The work before us fills this hiatus. It consists of two octavo volumes of nearly one thousand pages each, is neatly and plainly printed upon excellent paper, and is withal a most creditable issue. The first sixty-five pages of Vol. I. afford a concise review of the History of Medicine, which is at once readable and comprehensive, a fitting introduction to the treatise. Then follows a more lengthy section—*multum in parvo*—of about one hundred and fifty pages, devoted to the General Principles of Medical Science. In this section such topics as the following are quite elaborately presented: The present Position of Allopathic Medicine; Health; Hygiene; Therapeutics; the Specific Effects of poisons; A Brief exposition of Homœopathy; Homœopathic Pharmacy; Proving; Physiological and pathological subjects; the Etiology of Disease; the Pathology of Inflammation; Modifying Influence of age, climate, day and night; A Physiological Classification of food. This portion of the work is invaluable. It is an available rendering of the whole subject. Much careful analysis and thought are requisite in order to write so succinctly and so perspicuously. When treating upon such topics, of which so much has been written, the question is not what one shall say, but rather what he shall not say. It is a rare merit to pause when enough has been said. The chapter upon "General Principles," will not mislead or weary the reader, and is by no means the least important and valuable department of this excellent work.

The arrangement and classification of diseases is as follows: I. Acute; 2. Chronic; 3. Sporadic; 4. Epidemic. Class I. Diseases of the Digestive Function; II. Do. of the Respiratory Function; III. Do. of the Circulatory Function; IV. Do. of the Nervous Function; V. Do. of the Reproductive Function; VI. Do. of the Secernent Function.

The outline of the Process of Digestion presents the physiology of this complex function as a standard by which to judge of its pathology. After this come the diseases of the teeth and gums, the maxillæ, the salivary glands, the pharynx and œsophagus, the stomach and bowels, and the collatitious, or assistant chylopoetic viscera. In treating of these various disorders, the pages upon Dyspepsia, Constipation, Asiatic Cholera, and Jaundice are especially suggestive and practical.

Class II., which is devoted to the Diseases of the Respiratory Function, is less extensive and thorough than we could have desired. Many students who cannot avail themselves of the more complete manuals upon physical exploration, will regret the brief space devoted to this subject. This deficiency is supplied in a great measure, however, in the detailed diagnosis of the various pectoral and thoracic diseases. There is a marked disparity between the space given to this class, and to that which treats of diseases of the sanguineous system, under which latter head we find various misplaced chapters upon Diphtheria, Croup, Bronchitis, Pneumonia and Pleurisy. The pathology and treatment of Asthma, at page 442, are all that one could wish in a work of this kind. The quotation from Darwin satirizing the favorite emetic of the Eclectic school is aptly introduced:—

"And fell Lobelia's suffocating breath\*  
Loads the damp pinions of the gale with death."

The general pathology of fevers claims considerable notice. The special history and treatment are set forth under the heads of I. Ephemeral Fevers; II. Malarial or Autumnal do.; III. Intermittent do.; IV. Remittent do.; V. Continued; VI. Exanthemata. The article upon Intermittent Fever is the more elaborate, and will be especially prized by our brethren at the West. That upon Diphtheria is a monograph in itself; and the same is true of those upon Dysentery, Pneumonia, Erysipelas, Gastritis, and Hepatitis. Each may be read with pleasure and profit.

Vol. II. opens with Diseases of the Kidneys and Urinary Organs. This portion of the work is practical and extremely valuable. About ninety pages are devoted to the various forms of renal and vesical disorder. No other work with which we are acquainted affords so thorough an analysis of their special pathology and homœopathic treatment.

The history and pathology of the kidney; the characteristics, normal and abnormal, of the urine, with the proper application of chemical and microscopical tests, are set forth in a concise and available manner. In each of these respects nothing is lacking. This affords the foundation-work for an exhaustive study of the nature and treatment of these insidious and troublesome affections. Acute desquamative nephritis (Bright's disease); chronic nephritis; simple nephritis; hæmaturia, idiopathic and post-scarlatinal; Addison's disease of the supra-renal capsules (bronzed skin); cystitis; dysuria; irritable bladder; suppression and retention of urine; and enuresis are treated of in the order named. This section alone is worth the price of the whole work. It will meet the wants of the student and practitioner, by systematizing the labors and researches of the former, and furnishing the most varied and yet reliable suggestions for the practical use of the latter. We are especially pleased with the concise and valuable

remarks upon chronic desquamative nephritis. Its dropsical, respiratory, digestive, cerebral, nervous, cardiac, hepatic, splenic, rheumatic, gouty, and uterine complications are recognized as contingencies of this troublesome malady. The only important omissions that occur to us are, 1. in speaking of alterations of the blood in renal complaints, no mention is made of the fact recorded by Andral, that the diminution of albumen in the serum of the blood in albuminuria is exactly proportioned to the quantity contained in the urine; 2. nothing is said of albuminuria as a sequel and concomitant of diphtheria; 3. in the chapter on Hæmaturia, the general practitioner should have been reminded that bloody urine is necessarily albuminous; 4. Brown-Sequard has shown that alkalinity of the urine is a symptom of myelitis, affecting the dorsal region of the spinal cord; and 5. Gallois and Hammond's experiments disprove the theory of Ferrieha, that the symptoms of *uræmia* are referable to the poisonous influence of the carbonate of ammonia into which the urea in the blood has been converted. The suggestion at page 14, that both these substances, urea and the carbonate of ammonia should be *proved* is a good one.

Inflammatory affections of the eye and its appendages are next in order. These are classified into, 1. affections of the conjunctiva, *viz.*, ophthalmia, acute, chronic, purulent, gonorrhœal, scrofulous, granular, and with opacity of the cornea; 2. ophthalmia of the deeper-seated structures of the eye.—Inflammation of the cornea, and of the iris, amaurosis, hydrophthalmia, cataract, glaucoma, &c.; 3. ophthalmia of the appendages of the eye,—hordeolum, ectropium, entropium and fistula lachrymalis. The text upon these various subjects is concise and suggestive. There is nothing in the homœopathic literature to compare with it for thoroughness, excepting, perhaps, Dr. Dudgeon's monograph, contained in Vols. VI. and VII. of the *British Journal of Homœopathy*.

The only therapeutical omissions we have noted are that no mention is made of the Hamamelis-virg., locally and internally, in painful forms of ophthalmia with sub-conjunctival ecchymosis; neither of the Gelsemium in some examples of amaurosis, or of Silicea in hordeolum. This is not the least valuable section of the entire work. Perhaps no chapters will be more frequently consulted by the practitioner than these, and he will either be very difficult to please, or his case prove an anomalous and exceptional one, if he "goes empty away."

Genus IX. sets forth the pathology and treatment of inflammatory diseases of the fibrous and muscular system. Section I. is very brief, and is devoted to irritable inflammations. We are told that "in these diseases the blood-vessels are much less affected than the nerves. The patient may feel agonizing pain when no local lesion is discoverable." This nomenclature is objectionable. We apprehend it is time to abandon the use of many stereotype phrases, which, in the light of modern science, are meaningless. To illustrate: in the terms "inflammatory congestion," inflammatory exudation, inflammatory induration, inflammatory ulceration, the adjective is superfluous, for these are but pathological states which introduce, accompany, or succeed the inflammatory process, and which may not come or go without it.

Other sections under this general head, treat of rheumatism, arthritis, arthritic gout, and inflammation of the joints. Under the title of Cachexia, or abnormal conditions of the circulation dependent on deteriorations of the blood, we have first a brief *résumé* of the physiology of that important fluid, and afterwards of the causes which vitiate it and render it poisonous. Several pages are appropriated to the Latent Miasma, or blood-dyscrasias, which originate and perpetuate obstinate chronic diseases—psora, syphilis, sycoësis. A liberal, and not a literal rendering of the psoric theory is given. "Hahnemann's psoric doctrine was familiar to all the old writers; and it is equally familiar to the modern pathologists under the term *dyscrasia*."

Anæmia, cerebral anæmia (city cachexia), and anæmia lymphatica, are set forth as affections depending upon deteriorated conditions of the blood.

Hæmorrhages are divided into traumatic, hæmorrhages from exhalation, and those which originate in the lungs, stomach, kidneys, &c. Purpura hæmorrhagica and toxæmia from Mercury and tobacco follow in regular order. These chapters are readable and practical.

The chapter on Phthisis Pulmonalis is lengthy and exhaustive. If the physician's treatment of this disease were but half as thorough and successful as the author's treatment of the subject in this volume, the "fell destroyer" would claim fewer victims, for a fatal result would be the exception, and not the rule. The remarks upon the use of Ferrum as a remedy in this affection are strikingly appropriate. We copy from page 245:—

"We cannot suppose that the unlimited use of iron in any form can be safe to consumptives. It first became popular upon the recommendation of M. Trousseau, more than thirty years ago. He has since discovered that, though there was apparent improvement in his hospital cases of chlorosis and anæmia, they all afterwards died of phthisis, hastened to a fatal termination by his treatment. In December, 1859, this author, finding the profession still following the wrong trail on which he started them thirty years ago, thought it necessary to publish at length his confession and recantation of the professional sins of his earlier years. (*Gazette des Hôpitaux*, Dec. 22, 1859). For twenty years he has been diminishing his doses. He is now afraid to give iron in *any* quantity in *any* case in which constitutional tendencies to phthisis are suspected. The profession at large cannot countermand so easily. We hope that within the next quarter of a century they will learn to come back to the true ground of safety and efficiency. M. Trousseau has proved what homœopaths knew before, that iron is a remedy for consumption, because it is capable of exciting it. *In our doses* it is able to cure the symptoms which *in his doses* it caused in so many cases."

The chapters on Cancer, Syphilis, Scorbutus, Gangrene, and Gangrenopsis, Phosphor-necrosis, and Gonorrhœa will be read with profit. We may not pause to enumerate their excellencies. Many new items of practical import are incorporated into the text. Among these we note the following, at page 381:

"*Tartar-emetic* has occasionally cured obstinate gleet with promptness. Among its symptoms are: constant sticking pain in the posterior portion of the urethra; flaccidity of the penis; general debility, or complete impotence; pustules on the thighs and scrotum; pains in the testicles. Dr.

Marcy says he has cured two cases of involuntary emissions, which had occurred as often as once in twenty-four hours for many months."

We regret, however, that no mention is made of the almost specific virtues of *Hamamelis-virg.*, locally and internally, in orchitis, as a concomitant of gonorrhœa.

CLASS IV., which treats of Diseases of the Nervous Function, occupies nearly four hundred pages. Here is a complete monograph. First we have Disorders Affecting the Intellect,—Erratic Genius, Insanity, the Varieties of Mania, do. Hallucinations. Under these several heads is embodied a great amount of interesting and practical matter pertinent to the topics presented. These papers are scholarly, readable, exhaustive, and well-digested. Some of them are already familiar to the readers of this JOURNAL, and others will be looked for with interest. The text abounds in illustrations drawn from the fields of literature and of observation. The forms of mental aberration which betoken an incoherency of ideas and of conception on the part of the patient, and which sometimes set the physician's brain in a whirl, are tabulated, classified, and the differential pathology and diagnosis clearly established. This fundamental requisite to their proper treatment, hygienic and medicinal, is well presented.

The morbid anatomy of the intellect is always an interesting subject of study. Those are indeed "thin partitions" which separate sanity from insanity. Our mental seams afford a curious species of cicatrix, which is so delicate as to elude the scrutiny of the microscope, but sufficiently decided in organization to derange a most important function. Tenets become ingrain without textural change. Incongruous ideas and speech originate in the brain, whose every nerve-vesicle and filament, in so far as we can discern, are intact. The mental assimilation becomes so impaired that the food for thought,—its raw material, and the perceptive faculties themselves, become sources of pain and discomfort to all concerned.

Perhaps the most remarkable of all the forms of mental obliquity is that styled monomania, of which there are so many varieties. A crotchety bias for some particular topic engrosses the whole being. One meets such examples of insanity at almost every turn. An idea is formed, which, like the type-cell of a tissue, reproduces only its own kind. It may multiply by segmentations, or subdivisions, but it is still the same heterologous, morbid, unnatural, and harmful product of a diseased brain. It is no more marvellous that a lunatic should edit a newspaper, write a poem, or paint a landscape, within the walls of our asylum for the insane, than for him or her to have done it at home. If the "men of one idea" were absolved from all duty in the fields of scientific, religious, reformatory, political, and progressive labor, none would be left to develop the rich veins of thought that are proper to each. Every such enterprise requires that an enthusiast shall bring its resources to the light. But this enthusiasm may be exaggerated, this mental strabismus interfere with a proper range and distinctness of vision. The thoughts are constantly occupied with a single theme, to the exclusion of every other subject. The man is become a monomaniac.

A curious variety of this affection has been overlooked by the authors of

this excellent work, in common with their predecessors. We allude to what might be termed *medico-mania*, which consists in a perversion or derangement of the reasoning faculties as applied to medicine. The symptoms of this peculiar malady need not be enumerated in this connection. Illustrations of the infirmity are met with on every hand, in every school of professional belief, in almost every community, and in the sick-chamber, the world over. They load our library-shelves with the most valid evidence of insanity. Its subjects indite polemical essays and treatises with the effect to perpetuate family jars among the doctorhood. They would monopolize and trample upon the rights of those who prefer a modern, philosophical, and harmless method of cure to one which is antiquated, empirical, and dangerous. They would ostracise all whose range of vision is not limited to their little horizon, and whose sphere of thought is more comprehensive than their own. One is all science, too erudite, too metaphysical, too abstruse for the every-day duties of the profession. Another is the slave of the art of healing, and takes no interest in what is not intensely "practical." He is a domestic practitioner. Still another worships at the shrine of the fathers in medicine, whose dogmas he adopts, and of whose literary will and testament—if we credit his boastings, he is the only surviving executor. His intellectual furniture was inherited, not earned, bought, or made within the present century. This class of the *medico-maniacs* does its thinking by proxy. The *ipse dixit* of some professional leader, great or small, affords the rule of faith and practice which they are pleased to esteem infallible. They are mad upon this single topic, and their insanity is quickly evinced if one claims the prerogative of independent thought or reflection.

We suggest that this curious infirmity, which has its differential diagnosis, and its symptoms, as they are modified by individual idiosyncrasies, surroundings, and contingencies, should have place in works on the practice. Let the members of the profession, present and prospective, reflect upon the peculiar and unfortunate bias of their brethren.

It must be acknowledged that the nature and functions, as well as the pathology and therapeutics of the nervous system are somewhat obscure. We are not so clear upon many points connected therewith, nor so conversant with the resources already at hand, as to be infallible in the medical management of this large class of diseases. The disorders of the sensory function are among the most painful and annoying affections which the physician is called upon to treat. The protean forms of neuralgia tax his skill and patience to the utmost. This is especially true of the homœopathic practitioner, who, while he assuages the suffering, must encounter the consequences of the previous palliative and unphilosophical system of treatment almost universally employed. We are gratified with the thoroughness of this department of the work under review. The treatment is specific to every possible variety of this painful disease. It will save a world of time and trouble to consult these pages for the simillimum in cases of hemicrania, cephalalgia, cardialgia, gastralgia, gastrodynia, &c.

Nor is the text deficient when we come to myotica, or diseases affect-

ing the muscles. Derangements of the motor nervous apparatus are described, and their proper treatment detailed under the heads of Tetanus, Hydrophobia, Angina Pectoris, Strabismus, and Chorea. The most recent views of reflex action, and of the peculiar effects of various poisons upon the nerve centres, and the efferent circulation, are well rendered. It is time they were embodied into our literature. The remarks upon muscular contraction, convulsive diseases, and spasms by excentric irritation, are eminently practical, and consequently progressive. The same is true of what follows upon sympathetic derangements of the nervous system. The papers upon Epilepsy, Hysteria, Apnœa, Catalepsy, Apoplexy, Coma, and Paralysis, are included under this head. We have failed to remark any important omissions in this section of the work. It will compare very favorably with anything which has yet been written upon these subjects, whether in separate essays, monographs, or in the more stately and standard works on the practice.

Our limits preclude the possibility of an extended notice of that portion of the work devoted to Diseases of the Reproductive Function. We need a separate treatise on the Diseases of Women. It is impossible to compress the whole subject in a work like this. Both students and practitioners require that more comprehensive resources of this kind should be made available to them. There are many topics under this head which demand a more thorough investigation at our hands. Homœopathy has proved a boon to the sex, and it is desirable that some competent and experienced member of the school should reduce its teachings and clinical data to writing for the benefit of the profession and of posterity.

Class VI., on diseases of the Excrement Function, includes dropsies of various kinds, lithia, &c. The chapters on diseases of the bones are valuable, but, we apprehend, a little out of place in this immediate connection, a remark which applies to uræmia when classed among the dropsies.

Diseases affecting the External Surface close the volume. The natural history of the dermic affections is an important branch of study, and there is perhaps no single department of the practice in which the system of treatment we advocate is more generally and signally successful.

In conclusion, we commend this treatise, the first of its kind, the pioneer and forerunner of others which the future is to afford to the medical profession. In giving these volumes a prominent place in our library, we can do no less than express our high appreciation of the manner in which the labor of their preparation has been performed. Their defects are chiefly those of omission, which are inseparable from the first edition of a work of this kind, and which time and a careful revision will correct.

Much of floating rumor concerning the efficacy of the newer remedies has not been incorporated into the text, for the reason, no doubt that their clinical value lacks endorsement by the great body of the profession, and because their therapeutical range is not sufficiently elaborated by provings on the healthy, and trials upon the sick, to afford the criteria for their scientific and successful employment. Not many months, however, will elapse before a new edition will be demanded. Meanwhile the good work of defining the spheres of action, and of photographing the physiological

pictures of indigenous remedies, that they may be available, goes on. Every experienced physician will concur with us in the opinion that, while the early clinical history of a drug is suggestive, it is really possessed of little value, and that it should not have place in our standard text-books and treatises until fully verified by experience.

Among those whose preference for pathogenesis leads them to discard the collateral sciences, there are doubtless a few who esteem such productions as the work under review, of questionable utility. In every case of disease they insist that the physician shall consult the original sources of information upon materia medica. This class, avowedly opposed to the introduction of physiology and pathology into therapeutics, may be somewhat dissatisfied with the prominence given to them in these volumes. In our estimation, however, far from being a fault, this adds greatly to the value of the work.

Deeming them of great assistance in the diagnosis, as well as the treatment of disease, we prefer to avail ourselves of them. Nor is this disparaging to the claims of the homœopathic materia medica, which is the true science and art of medicine. As other planets borrow their light from the sun, so these volumes reflect the central light of our system of cure. It would manifestly be unwise to repudiate moonlight simply because one cannot always have the light of the sun. The moonlight, although borrowed, is better than none at all, especially as we terrestrials cannot at all times be on the side of the earth upon which the sun shines.

LUDLAM.

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2. *The Therapeutics of Retroflexion and Retroversion of the Uterus.* By E. M. HALE, M.D., Author of *New Provings* &c. Chicago, O. S. Halsey. 1864.

THE author of this *brochure* has the happy faculty of selecting those subjects for his versatile pen, which are most interesting to the homœopathic physician. The success of his work on the new remedies is such that the profession will grant him high praise for his efforts to extend our knowledge of materia medica and therapeutics.

The subject of retroflexion and retroversion of the uterus has scarcely been mentioned in our literature. Dr. Madden has a paper on Flexions of the Womb, which appeared a long time ago in the *British Journal of Homœopathy*, and Drs. Preston and Shearer have short articles in Vol. I., of the *Philadelphia Journal*, relating to retroversion. It will be seen that our knowledge of the homœopathic treatment of these diseases has been very limited. Dr. Hale's monograph sets forth in a brief but plain manner, the proper mechanical and medicinal remedies to be used in these affections, and the subject is fully illustrated with plates of the instruments used in rectifying the abnormal position of the womb, and retaining that organ in normal position. We know of no work of its size more likely to impart instruction, to prove more valuable than the pamphlet before us.



3. *Manual of Homœopathic Practice, for Families.* By J. S. DOUGLAS, M.D., of Milwaukie.

THIS little domestic is especially designed for the use of families, travellers, and persons residing at a distance from their medical advisers. The book is characterized by conciseness, accuracy, and clearness in the description of diseases and the selection of appropriate remedies.

There are but few homœopathic physicians in this country who so thoroughly understand the true scope and genius of our materia medica, as our friend and co-editor, Doctor Douglas. It was to be expected, therefore, that any work of this kind from his pen, would possess unusual practical advantages.

For families in sparsely populated districts, or for persons on ship-board a medical guide of this kind is calculated to be of essential service, and we take pleasure in commending it.

### Miscellaneous Items.

*Proceedings of the Eighth Annual Meeting of the Homœopathic Medical Society of Oneida County.*

The Eighth Annual Meeting of the Society was held at Bagg's Hotel, in the city of Utica, Tuesday, October 18th, 1864.

The meeting was called to order at 12, M., by Dr. L. B. Waldo, Vice President of the Society.

The following members were present :

Drs. L. B. Wells, Utica, Oneida Co.; J. C. Reymond, Utica, Oneida Co.; J. A. Paine, Utica, Oneida Co.; E. A. Munger, Waterville, Oneida Co.; G. W. Bailey, Waterville, Oneida Co.; W. Warren, Deerfield, Oneida Co.; M. M. Gardner, Holland Patent, Oneida Co.; H. M. Paine, Clinton, Oneida Co.; G. B. Palmer, East Hamilton, Madison Co.; L. B. Waldo, Adams, Jefferson Co.; W. B. Stebbins, Little Falls, Herkimer Co.; J. W. Mower, East Schuyler, Herkimer Co.; Wm. Landt, Mohawk, Herkimer County.

Also as delegates from the Onondaga County Homœopathic Medical Society :

Drs. A. R. Morgan, Syracuse, Onondaga Co.; A. J. Bigelow, Syracuse, Onondaga Co.; W. H. Hoyt, Syracuse, Onondaga Co.

On motion of Dr. Wells, the delegates from the Onondaga County Homœopathic Medical Society were elected honorary members.\*

On motion of Dr. Gardner, the reading of the minutes of the last meeting was omitted.

The President appointed Drs. W. B. Stebbins, L. B. Wells and M. M. Gardner a committee to nominate officers for the ensuing year.

Reports from medical committees were then presented.

Dr. Munger made a brief verbal report on epidemics in Oneida County.

Dr. Bailey presented a report on drug-proving, consisting of trials of

Baptisia, by Dr. Hadley of Boonville. Dr. Bailey has several times attempted the proving of Baptisia. He has taken it in daily doses, of from a few to six hundred drops without any decided effect.

Dr. Munger remarked that the proving by Dr. Hadley indicated especial action of the drug upon the right lung. He had used it in typhoid fever with satisfactory results. He has kept up its influence in some cases through the whole course of the disease. In all his clinical experience with it he has found it a useful remedy. Dr. Hadley's daughter was relieved of a troublesome cough while proving it.

Dr. Palmer has tried it faithfully on himself, in doses of from fifty to two hundred drops, without eliciting any symptoms. He has noticed that the tinctures prepared at the West, have a deep indigo color, while those procured at the Eastern pharmacies have a dark amber color.

Dr. Wells stated that he had partially prepared a report illustrating the utility of high potencies in the treatment of disease, which he would complete in time for the next meeting.

Dr. Munger related the history of an incurable case of chronic ascites, in which Arsenicum, 200, afforded very marked relief. Nux-vomica, 3000, at night, and Opium, 1000, in the morning were given for constipation, also a troublesome symptom, with temporary benefit. Lower potencies of these and many other remedies had frequently been given without any favorable results.

Dr. Wells related the following cases:

1st. Chronic Iritis—in which Clematis, 200, always relieved the pain.

2d. Migrim. Burning pain in the left temple, eye, and left half of the forehead, commencing daily about 11, a.m. and passing off in the evening. A few doses of Arsenicum, 200, speedily and permanently removed the disease. Arsenicum, 6, previously given had caused a decided aggravation.

3d. Hydrothorax. Incurable on account of organic disease of the heart. Was frequently very greatly relieved by Aurum, 200, and Arsenicum, 200.

Dr. Munger related a case of Oovitis of the left side, with hæmorrhoids. There was constant pain in the region of the left ovary; but no perceptible enlargement. Calcarea, 3000, was given in daily doses, Pulsatilla, 1000, occasionally for the severe pain, and Sulphur, 3000, a dose twice a week. The cure was effected in the course of six or eight weeks, and remains permanent. He is quite confident that better effects can be obtained from high potencies than from the low, and especially in the treatment of chronic diseases.

The Treasurer presented his report, which on motion of Dr. Munger was accepted and adopted.

On motion of Dr. Munger, a resolution to assess the usual annual tax was adopted.

The following gentlemen present complied with the resolution:

Drs. J. A. Paine, L. B. Wells, E. A. Munger, G. W. Bailey, J. C. Raymond, G. B. Palmer, W. B. Stebbins, L. B. Waldo, J. W. Mower, Wm. Landt, M. M. Gardner, and H. M. Paine.

On motion of Dr. Munger, the usual order of business was suspended, for the purpose of listening to the report of the nominating committee,

which was then presented, and the following officers were elected for the ensuing year :

Dr. Hiram Hadley, Boonville, President.

Dr. S. O. Scudder, Rome, Vice-President.

Dr. M. M. Gardner, Holland Patent, Secretary and Treasurer.

*Censors :*

Dr. D. D. Joslin.

Dr. G. B. Palmer.

Dr. W. H. Watson.

Dr. A. Guiwits.

*Committee on Publication :*

Dr. W. H. Watson.

Dr. L. B. Wells.

*Delegates to the State Homœopathic Medical Society.*

Dr. M. M. Gardner.

Dr. W. B. Stebbins.

Dr. W. H. Watson.

Dr. J. C. Reymond.

*Delegates to the Cayuga County Homœopathic Medical Society :*

Dr. L. B. Waldo.

Dr. E. A. Munger.

*Delegate to the Wayne County Homœopathic Medical Society :*

Dr. H. M. Paine.

*Delegate to the Otsego County Homœopathic Medical Society :*

Dr. Nathan Spencer.

*Delegates to the Onondaga County Homœopathic Medical Society:*

Drs. L. B. Wells ; G. B. Palmer, and J. C. Reymond.

Dr. Munger called attention to the importance of increasing the number of delegates to the State Homœopathic Medical Society, and with this purpose in view, he urged the immediate formation of societies in all the counties in this state, where there is the requisite number of homœopathic physicians. He hoped this society would commence the work by appointing committees to effect the organizations of societies in Madison, Herkimer and Jefferson Counties, in season to secure representation at the February meeting of the State Society.

The president accordingly appointed the following committees :

Drs. Stebbins, Landt, and Mower for Herkimer County.

Drs. Munger and Palmer for Madison and Chenango Counties.

Drs. Waldo and Joslin for Jefferson County.

Dr. Munger offered the following resolution which was adopted :

Resolved, That the thanks of the Society be tendered to Dr. H. M. Paine for his efficient services as Secretary and Treasurer for the past six years.

The Society adjourned half an hour.

**AFTERNOON SESSION.**

Dr. Wells presented the following resolutions which were adopted :

Resolved, As the sentiment of this Society, that the efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and County Medical Societies in this country.

Resolved, That members of this Society, who are also members of the Institute, and may be present at its next meeting, be requested to advocate such a change of organization, and to act as the representatives of this Society.

Dr. Reymond reported an interesting case of congestion of the brain with paralysis.

Dr. Wm. H. Hoyt, of Syracuse, read a communication by Dr. Boyce, entitled: "*Indications for the Administration of Spigelia.*" The pathogenesis of the remedy clearly indicates its utility in several common forms of neuralgia of the face, eyes and forehead, even when attended with considerable congestion.

Dr. A. R. Morgan, of Syracuse, presented a written communication, giving in detail a case from practice.

On motion of Dr. Munger, the thanks of the Society were extended to Drs. Morgan and Hoyt for their interesting papers, and copies were requested for publication with the proceedings of this meeting.

Dr. Warren presented a paper, entitled: "*A case of Accidental Poisoning by Phytolacca-decandra.*"

The Secretary read a letter from Professor C. Dunham, of New-York, urging the members to aid the publication of the forthcoming work on *Materia Medica*, by sending their subscriptions to the author, Dr. C. Hering, 112 North-Twelfth-street, Philadelphia, Pa.

Dr. L. B. Waldo stated verbally his experience in the treatment of epidemic dysentery, recently prevalent in Jefferson County.

Dr. H. M. Paine presented a report, entitled: "*Nosological Classification of Disease. Monthly Summary of Prevailing Diseases in connection with a similar Summary of Meteorological Observations during the year 1862. By Drs. Wm. H. Watson, of Utica, and Horace M. Paine, of Clinton.*" We quote from the introductory remarks as follows:

"By classifying diseases, and recording the causes of death, the most valuable information is obtained relative to the health of the people, or of the pestilential agencies which surround them. We can take this or that disease, and measure, not only its destructiveness, but its favorite times of visitation. We can identify its favorite localities, and classify its victims. We are able to trace diseases also as they get weaker and weaker, as some have done of late. We know from the valuable returns of the Registrar General of England, prepared by Dr. Farr, that scarlatina is, or rather was decreasing, and it has been growing less and less destructive since 1851; that, until quite lately, the whooping-cough has likewise declined in some measure, and that measles alone, out of these severe diseases, has exhibited any tendency to increase. The advantages, therefore, of adopting some system of classifying diseases, which can be put to such useful practical purposes, must be obvious to every one. It is proposed to adopt a system which, while it meets the requirements of science, will illustrate by its use the practical questions of the day, relative to diseases, and their bearing on the public health; and which will show those causes which are injurious or fatal to the life of man, and so contribute to their removal."

"It is not probable that the importance of a correct nosological classification will be over-estimated. Without it, the uniform and accurate registration of prevailing diseases, and the causes of death, cannot be secured. It is the first step in this department of medical research."

The report will doubtless prove a useful guide in the daily registration

of prevailing diseases, and as it is to be published in the Transactions of the New-York State Homœopathic Medical Society, will soon be ready for general distribution to the profession throughout the state.

The President appointed the following medical committees:

Dr. H. Hadley, Professional Etiquette. Dr. C. H. Boyce, Metritis and its Homœopathic Treatment. Dr. E. A. Munger, Phthisis and its Homœopathic Treatment. Dr. G. B. Palmer, Pneumonia and its Homœopathic Treatment. Dr. L. B. Waldo, Dysentery and its Homœopathic Treatment. Dr. Wm. Landt, Pertussis and its Homœopathic Treatment. Dr. M. M. Gardner, Diphtheria and its Homœopathic Treatment. Dr. W. Warren, Croup and its Homœopathic Treatment. Dr. G. A. Paine, Prolapsus Uteri and its Homœopathic Treatment. Dr. H. M. Paine, Influence of Meteorological Changes in connection with Disease. Dr. W. H. Watson, Cases in Obstetric Practice. Dr. G. C. Reymond, Pathology and Treatment of Typhoid Fevers. Dr. W. B. Stebbins, Pathology and Treatment of Miasmatic Fevers. Dr. L. Bishop, Theory of Homœopathy. Dr. A. Guivits, Diseases of Children. Dr. L. B. Wells, High Potencies in Disease. Dr. D. D. Joslin, Drug Proving in Jefferson County. Dr. G. W. Bailey, Drug Proving in Oneida County. Dr. L. W. Mower, Drug Proving in Herkimer County. Dr. S. O. Scudder, Surgical Diseases of Soldiers.

On motion of Dr. Palmer, the Society adjourned to meet at Little Falls, the third Tuesday (20th) of June, 1865.

M. M. GARDNER, Secretary.

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### *Illinois Hom. Med. Association, Ninth Annual Meeting.*

The eleventh annual meeting of the Ill. State Homœopathic Medical Association will commence at the Hahnemann Medical College, 168 Clark-street, in the city of Chicago, on the third Tuesday (the 16th) of May next, at 10 o'clock, A. M. The members and friends are invited to be present.

Chicago, Jan. 12th, 1865.

D. A. COLTON, Cor. Sec'y.

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### *Obituary.*

I REGRET to announce the death of my father-in-law, Dr. Hans Thomsen, senior among the homœopathic physicians in Copenhagen, the kingdom of Denmark, and præsís in the homœopathic society in said city. He died the 29th of September last, A. M. 8 o'clock, at the age of 61—after a celebrated professional life, in which he practised our system over 30 years.

Dr. Thomsen was born in Schleswig, but studied medicine in Copenhagen, and graduated with the royal academy for physicians and surgeons. He was soon after induced to investigate homœopathy by Dr. Friser, and adopted it about two years after as his school of medicine. The first effect was, that the allopathic physicians turned him their back, that several of his patients abandoned him, and he stood with his family destitute and despised, but he was convinced about the truth he had embraced, and he "could not do otherwise." Very soon his practice increased gradually,

and all of Hahnemann's friends looked to him as the pulse in the new life of medicine in Denmark. But with the same commenced a series of trials—the allopathic brethren became envious and stirred a force of persecution up against him. *Mal praxis, mal praxis!* was their cry in the place of crucify, and with the help of the old quack-law, he was condemned, and put in fines of 100 and 1000 of dollars, because he did not walk in the old footsteps of the medical faculty.

In these gloomy days of homœopathy, Drs. Friser, Serke and Fangel died, all successful practitioners, and the last-mentioned physician-in-chief, and known as one of Denmark's most scientific men, with the highest degree bestowed upon him by the university of Copenhagen.

Dr. Gram had already turned his back to Copenhagen and landed in New-York, where he had the honor to introduce the new system on the American continent.

Drs. Thompson, Pabst and Lund, senior, were now only left. All had the same fate of tribulation, and were condemned as delinquents, but Thomsen as the head and the bearer, the most scientifically educated there, with eminent success had secured a lucrative practice, and accumulated fortune and property, he was prominently exposed to mean and revengeful attack. I was for about ten years personally acquainted with him, and came nearly daily to his house and family; I saw his trials and sufferings, but he was always full of enthusiasm and confidence in his soul, that he represented an eternal truth. The trouble was, he could not fight, neither verbally nor by pen, because his opinion was, we should not resist evil acts.

He inspired my whole being with Hahnemann's glorious doctrine, and I studied allopathy with the university and homœopathy under Dr. Thomsen's manuduction. But so much sorrow and suffering brought on a heart-disease, and as he saw persecution threatened to follow my successful practice, he gave me assistance to emigrate with my family to "the land of the free." My wife is his eldest daughter. Only two years separated us. He was one of the best men I have ever known; I loved him as my own father. He belonged to the Moravian Christians, and was meek in his mind as a child. His reputation was from the lowest man to the king's court. He was honored with presents from the late king Frederick the seventh; and Christian the ninth, who reigns now in Denmark, called him often to attend his children, and the present king of Greece, the princess of Wales, and princess of Dagnar, who in the future will become empress of Russia, were among his patients. Now he is out of the reach of allopathic despotism and intolerance, and departed to a land full of eternal love and beauty.

P. WM. PAULSON, M.D.  
Council Bluffs, Iowa.

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NASSAU, N.P., December 19th, 1864.

MY DEAR FRIEND,—I must take advantage of the return of the Corsica to New-York to give you from this summer-land in the sunny South, a few words that may help to keep old memories alive.

We arrived at this place on the 12th of November, after a voyage of nearly five days from New-York. I have not been disappointed in the place; and its tropical aspect and scenery, with its climate, about like June or September, are something more than expected within 960 miles of home. Nothing is so near like what is here as a summer-evening on the piazza of the house on the mountain at Orange. The "Royal Victoria Hotel" is the only large hotel here; though there are some others, and a few boarding-houses.

The Island of New Providence is one of the smaller of the Bahama Islands, and is about twenty-two miles long by six or seven wide. It is entirely composed of carbonate of lime, built up by the madrepora or coral insects during a few thousand years. During later centuries the growth and decay of vegetable productions have gradually prepared the way for larger vegetables and animals. Now, a few animals can live here; but men can not yet live upon *such* animals, as the island produces or feeds. Hogs are small and slender, and sheep losing their wool, present a skin resembling that of a goat. The market is in New-York.

The best description of this island with the rest of the group, is in the large work of Catesby, who explored them in 1725. Two large folio volumes, illustrated by colored plates, were published at London in 1771. Of the climate he says: "These islands are blessed with the most serene air; and they are more healthy than most other countries in the same latitude; they, being small, having dry, rocky soil, and lying pretty high, are void of the noxious exhalations which lower and more luxuriant soils are liable to. This healthiness of the air induces many of the sickly inhabitants of Carolina to retire to these islands for the recovery of their health."

What was thus written a-hundred-and-fifty years ago continues to be true. Besides the many New-York invalids now here, there are many from the Southern States; among them is the youngest of the several General Lees, of whom we have read so much.

The uniformity of the temperature, from day to day, through the whole of the fall and winter-months, is the striking and important difference between this place and any point on the American continent. The reference we have made in our book to this subject gives it correctly. (See Index, Vol. II. "Nassau, Climate of.") In regard to fevers, there would be no *malarious fevers* here, if ordinary hygienic principles were observed. But *yellow fever* was brought here during the season now past. It was quite fatal during the months of July and August. Some cases remained when I came here; some deaths have occurred since. We can not doubt but that it will return next summer. Better sanitary regulations would keep this plague out of this island; but we can not expect that such will be enforced. Yellow fever, though not a native of this island, *may* become domesticated here; and the commercial growth of the city, during the Ame-

rican war, is accompanied with accumulations of material for the growth and propagation of any malignant miasm that happens to be planted here. But for this danger (and this might be averted), Nassau could be made the most delightful of all places within the temperate zones.

There are now no diseases *endemic* here, and very little disease of any kind. I have seen a few cases of leprosy in persons of African descent. Consumption, scrofula and other *dyeraias* are developed among these people by their thin dress and unnecessary exposures.

I enclose a list of the principal productions of this and the surrounding islands. You will see that an enterprising population could render this place a point of attraction for every body who suffers inconvenience from northern winters.

Yours ever,

F. W. HUNT.

[The catalogue of medical resources of the Bahamas is crowded out.]

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*Trial for Mal-Practice.* Frank P. Frisby, by his next friend, Pearson Noble, vs. Dr. Leonard Pratt, in the Circuit Court of Carroll County, State of Illinois, March 7th, 1864. Reported by John S. COCHRANE, Rockford, Ill. Chicago: Published by C. S. Halsey, 8vo., pp. 283. 1864.

THIS interesting work deserves an extended notice, which, at the late hour of my return to the city, it is impossible to find room for in the present number of the JOURNAL. A trial between a patient whose fractured arm has been broken a second time, and a skillful, attentive, and conscientious physician, who has given nature every possible opportunity to perform the work of reparation, and is then called upon to pay for all the errors of all parties concerned, is no rare event in medical jurisprudence. But the present case is one of the most instructive and important that has ever been published at full length, and it should be read and seriously studied by the whole profession. It will teach the practitioner who has not learned this lesson before, how a wild youth may break his arm in an experiment at reckless driving; how a sympathizing physician, by using the best known means of treatment, the best surgical apparatus attainable in the country, with the ablest counsel, may procure a union of the fractured bone; how the patient may employ the arm in playing ball till he strikes it against the fence, re-fracturing the bone, and cracking one of the splints; how succeeding efforts may for a time fail to effect a second reparation, till the persuasions of interested friends may throw the case into other hands; and, finally, how a prosecution for *mal-practice* may then be so conducted by a voluble back-woods attorney, that a jury of simple-minded farmers and mechanics, necessarily ignorant on all medical and surgical subjects, will set aside all the learning and science which they do not themselves understand, the testimony of the most distinguished physicians and surgeons, simply because they are brought from a large city, and *are distinguished*



above men of their own frontier town. Such a lesson may certainly be studied by all men with profit: especially may it be useful to the members of a profession who everywhere bestow the greatest of blessings upon the evil and the good; and who perpetually assume the gravest responsibilities, scarcely remembering that they hold reputation and fortune at the mercy of the just as well as of the unjust. In our next we shall analyze the testimony in this case as well as the able arguments of the counsel for the defence.

## *Materia Medica.*

*Tanacetum Vulgare. An Inquiry into its Pathogenetic and Therapeutic Effects.* By E. M. HALE, M.D., of Chicago.

### HISTORY.

THE Tansy is one of the oldest of medical plants; its history dating back into the dim days of the middle ages. It has been used extensively by the people for centuries, and their estimate of its general effects seem to be in the main correct. But notwithstanding its popular use for nearly a thousand years; its peculiar and powerful poisonous effects; and its persistent presence in the pharmacopœas; the medical profession have paid but little heed to it; have not investigated its properties to any extent, and have left it to be used by old women, laymen, and the unfortunate who often resort to it to banish the cause of their shame.

Tansy is indigenous to Europe, but is cultivated in gardens in almost every country. It was brought from Europe to this country, and has become so naturalized here, that it is to be found growing extensively by road sides, and in old fields in all the older states.

There are several varieties of this plant; the one with curling leaves is considered to be milder in its action than the others. There are, besides the *T. Vulgare*: the *T. Crispum*, and the so-called "Double Tansy." The general effects of these varieties are quite similar.

One of the oldest references to this plant will be found in that quaint and obsolete work, "*Culpepper's English Physician and Complete Herbal*," the *fourteenth* edition of which, was published in London, in 1808, the *first* edition probably in 1720. It seems that its general effects were quite well understood in that day. I give the article complete, merely premising that all plants were supposed by Culpepper to be under the influence of certain planets, which influenced their virtues. These astrological views were entertained by many of the medical profession at that time.

"GOVERNMENT AND VIRTUES.—Venus governs this herb. The herb bruised and applied to the navel, stays miscarriages; boiled in ordinary beer, and the decoction drunk, it doth the like; also it consumes those phlegmatic humors which the cold and moist constitution of winter usually infects the body with, and that was the reason of eating Tansy in the spring. The decoction of the common Tansy, or the juice drunk in wine, is a singular remedy for all the griefs that come by stopping of the urine, helpeth the strangury, and those that have weak reins and kidneys. It is very profitable to dissolve and expel wind in the stomach and belly. If it be bruised and often smelled to, as also

applied to the lower part of the belly, it is very profitable for such women as are given to miscarry in childbearing, to cause them to go out their full time. It is used also against the stone in the reins, especially to men. The herb fried with eggs, which is called a tansy, helpeth to digest and carry downward those bad humors which trouble the stomach. Being boiled in oil it is good for the sinews shrunk by cramps, or pained with cold. The seed is very profitably given to children for worms, and the Juice in drink is as effectual; and it is in this last capacity that it is principally to be regarded, no complaint is so frequent, and few bring on so much mischief; besides the more common and obvious disorders which they occasion, a wasting even unto death, and putrid fevers, sometimes accompany, and indeed arise from them; and oftener than is thought, they are the cause of epileptic fits.\*

The physician who reads the above should forbear his smile of derision at the apparent absurdity of the recommendations of this ancient physician, for Hahnemann gave medicine by olfaction, and the endemic method is quite efficient. Dr. Culpepper was one of the shrewdest men of his age, in collecting the medical virtues of plants from the common people. The vast amount of information relating to the real value of some plants, which may be gleaned from such a source is really surprising. Nearly all the facts which form the basis upon which both schools have founded *Materia Medica*, have been first obtained from the above source.

We will try to examine what amount of reliable suggestion there is in Culpepper's notice of the *Tanacetum*. The most prominent of the suggestions are:

1st. That it acts as a *prevention of abortion*, whether used internally, by olfaction, or endermically.

2d. That it acts upon the urinary organs, and relieves retention or suppression, strangury, and the irritation which attends the presence of calculi.

3d. That it is very effectual as a remedy in helminthiasis, or the parasites which infest the intestines.

4th. That it may be useful in indigestion, cramps, &c.

As regards the first and most prominent use of *Tanacetum*; it is well known to medical men that Tansy has been in popular use from time immemorial as an emmenagogue, and abortivant (uterine-motor stimulant.) It is the first resort of the common people in suppression of the menses, whether from a cold or suspected pregnancy. Used for such purposes it is often effectual in restoring the menstrual flow, or expelling the ovum in the early months of gestation.

Dr. Tully, one of the shrewdest medical observers this country has ever known, thus writes:\*

"There is a widely-prevalent opinion in some parts of New England, and of the Middle States, that *Tanacetum-vulgare* (Linn.) is an effectual ecbolic. This article contains a bitter principle, by means of which it is a *tonic* of considerable activity, and likewise an essential oil, by means of which it is euphronic, (or possibly erethistic, more likely the former) and narcotic, unless an erethistic can produce clonic spasms. When taken in a large quantity, this essential oil produces true epileptic convulsions, and not unfrequently death. I have myself known this catastrophe several times, and oftener epileptic convulsions, from which there was recovery, when it had been taken to produce abortion. With the exception of its tonic effect, the powers and operations of this article are much like

\* Tully's *Materia Medica*, Vol. I., part 2, p. 1361.

Nutmeg and Camphor, both of which are euphrenic and narcotic, and I doubt not antiseptic, diaphoretic, and capable of producing epileptic convulsions. Where I have lived and practised my profession, whether within New England or out of it, no article, not even Claviceps (Ergot) itself, has the popular confidence as an æbolic, to such an extent as some preparations of Tanacetum. I have very often heard rumors of its successful use as an abortifacient, but of course, such cases rarely fall within the cognizance of the well educated and upright accoucher, unless so much happens to be taken as to occasion severe clonic spasms. I cannot say that I have any knowledge, derived from observation and experience, of the æbolic operation of this agent. It is true that in lingering parturition under my charge, when the patient and the women assistants very much desired it, I have suffered or permitted its use, but as was always alleged quite too timidly. However, when it has been used, and with the greatest freedom, I have often thought that it did actually increase more or less the activity of the parturient process, but of this it was difficult to be absolutely sure. When I have been in attendance, I have never suffered it to be employed, except in the form of warm infusion, and always of the recent plant, instead of the dry, whenever it could be obtained, though never in anything like a large quantity, since I was always determined to avoid convulsions. Perhaps all the æbolic effects that it seemed to produce might have been the effects of the hot menstrum. In a large proportion of all the cases in which there is reason to think that abortion is attempted, (and I fear that it is not uncommon even with married women) it is believed to be done with Tanacetum. If it were not often successful, it seems to me that it would lose its reputation."

It is amusing to notice the *naïveté* with which Prof. Tully speaks of his knowledge of abortion, and of its frequency among married women. But he was an austere man, more like our idea of one of the old Greek physicians, living a recluse life among his books, not such a one as the people are apt to make the recipient of their confidences. Dr. Tully was master of the most intricate peculiarities of medicinal plants, and his estimate of the qualities of Tanacetum are not to be disregarded.

Is it not strange that a drug possessing such notable powers, should be almost ignored—placed among the non-official plants—in the dispensaries? Yet there it stands, or buried along with our Pulsatilla! Even in the homœopathic school it fares as badly. The only mention of it is in the Archives (XIII. p. 170), where it is stated to cause

z. "Great mobility, extraordinary motions, and strange gesticulations, stretching, drawing up the feet and then extending them again suddenly (without the least pain) for half an hour, several times after taking repeated doses of the medicine (in a boy of twelve years, from half an ounce of the extract)."

It has already been a matter of surprise to me that Hahnemann did not select this plant for one of his admirable provings. He and his colleagues must have been aware of its popular uses, for it is much used in Germany. The energies of our provers have often been spent upon medicines much inferior in their qualities and effects; and while we have many pathogeneses of nearly inert drugs, which few even think of using; a thorough proving of the Tanacetum would perhaps give us symptoms and effects, which would be as invaluable to us as are those of its near analogues, Sabina, Pulsatilla, Nux-moschata, Trillium, and Ruta-graveolens.

But to return to the subject of the effects of the Tanacetum upon the organs of generation of women: we can safely accept as reliable, the statements that it will cause *uterine hemorrhage with labor-like pains, profuse*

*menses, abortion, &c.* We may even accept as reliable the statements of old Culpepper, because his statements have been verified by many observers, both in and out of the medical profession. My own observations are as follows:

1. That it will cause abortion in the early months of pregnancy. I have known one case at the second, one in the third, and one in the fourth month of gestation. The two former from large quantities of the warm infusion; the latter from the oil, (how much I could not ascertain).

2. I have known it to bring back the menses after a suppression of several days, not naturally but very profusely, with severe labor-like pains (from large draughts of the infusion).

3. Cases have come under my observation where its use in moderate doses of the infusion had the effect of preventing a threatened abortion, (it was taken to hasten the abortion).

4. In several cases of dysmenorrhœa, uterine congestion, and other uterine diseases, accompanied by bearing-down pains, heaviness in the hypogastrium; tenderness in the uterine region, drawing in the groins, &c., small doses of the infusion have alleviated the symptoms, when Pulsatilla, Sabina, Nux, &c., failed.

Taking all the above facts into consideration, what better proof of the homœopathic law, can we find in the pathogenetic and curative action of *Tanacetum* upon the genital organs?

It is evident also that a drug capable of causing so much disturbance in those organs, as the Tansy must have the power of producing, and curing many symptoms and conditions of the uterus, ovaries, and other organs contiguous, or connected by reflex sympathies. I urge it upon my colleagues to engage in collecting pathogenetic and clinical facts concerning the action of this plant upon the sexual system.

In relation to the action of *Tanacetum* upon the urinary organs, we know but little. No writer but Culpepper mentions such action. *Perreira* says nothing about its use in urinary difficulties; he does not even mention its popular use as an emmenagogue, and is utterly oblivious of its use in causing abortion!

*Wood* says: "it has been recommended in amenorrhœa, hysteria, intermittents, and as a preventive of arthritic paroxysms, but at present it is chiefly used as an anthelmintic, and in this country is scarcely employed for any purpose in regular practice."

*Smith* (Botanic) says: "the decoction of Tansy, or the juice drank in wine, is very useful in *strangury* and other obstructions of the urine, and in the weakness of the kidneys."

Analogy would teach us that it would have some specific effects upon the urinary apparatus, for it contains *Cumpher*, and also a peculiar oil, which resembles, chemically, other resinous oils. A medicine can scarcely affect the uterus as this Tansy, without deranging the action of the kidneys or bladder, and *vice versa*.

*Scudder* says: "Tansy is adapted to those atonic states of the system, when there is torpor, particularly of the *uterine vessels*, in which case it probably acts as a general excitant."

This, to the homœopathician, means that it is *primarily* indicated ac-

ording to the law of *similia*, in cases of abnormal activity and *irritation* of the uterine and urinary organs and general system (in the middle dilutions); and *secondarily*, in torpid *atonic* states of the same organs, (in the lowest dilutions).

In *verminous affections*, the reputation of Tansy dates as far back as our knowledge of Cina, (wormseed). I have known it used with apparent success in domestic practice. In one case, where I was asked to prescribe for a child presenting the usual symptoms of invermination—namely, disordered digestion; pale countenance; bloated upper lip; jactitations in sleep, and waking from sleep in affright; the nurse said a little Tansy-tea would remove the symptoms. In order to test it, I gave No. 5 pellets saturated with the mother tincture, (three every four hours). In two or three days the symptoms disappeared, and under its use for a week the child regained its usual health. It may be a true worm-poison like Santonine, or it may be homœopathic to the condition of the digestive organs and the nervous system, caused by worms. It causes epileptiform spasms—so do worms. It may prove a specific remedy against the disease arising from irritation of the intestines from any cause.

In *indigestion* it has still a popular reputation. Tully says it has tonic properties. The oil causes much derangement of the stomach and great debility. It is probably only useful in debilitated states of the gastric mucous membrane, by virtue of its homœopathicity. In many parts of the country the herb, macerated in whiskey, is used as a prevention to agues, and bilious fevers, and as a tonic *after* fevers. "Tansy Bitters" are quite an institution in some families. As Tully says regarding its use in abortion—if there were not some grounds for its use as a tonic, it would soon lose its popularity.

Culpepper recommended it for *cramps*. We have seen by Tully that it causes spasms, and in the "Archives," it caused "contractions *without* pain," which would imply something like hysteria.

In the Amer. Jour. of the Med. Sciences, XVI, 256, is recorded a fatal case of poisoning, with half an ounce of the oil of Tansy. "*Frequent and violent clonic spasms* were experienced, with much disturbance of respiration, and the action of the heart gradually became weaker, till death. No inflammation of the stomach or bowels was discovered upon dissection." In another case *coma and convulsions* were present.

It is quite probable that the oil has a much more profound effect upon the nervous centres than the infusion. Water will not take up any considerable quantity of the oil, which is the most active constituent of Tanacetum. I have not heard of, nor do I know of any case on record, where the infusion in any quantity has caused spasms or other alarming or dangerous symptoms; whilst the oil has caused such symptoms in less than drachm doses.

#### RESUMÉ.

From what we can glean concerning the pathogenetic powers of Tanacetum, it seems to be indicated *primarily* for the following conditions and symptoms:

1. *Affections of Nervous Females.*—*Hysteria* (the clonic, painless spasms it causes have resemblance to that disease), *uterine derangements, congestion, hystericalgia, dysmenorrhœa with menorrhagia, threatened abortion from irritation of the uterus*; false pains, cramps, &c., *of pregnant females, after-pains, and perhaps puerperal spasms, also some of the difficulties of men and women.*

2. *Affections of Children.*—*Nervous erethism from intestinal irritation; intestinal spasms; epileptiform or clonic spasms from the presence of worms; also other symptoms, strangury, enuresis, and even coma, and disturbances of the heart's action from the same or other causes.*

In the above conditions it will probably be found most useful in the third dilution and upwards.

Tanacetum is *secondarily* indicated in—*atonic conditions of the digestive and uterine organs; the nervous and vascular systems; namely, debility with loss of appetite and indigestion after fevers; weakness of children after diarrhœa, or verminous affections; amenorrhœa, menorrhagia, and threatened abortion from torpid, atonic states of the uterus; inactivity of the uterus during labor,\* and passive hæmorrhage after abortion or parturition.*

In these conditions the lowest dilutions: mother tincture, or even a weak infusion will probably be found most efficient.

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*Rhus-Venenata.* Proving. by Dr. W. H. BURT and P. B. HOYT; arranged by Dr. BURT, of Lyons, Iowa; with remarks by Dr. E. M. HALE, of Chicago, Ill.

THREE varieties of *Rhus* grow in this country, namely *Rhus-tox.* (Poison Oak), *Rhus-rad.* (Poison Ivy), *Rhus-venenata* (Poison Sumach).

The latter has been confounded with the *Rhus-vernix*, of Linnæus, a species which grows in Japan. Dr. Hoyt seems to confound the two, as he refers in his paper† to the proving recorded in the *Symptomen Codex*, which proving was made with the *Rhus-vernix*. We have excellent provings of the two former varieties, but none of the *Rhus-venenata* until Dr. Hoyt's, which was rather a case of poisoning, for the symptoms elicited were from exposure to the contact and aroma of the plant. Dr. Burt's, on the contrary, was obtained from the tincture taken internally.

*Rhus-venenata* is sometimes called poison-ash, and poison-elder and Swamp-sumach. "It grows in swamps and low grounds from Canada to Georgia, and flowers in June and July. It furnishes an opaque, whitish juice when wounded, which becomes permanently black on exposure, and

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\* *Wood* (*Therapeutics and Pharmacology*) says he has been informed that Tansy has been employed with extraordinary success in lingering labor. Dr. Gibbon writes him that he has used it in several cases in which it appeared to act very favorably in bringing on uterine contractions in tedious labor, in one after Ergot had failed. In one of the cases two drachms of the dried herb was used, in another the quantity was indefinite. The os-uteri was dilated, and the protraction of delivery was owing simply to languor of the uterus."

† *North Amer. Jour. of Homœopathy*, Vol. VII, p. 59.

which may, by sufficient boiling, be made to afford a brilliant, glossy, durable varnish, very analogous to that obtained in Japan, from the R-vernix.\* It is much more poisonous than the other species, and its volatile principle taints the air for some distance around with its pernicious influence, producing in some persons erysipelatous swellings. The whole body is sometimes enormously swollen, and the patient unable to move." (For botanical description, see "King's Dispensary.")

Dr. Hoyt says: "I have no doubt that its aid often affects those on whom the *Rhus-tox.* has but little influence, at least this is the case with myself, for I handle with impunity the *Rhus-tox.*, while with the greatest degree of caution, I was violently affected with the *Rhus-ven.*; again in using the *Rhus-tox.*, in a case of angina in which *Rhus* was almost the only remedy indicated, I had very little response from it, while from the *R-venenata*, I obtained a most perfect victory over the complaint."

A case once came under my care which substantiates the above. A lady habitually suffered several times every year with a peculiar form of sore mouth, marked by intense redness of the mucous membrane of the tongue, cheeks, fauces, with the appearance of small vesicular points, accompanied with intense *burning* sensation, and a feeling as if the mouth and throat had been scalded. If allowed to go on, this eruption (?) seemed to extend wherever there was mucous membrane, even to the rectum and vagina. Very few remedies gave any relief, until the *Rhus* was tried, and the *R-tox.* and *R-rad.* had but slight favorable effect compared with the *R-venenata*, which always removed the disease in a short time (in the third dilution).

Dr. Burt, in his proving, made use of the — dilution, repeated every few hours.

HALE.

The symptoms marked H, are taken from Dr. Hoyt's proving. The symptoms marked B, are my own. Other provers are credited in their full name.

*Characteristic Peculiarities.*—The symptoms of *Rhus-venenata* are all aggravated just before a rain. The pains in the bowels are worse in the morning. The joints are all very stiff in the morning, after exercising an hour or so the stiffness all passes away. The pains in the ankles are worse in the afternoons and evenings. The itching and burning is aggravated in a warm room, and in bed. The ankle-joints are more affected than the other joints, but it has a great affinity for the tarsal and metatarsal joints. The symptoms are all aggravated by rest and mental labor. (HOYT.)

*Skin.*—The skin is hot and dry at night with great restlessness. (B.) The palms of the hands are very dry, and the inside cuticle hard and burning hot all the time. (B. & H.)

Large fissures on the ends of the fingers, that bleed readily. (B. & H.)

Fine vesicular eruption on the fore-arm, wrist, back of the hands,

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\* This proving was commenced with fifty drops of the 3d dilution, taken in water; increasing the dose until half an ounce was taken at once. The mother tincture was then used. Ten drops several times a day, increasing the number up to 150 drops a day.

One ounce of the mother tincture was used in making the proving.

BURT.

between and on the fingers, also scrotum and ankles. The vesicles are situated upon an inflamed erysipelatous base, and accompanied with most intolerable itching, especially in the evening, in a warm room, and in bed; after scratching and rubbing the parts (which cannot be resisted), the itching is intolerable; large quantities of serum run from each vesicle after it is scratched. (B.)

5. Constant itching of the under lip for several days, with a bright red appearance, accompanied with great burning and itching of the arms. (B.)

Desquamation took place three different times, from all the parts affected with the vesicular eruption. (B. & H.)

Large watery vesicles on the ankles that are very painful, night and day. (B.)

The cuticle of the penis and scrotum peels off in patches as large as a sixpence. (H.)

Itching and burning of the hands, with swelling more on the palmar sides of both wrists; the swelling extends half way to the elbows; arms are very red, and covered with innumerable little vesicles, which exude a watery fluid; The hands are in the same condition. (Hort.)

10. The upper lip and ears are very much swollen, and covered with vesicles; a yellow serum exudes from them. (H.)

The cellular tissue around the eyes was very much swollen. (B.)

A boy poisoned with the *Rhus-v.*: his face became so much swollen that he could not open his eyes for several days, accompanied with a high fever. (B.)

Feeling as if from flea-bites in different parts of the body. (H.)

A number of boils came out on my forehead, neck, and arms, after proving the *Rhus-v.* (B.)

Three boils came on my face, and eight on my right thigh; one was very malignant and continued to slough for four weeks; when the core sloughed out, a cavity was left into which you might easily put the end of your index finger; when healed, they left the surface bluish-red; they were very painful. (H.)

15. Incrustations on the inside of the thighs, extending down one-half the length of the femur. (H.)

*Sleep.*—Great restlessness at night, with a dry, hot skin. (B.)

Great restlessness after midnight. (B.)

My wrists, ankles, and feet ached so severely I could not sleep. (B.)

Great restlessness. (H.)

*Fever.*—20. Chills run up and down the back, when warm and in a warm room, and in bed. (H.)

Great restlessness, with a dry burning hot skin at night. (B.)

Very weak and languid. (B.)

Trembling of my limbs. (B.)

Great swelling of the head, face, and hands; with sharp irritative fever, and all the constitutional symptoms of erysipelas; the integument becomes tense, hot, swollen, shining, and very painful. (SNELLING.)

*Moral Symptoms.*—25. Great sadness, no desire to live, everything seems gloomy. (B.)



Absence of mind ; cannot concentrate my mind on any particular subject. (B.)

Mental labor increases the pains. (H.)

*Head.*—Fullness of the head. (B.)

Dull, heavy, frontal headache, aggravated by walking and stooping. (B.)

30. Dizzy sensations at times, much worse in the evenings. (H.)

Intolerable heaviness of the head. (H.)

Great swelling of the head, face, and hands, with sharp irritative fever.

(SNELLING.)

Erysipelas of the head and face. (S. & B.)

*Ears.*—Deafness, that is quite troublesome. (H.)

35. Vesicular inflammation of the ears, that exudes a yellow, watery serum. (H.)

*Eyes.*—Eyes half closed ; eyes closed from the great swelling of the cellular tissue around them. (B.)

Constant discharge of tears. (B.)

Constant dull, aching pains in the eye-balls. (B.)

Smarting and burning of the eyes, as if washed with alcohol. (H.)

40. Burning around the right eye. (H.)

Slight dimness of sight. (H.)

Livid circles under the eyes. (H.)

*Nose.*—Great dryness of the nostrils at two different times, lasting each time about one hour. (B.)

*Face.*—Face very much swollen around the eyes. Face swollen so that the eyes were closed for several days. (B.)

45. Face very red and swollen, and covered with vesicles. (H.)

My face, and particularly my upper lip, was very much swollen, and excessively painful. (H.)

Itching and burning of the face. (H.)

*Mouth.*—Slimy taste in the mouth. (B.)

Salty, slimy taste. (B.)

50. Flat, rough taste. (B.)

Tongue coated white. (B.)

The centre and base has a white coating on it. (H.)

Scalded feeling of the tongue. (B.)

The sides of the tongue are very red. (H.)

55. Vesicles on the under side of the tongue, with a scalded feeling. (H.)

The mucous membrane of the mouth is very red, with a feeling as if sand was under it. (H.)

Red vesicular eruption on the gums of the upper incisors. (H.)

*Fauces.*—Constant feeling of irritation of the fauces. (B.)

Dryness of the fauces. (B.)

60. Distress in the root of the tongue and fauces. (B.)

Tonsils very red and congested with dull aching distress in them. (B.)

Frequent inclination to swallow, which increases the pain and distress in the tonsils. (B.)

Difficult deglutition. (H.)

Throat feeling very sore, and is very red and swollen. (H.)

*Appetite.*—65. Loss of appetite. (H.)

Want to drink a great deal. (B.)

*Stomach.*—The stomach is very much distressed after taking the medicine. (B.)

Distress and pain in the cardiac portion of the stomach and upper left portion of the umbilicus. (B.)

Distress in the stomach and umbilicus. (B.)

*Abdomen.*—70. Constant dull, aching distress in the abdomen, with occasional sharp cutting pains in the umbilicus. (B.)

Constant dull pains in the umbilicus, with rumbling in the bowels, and followed by a soft diarrhœic stool. (B.)

Sharp cutting pains in the umbilical and hypogastric regions before a stool; the stool relieves the pains, but does not stop them altogether; lasted two hours. (B.)

The abdomen is very much bloated, and exceedingly painful to the least pressure. (H.)

Constant rumbling and griping in the bowels. (H.)

75. Pains always worse before a stool. (H.)

*Stool.*—Distress in the umbilicus, with dry, lumpy, dark colored stools. (B.)

Distress in the umbilical and hypogastric regions, with loud rumbling in the bowels, followed by soft mushy stools. (B.)

Stools about natural consistence, but of a very dark color. (B.)

Severe cutting pains in the umbilical and hypogastric regions for six days, with three and four very soft, diarrhœic, black colored stools a day. (B.)

80. The pains are worse before the stools, but continue for several hours after. (B.)

The abdomen is much bloated, very painful to the least pressure, with continual rumbling and griping pains, the pains always being worse just before a stool; the color of the stool was uniformly light, or *nearly white*, varying in consistency, sometimes very thin, and sometimes more papaceous. This state of things continued for three weeks, and I could not control it with any of our ordinary remedies. I finally stopped the diarrhœa with the first dilution of Junip-vir., in drop-doses. I was attacked several times afterwards with this diarrhœa, and the Junip-vir. always controlled it, and relieved the soreness in the abdomen. (H.)

Most intolerable itching and burning of the anus for several days. (B.)

Neuralgic pains in the anus. (B.)

*Urinary Organs.*—There was no particular effect upon the urinary organs, excepting a slight increase of urine after I had ceased to take the remedy. (B.)

*Genital Organs.*—85. The scrotum is very much swollen, of a deep red color, and covered with vesicles. (B.)

Scrotum swollen as large as his two fists, could not walk. Observed on a patient. (B.)

Severe itching and burning of the scrotum. (B.)

Intense itching and burning of the scrotum and penis; the burning is more severe than the itching. (H.)

The glans-penis is much swollen and very sore. (H.)

90. Cuticle of the penis and scrotum peels off in patches as large as a sixpence. (H.)

*Back.*—Constant dull pains in the cervical, dorsal, and lumbar regions. (B.)

Dull heavy pains in the lumbar region, aggravated by stooping down or walking. (B.)

Back is very stiff. (B.)

Stiff neck, or "crick in the neck," and rheumatic pains between the shoulders. (H.)

*Arms.*—95. Severe pains in the left elbow-joint for half an hour, could not move it, the pain was so great. (B.)

Drawing pains in the fore-arms. (B.)

Rheumatic pains in the shoulders and elbow-joint, worse during motion. (JAHR.)

Dull pains in the wrist and fingers, with drawing pains. (B.)

The wrists and fingers are very stiff. (B.)

100. Constant aching distress in the hands and fingers. (B.)

Hands are constantly very dry and hot. (B.)

Complete desquamation of the cuticle of the palms of the hands and fingers, three different times. (B. & H.)

The ends of the fingers have a number of cracks on them, that bleed from the slightest cause. (B. & H.)

Hands hard, rough, and tender. (B.)

105. The cellular tissue is greatly swollen, of a deep red color, and covered with watery vesicles, that itch most intolerably. (B.)

Both hands very much swollen and are very clumsy to use. (H.)

Fingers are very stiff and much swollen. (H.)

Fingers feeling as if they had been scalded. (H.)

Violent itching of the palms of the hands with watery vesicles on them. (JAHR.)

110. Groups of watery vesicles on the fingers. (JAHR.)

*Legs.*—Knees and ankles ached constantly. (B.)

Severe cramp in the calf of the leg at night, followed by great soreness of the calf of the leg the next day. (B.)

Dull drawing pains and distress in the knees, ankles, feet, and toes. (B.)

Great weakness of the knees and ankles. (B.)

115. My ankles and feet ached so severely for eight weeks after taking the medicine, that it was very painful for me to either stand or walk, especially in the afternoon. I was compelled to lie down every afternoon. (B.)

Ankles very red and swollen, with watery vesicles all over the ankles, feet, and toes, that discharge large quantities of water. (B.)

Very large watery blisters on the sides of the feet. (B.)

Most intolerable itching of the ankles, feet, and toes, aggravated by warmth. (B.)

Trembling of all my limbs, with twitching of my muscles. (H.)

Believing the Rhus-v. to be equal to, if not superior to Rhus-tox., I most earnestly urge my colleagues to make further provings of this most valuable indigenous remedy.

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ARTICLE XXXIV.—*A Case of Pelvic Hematocoele after Labor, the existence of which was first diagnosticated from its causing the most severe and uncontrollable After-Pains.*  
By T. G. COMSTOCK, M. D., St. Louis, Mo.

Mrs. R., aged thirty years, a strong, healthy and plethoric woman, was delivered of her third child, on the 9th of March, 1864. She was attended during her labor by an educated and experienced midwife, who states that the labor was a natural one, and the child was a large well-developed male child, born at full term. Mrs. R. complained of after-pains soon after her delivery, they were pretty constant, increased in intensity upon the second day, and on the third day they were so severe, as to be unbearable, and not being ameliorated in the least by any treatment of the midwife. I was at this time called upon to attend her, March 12th, at 9, p. m. I regarded the case at once simply as nothing more than severe after-pains. The pains she complained of were precisely like the grinding-pains of a tedious labor, coming on perfectly regular at intervals of not more than one minute between each pain, and usually lasting from two to three minutes, and some-

times longer. Upon examining the womb by the internal touch. I could perceive nothing wrong; it was well contracted, the os and cervix sufficiently relaxed, so that I could introduce two fingers within the uterine cavity; in this examination I failed to find any piece of the placenta, or any of the secundines retained within. The lochial discharge was free, and still sanguineous, the abdomen, especially over the uterus, was quite sensitive, but not sufficiently so to warrant the belief of any existing inflammation; there was no fever, and the pulse was good, its action nearly normal, the breasts were already filled with milk, and not unusually tender or painful. For these symptoms after trying in vain *Secale cornut.* ʒ, and *Nux-vomica.* ʒ, in alternation, I prescribed Sulphate of Morphine, gr. ʒ, repeated three times within one hour, and without the slightest relief; *Mc Mann's Elixir of Opium* was then given in 25 drop-doses, repeated every three-quarters of an hour, and also an injection into the rectum of 40 drops of Laudanum; hot hop poultices were also applied to the abdomen, and these failing, Chloroform was applied locally, all to no effect. The pains continued and were indeed frightful, not seemingly modified in the least by the "heroic treatment." Inhalations of Chloroform were now tried, and this relieved her temporarily, but the pains continued the same as in labor, although the patient was unconscious of them, only when deeply narcotised with the Chloroform. She would still writhe in the most intense agony from the pains, even when narcotised, but the effect of the Chloroform would not last more than from three to five minutes, and then she would suffer quite as much as if no Chloroform had been given.

These pains had now lasted more than seven hours, since I was first called to her, and the patient was becoming more and more exhausted from them; a consulting physician; Dr. G. S. Walker, was called, who could scarcely believe such pains would be present, unless there was an inflammation of the womb, and who suggested *Aconite-tr.* to be given internally, and applied externally over the uterine region; this was done, and seemed to give her a little relief, at about 4½, A. M. She continued somewhat relieved throughout the day; but towards evening her pains returned, when I gave one grain of

Opium, which seemed to alleviate her and give her a little sleep. On Monday, March 13th, injections of Castor-oil were given, which produced slight evacuations of watery stools, containing several small lumps of fœcal-matter. At about 3, P. M., the pains set in with great severity, and the Aconite-tincture seeming no longer to have any salutary effects, I gave up to 9, P. M. in divided doses 5 grains of Opium, and Camphor (on grain of each at a dose). Not the slightest relief followed, and she begged me for mercy's sake, to give her Chloroform inhalations once more. I accordingly did so, at 9½, P. M., when she was completely narcotised, and relieved for some fifteen minutes. The pains (that is apparently the same phenomena as is presented in labor during the strongest uterine contractions), continued at intervals of about two minutes, and as soon as the effect of the Chloroform had passed away, they were quite as distressing as ever. At 12, P. M., I gave an injection of Castor-oil  $\text{ʒiv.}$ , and followed immediately with another injection of a quart of soap-suds-water; this soon passed away, and with it some little fœcal-matter.

From this time the patient seemed a little relieved for some fifteen hours, and was so much exhausted as to speak only occasionally and then in a whisper. Tuesday, March 15th. Patient vomited very much during last night, probably the secondary action of the Opium, but has less pain, and is more comfortable than yesterday; had two evacuations to day, each one containing numerous small roundish particles of fœcal matter, the size of a large shot. The pulse was feebler, the nausea still continued, and the tongue very much coated. She took during the day some oyster-broth and a little brandy; at night I gave Merc.-dulcis,  $\frac{1}{2}$  grs. xxxv. which acted twice during the night, the operations being quite loose and containing fœcal matter of a rather lightish color, followed by a relief of the nausea.

Wednesday, March 16th. I find the patient to day much better and almost free from the after-pains.

She complains however of severe pain in the spine, in the region of the lumbar vertebræ; this was ameliorated by the application of cold water, and Tinct. of Aconite. March 17th. She complains to-day of severe uterine pains, and pains in the

bowels, and for the first time seemed to have quite a fever; Aconite was given, and in the afternoon Merc-dulcis, the latter acted well upon the bowels, and she passed several stools, one of which contained lumps of fecal matter, not unlike sheep-dung; she felt relieved and the labor-pains were less, but she complained of the most intense pains in the rectum, which were so excruciating that I ordered an opiate injection, which temporarily eased her, and they returned and continued to annoy her for some days.

On the 20th and 21st, the patient complained of great tenderness over the lower part of the abdomen, and regular "after-pains" set in again; they were the regular "grinding-pains," such as she had at first; they came on every three minutes for several hours, and then they would cease for an hour or two, and then again recur with the same intensity as before. The secretion of the milk was entirely suspended, and the lochial discharge became fetid, not unlike "purulent infection," and the secretion was scant; the fetid odor continued for only twenty-four hours. Hot stupes of Stramonium and Hyosciamus leaves were applied to the abdomen; Aconite and Gelseminum-tinctures were administered through the day, and at night Mercurius-dulcis,  $\frac{1}{10}$  grains xx., which as before acted upon the bowels, and with the same result, as she always seemed easier after the action of this medicine. After this, for several days the patient seemed more comfortable, though always complaining of pains and pressure in the rectum, she could not set up at all, and had occasionally slight "after-pains;" the lochial discharge became again natural, and I began to hope that she would soon be able to be out of bed.

March 30th. Was sent for again in haste, the "after-pains" have returned, and if it were possible they now seem more intense than ever; they were regular like the last pains of labor, she complaining still of the pain in the rectum, and of tenderness over the womb, and in the right and left iliac regions. I applied locally over the uterine region hot stupes of Oil of Turpentine, but without giving her any relief. Her condition had now become desperate, she had suffered so long and in a way so singular, that her case had enlisted a great deal of sympathy from a large circle of friends; even the

"Professor of Obstetrics, in the St. Louis Medical College," had been induced by some philanthropic outside lady-friend, to pay my patient a visit; but she declined to allow him to make any vaginal examination, or to prescribe for her. As she was now suffering so much, she constantly affirmed, that she "must die if not relieved;" I therefore ordered her an injection of sixty drops of Laudanum; this did not produce the slightest effect, and was soon repeated, but she was not relieved until over two hundred drops had been injected; even then her agony was but slightly ameliorated.

Thursday, March 31st. Patient slept very little last night; pains would cease somewhat at times, but she asserts that she did not sleep a moment. She vomited, off and on, through the day, and although the regular recurrence of the pains did not trouble her as before, yet the same abdominal tenderness and pain in the rectum continued. I gave Nux-vom. 2, and Merc-dulcis 1st, in alternation every two hours, with Castor-oil injections, and applied a mustard plaster to the abdomen. After the injections, she had some ten stools, and after these for a short time experienced the greatest relief.

April 1st and 2d. Patient reports that she is still "never free from pain," but is nevertheless better; prescribed Arsen. 3. and Nux-vom. 3., every three hours. April 3d until April 7th. Symptoms much the same, although I consider her much more comfortable; she has had daily, a slight paroxysm of the "after-pains" every afternoon, for about one hour; she has for the past four days, been very weak, but without fever, and the pulse is good; oyster-broth, and beef-tea, were partaken of freely as nourishment. She has passed daily from three to six stools, all watery, but still each one has contained some small particles (like good-sized shot), of fecal matter, all coated with a stringy mucus. April 8th. Made an examination per rectum, and per vaginam.

The temperature of the vagina was unusually hot, the mouth of the womb somewhat sensitive, but between the womb and rectum I could distinctly feel the presence of a large tumor, over two inches in thickness, and in breadth apparently about four inches, extending up higher than I could reach, the lower segment of this swelling felt blunt and rather rounded, I



could compare the tumor to a pile of pancakes; it was exceedingly tender to the touch, especially from the rectum. To examine it well, I found it necessary to give Chloroform. When the tumor was elevated through the rectum her pains in the abdomen in the right and left iliac regions, were instantly aggravated and intolerable. The presence of this tumor at once explained to me all of her sufferings. She had all along suffered from pains during defecation, and raising the tumor upwards against the rectum, when two fingers were within the vagina, would always give her excruciating pain. I should have remarked, that several times the patient instead of having a regular lochial discharge, would have sanguineous discharges, the same as if the catamenia had come on, and when this was the case her "after-pains" would be alleviated. Another symptom complained of from the first, was dysuria, but this partially subsided, as the bladder became accustomed to the pressure of the tumor. The diagnosis of this case at first, as made by myself, and approved by Dr. Walker, in consultation with me, was pelvic cellulitis; a disease known and described by Archigenes, a Greek physician, who practised at Rome, in the time of the Emperor Trajan, but as Dr. Simpson remarks, of the disease, although of great importance, and not of unfrequent occurrence, not difficult to detect, yet it has been overlooked by our predecessors, and still a full and complete account of it has been left on record by the physician above-named, more than 1800 years ago, proving the words of Aristotle, uttered more than 2000 years since; "probably all art and all wisdom have often been already fully explored, and again quite forgotten." Pelvic cellulitis is an inflammation of the cellular tissue of the pelvis. Between the layers of the broad ligaments, between the vagina and the rectum, between the iliac muscle and the bone, and in almost every part of the pelvis where the pelvic fascia is developed, and between the layers of which is found an abundance of cellular tissue, inflammation is liable to set up, terminating in an effusion of serum; pus, coagulable lymph, and sloughing of the cellular tissue. It is a most remarkable fact, that no mention of such a disease, should be found in any

work upon obstetrics, not in one that I have consulted is it mentioned.

The disease is however described by Churchill, West, Simpson and Bennet (in his last edition), in their treatises upon diseases of females. The treatment pursued in this case was expectant. We decided not to resort to any surgical interference at present, although some authorities advise puncturing of the tumor, we thought best to leave it to nature. An opiate injection was occasionally required, as she still at times suffered pain from the pressure of the tumor upon the rectum. Sometimes a simple injection of water would produce instant relief; when this failed, Laudanum was added. The patient gradually improved, and April 15th her "courses came on," as she supposed, but from the character of her discharges. I concluded that the tumor had broken through the roof of the vagina, as for some four or five days, she had a flow of blood, and passed clots of blood, and subsequently a watery discharge, slightly sanguineous, containing a great number of flocculi, and something of rather a lightish color looking like "seeds," to use her own term in describing the same. She supposed this to be the return of her menses, but a vaginal examination confirmed my opinion, that the tumor had broken through the roof of the vagina, and that this swelling instead of being pelvic cellulitis, was pelvic hæmatocele.

Pelvic hæmatocele is produced by the rupture of the veins or arteries that supply the ovary, and pass to it between the layers of the broad ligament, the blood escaping from the ruptured vessel infiltrates into the cellular tissue of the broad ligament, and those neighboring parts of the pelvic cellular tissue which communicate with it, forming there a swelling or tumor, composed of this effused and incarcerated blood, as in thrombus, or blood swelling of the sub-cutaneous cellular tissue, from any injury, or as in the so-called sanguineous apoplexy of the brain, and other organs.

As the blood extravasated from the broken utero-ovarian vessel accumulates in the surrounding cellular tissue, it separates the serous layers of the broad ligament, from each other, or raises and pushes before it more particularly one of the layers, to form as it were a covering to the blood-tumor. More

especially is the posterior peritoneal layer often apparently separated and displaced in this way, as well as the fold of the peritoneum stretching between the uterus and rectum. This is Dr. Simpson's view of the pathology of hæmatocele.

Pelvic hæmatocele is not so frequently met with as pelvic cellulitis; in the latter we always have fever of a very high grade, with a real inflammatory pulse, dry tongue, with all the symptoms of a general typhoid fever, and more indications of a general constitutional disturbance, than in pelvic hæmatocele. In the case we have described, notwithstanding the intensity of the pains, and the exhausted condition of the patient, she had seldom any fever, and her pulse usually indicated weakness rather than any inflammatory reaction.

This important diagnostic difference of the presence of decided fever of a high grade in cellulitis, and its absence in hæmatocele is particularly insisted upon by Professor Simpson, Dr. H. Bennett, and M. Aran consider the hæmorrhage in hæmatocele as intra-peritoneal.\*

"The lateral ligaments are not capable of separating under the influence of hæmorrhage, so as to comprise between their folds the enormous collections of blood, which sometimes fill the pelvis up to the level of the spinous processes of the ilium. No doubt limited hæmorrhagic fluxes may take place in this region, but the larger collections of blood are probably all intra-peritoneal, and the membranæ which limits them internally and has been taken from the peritoneal investment is as M. Aran states, merely a false membrane." Dr. Noegerath says, the causes of pelvic hæmatocele may be comprised under the following heads: 1st. Hæmorrhage of the womb, the blood passing through the Fallopian tubes. 2d. Hæmorrhage of the tubes. 3d. Hæmorrhage from the ruptured follicle of a diseased, apoplectic or inflamed ovary. 4th. Hæmorrhage from the rupture of a varicose vein of the utero-ovarian plexus. 5th. Hæmorrhage from a ruptured ovum developed outside of the uterine cavity.

In the present case hæmatocele was at first mistaken for

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\* Practical Treatise on inflammation of the Uterus. By J. H. Bennett M.D., Phil., 1864.

cellulitis, and the same error, and vice versa, has happened to Prof. Simpson, Bernutz and Nelaton; while Malgaigne and Prof. Stolz of Strassburg, have each mistaken pelvic hæmatocele for a fibrous tumor of the uterus. \*

Malgaigne actually proceeded to remove the supposed fibroid enucleation, and with this intention made the preliminary incision in the os-uteri, when the hæmatic cyst was opened, and the true nature of the case brought to light; this patient of Malgaigne died in eighteen days, as did also the patient of Prof. Stolz under precisely similar circumstances; the last-named Professor was so confident of his diagnosis, that he delivered several clinical lectures upon fibroid tumors of the uterus, of which this was supposed to be an example. In Stolz's case the post-mortem disclosed the true nature of the disease.

I have at the present time, in private practice, a case of pelvic hæmatocele, in a married negro-woman, aged forty-five years, which presents all the symptoms of a fibroid tumor of the uterus.

The diagnostic differences between pelvic hæmatocele and cellulitis are sufficiently striking and fixed, so that we may generally avoid confounding them. Dr. Simpson says, the swelling in hæmatocele is not so painful as cellulitis; be this as it may, in the case of my patient, I could not conceive that any other tumor could have been more painful. The two diseases have been probably overlooked, and their existence or exact nature mistaken and misunderstood by physicians, times without number.

Prof. White, of Buffalo, stated at a meeting of the "N. Y. Academy of Medicine," † when the subject of pelvic hæmatocele was under discussion, that the object was entirely new to him, although he had known previously of the existence of such tumors, yet he had mistaken them for other tumors. He instanced a case where he was called forty miles in the country to see a case in consultation with another physician. The patient had ceased to menstruate, and the symptoms all

\* Dr. A. H. Mc Clintock, in the "Dublin Quarterly Journal," May, 1863, p. 398.

† Bulletin of the N. Y. Academy of Medicine, Vol. 1. 1861—62. p. 554.

came on suddenly. A uterine sound was introduced, and the uterus and its cavity found to be in a normal state. A large tumor was however felt between the sound and the rectum, and so much pain occasioned by its presence, that some interference was found necessary.

Accordingly an exploring trocar was introduced, and an ounce of grumous blood escaped, the tumor was then laid freely open with a tenotomy knife. The patient made a slow recovery.

Prof. White relates another case where he was called in consultation to a woman, who after labor was taken with "bearing-down pains," when an examination disclosed a large tumor, which he supposed at first was some ovarian or other extra-uterine tumor that had been displaced. In the course of the examination, his finger broke through the wall of the vagina, and a considerable quantity of blood escaped, which made the diagnosis of the case clear enough. This patient recovered. Prof. White was inclined to favor surgical interference, in the treatment of such tumors.

It is most remarkable, that this disease has up to a recent period attracted so little attention by American and foreign physicians of our day; a case of it is however left on record by Dr. Ruysch, a Dutch physician in 1691. Other writers such as Velpeau, Voisin, Vigus, Tilt, Scanzoni, Nelaton, Braun and Mac Linmont, have described cases of it, but its pathology is still worthy of further investigation.

The patient whose case I have described ultimately recovered, but not until after the lapse of more than four months; her child died at the age of four months from marasmus, but the mother is at the present time in perfect health. I have found no case on record, of either cellulitis or hæmatocele, attended with such symptoms of distressing pains, like the "grinding pains" in labor, and then to last so long, and modified only occasionally by transient and incomplete relief; it can, however, be readily understood from the anatomical and pathological relations and changes produced by the presence of such a swelling, situated between the uterus and rectum, how contractions of the womb, as well as distress in the rectum, could be excited and kept up for a long time until the

contents of the cyst should be removed either by rupture, or after having been punctured.

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ARTICLE XXXV.—*Otitis Externa: Or Diffuse Inflammation of the Auditory Canal.* By E. M. HALE, M. D., Chicago.

ALL the various forms of diffuse inflammation of the auditory canal are classed by TROELTSCH, under the common name of *Otitis Externa*. Toynbee's nomenclature is acute and chronic inflammation of the dermis, also catarrhal inflammation.

For practical purposes the nomenclature of the former has the preference. He maintains that the integument lining the auditory canal is not a true mucous membrane, and cannot therefore take on true catarrhal inflammation.

*Causes.* It may occur from acute and chronic exanthemata, which extend from the integument of the face to that of the ear. Thus measles, scarlet-fever, and small-pox, not only attack the mucous membrane of the ear first, but also the integument. It may arise from eczema and pemphigus, a common cause consists in irritation from foreign bodies, or rough attempts at their removal. A cold, arising from exposure or change of weather may cause the disease, also the process of teething. The inflammation may be phlegmonous, erysipelatous or even rheumatic in its character.

*Symptoms.* In the acute form of external otitis the first symptoms are an itching, stiffness, fullness, with sensation of heat and dryness in the ear. The cessation of these symptoms is followed by pain, a dull heavy pain, but sometimes acute, with severe throbbing and beating, which is felt deep in the ear, almost always aggravated at night, attended with loss of sleep, great nervous irritation, feverishness, and even delirium; there is generally some diminution of the power of hearing; with ringing and other sounds in the ear. These latter symptoms are probably owing to pressure at the membrana tympani, or extension of inflammation to that membrane.

On *examination* in the early stages the epidermis with the surface of the drum, greatly injected and swollen, the injection and hyperæmia show themselves more clearly on the mem-

brana tympani and the adjoining parts; because in the outer portion of the canal, the congestion is concealed by the thicker epidermis. After the congestive stage has lasted seldom longer than two or three days, an exudation appears. So profuse is this exudation, and so quickly does the pain leave upon its appearance, that patients think an abscess has burst. Examination, however, reveals the real condition of the meatus. The discharge having been carefully removed by the syringe, the surface is seen to be of a deep red color, wholly denuded of epidermis, and secreting a fluid which Toynbee terms "mucous," but Troltsch maintains to be *pus*. The desquamation is often very proper, sometimes in flakes, having the shape of the membrana tympani, and the walls of the canal. We should be cautious in using forceps or injections in the exudation stage, as the membrana tympani may be easily broken. The discharge in acute cases is often clear and viscid, in subacute and chronic cases, milky. It is sometimes *serous*, and in such cases the amount poured out is often enormous; amounting according to some authors, to several ounces. In some instances the exudation is white, and of the consistence of pap, and may be removed in large masses.

The inflammation not unfrequently extends to the membrana tympani, and when examined, that membrane presents a surface red, like the walls of the canal in which no single vessels can be distinguished, resembling a granulating wound, or blenorrhagic conjunctiva. The more the membrana tympani is attacked with the inflammatory process, and this is often the case in acute exanthemata, and there is an acute inflammation of the cavity of the tympanum, the less shall we be able to avoid a perforation of that membrane. However, when other circumstances are favorable, this perforation is not so extremely serious, and can always be remedied by a new formation. The inflammation in otitis externa may not only easily extend to the periosteum, but owing to anatomical considerations not generally appreciated, may readily extend to the brain. The blood-vessels ramifying through the membranous meatus are directly continuous with those entering and supplying the osseous meatus; the intimate connection between the dermis of the meatus and the bone is therefore

very obvious. The relation of the osseous walls to the cavity of the cranium are deserving of attention.

In the adult it will be found that the upper wall of the meatus consists of a solid lamina of bone, varying from a line or two in thickness, which separates the cavity of the meatus from that occupied by the middle lobe of the cerebrum. In the *child*, these relations differ remarkably from those just detailed. At birth, and for the first year subsequently the only rudiment of the osseous external meatus is the superficial depression situated in the middle of the outer and lower part of the pars squamosa, immediately posterior to the root of the zygomatic process. The portion of bone forming this fossa is not more than half or three-quarters of a line thick, and the membranous meatus is attached to the outer, the dura-mater of the middle cerebral cavity to the inner surface. Its structure is far from being compact or dense, and in its substance the blood-vessels from the meatus communicate with those of the dura-mater. Hence it will be perceived how, in childhood, an otitis externa may easily extend to the brain and its membranes, if any considerable constitutional irritation coexists. It is highly probable that many such cases occur, but are not recognized by the physician because of the little heed paid to diseases of the ear.

This extension of the inflammation to the brain, may occur in the adult, as the case related by TOYNEE proves. Several fatal cases have occurred in my practice, in which the meningitis appeared to me to have originated in an inflammation of the internal ear.

In *chronic inflammation* (simple) according to Toynbee there is often no discharge, and is associated with a declining state of health, though it may occur as a purely local affection. One of the most common predisposing causes is a residence in a moist atmosphere. The exciting causes appear to be the same as those of acute inflammation. Perhaps the most common cause is the habit of picking the ear with some foreign body.

The *symptoms* are a feeling of distension, some pain, and an intense itching. Sometimes the dermis is tumefied, so that the canal is diminished to one-half or even one-fourth its natural size. In other cases it is scarcely at all swollen, but its



free surface is red, and the epidermis is thrown off in large flakes, which are apt to accumulate and block up its meatus, causing depression, or dilatation and disease of bone.

In chronic "*catarrhal*" inflammation, there is always a discharge more or less profuse. It most commonly occurs in children, but often in adults. In the former it is usually accompanied by a tendency to glandular enlargements and debility. It may arise from acute inflammation. It may affect the dermoid layer of the *membrana tympani*. The discharge has usually a very offensive odor, and its hue varies from milky white to a dark slate color, and is sometimes bloody. Toynbee says, the peculiarity of this discharge is that whatever may be its quality, color or consistence there are no masses of mucus floating in it, but it mixes freely with water, producing a general opacity.

**TREATMENT OF OTITIS EXTERNA.** The general treatment of this disease in all its forms may be divided into topical and internal. In no case should either be neglected for both are equally important.

In *acute* inflammation all authors are agreed in recommending *poultices*, although Troltsch warns us not to use poultices in all deep-seated inflammations of the ear. He says, "when I compare the results of my present practice with my former, when I commonly used poultices, I perceive a very marked difference in that now a perforation of the *membrana tympani* seldom occurs, and the following discharges show themselves much less obstinate."

The best poultices are those made of *ulmus fulva pulv.* (slippery elm) or flax-seed meal. The poultice should be placed between pieces of thin linen, and applied to the ear, until the pain is ameliorated, but not long enough to cause the undue discharge and ulceration which Troltsch fears. In the treatment of felons on the fingers, I have often observed that a too long continuance of poultices produces the most unhappy results, namely, profuse sloughing and ulceration. Next in importance is *warm water*. TOYNEBEE advises that the meatus itself be syringed with *hot* water, "the head being slightly raised." (This is using water in a decidedly homœopathic manner.) Troltsch recommends that the ear be often

filled with warm water, and asserts that such application is in most cases better than poultices. Oily substances, even glycerine, should not be used in this stage, but a few drops of Aconite, Gelsemium, Belladonna or Opium may be added to a half pint of the warm water, with decided advantage.

*Dry* heat, by means of hot cloths, tow or cotton, may relieve the pain for the present, but it is apt to return in a greater degree when their use is suspended.

In the stage of exudation, also in *chronic* cases, the ear should be carefully but thoroughly syringed with warm water several times daily, to insure a complete removal of the profuse discharge, which would otherwise cause irritation. The water thus used may be medicated with a few drops of the tincture of the remedy indicated internally, and thereby materially hasten the curative process.

*Internally*, allopathic authorities mention no remedies except "antiphlogistics" in acute, and "tonics" in chronic cases. No idea of specifically-acting medicines seems to be entertained by that school.

In homœopathic therapeutics there are many remedies which clinical experience has abundantly proved to be valuable and curative in inflammations of the ear. Those remedies will be mentioned in the following order: first according to the different kinds of otitis externa in which they are appropriate; secondly, according to their specific or symptomatic indications.

*Phlegmonous* inflammation calls for Aconite, Belladonna, Apis-mel. and Mercurius.

*Erysipelatous* (phlegmonous), Belladonna, Apis-mél., Pulsatilla, Lachesis.

*Erysipelatous* (vesicular), Rhus-tox., Rhus-vernix., Hepar-sulph., Euphorbia-off., Pulsatilla, and in chronic cases, Graphites.

*Scrofulous or Syphilitic*. Merc.-cor., Phytolacca, Stillingia, Kali-iod., Nit.-ac., &c.

*Variolous*. Tartar-emetic, Merc.-cor. and Variolin.

*Eczematous*. Rhus-tox., Croton-tig., Hepar-sulph. and Pulsatilla.

*Traumatic*. Arnica, Opium, Calendula and Aconite.

*Urticarious.* Apis-mel., Arsenicum, Rhus., Iod., and Dulcamara.

*Rheumatic.* \* Aconite, Bryonia, Cimicifuga, Rhus-rad., Rhododendron, Kalmia-lat., Pulsatilla, Phytolacca and Sulphur.

When the inflammation extends to the periosteum and bone. Mercurius, Aurum, Phytolacca, Kali-hyd. and Silicea are indicated.

If there be an extension of inflammation to the brain and its membranes, Belladonna, Bryonia, Æthusa, Hyosciamus, Stramonium and Veratrum-viride will be found useful.

#### SPECIAL INDICATIONS.

*Pulsatilla.*—This valuable remedy has been much abused by physicians who have used it in a routine manner for all forms of otitis, otalgia, and otorrhœa. It doubtless has a wide range of action, and a large control over diseases of the ear, but not sufficiently so to warrant the almost universal application which is generally claimed for it. The sphere of action of Pulsatilla is not yet fully understood, but as nearly as we can designate, it is indicated in diffuse inflammations of the dermis, of an erysipelatous, rheumatic, or eczematous character. The following symptoms call for its administration :

*Symptoms.*—Jerking, tearing pains, as if *something were endeavoring to pass through the ears*; redness, swelling, and heat of the external ear; or shooting and tearing pains, which extend to the whole of the side of the head which is affected, and which are felt to be so insupportable as to cause loss of reason, also roaring and humming in the ears, especially in persons disposed to be chilly, easily moved to tears, and chiefly in women and children. When caused by a cold, or when occurring during an influenza, or after eruptive diseases, this medicine is particularly indicated. It is to be used when *examination* will reveal a tumefied dermis, copious secretion of epidermis filling the meatus with white, viscid, or milky matter.

*Belladonna* is especially indicated in phlegmonous and

\* Rheumatic inflammation of the ear will be treated of in a separate chapter.

erysipelätous otitis of an acute character; when the disease threatens to extend to the brain and its membranes, or actual meningitis exists, also when the disease occurs during scarlatina.

*Symptoms.*—Shootings in and behind the ears; digging and boring pains, tearing and shootings, extending into the throat, with tinkling, roaring, and humming in the ears; *excessive sensibility to the least noise*; painful sensations in the head and eyes, even with photophobia; heat and redness of the face; deafness, delirium, coma vigil, febrile reaction, throbbing in temporal arteries (angina, erysipelas, and scarlatina may be concomitant conditions). This medicine is indicated when on *examination* we find a red and tumefied dermoid meatus, the blood-vessels seen through the epidermis; and when the dermoid layer of the membrana tympani appears injected. The discharge is scanty and viscid, and when removed, shows the surface of the tumefied meatus of a deep red color.

*Mercurius* is indicated in otitis having a catarrhal, syphilitic or scrofulous origin, (perhaps rheumatic) and of a phlegmonous character; also when the inflammation extends to the periosteum or bone, or becomes chronic with ulceration, &c.

*Symptoms.*—Shooting pains, deeply-seated; or tearing, extending into the cheeks and teeth, with *sensation of coldness in the ears*; *aggravation of the pains in the warmth of the bed*; profuse perspiration without relief; roaring and humming especially in the evening; extraordinary reverberation of all sounds in the ear. When this remedy is indicated, *examination* shows: inflammatory redness of the ears; the meatus is red and tumefied, and the discharge consists of diseased cerumen, or it is milky, bloody, and corrosive; the surface of the dermis is seen red, denuded of epidermis, and exuding a purulent matter, or large flakes of epidermis are seen, almost blocking up the meatus. The glands of the throat and those around the ear are apt to be swollen.

*Bryonia* is only indicated in certain forms of rheumatic otitis, which is brought on by exposure to a cold wind, or appears in damp cold weather.

*Symptoms.*—Stitches in the ear, worse when moving, aggravated by cold air, accompanied by pressing in temples, and

rheumatic pains. The ear is somewhat swollen, and the pain is increased by drawing the ear in any direction.

*Rhododendron* is also indicated in purely rheumatic otitis externa, and has the following characteristics

*Symptoms*: "Violent otalgia in right outer ear, commencing in the morning, and continuing all day. Pain in right ear as if it would be pressed asunder. Tearing sensation in right ear and all around. Periodical drawing or boring pain in and around the ears. Darting pain in left ear. Humming, ringing, and buzzing in ears."

*Aconite* should be given more for the *general* than the local symptoms in most cases. When with the local phlegmonous inflammation there is general fever, great restlessness, anxiety, &c., with excessive pain in the ear and whole head, then *Aconite* will form a valuable remedy. It is also very useful in rheumatic inflammations of the ear, or when the irritation threatens to extend to the membranes of the brain. *Veratrum-viride* will prove useful in similar conditions. In these cases, however, both remedies must be given in the lowest attenuations.

*Apis-mel.* corresponds to sudden inflammations of the ear, of an erysipelatous character; the swelling is pale and elastic at first, but becomes cedematous; is accompanied by great anxiety, and a tendency to, and sometimes actual meningitis.

*Phytolacca* is indicated when the inflammation is rheumatic or scrofulous; and when the periosteum is attacked, (for symptomatic indications, See New Proving). *Cimicifuga* is also useful in rheumatic affections of the tissues of the ear.

The indications for the remedies not given above, will be found in the materia medica. In treating *chronic inflammations* of the external ear, all the general as well as local symptoms should be taken into account. The potency of the medicine may be varied from the lowest to the highest. Topical means should not be neglected, as they aid greatly in bringing about a cure.

In *chronic catarrhal inflammation*, the following constitutional remedies are indicated: Sulphur, Hepar-sulphur, Graphites, Sepia, Kali-hyd., Hydrastis, and many of the "antipsorics."

The counter-irritation with blisters, Croton-oil, and Tartar-emetic, so much in vogue with the allopathic school, cannot be too strongly condemned. Troltsch, even, says they are sometimes worse than useless. The strong injections of Nitrate of Silver, and astringents, are also to be avoided. Under certain conditions of the ear (as the eye), local applications of Arg.-nit. is homœopathic to the inflammation. In cases where the dermis is denuded, redder than natural, tumefied, a solution of Arg.-nit., 1 to 5 grs. to ℥i. of Aqua dist., injected or applied to the surface of the meatus with a camel's hair brush, once a day, will act as a prompt curative agent. A solution of Chloride of Zinc,  $\frac{1}{2}$  or 1 gr., to ℥i. or ii. of water applied on cotton, will also be found useful. I have often used with decided effect injections of Hydrastis, ten drops to one ounce of tepid water three times a day. This remedy has a curative power over chronic inflammations of mucous membranes, with abnormal discharges, possessed by but few medicines.

When the discharge is very profuse, foetid, and corrosive, frequent and thorough injections of tepid water should be used, together with water medicated with Baptisia and Trillium (10 drops to ℥i.) or with Per-manganate, or Chlorate of Potash, 5 drops of the former or 10 grs. of the latter to ℥iv.

In *simple chronic* inflammation, nearly the same remedies, general and local, will be indicated.

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ARTICLE XXXVI.—*Gelsemium in Convulsions.* By E. G. PAINTER, M.D.

ON the 13th day of June last, I was called to Mrs. J., (who being pregnant) had been suffering from convulsions occurring at the menstrual period for the previous three months. She had been treated by old regularity during the time, but without effect, she continued to grow worse, and as a last resort, the Æsculapian sage proposed the lancet, but each time ere he could get the sanguinolent stream to flow, his patient would be off in convulsions. At this stage of affairs, they concluded to change the treatment, and I was called to take charge of the case. I found her working in clonic spasms of a very

severe character, and prescribed Belladonna 6, every fifteen minutes, until better; it relieved her in a short time, and the next day she was quite well, which was unusual, as she generally was four or five days getting over it. At her next catamenia, the convulsions again made their appearance. I again gave Bell. 6, as before, with like favorable results; this being her fifth month of pregnancy; she had no more until Nov. 28th, they again came on, when I gave her one dose of the first of Gelseminum, which almost instantly removed every vestige of the spasms. She remained well until Dec. 23d, when labor set in. After being in labor a short time, she was taken violently with convulsions; I gave the Gels. as before, one dose, and the spasms ceased and did not return. One feature of its action worthy of notice was, that it arrested labor for three hours, suspending uterine contractions entirely, showing its power over the uterine system, and when more fully investigated and understood, may be one of our most reliable agents in diseases of that character and locality. Belladonna controlled the spasms very satisfactorily; but Gelseminum removed them almost instantly and entire.

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ARTICLE XXXVII.—*Trichinasis.* By D. M. BROWN, M.D.,  
of Rochester, N.-Y.

A VERY interesting case of trichinasis came under my observation yesterday, and thinking it might possess some features of interest, I give it as I learnt it from the patient. Miss Emma Crane, aged sixty years, "an ancient virgin," thin, sharp features, with a skin the color of an Indian tanned buck-skin, formerly a school teacher. Has always been in the habit of eating her food any way she happens to find it, cold or warm meat, part warmed through, half done or more, just as it happened. Has been ailing for the last six years, has had Dr. E. M. More, the lion and Gospel, and one of the prophets of the old school, for her medical attendant, who told *her* he did not know what ailed her. To *outsiders* he said she had "liver complaint." She has tried all sorts of doctors for all sorts of diseases, until last June, when she discovered a spot on one of her legs.

"twice as large as a common fly speck." She scratched it off with her nail, and thought nothing more of it until the next day, when it had reappeared, and was larger than before. She waited until the family had gone to church (it being Sunday), and then took her "pen-knife and went to work" at herself. She picked away at the fly speck, and after an hour's labor, got out a quantity of "sacs" about the size of a large apple seed, "filled with a colorless fluid, like that of a common blister," the sac was brown. Each sac seemed to have a little tube attached to it some two inches long. The leg bled freely all day, and from that time to this, she has had several openings of various size, all of which discharge "trichinasis," the flesh swells up in a lump sometimes as large as half a hen's egg. She cuts the swellings open, there being no feeling whatever in them, each sac being surrounded by a shield as she terms it, and extracts quantities of the worms. The sacs when opened display the worms floating in the colorless liquor before mentioned. "Sometimes the worms get particularly uneasy and bite like devils," and then it seems as if I would go crazy with the pain." Her appearance is now that of a woman who suffered greatly; she is hardly able to walk, constantly spits a tough white mucons, and coughs a great deal, and complains of pain in her left lung (probably has pneumonia), and her tongue is quite black. The last person she had attending her was a Dr. Newman, who cures by laying on of his hands. She went to him and he told her that he should have to paralyze the animals, and placed his hands on her, the instant he did so the animals stopped biting her, and did not commence again for twenty-four hours, when they again set to work like so many devils. She is not now under any treatment. I procured a number of the capsules or sacs, and shall submit them to a microscopic examination. If you consider the above of sufficient interest to publish it, I hope you will do so, and that through your JOURNAL some of my professional brethren may give their experience concerning the treatment of the disease. I must confess that I don't know what to do for the trichinasis.



ARTICLE XXXVIII.—*Aconite, Phosphorus, Arsenicum and Sulphur. A Comparison.* By HENRY N. MARTIN, Buffalo, N. Y. \*

GENTLEMEN: In this lecture, I shall endeavor to individualize the remedies treated of, having in view the object of finding out, if possible, the genius of each. In order to do this understandingly, I propose to make a comparison between *Aconite*, *Phosphorus*, *Arsenicum* and *Sulphur*, giving first the characteristic person representing each of these remedies, both in a state of health and disease.

By this method, if we once get firmly impressed upon our minds the personality of a drug, we may always, with considerable certainty, recognize it, just as we recognize a familiar face, even in the distance, and before he has approached so near to us as to permit the delineation of the minutia of his features. How do we recognize him in the distance? It is by his peculiar gait, the style and color of his clothes, the carriage of his head, the swing of his arms, in fact, his *tout ensemble*. We ought to become so well acquainted with the peculiarities, the genius of a drug, or its representative in disease, that to see the sick person is to know the remedy—which is its counterpart—even before we have inquired into the minutia of the symptoms. Its impress upon the person gives the expression of the remedy, if we are only well enough acquainted with its genius to recognize it.

You will permit me to use the plainest language, because to make a picture strong there must be lights and shades. I therefore descend to the language of the most common life, at times in order to give force to the characters which I shall delineate.

The healthy person which may fairly represent *Aconite*, is a plump, full habited, not very tall, enthusiastic girl, with auburn hair, nut brown eyes, and fair skin. The sanguineous temperament.

She is open-hearted and generous, sometimes malicious,

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\* Delivered before the Hahnemann Institute of Philadelphia, November 23d, 1864. (Amer. Homeop. Observer.)

especially in the affairs of love, she delights in teasing her beau. She is active and romping in her habits, blushes easily, and is ecstatic in all her manifestations, whether in pursuit of a new hat or a new lover. She is neither haughty, indifferent, or mild in disposition. She takes a lively interest in everything which comes within her notice, is romantic, but not serious. Her mood is fitful, changing rapidly from mirthfulness to sadness, and then to mirthfulness again. Her diseases are either of an irritative, inflammatory, or congestive character. She is liable to sanguineous apoplexy, to diseases of the sensitive nerves, and congestive headaches—the pains being usually in the forehead and left side of the head. When sick she sometimes becomes whining, fretful and irritable, and sometimes sad.

A case of Aconite disease most commonly met with in practice, is as follows:—

You are called in great haste to see a patient whom you find having the following symptoms: She has oppressed, labored breathing, great and sudden weakness. She is irritable, whining and delirious; she sings, and laughs, and then weeps; her face is red, hot, and when not delirious she complains of great fullness and heaviness in the forehead, with a crampy sensation at the root of the nose. What is the cause of all this violent disturbance of the system? She tells you that while in a profuse perspiration she caught cold by sitting in a draft of air, or perhaps she got chilled by a cold north wind, which suppressed the insensible exhalations of the body. Now she attempts to sit up, and her face, which was red, turns deathly pale, and she faints away. She tosses about in bed, and she cannot lie on either side, especially on the left side. She complains that the room is too light, and becomes almost frantic at the last noise in the room. All the teeth on the left side, and the whole of the left side of face throb and ache. Her mouth is dry and the tongue is coated white. She is hoarse and croupy, and her throat is inflamed and painful when swallowing. She has fullness and pressure in the region of the liver. Her urine is scanty, bright red, and hot, *but it has no sediment in it*; she may also have drawing, tearing pain in the knees; she has great thirst, and complains

that she is burning up with heat internally, but feels chilly externally, while to others the skin is hot and dry to the touch; she complains of a sensation of heat running down from her head and chills running up from her feet; she turns about and says the pains are insupportable; the pulse is fast, full and hard; there are no pulsations of the arteries of the neck; no tearing and clawing pains in the abdomen; no sediment in the urine, and you do not find her lying quietly on her back in a comatose condition. In the case before us, if the last-named symptoms were present, Aconite would not be indicated.

The *Phosphorus* individual in a state of health is a smooth, polished gentleman, with black, glossy hair, brilliant black eyes, fine texture of skin, having a pinkish tinge or delicate, suffused blush of countenance. The capillaries are always well filled with blood, and the saying of Hahnemann, therefore, is necessarily true, that "small wounds bleed much." He has great fondness for the opposite sex, and he is a ladies' man; he is neither malicious, courageous, or mistrustful: he is fond of fine dress, and like the Aconite girl goes into ecstasies over a new hat or a new lady acquaintance; he is a constant attendant at the theatre or billiard-room, at parties and balls, and his spare moments are devoted to light literature, wine and women, and late suppers; he has a delicate constitution, moderate plumpness of form; small hands, with long, taper fingers, and oval, pinkish tinged finger nails; he is proud of his handsome hands, and therefore wears gloves to keep them soft and delicate. He has more suavity than haughtiness; likes to tell good stories, especially about the women; is buoyant in spirits, but irritable if you tease him, or tread on his favorite toes. He has no love for money except for the gratification of his desires.

You will observe that Phosphorus is the most polished and gentlemanly person in the whole *Materia Medica*. He makes the Sulphur man do errands for him, and pays him with a glass of beer, and perfectly abhors and detests the Arsenic man.

A well-marked case of phthisis pulmonalis for which Phosphorus in the remedy, has dizziness of the head, especially

upon rising from bed in the morning; his head feels light; he has occasional pain in the forehead; his eyes are more brilliant than in health—we might say, almost phosphorescent—his intellect clear, finger nails longer and more hooked than in health, but not much thickened; he has *muscæ volitantes* and fantastic illusions; his cough is hoarse and deep, and resembles a sound produced by coughing in a barrel. It is aggravated by cold air, especially from going out of a warm room into the cold air, and also from going into a warm room from the cold air. The sputa is either yellow or white—not very thick, if yellow; it is much thinner than the *Pulsatilla* expectoration, and it tastes either saltish or sweetish; he has stitching, cutting, darting pains through both lungs, but mostly through the left lung, in the mammary region; he cannot lie on his left side, because it aggravates his pain and cough. The skin remains clear, but he is much emaciated; his eyes are sunken, and the flush on the face, as the disease progresses, becomes more and more circumscribed. He becomes stoop-shouldered, and his lack of courage and true manliness in health makes him a sneak when he is sick; he eats late suppers and goes to bed at 10 o'clock, coughs until midnight, and then sleeps until morning; after getting out of bed, he hawks up large quantities of mucus; speaking or reading always aggravates his cough; he has either diarrhoea or small, hard stool, which is expelled with difficulty; brick-dust sediment in the urine; cold feet and legs, especially cold from the ankles to the knees; he has hectic fever late in the afternoon or evening, with burning of the hands and face, followed by a viscid, sticky, night sweat; his chills are mostly internal, and run down the back, while the flashes of heat run up his back. The voice of a Phosphorus person sounds soft, hoarse and deep when talking. Pulse is unusually quick and full.

We will now take a glance at the *Arsenic* man. He is the most miserly person in the *Materia Medica*. He is wonderfully different from Phosphorus, and we shall presently see why Arsenic and Phosphorus never could be friends. They have even no chemical affinities with each other.

The Arsenic man in a state of health is tall, spare and

austere. His features are wrinkled, dried and leathery, while his hair and eyes are dark, and his hair is straight and harsh; everything about him is harsh; when he walks by you in the street, he walks fast, runs against you, and wants a great deal of elbow room; he is impolite, money-making, covetous and malicious; he would rob his own brother for the sake of gain; he has no affection for the opposite sex, and if he marries he does so to obtain wealth; he is more attentive to his ledger than his wife. He is a very anxious man—he is so anxious to make money that he has no time to be a fashionable man, but studies his ledger instead of attending parties, balls, theatres, or the billiard-room; he is not a daring man, and therefore does not take great risks in his business operations, but rather seeks wealth through miserly habits, and low, underhanded cunning and meanness; he is totally wanting in moral courage, and constantly fears death; he cherishes none of the finer feelings of human nature; unlike the Aconite and Phosphorus persons, he never thinks of fine clothes, and never goes into ecstasies over a new hat or a new acquaintance; he has no love for anything except self.

He is himself repulsive, and his diseases are of the repulsive kind, such as ulcers, cancers, &c. He loves a hot stove and warmth generally, and his diseases are of a burning and acrid character.

A case of phthisis pulmonalis, for which Arsenic is the remedy, may be found in the following symptoms:

There is no dizziness of the head, as in Phosphorus, but occasional pain in the forehead. Finger nails are harsh, thick, rough, dark colored and hooked; he has no muscæ volitantes, no fantastic illusions, or spots before the eyes; he sees nothing but plain matters of fact; he is much emaciated, eyes sunken, skin harsh and dry like a tanned hog's skin, and there is no circumscribed redness of the cheeks, as there is in Phosphorus; he feels mean, and is mean; he has great fear of death; he coughs day and night, but does not expectorate except during the day; his cough is worse at night, especially after midnight. The sputa is acrid, sometimes bloody, filthy, gray, milky or yellow, and it tastes bitter, putrid and offensive, but more especially salty; it also smells offensive; his voice is harsh and

**Worse:** The most common pain is a dull, heavy, burning pain under the right shoulder blade; his expectoration commences after breakfast and he expectorates worse after every meal through the day; he has oppressed shortness of breath, especially when going up-stairs, or when lying down, and after midnight; his cough is asthmatic; he has dry, burning skin of the hands and feet; he does not sleep well nights, for he has anxious tossing about and dreams of dead persons; sleeping or waking he fears death; he cannot sleep after midnight; he has chilliness in the afternoon, followed by dry evening heat and, later, sweat; his pulse is small, fast and tremulous; he cannot lie on his right side, and is relieved by lying on his left side, just the reverse of Phosphorus; he has to lie with his head high; all his symptoms are aggravated by cold air, cold weather, cold food or cold applications; he has great thirst; but has to drink sparingly; he does not like to be alone, for fear of death. There is scanty, burning, almost suppressed urine, and brown offensive diarrhœa.

Phosphorus has stitches—Arsenic has not.

Phosphorus is worse before midnight; Arsenic is worse after midnight; Arsenic has fetid stool; Phosphorus has not; Arsenic has swollen tongue; Phosphorus has not.

The Sulphur individual differs from either of the others. He is a stoop-shouldered person, and has a shuffling gait. He never looks you in the face, but looks as though he had just committed some act of which he was ashamed. He has no self-respect, is too lazy to work, is fond of beer and whisky and has great aversion to wine. His hair is uncombed, his eyes are red, his nose is habitually red and swollen and he looks as though he had kept the "wee sma' hours" in a grog-shop. His clothes are ragged and out of fashion. His face and hands are dirty, and he continually scratches his head. He sits around a lager-beer saloon until the lights are turned off, waiting for some one to treat him. He goes to bed late at night and would not get up at all in the morning but for his thirst for a glass of beer. He dislikes to wash himself. He is irritable and peevish in the morning and has no appetite for his breakfast. He is sleepy and stupid all day and dull of comprehension. At night, he lies on his back and has the

nightmare. He has no desire for sexual intercourse, his penis is always cold, his genitals are nasty and stink. He never changes his shirt, but wears it out on his back.

As a sick man, his face is swollen, freckled and covered with pimples. He has pimples on his forehead. He has a patch of tetter across his nose and an eruption behind his ears. His eyes are red, inflamed and full of matter, and his nose is dry. The edges of the eyelids are swollen red and itch. He has hardness of hearing, and a purulent discharge escapes from his ears. His breath is fetid, and he has no appetite. He has the itch, and his hands are dry and cracked and dirty; they are also cold and trembling. He feels worse in the open air, and has intolerable itching after getting warm in bed. He is continually chilly. Has loss of sexual power and an offensive perspiration of the genitals. He has phimosis with fetid pus dropping from it. His feet are cold and sweaty. He has rolling and rumbling in the bowels, loud eructations, sour vomiting and continual nausea at the stomach. He has itching, moist hæmorrhoids, involuntary, painless, stinking mucous diarrhœa, or else painful and green or bloody stools. His urine is passed involuntarily, or with much difficulty, and in drops. He has organic disease of the heart, burning, sprained pains in the knee-joints, a stiff neck and pain in the occiput. He has a morning cough with bloody expectoration which tastes like the discharge in a chronic catarrh. He has itching at the anus with ascarides, is full of fantastic illusions and sees a halo around a light.

Gentlemen—I have endeavored to draw a truthful picture of four individuals, who are so different from each other that no one ought ever to mistake one for the other. Neither of the last three would ever move in the same social circle with the other. The Arsenic business man and the Phosphorus gentleman of leisure having no traits in common, while the Sulphur loafer would always be ready and willing to beg at the hands of, or do the dirty work of either.

Aconite acts most prominently upon the left side of the body, with the exceptions of the right sexual organs and the right side of the nose.

Phosphorus acts most prominently upon the left side of the

head, the right side of the face, the left side of the mouth and fauces, upon the right side of the abdomen, upon the left lung, the right upper and lower extremities, and upon the left inguinal rings.

Arsenic acts most prominently upon the left side of the head, the right side of the face, mouth and fauces, left hypochondrium, the right side of the abdomen, the right inguinal rings, the right lung, and the right upper and lower extremities.

Sulphur acts most prominently upon the left side of the head and face, the left side of the mouth, teeth and fauces, the left hypochondrium, the left side of the abdomen, the left inguinal rings, the right sexual organs, the left side of the neck and nape of the neck, the left lung, the left side of the back, and the left upper and lower extremities.

Aconite has sanguineous apoplexy.

Phosphorus has nervous apoplexy.

Arsenic and Sulphur are not liable to either.

The aggravations of Aconite are in the night, especially about midnight; of Arsenic, after midnight; of Phosphorus, before midnight, and Sulphur, through the night.

Aconite has ecstatic delirium; Arsenic has mumbling delirium; he thinks is going to be hung. Phosphorus has not much delirium, what there is, is of a fanciful kind and he imagines he is a fine gentleman. Sulphur delirium imagines that old dirty rags are beautiful clothes.

A good ideal representative of Phosphorus may be found in the person and character of Aaron Burr, that of Arsenic in Jefferson Davis, and that of Sulphur in any broken-down, dilapidated politician.

ARTICLE XXXIX—*Notes on the Etiology of Cancer.* By  
CHAS. H. BLACKLEY, M.R.C.S., Eng.

(From the Homeopathic Observer, Manchester.)

WRITERS on cancer, for the most part, agree in attributing its development to any of those causes which have a tendency to lower the vital powers generally, and especially those causes



which bring about a derangement of the nutritive functions; but so far as I am aware no writer has drawn the attention of the profession to the frequent occurrence of cancer after losses of money, or of property. The subject has forced itself upon my attention by the occurrence of several cases in succession, in which the disease had been preceded by pecuniary losses. The cases I have given in the following pages have been selected from others of a similar character, not on account of having any special interest as regards the disease itself, but as illustrating the point to which I wish particularly to draw the attention of my professional brethren, and as serving to show the connection between the disease and what is in all probability one of the most important though remote causes. In order to arrive at anything like satisfactory results, a large amount of evidence would have to be carefully collected and sifted. This evidence I am satisfied is plentifully scattered about, but can be gathered only by a number determining to devote their attention to the subject.

CASE I.—A gentleman who had been engaged in manufacturing during the greater part of his lifetime had been very successful in his business, and had accumulated a large fortune by it. By sudden and unexpected reverses, however, he had lost nearly all he possessed in the course of a very few months. His health remained moderately good for a year and a half after his losses occurred, but after this time he became subject to occasional attacks of dyspepsia, which were very severe at times. These improved in the course of a year, but were succeeded by the appearance of a small epithelial cancer on the lower lip. At first the abnormal growth was so small as not to attract the attention of the patient, and its increase was so slow that for a time it did not induce him to seek any medical advice on account of it. He did eventually seek professional advice, and was then told what the nature of the growth was, and was advised to wait for some time before any operation was decided upon. As his general health improved, the tumor became more stationary in its character, and having been advised to apply Nitrate of Silver to it every few weeks, he had done so, with the effect of further retarding its growth. The tumor enlarged very little up to the period of his death, which

occurred some years afterwards, in consequence of an attack of inflammation of the bowels.

CASE II.—The wife of the gentleman named above had scirrhus of the breast, which began to show itself in somewhat less than a year after her husband's misfortunes. The disease ran rather a rapid course, terminating fatally in less than two years from the commencement. In the case of the husband there had been very robust and vigorous health for his whole life up to the period named. He had never been under medical or surgical treatment but once, and that was for an accident he met with when a young man. In the case of the lady, the constitution was not so well qualified to resist the depressing and disturbing influences of anxiety arising from misfortune; consequently the disease, in her case, showed itself earlier, and ran on rapidly to a fatal termination.

CASE III.—A gentleman, seventy years of age, who had been engaged in farming and commercial pursuits, after having realized a moderate competency, had given up his business and farin, and had settled down with the intention of spending his days in retirement. He was induced after a time to embark some considerable portion of his capital in a speculation which proved an utter failure, and ended in the loss of all he had embarked in it. His health was very much affected at the time, and he never entirely recovered; the disturbance manifesting itself principally in derangement of the stomach and liver. In about twelve months after the failure referred to above, a warty cancer appeared on the left ear, and slowly spread itself until it occupied fully one-half of the cartilaginous portion of the ear. It was at times affected very severely by the peculiar sharp lancinating pains which affect cancerous growths. In this case the cancerous cachexia was beginning to manifest itself in a very decided manner, and would no doubt have gone on increasing in intensity, had not the existence of the patient been terminated by an attack of typhoid fever which came on suddenly, and apparently without the patient having been brought under the influence of any fever miasm, so far as could be ascertained. The attack of fever terminated fatally in about seven days.

CASE IV.—Mrs. B, aged fifty-nine, consulted me in 1859,

on account of pains she had in the region of the uterus, accompanied by occasional attacks of menorrhagia. On examination, per vaginam, I discovered a moderate sized scirrhus tumor, which occupied a portion of the neck and about two-thirds of the os-uteri. Some months after she had placed herself under my care, at the request of some friends with whom she was visiting in the country, she consulted another medical gentleman who had devoted a good deal of attention to diseases of females. This gentleman fully confirmed my diagnosis, and informed the friends that a palliative treatment was all that could be adopted in the case. The disease progressed rapidly, and spread to the lower portion of the small and large intestine, and terminated fatally in a year and nine months from the time I first saw the patient.

During the time she was under my care, I had the opportunity of learning something of her history. She had descended from a respectable family, and had had a very superior education. She had inherited a small fortune from her father, and had married at the age of twenty-nine. Her fortune was invested in business by her husband, and was soon lost. The husband's health failed very shortly after, and the wife had to support both by teaching, which she succeeded in doing very comfortably for a number of years. The husband died after a protracted illness of many years' duration, and having no relatives in this part of the country, his wife felt his loss very severely. Age began to creep on, and with this her capacity for teaching began to fail, and as a consequence, her pecuniary resources began to be limited; but up to this time the loss of her fortune in early life had never affected her very much. So long as her ability to maintain herself and her husband had procured all that was necessary to keep them in a moderately comfortable position, her mind had not reverted to the loss of her own fortune, but now that her circumstances began to be straitened, the loss was the one thing constantly tending to be uppermost in her mind, whenever she was not actively engaged.

She was naturally of a timid and retiring disposition, and although she generally enjoyed moderate health, was anything but robust, and was perhaps on this account one in whom the

cancerous diathesis would be very likely to exhibit itself under circumstances favorable to its development.

CASE V.—A. G., aged sixty. Had descended from a respectable family; had been very strong and robust. Had married early in life, and had the misfortune to get a very dissipated husband. A small fortune of which she was possessed at the time of her marriage, was in a few years wasted by her husband, who in a little while after left her, and was not heard of again for two or three years. Her friends established her in business, and being a woman of extraordinary energy and good business capacity, she soon began to realize money. Her husband returned, and was again installed as head of the house, but in a year or two had run through all she had accumulated while he had been away, and again absented himself. This sort of thing went on for a long series of years, until the husband met with his death during one of his courses of dissipation.

About the age of fifty she began to complain of pains in the uterus, with attacks of menorrhagia, which were at first attributed to the return of the catamenia. The symptoms gradually increased in severity. The pains became so intense that anodynes had to be used very freely in order to procure the patient a little rest. Hæmorrhage came on several times, and went on to such an extent that it seemed impossible for the patient to survive. After repeated attacks she ultimately died.

CASE VI.—W. A., aged fifty-nine. In most respects this case resembles the one last given, with this exception, that the pecuniary losses occurred later in life, and the course of dissipation pursued by the husband was for the most part induced by the loss of his money in business. The patient began to suffer from pains in the uterus about four years before her death. These gradually increased, and ultimately the case ended fatally; the patient sinking from the effects of the cancerous cachexia, and the drain upon the system from the discharge constantly going on from the cancerous growth in the uterus.

In both the above cases the true nature of the disease was revealed by an examination by means of the speculum.

ARTICLE XL.—*Hydrastis-canadensis in Sores and Ulcers.*

By DR. HASTINGS, Surgeon, &amp;c.

[From the *Monthly Hom. Review.*]

IN the May number of the *Homœopathic Review*, I promised to send you a report of the case to which reference was therein made, in the notice of the Cheltenham Homœopathic Dispensary, and now gladly fulfill my promise.

The patient, William Parks, aged 32, was admitted on the books of the Dispensary December, ultimo. He is a mason's laborer, and in September, 1861, nearly three years before being admitted into our Dispensary, fell off a scaffold, and injured his right arm very much.

In the November following he became an out-patient at the Allopathic Dispensary, but derived no benefit. He was then advised to go into the Hospital, which he did, and remained there for some time, the disease, however, continuing to progress, so much so, that the surgeons advised him to have his arm amputated, to which he objected, and consequently left the Hospital.

When first seen at our Dispensary his arm presented a fearful appearance. From the tips of his fingers to the elbow it was much swollen, and was one mass of sores, discharging a fœtid pus; and even from the elbow to the shoulder it was much enlarged, and had a few sores there too. The glands in the axilla were tender and swollen, and his general health was in a sad state. He was much reduced in flesh, and exceedingly weak and nervous, owing to the constant and severe pain to which he had been so long subjected, and the consequent want of sleep. He was not at all able to move his arm, and all motion at the elbow had ceased for some time; and as it was much enlarged about the elbow, and full of sores, I much feared that the joint would be stiff, if not ankylosed.

We at once prescribed the internal and external use of *Hydrastis-canadensis*, in a mixture composed of tinct. Hydr.-can. c. dr. ii. to aq. oz. xii., a table-spoonful to be taken three times a day, and a lotion composed of tinct. *Hydr.-can.* dr. ii. to aq. oz. xii., to be kept constantly to the arm, by having cloths wrung out of the lotion.

When he next presented himself at the Dispensary, i. e., in three days' time, the arm had a more healthy look, the sores disposed to heal, and his nights had been tolerably good, having had better rest than he had had for the last two years.

As this patient was under treatment for about four months, I will not occupy space in minutely narrating the different steps in the treatment, nor the changing phases through which the disease passed during that time; suffice it to say, that his arm became quite well, the motion of the elbow-joint restored, and, I believe, he has been for the last two months (now 5th July) following his usual occupation, feeling no inconvenience whatever from his arm.

Another case in which *Hydrastis* worked wonders, is as follows:

J. R., Esq., dentist, hurt the thumb of his right hand, causing it to bleed; and he believes that in his occupation he must have poisoned the wound, as intense pain soon followed the infliction of the wound, attended by much swelling, extending all up the arm into the axilla, the glands of which were much swollen.

He consulted one of our leading Allopathic surgeons, and, of course, had blue pill, &c., administered, poultices, &c., applied, but of no avail. In a day or two from his first consulting the surgeon, the thumb was laid open by a lancet. After this the pain became more intense than ever; all rest, night or day, was now at an end, irrespective of strong doses of morphia; and it was now the intention of the surgeon to have a consultation on the following day, administer chloroform, and have the thumb again opened, and if that did not suffice, to amputate the thumb!

But the patient and his friend now became alarmed, and determined to consult me, which they did. The arm was now very much swollen, and so painful that he could not bear to have it even touched, and the thumb measured in circumference four and one-half inches, having a livid, irritable mass of proud flesh, projecting from where the thumb had been cut; sometimes bleeding much—caustic applied frequently. The pulse was small, weak; and 160; tongue white at edges, and brown in the centre, &c., &c.

He had been ordered to take mutton chops, beef tea, porter, port wine, &c., which he did most reluctantly, as he had to take them entirely against his feeling, having neither appetite nor relish for them, but thought he must take them, as they were ordered.

These I *absolutely forbade*, and told him to take nothing but iced water and gruel; and never shall I forget his and his friend's looks of astonishment when they heard this, and their exclamation was, "But, Doctor, he'll sink." Said I, "*with them* to a certainty, but not *without them*, with proper treatment."

I ordered to be applied to the hand, arm and shoulder finely pounded ice, and to be renewed repeatedly. *Aconite* om. two horas.

Next day rather better; had some little sleep during the night; pain diminished.

Same diet; ice applications to be continued, with *Hydrast.* lotion, and *Hydrast.* mixt. internally.

From this date there was a constant improvement: pain subsided, swelling decreased, sleep and appetite returned, and in a month from his first consulting me, his thumb was quite well.

Another case. The Right Rev. Lord Bishop of —, consulted me, on the 13th May ultimo, about an ulcer on his heel, over the *tendo Achillis*. His lordship stated that he hurt his foot about six weeks ago, and since then had consulted medical men on the continent, and had just been under two homœopaths in London, but had derived no benefit whatever from their treatment. The homœopaths in London had frequently applied caustic to the ulcer, but it only aggravated it.

The patient's age is 61 years; subject to calculi, and of a gouty constitution; fond of good living.

When I saw his foot it was much swollen and inflamed all around the heel and instep, and over the *tendo Achillis*, and extending on either side there was an irritable ulcer, with jagged and raised margins. The ulcer and foot were so painful that his lordship's rest was much interrupted.

He was, as the former patient, ordered "to live well and generously," and he was, like a good bishop, *obeying orders*.

This I to a great extent forbade, and after carefully regulating his diet and regimen, I ordered the *caustic* dressing to be removed, and a lotion of *Sanguinaria* to be applied, and instead of *Silicea* and *Lycopod.*, which he was ordered to take *regularly in alternation*—shade of Hahnemann!—I substituted *Merc.-sol.* 12, maneque nocte.

In three days after this, I saw him. No apparent change in the foot or ulcer, though less pain and more sleep. Now ordered *Hydrastis* lotion, and *Hydrastis* internally, and in a few days there was a decided improvement in every respect; and under this treatment, varying the strength of the medicine at times, and occasionally omitting the medicine for a day or two, the patient continued to progress rapidly, so much so that he wrote to me on the first instant, as follows, about six weeks from the time I first saw him :

“MY DEAR SIR—I am sure that you will be gratified to learn the success of your treatment of my troublesome heel.

“It is quite skinned over, at last; though it still seems to be somewhat tender.”

*Remarks.*—I think the above three cases justify me in laying the treatment before my professional brethren, in order to induce them to give *Hydrastis*, in such cases as the above, a trial if they have not yet done so. I wonder if Dr. Scriven tried *Hydrastis* in the case of the late Archbishop Whately.

ARTICLE XLII.—*Cactus Grandiflorus: Its Pathogenesis on the Healthy Human Being and Confirmed on the Sick.* By Dr. ROCCO RUBINI, Medical Director of the Homœopathic Hospital of S. Maria della Cesarea, near Naples.

(From the British Journal of Homœopathy.)

THIS cactus is of great importance on account of its beauty, its great size, and the sweet perfume of its flowers. The flower appears to be inimical to light, so that it opens as the evening advances and in the course of the night withers, closes, and dies before dawn of day. In having hid it from the sun and from the sight of man, nature seems to have indicated some peculiar qualities. In having acted, just as man himself does



when he hides precious objects for fear of losing them, she seems as though she would say, that this plant was a precious treasure for man himself. Still no one in ancient or modern times, as far as I know, has ever thought of interrogating her, and pressing her as it were to reveal her secrets. This was reserved for homœopathy. She can boast of having succeeded in displaying the *wonderful antiphlogistic virtues*, and proposing to science another means of rapidly curing inflammatory diseases, without blood-letting. If my colleagues and brothers in *Æsculapius*, for whom I entertain the highest esteem, will give it a fair trial, they will certainly save those blood-lettings which have hitherto been deemed of such ordinary necessity, and they will not debilitate the systems of their unfortunate patients. In which case I shall esteem myself fortunate if I have contributed to the preservation of those vital forces which are so necessary to sick humanity for the organic reaction requisite to overcome disease. If my colleagues will make use of it, in order to obtain its full effects, they should take care that its action should not be interfered with, or indeed destroyed, by any other medicine. The preparation of this sovereign remedy is so simple, as I shall presently show, that any druggist, and indeed any person may prepare it himself, and have it ready for use and at the service of the doctor.

The characteristic features of this Cactus consists in this, that while it develops its action *especially in the heart and its blood-vessels, dissipating their congestions, and removing their irritations*, it does not weaken the nervous system like Aconite. Hence it is preferable to the latter in all cases of inflammation, especially in patients of lymphatic and nervous temperaments.

The small pathogenesis which I subjoin, is but a tithe of what this medicine can produce in the healthy subject. My wife and I, when we first saw that it acted so fearfully on the heart and circulating system as to produce weeping and fright (Sym. 67, 74), had not courage to push our experiments further and thereby endanger our lives. I trust that others, endowed with more courage and less timidity than we, may be able to complete and to correct the pathogenesis where I may have erroneously described the symptoms. Every one is aware that repeated proofs are necessary, first on the healthy subject,

afterwards on the sick, in order to acquire full conviction and certainty respecting the constant mode of action of any medicine.

This cactus has cylindrical stems, furnished with five or six branches that are not very prominent, and beset with small spines arranged in a ray-like manner. Usually the flowers appear one by one, they are white, of considerable size, and of a very sweet odor of benzoic-acid and vanilla. These flowers open in the morning and shut up at the rising of the sun, and do not re-open. The fruit is of an oval shape, covered with scaly tubercles, fleshy, of an orange or fire red color, full of very small seeds, and of a slightly acid taste. In Naples it flowers in July, and though originally from Jamaica and the coasts of Mexico, it thrives well in the open air, in the mild climate of this enchanting country.

To prepare the tincture of Cactus, in the manner required by homœopathy for all fresh vegetable substances, the youngest and tenderest branches and the flowers should be gathered in July; they should be cut into very small pieces and put to macerate in rectified spirits of wine, so that there shall be one part of the plant to ten parts of alcohol. It should be allowed to stand in maceration for a month, occasionally shaking the bottle, which should be well closed, the tincture when decanted is ready for use.

It acts efficaciously in the dose of mother tincture ( $\phi$ ), but it also acts well in doses of the 6th, 30th, and 100th dilution. I have not given higher than this in my practice; but I believe that in still higher dilutions it will not fail to prove itself an active and energetic remedy. The herpetic eruption which it caused in the last days of its action (Sym. 173 to 176) in a healthy man who never was affected with a similar rash, makes me think that it is a most powerful antipsoric medicine. Its action lasts fifty days and longer. *Antidotes*—Aconite, Camphor, China.

CLINICAL OBSERVATIONS.—It is a specific remedy for diseases of the heart, in which it acts quickly. In such diseases therefore it must be regarded as a sovereign remedy, to which none other is comparable. In organic diseases of the heart the dose of from one to ten drops of the mother tincture mixed

with a little water and taken at intervals during the day, rapidly relieves the most severe sufferings, even if it does not cure them permanently. In the severe acute affections of this organ the same dose cures them quickly without the aid of any other remedy. In nervous diseases of the heart, globules of the 6th, 30th, and 100th dilutions are specially efficacious. It may be used with reliance in the following diseases:

Sanguineous congestions in plethoric individuals; the injurious consequences of catching cold from suppressed perspiration or from a draught of air; various kinds of inflammation; rheumatic inflammation with swelling of the parts and pain; catarrhal fever; simple rheumatic fevers; inflammatory fevers; gastric fevers; cerebral congestions; headache from sanguineous congestion, or rheumatic pulsating aching pain in the head; tensive pain in the vertex; sanguineous apoplexy; profuse epistaxis; dry or fluent coryza; acute rheumatic ophthalmia; rheumatic otitis; rheumatism of the heart; rheumatism of the chest; stenocardia; hypertrophy of the heart; aneurism of the heart and of the large arteries; acute and chronic carditis; organic and nervous palpitation of the heart; hepatization of the lungs; sanguineous congestions of the chest; bronchitis; pleuritis; peripneumonia; hæmoptysis; pneumorrhagia; congestive asthma; chronic oppression of the breathing; catarrhal cough; pulmonary tuberculosis in the first stage; nausea; anorexia; hæmatemesis; hepatitis; hæmorrhoidal constipation; fluent hæmorrhoids; painful menstruations; hæmaturia; strangury; paralysis of the bladder; dry scaly herpes on the ankles and elbows.

**PATHOGENESIS AND THERAPEUTIC EMPLOYMENT.**—Vertigo from sanguineous congestion to the head (after ten days).

Discoloration of the face and emaciation (the first six days).

Face inflamed and red, with pulsating pains in the head (the twelfth day).

Great heat in the head and inflamed face, as if he had stood before a strong fire, which causes madness and horrible suffocation (the first day).

Feeling of emptiness in the head (second day).

Very great and intolerable pain in the head, from congestion to the head (fourth day).

Heavy pain in the head as if a great weight lay on the vertex.

Pain in the head with general prostration and weariness.

Excessive pain in the head which causes such a sense of suffocation he cannot rest in bed (first day).

10. Pulsating pain with feeling of weight in the right side of the head, lasting day and night, so severe as to make him cry out (after four days).

Most severe pain in the right side of the head, which increases to such a degree as to lift the head from the pillow, for many successive days (after three days).

Violent pain in the right half of the head, increased by the sound of talking, and by strong light (in the first five days).

Tensive pain in the vertex which returns every two days (in the first twenty days).

Heavy pain like a weight on the vertex, diminished by pressure.

Sensation of weight on the vertex, with dull pain, increased by the sound of talking or any other noise.

Heavy pain in the forehead lasting day and night for two successive days.

Heavy pain in the forehead increased by strong light and by the sound of loud voices or noises.

Pulsating pain in the temples, getting intolerable at night (second day).

Sensation of great weight in the right temple and right eyebrow, diminished by pressure.

20. Constant and tiresome pulsation in the temples and ears, which gives much annoyance and causes hypochondriasis (the first eight days).

Such violent pulsation in the temples, it seems as though the skull would burst (first day).

Pain and drawing in the occiput, increased by moving the head.

Painful drawing in the aponeurotic covering of the occiput, relieved by bending the head backwards.

Momentary dazzling of the sight (first day).

Dazzling of vision; then appear before the eyes circles of red light which obscure the sight (sixth day).

Dimness of sight, at a few paces distance he cannot recognize his friends.

At a short distance he cannot recognize any one, not even friends.

Weakness of sight for many successive days, objects appear as if clouded (the first four days).

Weakness of vision periodically recurring, objects appear to be obscured.

30. Rheumatic ophthalmia, produced by cold air, which soon goes off.

Troublesome dry coryza; at night he must breathe with his mouth open.

Fluent and very acrid coryza which irritates the nostrils.

Profuse epistaxis, which soon goes off.

Pulsation in the ears, constant day and night (the first six days).

Noise in the ears like the rushing of a river lasting all night (first day).

Hearing diminished by noises in the ears; one must talk in a loud voice to make him hear (first day).

Very painful otitis, from checked perspiration, which gets well in four days.

Sleeplessness at night, without apparent cause (first night).

Sleeplessness at night from arterial pulsation in the scrobiculus and in the right ear (second night).

40. Sleeplessness for forty-eight hours with pulsation in both ears (third day).

He cannot sleep in the early part of the night, and when he then falls asleep he awakens suddenly (the first eight days).

Interrupted sleep at night; the next morning he feels weary as if he had not slept at all (twentieth day).

Talking nonsense while asleep at night, on awaking he talks unconnectedly (tenth day).

Slight delirium at night; on rousing up the delirium ceases a while, but recommences as soon as he falls asleep again (seventh day).

Hypochondriasis and insuperable sadness (the first six days).

Unusual melancholy for which he cannot account (the first four days).

Profound hypochondriasis, is unwilling to speak a word (fourth day).

Continual taciturnity, he will not answer though repeatedly spoken to (third day).

Sadness, taciturnity, and irresistible inclination to weep (the first 6 days).

50. Fear of death extreme and lasting; he believes his disease to be incurable (7th day).

Love of solitude, he always avoids those about him who try to comfort him (9th day).

Extraordinary irritability, the smallest contrariety puts him in a passion (15th day).

Feeling of constriction of the throat which prevents free speech, and on forcing himself to speak, the voice is low and hoarse (10th day).

Constriction in the upper part of the chest which hinders respiration (the first 15 days).

Sensation of great constriction in the middle of the sternum, as if a hoop of iron constricted the part; this feeling produces oppression of the respiration, aggravated by motion (the first 18 days).

Sensation of constriction of the chest as if bound (4th day).

Sensation of painful constriction in the lower part of the chest, as if a cord were tightly tied round the false ribs, with obstruction of the breathing (6th day).

Sensation in the chest as if some one were pressing and holding it tightly, under the delusion that this was the case he cried out, "Leave me alone" (3d day).

Sensation of great constriction in the shoulders so that he could not move (5th day).

60. Sharp wandering pains in the thoracic cavity, very annoying, especially in the scapular region (the first 15 days).

Painful drawings in the muscles of the left side of the chest, which extend to the shoulder-joint and impede respiration and the free motion of the arm.

Pain in the left breast which is increased by touching, and relieved by gently raising it (the first 12 days).

Sensation of very annoying movement from before back-

wards in the cardiac region, as if a reptile was moving about in the interior, worse by day than by night (the first 10 days).

Sensation of constriction in the heart, as if an iron hand prevented its ordinary movements (the first 10 days).

Heavy dull pains in the region of the heart increased on pressure (2d day).

Acute pain in the heart, impeding respiration and motion of the body (4th day).

Most acute pain, and such painful stitches in the heart as to cause him to weep and cry out loudly, with obstruction of the respiration (the first 8 days).

Oppression in the left subclavian region, as if a great weight prevented the free dilatation of the thorax (4th day).

Prolonged oppression of the respiration with great anxiety (the first 8 days).

70. Oppression of the chest with loss of breath (the first 4 days).

Oppression of the breathing, as if a great weight on the chest (3d day).

Chronic oppression of the breathing increased in the open air, and soon goes off again.

Difficulty of breathing, constant oppression and anxiety, as if the chest were constricted with an iron hoop, and could not dilate itself for normal respiration (the first 8 days).

Periodical attacks of suffocation with faintness, cold sweat on the face and loss of pulse (the first 8 days).

Anxiety recurring in the evening (the first 15 days).

Congestive asthma, quickly going off.

Palpitation of the heart, constant day and night, worse when walking and at night when lying on the left side (the first 6 days).

Nervous palpitation of the heart much augmented on the occurrence of the catamenia.

Nervous palpitation of the heart produced by mental exertion is immediately calmed.

80. Nervous palpitation of the heart existing for several years, in consequence of an unfortunate love affair, is rapidly relieved.

Chronic palpitation of the heart in a youth of 12, which for

years had resisted all the appliances of art, was almost completely cured.

Acute carditis, with slight cyanosis of the face, oppression of the breathing, dry cough, sharp pain at the heart, impossibility of lying on the left side, pulse throbbing, quick, tense and hard, these symptoms were removed in 4 days.

Chronic carditis, with œdematous and cyanotic face, suffocating respiration, constant dull pain at the heart, hydropericardium, hydrothorax, ascites, œdema of the hands, the legs and the feet, impossibility of lying in bed, of speaking or even of drinking, hands and feet cold, pulse intermitting, cured in 15 days.

Rheumatic carditis, with dry convulsive cough, which is cured in 4 days.

Hypertrophy of the heart that had lasted three years; the patient is pulseless, extremely prostrated, short-breathed, cannot lie down, cannot speak, has had no sleep for fifteen days, weak, dull, feet œdematous; he soon gets relief, lies down and sleeps quietly 12 hours.

Sanguineous congestion in the chest, which prevents him lying down in bed (3d day).

Bronchitis rapidly cured.

Chronic bronchitis with mucous rattle, which, getting acute in consequence of a chill, causes great anxiety and suffocation; it is rapidly relieved and the acute stage soon passes off.

Chronic bronchitis of many years duration, with mucous rattle, lasting day and night, with short breath on going up stairs, and impossibility of lying horizontally in bed, which is rapidly cured.

90. Many pleurisies which are all cured in from 2 to 4 days.

Hepaticization of the lungs which is resolved in a few days.

Most severe peripneumonia, with great oppression of the respiration, acute stitching pain, intense cough, sanguinolent sputa, hard thrilling pulse of 120, which is cured in four days.

Hæmoptysis which soon ceases.

Frightful pneumorrhagia, which is arrested and stops entirely in a few hours.

Pneumorrhagia, which occurs every four, six, seven or eight



hours, accompanied with convulsive cough, and causing the loss of two or three pounds of blood, is soon diminished and ceases entirely in four days.

Obstinate stertorous cough, worst at night.

Catarrhal cough with much viscid expectoration.

Convulsive cough with copious mucous expectoration.

Cough with thick expectoration like boiled starch and very yellow.

100. Dry cough from pricking in the throat (the first 15 days).

Dry cough from itching in the larynx (1st night).

Constriction in the œsophagus which prevents swallowing: he must drink a large quantity of water to get it down into the stomach (6th day).

Constriction in the throat, which causes him to swallow his saliva frequently (8th day).

Fetid breath in the morning (3d day).

Nausea in the morning, and all day long (7th day).

Acrid acid in the stomach, which comes up into the throat and mouth and makes everything taste acid that he eats (4th day).

Sensation of great burning in the stomach (first 5 days).

Great thirst which causes him to drink much water (first day).

Sensation of great constriction in the scrobiculus, which extending to the hypochondria, constricts them and impedes respiration (4th day).

110. Strong pulsation in the scrobiculus (first 8 days).

Constant and annoying pulsation in the stomach.

Very troublesome pulsation of the cœliac artery after dinner, which lasts three hours, and corresponds with the pulsation of the right temporal artery.

Heavy feeling in the stomach.

Sensation of a great weight on the stomach which lasts many days (first 8 days).

Sensation of weight in the stomach which soon goes off, but recurs every time the medicine is taken (the first 15 days).

Oppression and weight in the stomach (4th day).

Want of appetite and loss of the taste of food, which goes off after some hours (2d day).

Complete loss of appetite, he cannot take the least morsel of food (8d day).

Loss of appetite and nausea for many days, it is only by an effort that he can swallow a few mouthfulls (the first fourteen days).

120. Great appetite, but weak and slow digestion (twentieth day).

Very slow digestion, after even eight or ten hours the taste of the food rises in the throat.

Bad digestion, all food causes weight in the stomach, and so much suffering that he prefers to remain without eating.

Copious vomiting of blood.

Very severe gastro-enteritis, cured in five days.

Severe hepatitis, cured in two days.

Chronic hepatitis and hepatic engorgement, speedily cured.

Borborygmus in the bowels preceding the alvine evacuation.

Distressing sensation in the bowels which annoys him much, as if a serpent were twisting about inside of him (fourth day).

Very violent pains in the bowels almost causing him to faint, which lasts more or less all day (seventh day).

Wandering pains in the umbilical region, which cease and recur periodically (fifth day).

Insupportable heat in the abdomen, as though something burnt him internally (after two days).

The abdominal parietes when touched with the hand feel burning, and are much hotter than the other parts of the body (third day).

Constipation the first six days.

Constipation as if from hæmorrhoidal congestion.

Evacuation of hard black fæces immediately after taking the remedy in a man who had been constipated for two days; the following day bilious evacuations (first day).

Bilious diarrhœa with four or five evacuations in the day, always preceded by pain (third day).

Diarrhœa in the morning of very loose fæces, preceded by great pain, eight motions from 6 to 12 A. M.; no motions in the afternoon (seventh day).

Watery diarrhœa, very abundant each time, the motions in the morning always preceded by pains and borborygmus (ninth day).

140. Mucous diarrhœa preceded by drawing pains, three motions in the day (twelfth day).

Sensation of great weight in the anus and desire to evacuate, however nothing passes (fifteenth day).

Swollen varices outside the anus which causes much pain.

Great itching in the anus which causes him to smart often.

Pricks in the anus as with sharp pins which ceases on rubbing.

Copious hæmorrhage from the anus which soon ceases.

Constriction in the neck of the bladder, which at first prevents the passage of the urine, but when he strains much he succeeds in urinating as usual (tenth day).

Great desire to pass water, and though he passes a long time trying to do it, he cannot pass a drop (first day.)

Desire to make water, and after having in vain tried to do so for a long while, he at last succeeds in passing water abundantly (first day).

Insupportable irritation in the urethra as if he should make water constantly.

150. Frequent desire to make water, with a large flow of urine each time, at night (the first six days).

Heat in the urethra, which increases gradually and becomes insupportable (fifth day).

Urine passed by drops with much heat (fourth day).

Involuntary escape of urine in bed, whilst asleep at 5 A. M., (first night).

Urine less copious than usual (first four days).

Very copious urine of a straw-color (first day).

Urine very much increased, he must pass water very frequently, and each time he discharges a great quantity.

Urine reddish, turbid, very abundant,

Urine on cooling deposits red sand.

Frightful hæmaturia from hæmorrhoidal congestion in the bladder, retention of urine, paralysis of the bladder; the catheter with difficulty breaks through the sanguineous clots which with difficulty pass into the catheter in order to escape with the urine; the patient, who for forty-seven days had in

vain tried all other remedies, was cured completely in a few days.

160. Sensation of painful constriction in the groins, extending round the pelvis.

Painful sensation of constriction in the uterine region, which gradually rises upwards, and in a quarter of an hour reaches the stomach and causes the sensation of a great blow in the back that makes her call out, after which it rapidly goes off (first day after taking a globule of the 100th).

Pain in the uterus and its ligaments, recurring every evening, and increasing gradually till 11, P. M., when it is worst; it then ceases until the following evening, for many successive days (after fourteen days).

Pulsating pain in the uterus and ovarian regions, like an internal tumor suppurating; the pain extends to the thighs and becomes unsupportable; it then ceases completely and occurs at the same time the next day, and so on for many successive days (after fifteen days).

Very painful menstruation accompanied by great prostration of strength so that she must remain in bed three days (after eight days).

Menstruation with most horrible pains causing her to cry out and weep (fifth day).

Menstruation which was usually preceded by pretty strong pains, comes this time without any pain and very copiously.

Menstruation eight days too soon in a woman in whom it was usually seven days too late (third day).

Menstruation scanty, which stops when she lies down.

Menstruation of black pitchy blood, rather copious.

170. Labor suppressed for ten days, recommences the first day after the administration of the remedy.

Formication and weight in the arms which cannot be raised freely, worst in the left arm.

Œdema of the hands, worst in the left.

Dry scaly herpes at the outside of the right elbow, without itching, of about an inch and a half in breadth (after thirty days).

A similar dry scaly herpetic eruption at the outside of the left elbow (after forty-eight days).

Dry scaly herpes, two inches broad, on the left internal malleolus, without itching (after twenty-four days).

A similar dry scaly herpes on the right internal malleolus (after thirty-eight days).

Great itching in the ankles (twentieth day).

Very violent itching, causing him to scratch, on the lower part of the tibia (after twenty-one days).

Œdema of the legs up to the knees; the skin is shining, and pressure with the finger leaves a depression for a long time.

Œdema of the feet up to the inferior third of the legs, which soon goes off.

He cannot rest still when sitting, he must throw his legs about hither and thither involuntarily.

General weakness with sadness and bad humor.

General weakness, so that he cannot venture to speak.

Weakness so great that he cannot venture to do anything, not even to walk across the room.

Great weakness for many successive days, he cannot venture to walk at all.

Great corporeal depression, he cannot trust himself to stand.

Great prostration of forces, so that he must remain in bed, not feeling able to use his legs.

General malaise, and such weakness as to be unable to rise from the seat.

Depression and languor all day.

190. Great coldness at night which lasts half an hour (first day).

Slight rigor towards 10, P. M., (first day).

Slight coldness which passes off quickly towards 2, P. M., (first day).

General rigor so severe as to make the teeth chatter, which lasts three hours and does not go off although he lies down and covers himself over with many blankets. (first day).

Burning heat which causes suffocation and restlessness so that he cannot remain quiet in bed; this heat succeeds to the rigor of three hours duration, and lasts twenty hours (first day).

Burning heat in the course of the night with great pain in the head, great dyspnoea, and inability to remain lying (first day).

Copious sweat, which follows the hot stage (1st day).

Slight fever with pain in the head, which develops itself after a very short rigor; it lasts but a short time and terminates with slight sweat at 4, P. M. (1st day).\*

Quotidian intermittent fever, which recurs every day at the same hour for many successive days. At 1, P. M. slight rigor, then burning heat, dyspnoea and great pulsating pains in the uterine region, terminating in slight sweat. From 11, P. M. till 12, A. M. the next day, complete apyrexia (after 13 days).

Quotidian intermittent fever not subdued by Sulphate of Quinine, is immediately checked. At 11, A. M. some rigor for two hours, then burning heat with great dyspnoea, thirst, extreme pain in the head, coma, stupefaction, insensibility till 12, midnight; terminating in inextinguishable thirst, and very copious sweat. At 4, A. M. of the following day complete apyrexia and feeling of perfect state of health, which lasts 7 hours. Then at 11, A. M. the paroxysm returns and it recurs constantly for five successive days, unmodified by the Quinine.

200. Pulse completely lost for several days in a man affected with chronic hypertrophy of the heart; immediately after taking the remedy the pulsation returns with an irregular rhythm and intermitting as before.

*Note by Dr. Russell.*

So small a number of the multitude of medicines fulfil the expectations raised by the terms employed by those who introduce them to our notice, that busy practitioners may well be pardoned if they inquire somewhat suspiciously for the credentials of any new candidate for their attention: and as the name of Dr. Rubini may probably not be familiar to most of the readers of this Journal, some account of the way in which this proving of *Cactus* came over to us may satisfy the legitimate curiosity of our colleagues, and perhaps induce them to receive the new comer with more cordiality than if he presented himself as a stranger without any introduction.

About two years and-a-half ago I was consulted by a patient, of whose case the following account may enable the reader to form an opinion:— Between twenty and thirty years of age, tall, slender and active; remarkable for intellectual endowment and culture; very clear, exact and truthful in her description both of her own feelings and of what she observed. As a girl she had suffered from attacks of acute rheumatism, which, however, did not prevent her taking much severe exercise both on foot and horseback after they were past. Some four years ago after stooping while packing, she became suddenly affected with pain in the

lumbar region: and she suffered excruciating agony (no other words are strong enough to express her sufferings,) for two days at the beginning of the catamenial period. The action of the heart was very peculiar; it beat with great force and irregularity. There was no displacement nor valvular disease. She described it as if grasped with an iron hand. The palpitation was excited by any strong mental emotion or bodily exertion. It affected both the lungs and head, producing dyspnoea and violent throbbing head-ache. My impression is that she must have had pericarditis with the rheumatism, and that the heart must have been bound by bands of lymph, hence that concentric hypertrophy of the ventricles ensued. She was under my care, latterly assisted by Mr. Leadam, who found ulceration of the os and congestion of the cervix uteri, for about two years and-a-half—partly in this country where I visited her, partly in Italy where I sent her medicines. Although somewhat relieved chiefly by Belladonna and Naja, she derived no permanent good from the medicines I administered or the local treatment adopted by Mr. Leadam; on the contrary the last winter spent at Rome was by much the worst. She was confined constantly to the house, and was almost never free from pain: she wasted and her friends were apprehensive of her vital powers sinking under her long sufferings. The following extracts from the letters of this patient will put the reader in possession of all the knowledge I have of this matter, and I can answer for all that comes from her pen being absolutely trustworthy, if within the sphere of her own consciousness or personal observation.

“17th July, 1864.

“When I sent you from Naples the pamphlets of Dr. Rubini about the new medicine, the *Cactus grandiflorus*, I had not time to tell you what I knew of Dr. R. and his experiments. During the winter at Rome I had several times heard him spoken of and of the wonderful power of the new medicine. An English lady who left Rome suffering from bronchitis and an affection of the heart of long standing, derived so much benefit from it, that she could not praise it enough, and carried home a large supply with her. Dr. Rubini is a man past middle life, and has been ever since 1848 occupied in observing the effect of this medicine. In his pamphlet he speaks very modestly of his experiments on himself; but the fact is that he has suffered most severely in health from his perseverance in the cause of science. He holds quite the first place as homœopathic physician in Naples, and having private means has been able to do much good, which otherwise would not have been in his power. It was he who immediately, on the change of government, took advantage of the newly acquired liberty to found the Homœopathic Hospital, which had not been permitted under the Bourbons. His well-known liberal principles of course had kept him in bad odor, and every project of his was immediately quashed by the government. With regard to myself I have told you so often how horribly I have suffered that there is no need to repeat *that*, but I can say with a real satisfaction that the last time has been quite bearable; that I have faith when Dr. Rubini

says, that in a few months the pain will not return at all. I no longer look forward with dismay to certain days, and I have a hope that I may even get strong when this great suffering is so calmed that I do not constantly lose the little strength I may have regained in the interval. Besides this, it certainly has done my heart and chest good."

Although there is more promise than fulfilment in this statement, yet to one acquainted with the case—the severest of the kind and least amenable to treatment I ever saw—even this amount of improvement is a great achievement for any medicine to have effected.

It remains only to say that the translation of the pamphlet having been made by Dr. Dudgeon is a sufficient authentication of its accuracy—and that the supply of the Cactus sent me by Dr. Rubini is in the hands of Leath and Ross, Homœopathic Chemists, who have made all the usual preparations of it.

J. R. R.

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ARTICLE XLIII.—*Scarlet Fever.* By P. P. WELLS, M. D.,  
Brooklyn, N.-Y.

(From the American Homœopathic Review.)

IN the series of remedies from which we may be called to select in the treatment of a case of scarlet fever, characterized by the phenomena of acute inflammatory action within the head, if viewed as standing in the order of the degree of violence which marks this variety of their action on the brain and its membranes, the first place will undoubtedly be given to Belladonna. This appears conclusively if we compare the elements of its pathogenesis given above with those of the other members of the series. By this standard, (and it is in the order of the violence of their action we propose to consider them) the third place is as certainly to be given to *Hyoscyamus*. The value of this drug in the treatment of inflammatory affections of the brain, resulting from the action of general causes, has been fully recognized. Where the symptoms of a case are similar to those produced by the drug on the healthy, it is no bar to its use that the disease is the result of a specific poison. It would have been but natural to anticipate its efficacy in this class of affections from the success which has followed its use in the non-specific inflammations. That which would have been anticipated of its value in these cases, has been often fully confirmed by practical results. It hence becomes of



the highest importance here, as with Stram., to fix the exact place of the drug in the series of those from which we are to choose in our prescription, and to establish as clearly as possible the signs which decide for its selection. Before proceeding to this, the general remark may be permitted, that the sphere of *Hyoscyamus* in the treatment of scarlet fever is a limited, though not an unimportant one. It is rare that it is more than a temporary resort for the relief of some sudden attack of the brain, which, if not controlled, threatens destructive consequences. In such cases it may be of the highest value, though never a curative for the entire disease. Its sphere seems to be limited to cases with acute inflammatory affection of the brain, or to that state between erethism and torpor, which places it in relation to Bell. and Stram., as in typhoid fever, below Stram. This will appear plain on a careful comparison of the symptoms of the three related drugs, which are liable to be repeated in those of the fever. The symptoms of *Hyoscyamus* related to scarlet fever are fewer in number, and those which are most prominent are accompanied by fewer concomitants, showing that it strikes less deeply into the vital forces than either of its allies, and that the disturbances of the vital balance which it produces, are fewer in number as well as more superficial than those of either Bell. or Stram. If we begin the series of its symptoms as in the preceding, we shall find its

*Convulsions* sustaining this view. Spasmodic bending of the limbs, while the curved body is thrown upward in the air. Spasmodic tetanic stiffness of the whole body. Jerking of the limbs. Subsultus. Convulsive motions of the limbs with frothing at the mouth; great throwing about of the body; with a renewal on the slightest attempt to swallow liquids; with thumbs drawn inward on the palms.

General prostration of strength, with trembling of the whole body and coldness of the extremities.

Burning of the skin when laying the hand on any part of the body. Inflammation of the skin of the whole body with cinnabar redness.

Irresistible inclination to sleep, (Op.) continued profound

stumber or sleep. Excessive (*unmässiger*) sleep. Quiet sleep. (Op.) Coma vigil. (Op.) *In Sleep*, perspiration, laughing expression of countenance, suffocating snoring during inspiration. [The distinction between this symptom and that so characteristic of Opium is not difficult; with Opium, the respiration is *slow*, deep, loud, and snoring, but there is no suffocation.] Whimpering, with throwing up of the arms, tossing about of the head, throwing about and jerking of the feet, (Stram. more of the hands) and opening and spreading and then closing of the fingers.

*Sleeplessness* from nervous excitability, with convulsions and shuddering as if from fright. Sleepless the whole night. Sleepless with anxiety. The child passes the whole night in tossings and cries; wakes with screams. Wakes and starts up in a fright. The sleep is interrupted by grinding the teeth. Frightful dreams.

Restlessness the greatest, he moves constantly from place to place. Terrible anxiety. Shudderings alternating with trembling and convulsions. Uses violence, and strikes his attendants. Insensibility to nipping and pinching. Entire loss of perception and understanding. Complete stupidity and loss of consciousness. He neither sees nor hears. Does not recognize his relations. Sits in bed like a statue, immovable, and bereft of his senses. Delirium even when awake, as if he had seen a man who was not present. Absurd talking and muttering. Grasps at the nearest object and cries that he shall fall. Lies naked in bed, talking. Violent moving of the hands with constant burning heat, outcries and difficult breathing. Remembers occurrences long past. Great weakness of memory. Inability to think. Dullness and sinking into continued sleep. Confusion of the head as if absent-minded. Vertigo with clouded sight. Violent vertigo. Vertigo as if from drunkenness.

Continued violent pains in the head, with preternatural heat, alternating with pain in the nape of the neck. Dull pains in the base of the brain; in the forehead, especially in the membranes of the brain. Heaviness of the head with severe pain.

*Eyes*, sparkling and red, distorted and open, prominent

and convulsed; sunken, sparkling and staring; staring and distorted; gazes on those present with a staring look. Strabismus. Inability to open the eye-lids. Pupils much dilated or contracted. Objects appear enlarged and brighter colored.

Tongue red, dry and parched, while it is clean or brown-coated. Burping dryness of the tongue and lips which look like burnt leather. Sensation of fullness of the tongue, as if burnt, much increased by speaking and inspiration. Inability to speak distinctly. Loss of speech with loss of the senses.

Great dryness of the throat (also shootings) and almost constantly with thirst. The throat is so dry and constricted that a single swallow (of tea) will suffocate him. Pressure of the throat, as if swollen, when, and when not swallowing. Points to the throat with the finger as if something stuck there. The throat as if constricted, preventing swallowing. Inability to swallow. He spits out the liquids which have been put in his mouth.

It requires only a cursory comparison of the above symptoms with the two series which have preceded it, to discover the differences which control the selection of either of these drugs in cases when one of them is called for by the law of similars. The convulsions of *Hyoscyamus* are quite peculiar. In one of its forms, affecting chiefly the flexor muscles of the limbs and trunk. In another the tonic character of the spasms is quite marked, more so than in either of the others. Jerkings in the symptoms of *Hyos.* are replaced by trembling shaking in those of *Stram.* The jactitation is peculiar to the convulsions of *Hyos.*, or at least this feature is more prominently expressed here, than with either of the others. The *trembling* is here accompanied by general prostration, while it is not so in the case of the others. Burning of the skin is peculiar and different from the skin affections of either of the others. It will be well to note carefully the symptoms of sleep, and to compare them with the effects of *Opium*, as well as with those of *Bell.* and *Stram.* The similarity of the symptoms of *Hyos.* and *Opium* in this rubric are quite marked, and it is often in this rubric that the symptoms are

found which decide the choice of the remedy. In treating the coma of scarlet fever, so often significant of grave cerebral condition, and often developed even early in the case, the experience of years has taught that little is to be expected of good from either Bell. or Stram., while prompt relief will follow the use of Opium or Hyos. if these be selected with careful reference to their differences and to the similarity of these to the symptoms of the case. If, in this class of cases, time be lost in proving, by actual trial, the worthlessness of Bell., the case will probably pass on to a hopeless state, the condition having been either aggravated by the action of an inappropriate drug, or allowed to progress uninterruptedly towards a fatal termination, during the whole time in which the action of a rightly-selected drug could have been curative. It is in just this class of cases that the utmost care should be used in the first prescription, for the enemy is likely to allow little chance of good from any subsequent one if this proves to be wrong. The symptoms developed during sleep, are also worthy of careful attention. The symptoms of the intellect, head and eyes, though like to those at times developed in an inflammatory attack within the head, are many of them of a less distinctive or demonstrative character than are those of its two related remedies, and this is one of the chief differences by which its true character and place in practice are indicated. Where the symptoms are more demonstrative in their character they have also more numerous concomitants.

*Sulphur.*—Before presenting the elements of the pathogenesis of this drug, we wish to make a few general observations on its use, especially in the treatment of acute diseases. There is a notion prevailing with many practitioners that this remedy, though of great value, is more especially appropriate to the treatment of chronic than acute affections. That if in place at all, in dealing with the latter, it is only after the first stage of the attack has passed, or there have been deposits in cavities, in parenchyma, or upon surfaces, which are to be removed; or the acute attack has roused to activity some old cachexy or chronic miasm, giving to the case much of the character of that class of affections for which Sulphur

is supposed to have special appropriateness. This, though an error, is not without excuse. It has in part, at least, grown out of the division of diseases by the great Master into the two classes of psoric and apsoric, and giving to Sulphur the place of first importance in the treatment of cases of the first division. To the efficacy of the drug in this class of affections the experience of intelligent Homœopathicians of all countries bears ample testimony. The error of those who have failed to recognize its importance in the treatment of the second class, is in this restricted view of its relations to one class, and to an altogether too limited view of the prevalence and importance of the miasms which are the producing essence of those affections which all term chronic. (Psoric.) There is no attack of acute or a psoric disease, where these miasms may not be brought into action from their previous latent state and in which then they are not a cause of increased embarrassment to the practitioner, and danger to the patient. It is just the causes of the apsoric class which are likely to excite the activity of the psoric poison. How often is this the case in measles, typhoid fever, pneumonia, influenza, &c., and when this occurs, in these or other affections, who shall draw the line where the case ceases to be acute and becomes chronic? We make this statement of the general liability of diseases, commonly called acute, to become complicated in their progress by the roused activity of psoric miasm, thus broad, in the full view and belief of the almost universal prevalence of this poison in each individual of our race. Where is there one, who can be said to be entirely free from it? And wherever it exists, there it may and does become active whenever subjected to the action of causes which in their nature tend to rouse it from its latent to an active existence. Of such causes, all experience proves, that those which originate common acute diseases are the most important. Therefore, even on the view of the relationship of this drug which would limit it to the treatment of affections commonly received as chronic, or psoric, it may be called for in the treatment of any one member of the other class by reason of this complication of the chronic element, so likely to occur, and so important when met.

But this is not all the truth. There is in the relationship of Sulphur to diseased conditions, as their curative, no law which separates it from the law which declares and constitutes this relationship for all other drugs. There is no exceptional element by which it is removed from the domain of the common law, which requires similarity of the characteristics of the drug and the disease for the constitution of this relationship. Neither is there anything in the division of diseases into the two classes named which removes either of them from the authority of this common law, in the discovery and establishment of their curative relations. This division evolves no new relations and imposes no new conditions. It is the similarity of the required elements and this alone, which declares that this or any other drug will cure a given case. If this similarity be ascertained, it does not matter whether the case may have been classified as acute or chronic or whether the drug has its place with the psoric or apsoric; the one will be cured by the other in all cases and conditions where cure is yet possible.

If these views are correct, it follows that Sulphur may be in place in the treatment of any, the most acute, diseases, inflammatory or otherwise; that it is sure to be the best remedy in any or all these, whenever its characteristics are more like the characteristics of the disease, than are those of any other drug. And this is just what enlightened experience and observation has proved to be the fact. Under the guidance of this law of similars it has been selected for the cure of the most violent and dangerous inflammations, and they have yielded to its power. Indeed, broad as is its clinical application by this law, it may be doubted whether in any class of diseases it has greater value, or will oftener be followed by success, when rightly selected, than in that of the most important inflammations, in which, hitherto, it has been unwarrantably neglected. This certainly has not happened from a failure, after a careful study of its pathogenesis, to find a resemblance to the phenomena of acute inflammation of important organs. How beautifully and how often has the use of this drug in Peritonitis, Pneumonia, Pleuritis, Meningitis, &c., been followed by the prompt and complete disap-

pearance of these grave affections, showing conclusively, not that its psoric relationships are less general or important than has been supposed, but that like all other drugs, it has other relations, scarcely less important, growing out of the general law of similars, by which it stands allied to a large class of important affections, which may or may not be complicated with the psoric poison, but which have their origin from causes entirely independent of this. An example illustrative of this is often met in the progress of cases of scarlet fever, especially in those which are characterized by prominent brain affection. The following symptoms from its pathogenesis are the grounds of this relationship :

Miliary rash (Friesel) on the whole body, sticking itching, or itching followed by exfoliation of the skin. [A tolerable picture of the cutaneous phenomena of scarlet fever, as now oftenest met, from the beginning to the end.] A fiery red or scarlet (Scharlachartiger) eruption over the whole body. After a slight rubbing, the skin is for a long time very painful, as if it were raw. Swelling, suppurations and indurations of the glands. [Not necessarily belonging to this fever with the affection of the brain we are considering, though in the progress of these cases the glands of the throat often become involved.]

Difficulty of falling asleep, with frequent waking, at night. In the evening, in bed, he cannot fall asleep for an hour. Cannot sleep before twelve o'clock, and then there is frequent waking and tossing about in the bed. On account of great restlessness, he cannot sleep after midnight. Wakes each time with fright, as if from a terrifying dream, and after waking is filled with anxious phantasies, from which he can not free himself. Restless tossing here and there without waking. Severe pains in the head which hinder sleep, and allow of rest in no position. Frequent waking on account of beating of the arteries in the head. Waking, especially in the evening, on falling asleep, with frightened start. Calls out as if unconscious (in sleep). Delirium, in a restless sleep, filled with dreams, before midnight, like anxious delirium. Eyes half open in sleep. Indistinct muttering in sleep. Snoring. Lies with the arms over the head. Frightful and

anxious dreams, in which he gets out of bed, unconscious, followed by violent headache. Immediately on closing the eyes, visions of strange and frightful apish faces, which he can not keep away. The child is angry and passionate. Excited temper; easily excited. Seizes on things with great haste.

Headache with nausea, also with heat and rushing sound (sausen) in the head. Heaviness of the head, which makes every motion unpleasant; in the vertex; like a weight pressing from above downwards upon the brain, as if a band were drawn around the head. Pressure, mostly on the vertex, as if the eyes would be forced out, or as if the brain were pressed from above. Tension in the forehead. Drawings in the forehead and temples and in the occiput, so sensitive while chewing, that he must stop eating. Jerking pains in the head, especially over the right eye. Shootings in the temples; in the vertex. Throbbing in the head morning and evening; in the temples; hammering throbbing, during earnest speaking, or very painful. Single blows through the head. Congestion of blood to the head, and often with flushing heat. Heat in the head, mornings and evenings, with cold feet; great and dry, with glowing redness of the face, mornings, on waking. Humming in the head, especially in the vertex. Ringing rushing towards, and out of the ears. Striking of the brain upon the skull when moving the head, with pressing pain. With every nod of the head pain as if the brain were struck.

Redness of the eyes the whole day, with great itching in them in the evening. The pupils are greatly contracted. Intolerance of light especially of sun-light.

The symptoms connected with sleep have been given somewhat fully, from a conviction that it is often in connection with these that the indications for the use of Sulphur in this fever are found. It is no objection to this, view that these symptoms are often met in other and less grave affections. It does not follow from this admitted fact that they may not be also indices of curative relationship in graver affections, when similarity to them obtains in the phenomena of the disease. It will be noted also that there are few moral or intellectual symptoms in those translated above. It is



true also that in the class of cases for which Sulphur will be found of the greatest importance, this class of symptoms have few representatives, or are, in some cases, almost in abeyance. The head symptoms are important and quite suggestive of acute inflammation. It is true in many cases of the brain affection we are here considering, the subjective symptoms are more or less completely masked by the paralyzed perceptions of the patient, and that we are deprived to that extent of their aid in our study for the selection of a curative, but where this paralysis is found in connection with other phenomena of cerebral inflammations, these symptoms may be assumed to be more or less present, for the purposes of the prescription, and acted on as if really detected.

As illustrative of the view here given of the importance of the sleep symptoms, and also of the variety of the fever to which Sulphur is appropriate, we give the following case:

A little girl of five years was attacked with the ordinary symptoms of scarlet fever, in the latter part of Nov., 1844. The initiation of the attack was with chills, vomiting, violent headache, prostration, peevishness, flushed face, injected eyes, &c. Then in a few hours came the eruption in the miliary form, patchy, and evanescent. At times it was bright and full, then it faded and partially disappeared. The mind soon became wandering, and then delirious, the character of the delirium being active rather than muttering. The heat of the skin was great, while the skin was at the same time dry, hard, and somewhat roughened. The throat was moderately swollen, internally and externally, impeding somewhat both speech and deglutition. The patient was treated chiefly with Bell., till the evening of the fourth day, growing rather worse than better, at which time, in addition to her previous symptoms, she was, apparently, wide awake but positively asleep so far as perception or recognition of her surrounding relations were concerned. She no longer knew her attendants or heeded whatever was said to her. She was in great agitation and anxiety, with loud outcries, not screams, calling out that she wished to "go to bed," though she was upon the bed at the time. Immediately on being laid on her pillow she would spring up and call out that she wanted "to go to bed;" and

this was repeated as often as she was replaced, with the assurance that she was already on the bed. She seemed to have no apprehension of what was said to her. The eyes were injected and staring. The aspect dull and heavy, though very anxious, and apparently apprehensive. At six o'clock in the evening she got a dose of Sulphur. She now became more quiet, then fell asleep, had a good night, and in the morning appeared convalescent. She recovered from this time without accident.

It will be noticed there was a marked peculiarity in this case. The patient's eyes were wide open, even staring, and yet she seemed to see nothing. She seemed wide awake and yet to hear nothing. She paid no attention to any thing said to quiet or comfort her. No one of her senses seemed to recognize objects or relations around her. She did not know she was on the bed all the time she was so anxious to go to it. The whole state was so like that of sleep-waking, or somnambulism, that the resemblance could not fail of being recognized. The relation of Sulphur to this state is disclosed by the following symptoms: "The night-walker gets out of his bed, as if unconscious, saying, 'my head, my head, I am insane;' and seizing upon the forehead. Rises from the bed as if somnambulant, thinks there is a fire, dresses herself, speaks out at the window in alarm, when she hears nothing, but is much debilitated and as if bruised for three days." The state of waking unconsciousness is here clearly disclosed, and though the expressions or hallucinations are not the same as those manifested by the patient, the general state of the two, it will be seen at once, as to essential particulars, was the same. The truth of this view is confirmed by the prompt recovery of the patient after taking the drug. Other similar cases have been relieved with the same promptness and completeness by the use of Sulphur.

This case, in connection with the above symptoms, gives opportunity for the remark that it is not the *literal* similarity of the pathogenetic record and the expressions of patients which the law of cure contemplates or requires, but a likeness of the essential nature of the symptoms as disclosed to the perception of the provers and patients, and the observations

of others who may be capable of judging the objective phenomena presented.

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ARTICLE XLIV.—*Climate of Madeira.* By JAMES T. ALLEY,  
M.D., New-York.

I COMMENCE my description of the different places of resort, with the island of Madeira, not because all things considered, it is superior to some others, but because it has obtained a greater popular reputation, and for that reason it is important that its merits and defects should be fully known.

There is no question but that for a certain season of the year and for a certain condition of the lungs to be hereafter pointed out, Madeira has a very superior climate, but the disadvantages connected with getting and residing there are such that comparatively few invalids can enjoy its benefits. It thus seems rather unfortunate that so good a climate should be found upon a barren mountainous island, several thousands of miles distant from those who are likely to require its aid, and comparatively isolated from either civilized or uncivilized nations. Such is Madeira. The island is situated between the parallels of  $32^{\circ} 49' 44''$  and  $32^{\circ} 37' 18''$  north latitude, and between  $16^{\circ} 39' 30''$  and  $17^{\circ} 16' 38''$  longitude west from Greenwich. The length is about thirty, the breadth about twelve and a half, and the circumference a little over seventy geographical miles. One may have a fair idea of its shape by looking perpendicularly upon a squirrel with the head slightly turned aside. An elevated ridge having a mean height of four thousand feet forms the backbone of the island, up to which ravines of great depth penetrate from both coasts; and these ravines are separated from each other by narrow lateral spurs which terminate at the shore in lofty headlands.

The island may be described as a single mountain rising abruptly from the Atlantic, with several peaks of nearly equal altitude at its centre, the highest, Pico Ruivo, overtopping some of its neighbors only a few feet. The coast is rugged, and consists for the most part of frowning cliffs composed of

dark basalt, sometimes attaining to a great height, as at Cabo Giras, which Professor Airy ascertained to be 1920 feet high.

From every point of view, Madeira presents a singularly wild and broken appearance, seamed with ravines, embossed with prominences, the highest peaks for months together enveloped in clouds; whilst a line of foam at the base of the whole mass winds in and out with the sinuosities of the shore.\*

The island is supposed to have formed a part of a former continent, and its separation from Europe, Africa, and the Azores, Canaries, &c., to be due to its sinking beneath the waves, leaving only this peeping spire to tell the tale of its former existence. However this may be, the present elevation gives plain evidence of its volcanic origin. There is now "a nearly perfect crater five hundred feet in diameter, and with a depth of one hundred and fifty feet," a little to the east of Funchal, at an elevation of 2000 feet, and another in the same state of perfection in the north-west portion of the island at an elevation of about 5000 feet. Cinders, slag, and lava are still seen, having the appearance of comparatively modern birth. No severe shock has been experienced since January, 1816, when Lisbon and the Azores experienced the same. For a long time there have been no live craters or crevices and no evidence of subterranean fires.

The effect of these volcanic forces, though producing some conformation for fine scenery, renders the island far from desirable as a place of residence. The undulations make the road so nearly perpendicular that carriages cannot be used, and the rider must have considerable strength and not a little skill to hold his seat in the saddle. The comparative isolation from the ordinary scenes of active life which an enfeebled invalid is compelled to endure, is one of the unfavorable features of Madeira. To a large number of invalids not a little of the benefit of change of climate is due to the pleasant rides and walks and all those exercises and amusements which can pleasantly occupy the mind. These are lacking at Madeira. It is even less interesting than formerly, for previous to 1852, the luxuriant and fruitful vines produced the finest

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\* Madeira, its Climate and Scenery. By White and Johnston.

and best grapes in the world for wine. It was during the year 1852 that disease first appeared in the vines, and at present, although the world continues to drink "Madeira," there is almost none produced on the island.\* This greatly detracts from the business aspects of the place, and little as it might be missed in other localities, could here be but illy spared. The soil and climate of Madeira are well adapted to the growth of fruit and vegetable productions. Three crops of potatoes are easily obtained in one year, and other vegetables in proportion.

"In Madeira," says Mr. White, "no month is without its flowers, and the gardens are gay even in the depth of winter." "The gayest months are April, May, and June, when the chill rains of winter have ceased to fall, and the heats of summer have not yet set in." General Dix, of New-York, who spent a winter at Madeira a few years ago, thus writes: "It is now the first of February, and the country wears much the same aspect as it did when we landed on the 12th of November. Everything is fresh and verdant except a few trees which have shed their leaves and are standing up with a kind of monumental air amid the prevailing bloom and fragrance."

It is principally for its *equability* of climate that Madeira has been celebrated, and truly in this respect it is equalled by few places on the globe. The mean annual temperature of Funchal, the capital of the island, and the place where almost all invalids reside is  $64^{\circ} 56'$ . The mean annual range of temperature is  $14^{\circ}$  being far less than that of either Rome or Nice. The mean difference of the temperature of successive months is only  $2^{\circ} 41'$ , being greatly less than any place on the continent of Europe. By this slight variation from month to month, we readily perceive that the winters are remarkably warm, and the summers remarkably cool, perhaps more so than any other place in the same low latitude. The winter is  $20^{\circ}$  warmer than at London, and  $12^{\circ}$  warmer than Provence and Italy, whilst the summer is only  $7^{\circ}$  warmer than London

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\* In consequence of the failure of the wine and potato crop in 1852, a large number of the natives must have died from starvation, but for foreign assistance. It is creditable to Americans that they forwarded nearly \$30,000 for their relief, being nearly two-thirds of all the assistance received.

and 5° cooler than Italy. The mean daily range of temperature is only 10° by the register thermometer, or nearly the same as at Rome.

That, which is still more remarkable is the slight variation from day to day as compared with other climates. At Madeira it is 1° 11'; at Rome, 2° 80'; at Nice, 2° 33'; at Pau, 3° 55'; at Florence, 2° 90'; at London, 4° 01'. Thus we see that so far as equability of temperature is concerned, as shown by the thermometer, Madeira surpasses anything to be found in Europe and also America. In this case figures do not tell the whole or the exact truth. Whilst taken all in all, the thermometer truly indicates Madeira to be the most equable climate with which we are acquainted, yet at certain seasons of the year there are other climates which to personal feelings are more uniform. The difference in susceptibility of a patient in the still air or strong wind is really equal to a difference of from five to fifteen degrees, and we find in this respect that Madeira is not always the garden of paradise, where the winds are zephyrs, and storms are unknown. The rains begin to fall by or before the first of October, and during most of this month and sometimes a part of November the rains falls thick and fast, accompanied generally by southwesterly winds.

November is generally fine and mild, but again in December snow often falls on the mountains, and the rains at this time are attended with northwesterly winds. "In March, winds are frequent, and April and May are showery." At this season of the year the invalid must use the same precaution as he would in any other climate. The average number of days on which rain falls in the year in Madeira is about seventy-four, although it occasionally reaches as high as one hundred. Unfortunately, about half the rain falls in the winter season, the spring and summer being comparatively dry.

The following table is from Drs. Heineken and Heberden:

There falls in winter 13.48 inches on 48 days.

"	"	"	spring	4.74	"	"	17	"
"	"	"	summer	1.94	"	"	4	"
"	"	"	autumn	8.88	"	"	31	"

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28.54

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The cold winds which prevail in the winter season, are, of course, mild in comparison with those of many other winter resorts, but inasmuch as they are sometimes laden with moisture, and lowered in temperature by passing the snow-covered mountain-tops, the invalid cannot always encounter them with impunity.

There is another wind of different character called the *leste*, a dry, hot, east wind, which is really the sirocco of Madeira, and which sometimes proves oppressive and distressing, though fortunately for the invalid it seldom prevails except in summer. It has been known even here to be accompanied by the peculiar reddish dust, which, when the wind is high, the three hundred miles of sea is not able to sift out. The sky is generally clear during its prevalence, and the heated breath of Africa "encounters you like the puffs from the mouth of an oven or furnace." It usually lasts about three days, and even books, furniture, birds, and fowls show its drying, warping and oppressive influence.

Of this wind, General Dix says: "It is singularly dry, furniture shrinks and cracks, as it does with us when exposed to the heat of anthracite coal, and the eyes, nostrils, and mouth have the sense of rapid evaporation." The *leste* is, however, not a frequent visitor. We had it twice during the winter, and though we were conscious in a very slight degree of its enervating influence, it did not sensibly increase the heat.

The soil of Madeira is naturally dry and absorbent, thus quickly drinking in the little moisture that is left upon so uneven a surface, and avoiding that unpleasant and injurious amount of moisture, which one would expect in a climate where so much rain falls in the winter season.

The effect of the climate of Madeira upon natives appears to be exceedingly salutary. The peasantry, although subject to privations much greater than the same class endure in Europe, are hearty and robust. There is no particular disease peculiar to the climate, and there is comparative immunity from many of the maladies which prevail in most northern latitudes. Croup is said to be unknown, and fevers of all kinds are rare. The zymotic and other early diseases of children, including teething, are rare and slight, and easily

recovered from. Neither yellow fever or goitre have ever been seen on the island.

The diseases most frequently met with are apoplexy, cutaneous affections, diarrhoea, and dysentery. The latter diseases are usually mild and tractable, and as one would expect from the character of the climate, these and other inflammatory diseases have a tendency to the typhoid rather than to the high inflammatory form.

As to consumption among the natives, all agree that it is not an uncommon disease, although authorities differ as to its frequency. Says Dr. Gourlay, "though so highly beneficial in this disease with the natives of other countries, it is not to be concealed that no malady is more prevalent here, than phthisis with the natives of the island.

Dr. Renton thinks Dr. Gourlay over-rated in his statements, but he says tubercular phthisis occurs more frequently perhaps, than might *a priori* have been expected in such a climate, and I have even known it in a few instances sweep off nearly whole families." Dr. Heineken, than whom we have no better authority, considers consumption a rare disease even among the poorest class of natives. Dr. Gourlay further says, "it is only necessary to take a cursory view of the habits and circumstances of the natives to see that they enjoy a singular degree of exemption from a disease, to the ordinary causes of which a large proportion of them is constantly exposed."

Even allowing that phthisis is of the most frequent occurrence among the natives of Madeira, it should not at all change our estimate of the climate, inasmuch as there are other exciting causes over which the climate has no control. Considering the privation and exposure to which the natives are subject, the only marvel is the degree of immunity they enjoy, not only from this, but from all other diseases. Perhaps in no part of the world are the peasantry so badly fed and cared for as at Madeira. Their diet consists principally of salted fish, crude vegetables, and oil, "they are badly clothed and worse lodged, their habitations are low miserable huts, and their beds consist of pallets of straw raised a foot or two only from the ground, damp during nine months of the year." Under



these circumstances it would be strange indeed, if there was no tubercular disease.

In speaking of the effects of the climate of Madeira upon disease, I shall here only refer to affections of the throat and chest, for the reason that it is principally in these complaints it exercises its most benign influence. Whilst there are many minor affections such as scrofula, rheumatism, &c., which are undoubtedly greatly benefitted by its balmy air, yet there are other places more accessible and with less disadvantages to the majority of invalids. Neither would I speak of Madeira as under all circumstances the best climate for a consumptive patient. As we shall hereafter see, it is scarcely ever justifiable to send a person there, in whom phthisis has gone as far as the third, and very seldom when it has gone as far as the second stage. All that I feel justified in saying is that of the class of warm, moist and relaxing climates, that of Madeira is superior to any that we know of. Belonging to this class is that of Pau, in France, and those of Rome and Pisa, in Italy. These are the only places in Europe where the climates at all resemble that of Madeira, and even these are colder and more changeable.

It is now proper to inquire what class of invalids are most likely to be benefitted by a residence in Madeira. This question is the more serious for an invalid who is greatly enfeebled, from the fact that if a mistake is made, it will more than likely be attended with fatal consequences, because of the distance, and inconvenience of access from any northern clime. Although the air throughout much of the year is exceedingly balmy and delicious, we are compelled to acknowledge that numbers every year go there only to find a grave. These consequences cannot properly be charged to the climate, inasmuch as they usually occur to persons in so late a stage of the disease that they never should have left their homes.

First then, the chief benefit derivable from this climate, is as a preventive rather than as a curative agent. That large class of persons in whom the tuberculous diathesis is just commencing, or with whom it has not gone so far as seriously to alter the organic structures will almost surely receive great benefit, and more than likely recover their former health, by

remaining for one or more seasons at Madeira. Unfortunately for such persons, it is difficult to convince them of the necessity of leaving the pressing duties of life, and seeking restoration whilst it is very surely within their reach. The longer this is deferred, the less their chances become, until in too many instances the journey is fruitless, if not fatal.

Whilst it is only before the deposit of tubercles in the lungs, that we can promise benefit from this climate, with any degree of certainty, we have yet reason to hope that the first stage of the disease may be so checked thereby that the recuperative powers of nature may eventually effect a cure. After even the first stage of phthisis, however, we are compelled more strictly to regard the indications and contra-indications of each individual case. For instance, it would be highly improper to send one to Madeira in whom, although the tubercular deposit was not extensive, yet there was present great flagging of the vital powers and a habitually relaxed habit of body. The tone of such a system would be lowered still farther by this relaxing air, and the organic disturbance aggravated rather than relieved.

Those in the first stage of phthisis who will be most likely to receive benefit from Madeira, are such as have not extensive tubercular deposit, who are naturally of good constitution, whose powers of endurance are comparatively little affected by the organic changes going on, or whose loss of this power of endurance, and other prominent symptoms are more or less due to a temporary inflammation and congestion, such as diseased lungs are subject to, rather than a chronic and permanent blocking up of the air-cells, such as is found in later stages of the disease.

The following table is a summary of Dr. Renton's observations during a period of eight years:

<i>Cases of incipient phthisis,</i>	- - - - -	85
Of these there left the island much improved, and of whom we have had good accounts,	- - - - -	26
Also improved but not heard of,	- - - - -	5
Have since died,	- - - - -	4
<b>Total,</b>	- - - - -	<b>35</b>

Another table showing the preventive power of the climate, is as follows:

<i>Threatened with pulmonary disease,</i> . . . . .	108
Remained free from symptoms, . . . . .	98
Fell off, . . . . .	13
Lost sight of, . . . . .	2
Total, . . . . .	108

In the first table, says Dr. Renton, "the subjects were generally young people who were said to have over-grown themselves, and who had been liable in England to inflammatory attacks, having cough, &c. Others had suffered from neglected or mistreated inflammation, and in many there was a strong family predisposition to pulmonary diseases. Most of them, I have little doubt, would now have been in their graves but for the precautionary measure which was adopted."

In looking at these favorable figures, we must remember that neither of these tables include any which had gone beyond the incipient stages of phthisis, and from this they probably ranged back to a simple inflammation.

After the incipient stage of phthisis is passed and the more advanced phases of the disease begin to manifest themselves, we can expect little from the climate of Madeira, at best not more than a longer or shorter palliation of certain slow chronic cases. "When consumption has proceeded to any considerable extent," says Dr. Renton, "I should consider it the duty of a medical attendant, not only not to advise the adoption of such a measure, but most earnestly to dissuade from it those who, from hearsay evidence of the recovery of persons in circumstances similar to their own, may feel disposed to fly to it as a last resort."

"That great and lasting benefit is to be derived even from a temporary residence in this climate, which is probably inferior to no other in cases where pulmonary disease is merely threatened, or where strong family predisposition to it exists, many living examples sufficiently prove. But under such comparatively favorable circumstances, it ought to be strongly impressed on the mind of the invalid, that half measures are worse than useless, and that no advantage is to be derived from

climate, however fine, unless it be seconded by the utmost caution and prudence on his part."

These opinions of Dr. Renton are fully corroborated by those of Dr. Heineken, and both from having long resided upon the island, are undoubted authority.

As showing the uselessness of going to Madeira in the advanced stage of phthisis, I will merely quote the following statistics from the same source, as the result of eight years' observation :

<i>Cases of confirmed phthisis,</i>	47
Of these died within six months after their arrival at	
Madeira,	32
Went home in summer, returned and died,	6
Left the island, of whose death we have heard,	6
Not since heard of, probably dead,	3
	—
Total,	47

"In the cases marked *confirmed* phthisis, there were copious expectoration, diarrhoea, &c., and almost all of them terminated fatally."

Of the following cases, who were probably in the second stage, recorded between Jan., 1838, and May, 1840, we find :

<i>With tuberculous lungs,</i>	56
Died here,	30
Left the island,	22
Still here,	4
	—
Total,	56

From the character of the climate, we would naturally infer, and these, and other similar statistics firmly assure us, that whatever benefit is expected from Madeira, must be sought before the second stage of tubercular disease, and far better for the invalid if it be sought in the very incipient stage.

Whilst I have here endeavored to tell the plain truth of the comparative hopelessness of an advanced stage of phthisis in Madeira, it is only just to say that there are individual cases in the second and even the third stage where life is greatly prolonged. The instances in which we might strongly hope for this are, where the progress has been slow, where in

spite of organic obstructions, a good degree of vital force is maintained, where much of the constitutional disturbance has arisen from the recurring inflammation attending some cases of phthisis, and where a climate of a similar character has been known not to disagree.

I will mention again the case of Dr. Heineken, who lived in Madeira in comparative comfort for nine years, and was then carried off by imprudent exposure and getting wet by a storm on the water. "On examination after death, it was found that there was scarcely a vestige of one lung, and the other was in a condition which would not have allowed him to exist in England." His case is perhaps not more than one in a thousand in which we might look for the same beneficial results, in the same stage of the disease. In a large majority of ordinary cases, death is but hastened by this or any other warm and relaxing climate, under the circumstances here spoken of.

In regard to those forms of pulmonary disease which simulate tubercular phthisis but which are really of a membranous character we can give more encouragement. The dry form of either subacute or chronic bronchitis, where there is the racking cough, and scanty expectoration so frequently met with, will very frequently be greatly alleviated and very likely cured by a properly prolonged residence in this climate.

Again the various evils left after pneumonia, such as hepatization, purulent infiltration, loss of contractile power, &c., may often be arrested and removed by a timely resort to this genial and emollient air.

The climate is not favorable for heart-disease, and where disease of the lungs is accompanied by even a weak heart it would be better to seek some more invigorating air.

Finally, let me sum up the advantages and disadvantages of Madeira.

First, it has perhaps a more equable and harmless atmosphere than any winter resort with which we are at present acquainted.

Second, this equability of temperature extends throughout the whole year, so that should the invalid desire to remain there during the summer he may very likely do so with entire

impunity, and possibly with more benefit than he received during the winter. Dr. Heineken found that he rather retrograded during the winter but always gained ground during the summer. "Could I," he says, "enjoy for a few years a perpetual Madeira summer, I should confidently anticipate the most beneficial effects."

My friend, Dr. Haslett, of Brooklyn, formerly attached to the United States navy, has been in Madeira as late as the month of June, and describes the air during that month as being indescribably mild, balmy and delicious, "as though every breath was healing."

Perhaps there is no other spot in the world of the size of Madeira, where one may enjoy a temperature so high in the winter and so low in the summer. Dr. Heineken, in a communication to Sir James Clark says, "I believe Madeira surpasses every other place, because it contains within itself the means of equalizing the annual temperature more completely than any other spot with which we are acquainted. The lowest to which a thermometer, exposed all night in a north aspect, has ever fallen in Funchal during five years is  $50^{\circ}$  and the highest to which it will ever rise at such a distance up the mountains as would in every respect suit an invalid, need never exceed  $74^{\circ}$ . The sirocco visits us so seldom and its heat may so readily be avoided by closing the doors and windows, that it need not be taken into account. The mean annual diurnal range is from  $8^{\circ}$  to  $10^{\circ}$ , but an invalid may with ordinary precaution and without the aid of fires, live in a temperature never varying within doors more than perhaps  $6^{\circ}$  within the twenty-four hours.

"In a few words I would say, there is no occasion for a person, throughout the winter in Funchal to breathe night or day within doors an atmosphere below the temperature of  $64^{\circ}$ , or in the country and at such a height as to ensure dryness above that of  $74^{\circ}$ ; that he may during the summer take abundance of exercise by choosing his hours, without ever exposing himself to oppressive heats; and that in the winter he need not be confined to the house the whole day either by wet or cold more perhaps than a score of times."

The city of Funchal is usually chosen for a residence in the

winter, and the mountains in the neighborhood, or the north part of the island for the summer. This remarkable command of temperature which one enjoys at Madeira is of inestimable value to those who have found the climate agree, and who wish to prolong their residence for successive seasons. A large majority of invalids who are able to bear the fatigue of travel, will usually do better to seek in summer a cool and invigorating air, but the class of diseases for which Madeira is best suited, is that which requires rather a sedative than an invigorating influence. These will frequently bear well, and profit by a continued residence in Madeira.

The disadvantages of Madeira are the following:

First, it is inaccessible, especially for Americans, inasmuch as at present the quickest route is by way of England, and even from there it is in the neighborhood of eleven days by steam.

Second, one is necessarily deprived of some of the comforts and pleasures which can be enjoyed at most other places. For instance, there is not such a thing as a wheeled vehicle on the island, the hills being so steep that it is impossible to use them. In taking exercise one is therefore compelled to go on horseback, or in a sort of palanquin, a not uncomfortable method of travel after one has become accustomed to its use.

Third, the distance and isolation from all northern latitudes. There is no telegraphic communication, although this may possibly soon be remedied.

In regard to society, quite a large number of English and Europeans are always there in the winter, but of course it has not the lively appearance of cities in the south of Europe.

There is comparatively little of scientific or historic interest on the island, and it will be fortunate for the invalid, if he can make botany and geology a source of instruction and amusement.

The cost of living is not extravagant, and the water is said to be pure and excellent.

This I believe is the "round unvarnished tale" of Madeira.

ARTICLE XLV.—*Lachesis in Gangrene.* By L. B. HIATT, M.D., of Kansas. An Inaugural Essay. Published by consent of the Faculty of Hahnemann Medical College, Chicago.

I SELECT *Lachesis* as my theme, because I desire to call attention to its efficacy in a class of cases in which, I believe, it has hitherto been but little employed.

Traumatic gangrene, occurring as it does, suddenly, and spreading with alarming rapidity, is one of those morbid conditions which more than most others, perplex and baffle the physician, not unfrequently resulting in the loss of a limb, or even the loss of the patient.

Any drug, therefore, which promises to be valuable if added to the short list of tried and reliable remedies, from which the physician has to choose in the treatment of this malignant form of disease, should be carefully studied with reference to its adaptation to this especial use.

The provings we have of this poison, would not, I think, gain for it a higher position in this respect than is accorded to several other drugs, but there are, I believe, cases wherein a little judicious empiricism is justifiable, especially in such as it would be difficult or impossible to meet with their counterpart in the recorded provings. If the *Lachesis* would produce gangrene, who would like to persevere in the provings of this substance to the extent of its production, however anxious he might be to ascertain its range of action? \* \* \* \*

My attention was first directed to the use of this remedy in the above conditions by an article written by Dr. Dake, of Pittsburg, and I think it will not be amiss for me to repeat one or two of his cases.

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



Inflammation followed, and the whole hand was much swollen and painful. On the fifth day removed the dressings. Union by the first intention had taken place in some parts of the wound, in others, granulation was proceeding finely, but at the junction of the finger with the hand, at the lower part of the palm, there was a spot nearly the size of a twenty-five cent piece, puffed up, of an ashy-gray color, emitting an exceedingly offensive odor. Gangrene had commenced; one dose of Lachesis ʒ, arrested the process in a few hours. The dead portions sloughed off shortly after, and the healing process went on uninterruptedly to a favorable termination. The cure was completed and the finger saved.

CASE 2.—Young man, aged twenty-two. Ankle badly injured by being caught under a grind-stone. Tibia and fibula both broken about three inches above the ankle-joint; severe contusions of the parts, which were also much lacerated, leaving openings down to the tibia. Adjusted the parts, dressed and applied Arnica, as usual in such cases. Gave Arnica internally. All things went on well, seemingly, until the seventh day, when on entering the room, my attention was arrested by an exceedingly offensive fœtor. I recognized it as an indication of gangrene, and exposure of the parts confirmed my suspicions.

For some distance, around the borders of the flesh-wounds, appeared bluish-purple vesicles, covering a dirty looking ash-gray ground; and it really appeared as if amputation would be forced upon me as the only proper expedient.

An experienced physician who saw it with me, said as much; but I determined upon trying Lachesis, and gave one dose of the 6th, which acted as if by magic. In six hours, the nature of the case was entirely changed; in twenty-four the blisters had disappeared and the swelling gone down, and two days after the dead portion sloughed off, bringing to view a healthy granulating surface.

The wound henceforth healed kindly, and in due time the cure was completed and a foot saved, which, but for Lachesis, would have been sacrificed. Dr. Dake also states that he has used this remedy with marked success in the treatment of gangrene from burns. [*U. States. Jour. Homœop.*, Vol. I, pp. 59-61.]

On the 16th of October, 1861, I was called to see John Cannon, who was suffering from a compound transverse fracture of the humerus, the fracture having occurred about one inch above the condyles. The accident was caused by his falling from a horse; he fell with so much force upon the hard ground as to force the upper fragment of bone through the anterior surface of the arm, producing severe injury to the soft parts. I placed the fragments in apposition, and, expecting severe inflammation, left Aconite and Arnica to be given internally, and Arnica lotion for local application.

October 17. Patient rested tolerably well most of the night, but there was considerable heat and swelling about the seat of the injury. Continued treatment as before.

October 19. Inflammation seemed to have increased steadily; the hand and arm are very much swollen, and the patient complains almost continually of the severity of the pain. He had a paroxysm of ague the day previous, for which I left Nux to be taken during the day, with orders to resume the Aconite and Arnica in the evening.

Oct. 21. Was called to visit my patient; his father said they were becoming alarmed because of the very unpleasant odor coming from the wound. On examination I found that the report concerning the odor was not an exaggeration. The edges of the wound were very much everted, and their color had changed from red to a dirty ashen hue, and from the wound there issued a filthy, watery discharge. The pulse was more rapid than formerly, but small and rather soft.

I remembered having read the article referred to, and left, not a single dose, but two doses of Lachesis; one to be taken immediately, and the other at the expiration of six hours.

Oct. 22d. The offensive odor had almost entirely gone; the patient seemed much more cheerful than formerly, and in a few days the wound healed nicely without the use of any other medicine.

In the fall of 1862, I had under my care some wounded soldiers. One case may be of interest as bearing upon the subject under consideration. I regret very much that I cannot find the notes which were taken during the progress of the case. As it is, I can only give some of the principal features from memory.

The wound was caused by a musket ball, which entered the back of the hand, severely shattering two metacarpal bones near their phalangeal extremities, and wounding the soft parts extensively. He had also a bayonet wound in the side. The case did not receive much attention during the first ten days. When I saw him on the third day after the battle, the hand was so much swollen as to render it almost impossible to remove the spiculæ of bone, and I deemed it imprudent to attempt anything of the kind until the inflammation should in a measure subside. I therefore applied Arnica locally, and gave Aconite and Arnica internally. At the expiration of two or three days the wound presented very much the appearance of my first case. This time I concluded to try Arsenicum for the purpose of ascertaining if possible the relative value of the two remedies. Gave Ars. 3, for twenty-four hours, during which time the gangrenous appearance slowly but steadily increased. Seeing now that my patient was in great danger of losing his hand, I discontinued the Ars., and gave Lachesis, which in a few hours affected a favorable change in the case. The hand was saved in a condition of partial usefulness.

I know there are some who would refuse to believe that such results were derived from the use of Lachesis; while a few will say that the poison, administered by the mouth, will have positively no effect in health, and consequently none in disease. Others deny the existence of any such medicine in the market; these are questions that I do not propose to argue, yet I think, when well selected, the medicine sold under the name of Lachesis, produces pretty generally uniform and satisfactory results in the treatment of disease.

In the pathogenesis of the drug may be found some indications for its use in the conditions under consideration. Kuhn reports the case of a young soldier bitten by this serpent; the arm and hand became inflamed and swollen, the place where the bite had been inflicted was gangrenous, and the arm from the hand to the shoulder was covered with gangrenous blisters, rendering amputation necessary.

In Hull's Jahr may be found the following symptoms: "Gangrenous blisters on the skin," both as having been cured by it, and as a pathogenetic symptom.

In affections of the mouth we find "gangrenous spots in the mouth, preceded by painful burning of the tongue" in the class of maladies relieved by the remedy.

Under the head of Affections of the Extremities may be found mentioned "gangrenous ulcer on the finger," also "black gangrenous ulcer on the legs."

With our present imperfect knowledge of the materia medica, it is difficult in these, as in some other cases, to select remedies; having for our guide only the provings. \* \* \* \*

I trust that I shall not be thought presumptuous if I feel inclined to insist upon the careful consideration by the profession of what I believe to be a clinical truth of great value. It is true, as I before remarked, that the provings alone would not assign to Lachesis a very high position among the remedies for gangrene, but cases like the above, which I respectfully submit, cannot but arrest the attention of thoughtful physicians. They present to the profession hints that *may* be more precious than ingots of gold. Let them be weighed and tested, and, if found worthy, added to the treasures of our materia medica.

ARTICLE XLVI.—*The Differential Diagnosis of Hysterical Affections.* By R. LUDLAM, M.D., Professor of Obstetrics and Diseases of Women and Children, Hahnemann Medical College, Chicago.

(From the Medical Investigator. Concluded from page 800.)

THE hysterical *aphonia* is readily detected. Aponia is never an idiopathic affection. It may arise from laryngeal inflammation, or some of its numerous sequelæ, in which case the constitutional and local symptoms presented would aid you in its differential diagnosis. Thus, to tabulate the difference between hysterical aponia and that which is consequent upon laryngitis, we have in

**APHONIA FROM LARYNGITIS.**

1. Febrile disorder; a quick pulse.
2. The loss of voice is sudden and complete in proportion to the extent and violence of the inflammation. It does not disappear suddenly, but is liable to pass into the chronic form. It is sometimes a sequel to laryngitis.
3. There is more or less cough and expectoration, which is paroxysmal, and varies in its character in different stages of the disease.
4. The inspiration is noisy, harsh and stridulous. At an early period it may be croupal, but later is less labored and softer.
5. The dyspnoea is attended by an anxious expression of countenance.
6. She complains of sore throat. The fauces and uvula are congested and inflamed, with tickling, raw, or burning sensations which extend into the trachea.
7. Pain referred to the *pomum Adami*. These pains are sticking and lancinating.
8. The anterior surface of the neck is sore and tender to the touch, and she will not permit one to handle it roughly.
9. In the acute form, the aphonia usually results from "taking cold."
10. In the chronic form, it may arise from over-exercise and stimulation of the vocal organs, or from causes which occasion a low grade of inflammation with hypertrophy or ulceration of the laryngeal mucous membrane.

**HYSTERICAL APHONIA.**

1. Absence of fever; the pulse is normal.
2. The aphonia comes and goes abruptly, without leaving any local lesion or sequel behind. The relief is sudden and perfect.
3. Cough is a rare concomitant of hysterical aphonia. There is no necessary or characteristic expectoration.
4. The inspiration is heaving, sighing, and spasmodic, the *râle* being moist and softened in its tone.
5. The features are calm and inexpressive. The suffocative fits do not alarm her.
6. Complete absence of faucial and tracheal inflammation and suffering.
7. No complaint is made of positive pain in or about the larynx.
8. Globus hystericus, with clutching at the throat. She tears away the clothing about the neck.
9. Never results from this cause, unless it has first given rise to some disorder of the menstrual function, upon which the aphonia is secondary, as for example, amenorrhœa (*suppressio mensium*).
10. When chronic, is invariably dependent for a cause upon some uterine, or cerebro-spinal lesion.

You should not confound the hysterical aphonia with that

which is apoplectic. The apoplectic habit, as well as the more decided symptoms of cerebral congestion, would remove all sources of fallacy in the diagnosis of these two affections. In the hysterical aphonia, in addition to the general insurrection among the functions, the result of over-excitement, there is an evident hyperæsthesia of the brain and spinal cord. In the apoplectic condition, the loss of voice presents a characteristic and an unfavorable symptom of hyperæmia, or engorgement at the base of the brain. The respiratory ganglia suffer the immediate consequences of the congestion. The organs to which the pneumogastric nerves are distributed, first the larynx, and afterwards the heart and lungs, are necessarily implicated in the resulting disorder. The cause is centric, and the consequences are disastrous.

The hysterical *cough* is a species of nondescript. Its negative peculiarities are by far the more prominent. Physical exploration affords no criteria by which to judge of its seat or its significance. None of the symptoms give evidence of irritating matters lodged in the respiratory organs, or of any lesion of the pulmonary circulation. The cough is purely sympathetic, reflex in its origin, and serious only through its persistency.

It is likely to be aggravated or excited by the most trivial causes. Among these, the various emotions influence it greatly. In the case of a patient I treated some years ago, the slightest movement in the room, the opening or shutting of a door, however noiselessly, the step of an attendant, or the least current of air, invariably precipitated a violent paroxysm of coughing. She made complaint of tenderness in the region of the upper cervical vertebræ. The symptoms vanished immediately she had taken a few doses of *Silicea 6*. Your tact will frequently be called into exercise to dispel a settled conviction on the part of the patient, or her friends, that she is really consumptive. The same bias for imitation which sometimes causes a number of women to be seized with hysteria in a room where another is in a fit, leads those who are predisposed to hysterical affections to simulate a cough which does not depend upon any lesion whatever, but may result in harmful consequences unless recognized and properly treated. The

cough is harsh, dry, barking, and paroxysmal, as in pertussis. It alarms those who hear it more than the patient herself, who evidently suffers little in proportion to the frequency of the paroxysm. It is sometimes complicated with spasm of the diaphragm, in which case the singultus annoys the patient while it amuses her. This admixture of symptoms, especially in the early stages of the disease, causes her to laugh immoderately, to sob, choke, cry, and perform the most grotesque motions. If the diaphragm is considerably affected there will be more or less orthopnoea. The pulse is but slightly accelerated, and the appetite and digestive function are intact. In rare instances where there is amenorrhœa, hæmoptysis may occur. This hæmorrhage is less serious and significant than under other circumstances, and is to be regarded as a vicarious menstruation.

The spurious form of *asthma*, styled the hysterical, may be known from "nervous asthma" by its manifest connection with some uterine or menstrual disorder. The attack usually anticipates the monthly flow. The chest is tight and constricted. The dyspnoea is aggravated by emotional causes, more especially such as excite the passions and tend to pervert the moral nature. Even during the suffocative fit one may detect the hysterical fondness for simulation. The counterfeit will be recognized in the peculiar expression of the eye and features, the state of the pulse, and the absence of expectoration as a sequel to the paroxysm. The regularity of the attack—when it returns every month—will confirm the diagnosis. Females who have passed the climacteric period are exempt from the hysterical but not from the "nervous asthma."

The cardiac affections with which certain forms of hysterical disorder are liable to be confounded are valvular lesions, dropsy, and displacements of the organ.

When they do exist, the symptoms of *valvular disease* of the heart in hysteria are almost invariably associated with chlorosis. The blood is anæmic and impoverished. Disturbed rhythm of the heart's action, with fluttering and præcordial oppression, are natural and necessary consequences. There is palpitation and an exaggerated impulse of the organ against

the thoracic parietes. In chronic cases there may be dropsy of the lower extremities, and possibly of the face also.

Excepting the anæmia, the symptoms first enumerated are also met with in examples of true valvular disease. We must therefore rely upon physical exploration to settle their differential diagnosis. In *bona fide* lesions of the valves, either the first or the second sound of the heart is impaired in its quality, or its place is supplied by an abnormal murmur. If the former is implicated or supplanted, we know the auriculo-ventricular valves are diseased; if the latter, that the aortic or pulmonary valves are the seat of the difficulty. This is the key to organic diseases of the valves themselves.

Now, in the hysterical affection of the heart which simulates the form of endocardial lesion, known as valvular disease, we shall discover that both the cardiac sounds are normal. With the first of these, however, we note the soft bellows' murmur of anæmia. This adventitious sound arises from changes that have taken place in the blood, as well as from deranged innervation of the heart itself. The mitral and aortic valves perform their functions properly, and, despite the palpitation and præcordial disorder, there is no change in the pulse at the wrist. The dropsy of the feet and of the face is of hæmic origin. All the physical signs of valvular disease are lacking. There is neither a patency nor a constriction of the orifices, and no insufficiency of the valves that could possibly give rise either to obstruction or to regurgitation.

The importance of a correct diagnosis between these two affections is illustrated in the following *case*: Miss — came to Chicago from one of the New England States to consult me for the relief of præcordial symptoms which had troubled her for some three years. Her disease had been pronounced a valvular affection of the heart, and she had already received treatment at the hands of two or three physicians. She complained of languor and lassitude, anorexia, with disgust for meat of all kinds, of which she had eaten none for more than two years. The bowels were habitually constipated. The slightest exertion produced fatigue and a distressing dyspnoea. The recumbent posture was the most agreeable, indeed she could not rest in any other. There was almost complete in-



somnia. When she slept at all it did not refresh her, and she awakened with renewed apprehension of impending calamity. The complexion was chlorotic, the *alæ nasi* and lips colorless.

- The pulse 82, weak and compressible, but regular. There was palpitation of the heart, and painful oppression of the left chest, both of which were most marked after exercise, or when lying down. Auscultation revealed the bellows' murmur accompanying the first sound of the heart, as these inorganic murmurs always do, and I felt assured that what had been mistaken for valvular disease must be chargeable to the deteriorated quantity of blood itself. I treated her for the chlorosis, and the cardiac symptoms soon vanished. In three months she was quite well, and has continued so during an interval of six years.

The abnormal and deceptive sensations sometimes referred to the *præcordia* in case of hysteria may lead the patient, and possibly the physician, also, to conclude she has *dropsy of the heart*. She complains of dyspnœa, especially during or after exercise, as for example, in sweeping a room, or ascending a stairway. There is orthopnœa, real or counterfeit, and *præcordial* oppression, even when standing or sitting. The heart feels as if confined, cramped, and compressed. It does not act freely. Sometimes it has a sensation as if suddenly turned topsy-turvy; again, as if the blood were gurgling from it, leaving it empty; or possibly, as if laboring within a fluid, so that each pulsation caused the water to splash against the parietes of the thorax.

In settling the question of diagnostic difference between this spurious affection and true hydropericardium, care and thought are requisite. For example, one should remember that, in the adult subject, dropsy of the heart is, in the great majority of cases, a sequel of rheumatic inflammation, and that it most generally follows an attack of acute pericarditis. In other words, it is secondary to, or imposed upon this peculiar organic lesion. The same is not true of the hysterical disorder, which, in its objective symptoms only, simulates dropsy of the heart. In the former disease, physical exploration affords unequivocal signs of the presence of a fluid within the pericardium, while, in the latter affection, all these signs

are lacking. In hydropericardium, the heart-sounds, the respiratory murmur, and the vocal resonance, as well as the pulse, are always implicated. In the hysterical, or imaginary dropsy of this viscus, these are intact, the pulse especially being strangely and persistently normal. In the one case the nutritive function is impaired. The blood becomes thin and impoverished. There is a tendency to dropsical effusion in the joints, the lower extremities, and possibly, also, to general anasarca; while in the other affections, such concomitant symptoms are never present.

Hydropericardium has no necessary, specific, or ætiological relation to menstrual states and irregularities. The restoration of the catamenia following the removal of amenorrhœa, the termination of pregnancy, or of lactation, never yet cured a case of this kind. The opposite is true of the spurious "dropsy," which has sometimes been mistaken for it. The former is a grave disorder, especially when the patient is of a dropsical diathesis, or if she has suffered from previous lesions of the heart, the larger blood-vessels, or the lungs. The latter is never serious.

It is not an uncommon occurrence for a hysterical patient to complain that her *heart is displaced!* This symptom, which seems an actual displacement, may annoy her exceedingly. She sometimes imagines the mal-location, or dislocation, is transient; again, that it is permanent. In the former case she is disposed to globus hystericus. Emotional influences "bring her heart into her mouth." She suffers from violent palpitation, and sometimes from abnormal and preternatural pulsations in different parts of the body. This latter symptom assures her of permanent displacement of the heart. Her general appearance is healthy, and she may be of plethoric habit. Her looks belie her symptoms.

Auscultation unerringly decides the differential diagnosis between a true displacement and one that is sensational and imaginary. As a rule, you will perhaps encounter more numerous examples among the latter among healthy and bouncing Irish girls than in any other class. Occasionally, however, the anæmic murmur is so audible to an intelligent patient as to suggest that she really hears the sound of her

own heart, and that, consequently, the said viscus must be "out of joint." Under such circumstances, it will not be difficult to explain the cause of the error into which she has fallen.

The *gastric disorders* that partake of a hysterical character are almost invariably associated with uterine luxations, or ulceration, dysmenorrhœa, leucorrhœa, or pregnancy. The dyspeptic symptoms and suffering consequent upon these lesions are easily recognized. They are of reflex origin, and differ essentially from those which pertain to the simple and more ordinary forms of sub-acute gastritis, gastrodynia, gastralgia, &c., &c. In every example of obstinate derangement of the digestive system, occurring in the female between the ages of fourteen and forty-five, it will become your duty to examine and to ascertain if one or more of the above-named conditions is not the cause of the disease.

Among the hysterical impediments and sequelæ of labor, none are more embarrassing and serious than those which simulate *perpetual peritonitis*. Post-partum hysteria is not always easy of recognition. We naturally look for it in those who, prior to conception, were subject to a slight form of mental unsteadiness, and who are predisposed to "nervousness." The changes incident to the pregnant state frequently have the effect to fortify such persons against its outbreak until during or subsequent to delivery, the peculiar symptoms crop out again. As the period of her trial approaches, she becomes exceedingly anxious and super-sensitive. This is especially true in primipara.

In a majority of instances the fit comes on abruptly. Everything may be going on well, when a sudden shock of the emotional faculties precipitates a paroxysm. There is no other apparent cause for the perturbation that follows. The lacteal secretion and the lochia were normal in every respect. The abdomen becomes tender and tumid. A little later she complains of pain in the hypogastrium. The lower extremities are extended, or may assume any other position. The skin is neither unnaturally hot nor cool. She has had no decided chill. There is no sensible excess of perspiration. The flow of urine may be more free than natural, or possibly she may suffer from retention thereof, or from strangury. The pulse is nearly

or quite normal. If at all changed, it will usually be found slower than at your last visit. The delirium is peculiar—in a word, is hysterical. If you attempt to administer a remedy in the form of a little powder, she seizes it and tears the paper in twain in a twinkling. This is done before your eyes most deliberately and defiantly. She clenches her teeth, closes her lips, and thrusts her face into the pillow, as in other forms of hysteria. This type of the disorder may pass into puerperal mania, but is rarely fatal.

Now, in genuine child-bed fever, although there is no pathognomonic lesion, any more than in surgical fever, to which it bears a strong resemblance, the symptoms are in reality very different. If there is perimetritis, endometritis, peritonitis, or metro-phlebitis, the usual constitutional signs of local inflammation will be present. If these are lacking, the case may assume an adynamic type, and evidences of toxæmia, or blood-poisoning, be gradually manifested. None of these symptoms are met with in the hysterical or spurious variety of this fever.

In true puerperal fever there are present a characteristic frequency of the pulse, which persists despite a copious diaphoresis, or diuresis; rigors and great exhaustion; severe frontal headache; a suppression of the milk and of the lochia; excessive abdominal distention and tenderness, which latter is greatly increased when the limbs are extended in the bed, or by allowing the clothing to fall upon the tumor; and a hippocratic expression of the countenance. In the more severe cases the period of collapse sets in early, and the patient is liable to die in a few days.

Thus you will perceive the differential diagnosis between those two affections involves a most important question, not only in therapeutics, but in prognosis also. If the symptoms, which make their appearance a few hours subsequent to delivery, are due to functional derangement of the nervous system, the plan of procedure and the probable result of treatment will be manifest. But if the reflex nervous system is not accountable therefor,—if they have originated in the resorption of post-organic matters from the uterine cavity, the more ordinary causes of the phlegmasiæ, or the introduction

of some specific ferment into the blood, the consequences will be more alarming and serious.

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ARTICLE XLVII.—*Medical Merchandise.*

(From the *Medical Investigator* for March, 1865.)

THE relation between the pharmacist and the physician is a peculiar and responsible one. Next to an available *Materia Medica*, a reliable pharmacy is most necessary and desirable. Not only is it requisite, in case of disease, that remedies be well chosen, but, also, that they be carefully and conscientiously prepared and preserved, and if not so prepared and preserved they cannot be depended upon. For this simple reason, the reputation of the physician, as well as the life of the patient, are based upon the honesty of the pharmacist.

One thing tends to lower the standard of purity in whatever we need at the hand of the dealers. Our medicines become a species of merchandise. Triturations and dilutions, the vehicle and the vial, pellets, powders, and potencies are in the market. The ignorant and the unscrupulous may speculate upon them until, by frequent changing hands, or from recklessness on the part of those who put them up, the scale is lowered, and the article becomes untrustworthy.

The responsibility rests not alone with the pharmacist. When the physician cheapens the price of an article by demanding it for less than the price of its production, he is really offering a premium for a poor article. This is what fills the medical market with crude and adulterated preparations, and this is what induces intinerant venders to ransack the country like the agents of so many bogus insurance companies. So long as physicians continue to make their purchases of irresponsible parties, so long will these parties intrude their unreliable wares upon the profession and the public.

We have learned that the country has recently been canvassed by pedlers of cheap pharmaceutical preparations, offering to supply a pure (?) article of Sugar of Milk for 75 cents per pound, when it cannot be imported in the crude and impure crystals by the 1000lbs at less than 80 to 90 cents. When

gold was at par, 75 cents was a satisfactory price both to buyer and seller. No reasonable man would expect to buy a good article now at the old price.

Globules are offered by these parties at 35 cents, when the cost of pure sugar, by the cask, is 30 cents the pound. To our certain knowledge, the actual expense of manufacturing the globules, keeping them free from impurities, is from 15 to 20 cents per pound. It is simply impossible to sell good pellets at 35 cents.

They also propose to retail German tinctures at 25 cents per ounce, when these tinctures cannot be imported for less than about 30 cents. In putting them up, we must add the cost of the vial and cork, the labor, and the legitimate profit. The margin being the wrong way, the inference is that the tinctures never came from Germany at all.

These are but a few items touching this subject. To the thoughtful and conscientious physician they are full of meaning. We need not enlarge upon the cupidity of irresponsible dealers. They grade the quality of their goods to suit the market. Their accountability, as affecting the lives and physical welfare of their fellow mortals, is not immediate, like that of the physician. If they find the doctor disposed to purchase remedies at ten cents less the ounce, or the pound, they are ready to furnish them, more especially as it is difficult to detect the counterfeit.

We are persuaded that the course which many physicians have taken in endorsing this species of traffic is neither economical nor consistent. Suppose one does save a little in his outlay for medicines by the purchase of a cheap preparation, what security has he that it is either genuine or reliable? His *Pulsatilla* may prove to be the medicine he bargained for, or it may not. The label on the bottle is not under bonds to speak the truth. It is not to be depended upon in the attempt to save the life of a patient. Our remedies, at best, are too delicate, their dynamical relation to the human organism too significant and mysterious to warrant us in bartering away the privilege of accomplishing great good through their instrumentality, for the mere sake of saving a few paltry dollars. There is no fear of the physician's having to pay more than is

necessary for a good article at the hands of a respectable and responsible pharmacist. A healthy competition will always keep the scale of prices where it should be.

An indirect effect of the miserly and short-sighted policy of which we have spoken is to place temptation in the way of the best pharmacist to relax their efforts and to slacken their diligence in the proper direction. They must compete with the old-style druggist, the eclectics and the wandering Arabs. While these questionable sources of supply continue to be endorsed, there is danger of compromise on the part of those who have devoted their best energies and their whole fortunes to the building up of a creditable and reliable pharmacy. Every true physician in our ranks has a responsibility and an interest in averting such a calamity. While it remains as impossible for the patient always to say what remedy he needs, as it is for the quadruped to reason upon the utility of food or exercise, it will be necessary to avail ourselves of the services of the physician. Therefore, his arm and his resources should not be shortened or crippled through a defective pharmacy. He may affiliate the remedy, but the patient's nerve-centres can never correlate what he has chosen, to remedial forces, unless, at the same time, it be also properly prepared and administered.

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## General Record of Medical Science.

### 1. *The Metals of the Future.*

THE first of these metals to be brought into commerce was Aluminum. Proved to exist by Davy, in 1808, but first actually obtained by Wohler, in 1827. Down to 1851, Aluminum had been obtained in exceedingly minute quantity, and only in the form of a "gray powder." The first compact piece, weighing more than a few grains, ever produced, was exhibited in the French Department of the Hyde Park International Exhibition. By 1854, Sainte-Claire Deville had shown how it could be produced in almost any quantity, and soon the production of Aluminum, which had hitherto been confined to the laboratories of the most expert of the brotherhood of chemists, began to take rank among the industrial arts. At the end of 1854, the selling price of Aluminum was still at the rate of £55

per pound, but in 1858 the price was reduced to £5 per pound. In 1860, the manufacture of this metal, under Deville's patents, was undertaken in this country by Messrs. Bell Bros., of Newcastle-on-Tyne, who now produce it in considerable quantity, and are at present selling it at about £3 per pound. As yet, it has been applied to scarcely any but ornamental purposes, and to these chiefly in its alloys with copper, known as "Aluminum bronze."

Of these alloys of Aluminum and copper there are three in use, containing, respectively, 5, 7-5, and 10 per-cent. of Aluminum, and selling at 4-6, 5-6, and 6-6 per pound. These alloys "so like gold are scarcely distinguishable therefrom, with the additional valuable property of being as hard as iron," and they are being very largely used, instead of gold, for watch-chains, watch-cases, pencil-cases, and trinkets generally, and also for articles of ornament for the table. Aluminum by itself, has as yet, been used only in the construction of mathematical instruments, and as material for the delicate weights of chemists' balances, and also for statuettes and other small works of art produced by casting. Except for its dull color and inferior lusture—which, however, are probably due in part to impurities contained in the metal as at present produced, so that we may expect that a metal much richer in color and lusture will be obtained when the metallurgy of Aluminum shall have arrived at greater perfection—Aluminum would be especially suited for applications of the latter kind, since "it requires a much less intense heat than silver for melting, and when melted, solidifies much more slowly, and is therefore particularly well adapted for castings that require to be executed with great delicacy."

Considering how short a time has elapsed since the art of eliminating Aluminum from its compounds had its birth, the present selling price of the metal is marvelously low; but at the same time it no doubt greatly restricts the use of the metal. While its present price continues, Aluminum will probably be confined to such applications as those mentioned above; but at the reduced cost, which is sure to be the result of improved processes of production, the area of its applications will doubtless be very widely extended. Its lightness (its specific gravity being only 2.56, or about one-fourth of that of silver and about one-third of that of iron); its greater freedom, as compared with the commoner metals, from liability to discolor or oxidize by exposure to the atmosphere; sonorousness, "greatly exceeding that of silver as regards clearness;" its non-liability to be acted upon by any of the elements of ordinary foods, and the non-poisonous nature of salts—negative qualities eminently fitting it for use as a material for vessels and utensils to be used for culinary purposes; and finally, the great tenacity\* and malleability of many of its alloys, and the exceeding hardness of others—these are properties which are certain to secure for Aluminum, whenever its price shall permit, applications quite as numerous and as extensive as those of any metal at present in ordinary use.

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\* The tenacity of a wire of Aluminum bronze containing 10 per-cent. of Aluminum is greater than that of a wire of the best iron, of the same thickness, in the proportion of 155 to 100.



Another of these metals, *Magnesium*, the base of the earth magnesia, is now being "brought from the laboratory into the workshop of the artisan." Three years ago all the chemists who had ever obtained magnesium at all had probably not obtained an ounce among them, and only one year ago the selling price of the metal was still at the rate of 112 guineas per pound. Prof. Roscoe, however, on Friday week, exhibited some pounds of magnesium (of very much purer quality than had ever been seen while the metal was produced only by the grain), which he had himself seen produced the day but one before, during a half-hour's visit to the magnesium works which Mr. Sonstadt has recently established at Salford; and one of the five cardinal facts in the history of magnesium, which, the better to impress them on the minds of his audience, he had caused to be stated on a painted placard hung above the platform, is that Mr. Sonstadt is now selling magnesium wire at three pence a foot.

Magnesium is a lighter metal than aluminum, its specific gravity being about 1.74. It is thus rather more than six times—whereas aluminum is only four times—lighter than silver. Its color and lustre are to those of aluminum as those of silver to those of zinc; indeed, if either of the two metals, magnesium and silver, has any superiority over the other as regards beauty and richness of color and appearance, the advantage is probably on the side of magnesium. In one important particular, magnesium has certainly the advantage of silver; while it does not oxidize, in a moderately dry atmosphere any more readily than silver does, it is entirely unaffected by sulphuretted hydrogen, by which silver is so speedily tarnished.

Though magnesium does not exist quite so abundantly perhaps, as either calcium or aluminum, there is very much more of it in the world than of any of the commonly used metals, not even excepting iron. Besides entering into the composition of an immense number and variety of less abundant minerals, it constitutes 13 or 14 per-cent. of dolomite, or magnesian limestone, a rock which is found in almost all parts of the world in enormous quantity. In England, for example, "the magnesian limestone formation extends from Tynemouth to Nottingham, a distance of 147 miles," and over, at least, part of that long life is 600 feet thick. Magnesian limestone consists partly of carbonate of magnesium and partly of carbonate of calcium; but carbonate of magnesium by itself, exists in immense masses in some parts of the world as, for instance, in Greece and in India. In the ocean, moreover, magnesium exists in such quantity that where salt is obtained by evaporating down sea-water, the "mother liquors" left, after the separation of the salt, might be used as perhaps the most economical ore of magnesium. Mr. Sonstadt has calculated that the ocean contains *one hundred and sixty thousand cubic miles* of magnesium—a quantity which would form a cubical mountain measuring fifty-four miles every way, and would cover the entire surface of the globe, both sea and land, to a thickness of more than eight feet.

What are the uses of the metals of which the world thus contains such a marvelous store, and the obtainment of which in any quantity—in such quantity, for example, as that in which we obtain iron—is now, thanks to the genius of Mr. Sonstadt, simply a question of working on a sufficiently

large scale? Considering that it is little more than a year since the metal was first produced by the ounce, it is not wonderful that we can as yet answer this question only imperfectly—that with respect to the properties of the new metal very little is at present known. No metal, except gold, is better adapted for purposes of ornament; it is believed to be specially suited for telegraphic purposes; and struck by the fact that it is very little heavier than heart-of-oak, while in certain conditions as to purity, &c., it is believed to be as strong and tenacious as steel, some one has suggested that, when it shall be cheap enough, we shall build our ships-of-war of it; but the only application of it which has as yet actually been made, is one dependent on the extreme richness in actinic rays of the light given forth by the flame with which it burns in atmospheric air.

The light is richer in actinic power than any other artificial light known—is so rich, indeed, in chemical rays, that the sun itself, when unobscured by a fog or cloud, exceeds only by thirty-four times the chemical power of a magnesium flame having the same apparent diameter as that which the sun presents. The result is, that by the light produced by the combustion of magnesium wire, such as is now being sold at three pence a foot, we are able to obtain in any weather, and at any hour of the day or night, much better photographs than can ever be obtained in this country by sunlight, except on such clear and sunny days as occur in this climate but very rarely indeed. Magnesium will thus render us henceforth independent of the sun for photographic purposes, and will, moreover, enable us to obtain photographic pictures of places—such as the interior of caves and mines, the passages in the interior of the Egyptian pyramids, and the like—into which sunlight never enters, nor can enter.

But it is not in actinic power alone that the magnesium light exceeds all other artificial lights yet produced. For the purpose of artificial illumination generally it is without a rival. A very thin magnesium wire will give off in burning as much light as a very powerful electric lamp; but the magnesium light, unlike the electric light, is soft and diffusive, and does not in the least dazzle or pain the eyes. It is, moreover, of the purest white, so that all colors, even to the most delicate tints, are seen in it as perfectly as in sunlight, while the magnesium lamp has over both the electric lamp and the ordinary gas-light the advantage that it can be carried about as readily as a candle. A still greater advantage—one, indeed, of immense importance—which the magnesium light has alike over gas, and over any kind either of oil-lamps or of candles, consists in the circumstance that magnesium, in undergoing combustion, gives off no deleterious vapors, nor indeed any vapors of any kind. Instead of its burning as gas, candles, and oil do, into aqueous vapor and carbonic acid, with a greater or less admixture of sulphuretted hydrogen, and other furniture-destroying, plate-tarnishing, and health-injuring compounds, the only product of the combustion of magnesium is a harmless *solid*, the oxide of magnesium or magnesia. All this points to the magnesium light being likely to come extensively into domestic use, while its great brilliancy would seem to render it eminently adapted for use in light-houses. In all probability its price will not long be an obstacle to either of these two applications of it; for

even now, while the manufacture of magnesium is not yet three months old, the light from magnesium is but little more costly, quantity for quantity, than that from "composite" candles, seeing that two and a half ounces of magnesium will give forth, during combustion, as much light as *twenty pounds* of the best stearin.

Such is a rapid outline of what has as yet been done toward bringing into common use two of the three most abundant metals in nature—metals which will probably one day exceed all others in the variety and importance of their applications. With calcium, the other of the three metals in question, we are almost unacquainted in the metallic form. Combined with oxygen and carbon, it exists in nature certainly in greater quantity than magnesium, and probably in greater quantity than aluminum; but it has never yet been eliminated by more than a few grains at a time. The largest pieces of it ever seen are some recently obtained by Mr. Sonstadt, none of them weighing more than twenty grains, and it has probably never been seen pure at all. Much the same had been said of both barium and strontium, which two metals, although they cannot be compared for abundance with either calcium, aluminum, or magnesium, yet exist in quite as great a quantity as some of the metals now in common use, and in quite quantity enough to permit of their being of much importance in the arts in future.

The extraction of these "metals of the earth" from the compounds of them with oxygen and other bodies which exist everywhere in such vast profusion, is the object of a new branch of the art of metallurgy, which may be said to have had its origin entirely within the last decade, and which promises to rapidly attain immense proportions. Of the principles and processes which distinguish this new branch (which has very little in common with the other branches) of the metallurgical art, and of what has yet to be done in order still further to cheapen the metals to which it is applied, we may probably speak in another article. (*Med. and Surgical Reporter.*)

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## 2. *Medical Properties and Applications of Protoxide of Nitrogen.* By GEORGE J. ZEIGLER, M.D., of Philadelphia.

As an *anæsthetic*, protoxide of nitrogen is unique, differing essentially from all other agents of the kind in chemical constitution, physical properties, and physiological influences, for these latter are not only chemically dissimilar, but always more or less directly sedative in their action upon the animal organism; whereas, the former is *ab initio*, primarily and permanently stimulant, not even being followed, unless in exceptional cases, with any of that languor or depression so peculiar to the others. Thus, for instance, in regard to constitution, while all other anæsthetics are composed principally of the elements, hydrogen and carbon, the sole and exclusive constituents of nitrous oxide are oxygen and nitrogen. Besides in their relative effects upon the living economy there is as great a disparity between protoxide of nitrogen and all other agents employed for the production of

insensibility as there is in composition. This is especially manifest in the action of those representative anæsthetics,—chloroform and ether; for the former, as elsewhere stated,\* not only directly prevents aëration of the blood, but, doubtless, also deoxydizes that fluid and diminishes general chemico-organic action, stupefies the brain, depresses the nervous system, causes relaxation of the muscular and other tissues, paralyzes the heart, and thus produces death; its tendency being, in fact, to prostrate the vital energies and destroy life by direct and positive sedation; while Ether, though primarily somewhat stimulant to the brain and nervous system, and less immediately active in arresting oxydation and metamorphosis, and in inducing insensibility, stupor, and paralysis, is yet ultimately depressing and destructive, much in the same way as its congener. Hence the process anæsthetization as thus accomplished, is a process of devitalization, and the anæsthetic condition a state of suspended animation artificially produced, the truth of which is demonstrated by the fact that this, approximate or partial, often proceeds, notwithstanding the utmost care, to complete and absolute death. These agents are, therefore, positive and powerful sedatives, if not altogether in their immediate, certainly in their more ultimate effects.

The physiological influence of Nitrous-oxyde is, however, the reverse of this: for, instead of retarding, it, on the contrary, increases oxydation of the fluids and solids of the body, stimulates the brain and nervous system, augments general and special sensibility, excites muscular and general contractility, accelerates molecular metamorphosis, promotes general nutritive and vital action, invigorates the whole system, and acts as a true tonic. Its effects in these respects are, indeed, so well marked as to place it in direct antagonism to the various sedatives, and render it very efficient in not only counteracting their depressing influence by direct stimulation, but also to some extent as an antidote thereto. There is, therefore, a wide difference both in constitution and properties between these respective agents and Nitrous-oxyde; for, while the former arrests, the latter promotes and intensifies life-action.

But it may be asked, if such is the case, how comes it that Protoxyde of Nitrogen acts as an anæsthetic at all? for it is well established that it will produce insensibility, a fact long since observed by Sir Humphrey Davy,† and abundantly verified by recent experimentation. This effect of Nitrous-oxyde was indeed so apparent to Davy, that it led him to suggest its applicability for the relief of pain from surgical operations, as the following extract from his work will show:‡ “As Nitrous-oxyde in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place.”

Notwithstanding, however, this recognition of the property of Nitrous-oxyde to cause insensibility, and his suggestion for its employment to allay pain, it does not appear that Davy, himself, either made, or urged others to make any practical application of his thought, and much less foresaw its

\* Dental Cosmos.

† Vide Researches on Nitrous-oxyde.

‡ Ibid, p. 329.

extreme usefulness in this direction; nor even that he sufficiently appreciated the importance of the fact to induce him to further examine the subject. With Davy, therefore, this was apparently but a mere casual observation and suggestion without special investigation, or apprehension of the anæsthetic properties of Nitrous-oxyde or general anæsthesia. But it was far otherwise with another to whom must be accredited the wonderful discovery of anæsthesia, both on the principle of a *priori* appreciation and a *posteriori* demonstration. This was Dr. Horace Wells, whose mind from the first was deeply impressed with the idea of the possibility of speedily producing general insensibility in order to render operations painless, and the belief that some means existed whereby this might be promptly effected, and suffering thereby completely obviated. This conviction led to research; and the moment the fact was presented to him that Nitrous-oxyde was capable of producing insensibility, it was seized upon with avidity, and the practical application immediately made by an experimentum crucis on his own person, in having a large molar tooth extracted while under its influence, which, as he anticipated, was affected without pain, thus proving conclusively the correctness of his preconceptions respecting the feasibility of anæsthesia.

With regard, therefore, to the relative merits of these pioneers of anæsthesia there can be little doubt: for while Sir Humphrey Davy is clearly entitled to the credit of having first observed the anæsthetic properties of Nitrous-oxyde, and suggested its application for the relief of pain in surgical operations, to Dr. Horace Wells is unquestionably due the immortal honor of having made the first practical demonstration of anæsthesia by means of this agent, its primary selection for the purpose being apparently more the result of accident than design: for it is very doubtful whether he had any previous knowledge of Davy's observation, or had ever before even thought of Nitrous-oxyde in connection with anæsthesia. His claim rests, therefore, upon originality of conception as well as priority of exposition and practical application of anæsthesia. This great discovery was thus the direct product of preconceived thought and intelligent research on the part of Dr. Wells, to whom the world is thereby so largely indebted that it cannot, by any posthumous honors, do more than acknowledge its obligations for benefits conferred, yet may, to some extent, manifest its gratitude by an ample endowment for the support of his bereaved and indigent family, which it is hoped will be speedily done.

But to return from this digressive though pertinent inquiry respecting the discovery of anæsthesia to the consideration of the *modus operandi* of Nitrous-oxyde in the production of insensibility. As before stated, the ordinary effects of Protoxyde of Nitrogen upon the animal economy are actively and permanently stimulant, accelerating all the vital operations by increasing chemic-o-organic and bio-dynamic action. Thus, while chemically, it rapidly arterializes the blood and promotes elemental interchange, molecular activity and organic metamorphosis, dynamically it stimulates the nervous system, sensorium, and general functions of life. But when taken freely the physiological processes are accelerated to such a degree as to

temporarily overcome systemic excitability, and cause partial interruption of vital activity from over-stimulation, the stimulus overbalancing excitability, or the momentum being greater than the velocity, on the same principle as without exhaustion a horse may be "taken off its feet," and its pace materially diminished by immoderate driving, the impetus being greater than its capacity for speed. Besides this there may probably be such an abundance of carbonic acid engendered by the energetic oxydation as to check in some measure chemico-organic reaction and dynamization, and thus induce vital inertia and insensibility. Dynamically, the sensorial centres may also be so greatly over-excited as to be unable to respond to any additional stimulus, or their function be partially suspended by local hyperæmia from undue activity of the organs concerned in innervation and circulation, as well as from the excessive quantity of carbonic acid from superoxydation. Moreover, some of the effects of Nitrous-oxyde may result from the compounds of nitrogen with hydrogen and carbon, as ammonia, cyanogen, &c., they being of a mixed stimulant and tranquilizing character. In these and perhaps some other more occult modes, sentient impressibility may be so materially diminished by Protoxyde of Nitrogen as to cause partial or even entire suspension of sensibility and consciousness. This power of Nitrous-oxyde to produce anæsthesia by superoxydation, over-stimulation, &c., is quite distinct from that of all other agents, more especially of the hydro-carbonaceous variety: for they induce the anæsthetic condition by non-oxydation and deoxydation of system, and by directly checking chemico-organic reaction and annihilating sensibility and consciousness. The former, therefore, increases, while the latter diminishes life-action, with, in both instances, the same general result of insensibility of body and unconsciousness of mind, though relatively as different in character from each other as sleep is from stupor, or satiety from starvation.

The anæsthetic effect of Protoxyde of Nitrogen is therefore the result of vital exaltation instead of depression, being similar in character to that state of impassibility to injury engendered by exquisite pleasure, moral exaltation, great mental pre-occupation and excitement, or undue concentration of nervous energy upon any one part of the system, with diminished sensibility elsewhere, and vigorous tonicity of body, examples of which are presented in numerous physiological and pathological conditions, as for instance, in the exaggerated feeling with concomitant systemic insensibility of high social, religious, or political enthusiasm, and other powerful emotional states variously exhibited in the indifference to pain during spiritual abstraction or inspiration, heroic passion, fanatical frenzy, ecstasy, and to a certain extent in hysteria, insanity, and analogous disorders, in all of which there is frequently more or less perfect analgesia without coincident, nor seldom even any great degree of subsequent depression, but sometimes only a mere feeling of lassitude with an active tendency to renewed energy. Thus ordinarily with the anæsthetic action of Nitrous-oxyde, which instead of being attended with concomitant or reactive sedation is usually followed by increased vital power, neither its immediate nor ultimate effects commonly causing any temporary prostration or permanent debility, but generally on the contrary, invigoration of both body and mind.



The number of deaths has been 120 during the past half year, and one hundred and thirty-nine (139) are remaining in the wards under treatment.

The medical expenses for the half year ending last night have been \$1,249 63, including \$414 08, being the amount for medicines furnished the Health Office, Smallpox and Quarantine Hospitals, which, being deducted from the total amount, leaves \$835 55 as the actual cost for the medical department of this hospital.

It may be noticed that the medical expenses of the hospital for the past six months have been much less than they were for the corresponding months in preceding years, notwithstanding that the prices paid for all the principal medicines have been from two to four hundred per cent. above that formerly charged.

The average length of time in the hospital for each patient has been (excluding the insane) about nineteen (19) days.

I remain, gentlemen, very respectfully, your obedient servant,  
R. H. PADDOCK, Resident Physician.

Per contra to this Report, I will present the statistics of the Homœopathic Hospital under my charge, attached to the Cavalry Depot of this city. This hospital was established by Capt. Ingham Coryell, C. Q. M. of the Western Division Cavalry Bureau, March 1st of the present year, for the purpose of affording medical and surgical treatment to the sick employees in the depot. To Mr. Yeatman, President of the Western Sanitary Commission, is this department indebted for the necessary supply of hospital furniture required for the use and comfort of the patients while inmates of the institution. The building selected for hospital purposes is situated at the western border of the cavalry depot, and composes a part of the government buildings previously attached to the Benton Barracks, which, in the early period of the rebellion, was occupied by troops stationed at this post. The structure is built of rough boards, one story high, ventilated at the top, with a verandah on either side, for protection from the boisterous storms of winter, as well as the excessive heat of summer. It is capable of furnishing accommodation for 30 patients, and can be increased to 50 if necessity require. One ward is used exclusively for surgical cases, and quite a number of fractures have been already successfully treated, besides a number of surgical operations have been performed resulting from accident or otherwise.

During the existence of the hospital, the number of laborers, employees, &c., attached to the depot have averaged about 1,200, and, as the report shows, 833 sick and injured have been treated in the institution for the half year ending August 31st, 1864. The following is a copy of the report as made to the C. Q. M. of the department.



Report of Sick and Injured treated in Cavalry Bureau Hospital for the Half Year ending August 31st, 1864, by E. C. Dr. FRANKLIN, Surgeon in charge.

DISEASES.	NO. ADMITTED.	DISCHARGED CURED.	DIED.	REMAINING.	REMARKS.
Arthritis . . . . .	1	1	..	..	
Abscess . . . . .	8	8	..	..	
Amputation . . . . .	1	..	1	..	} Died from gangrene of the stump, 8 days after the operation.
Bronchitis . . . . .	31	31	..	..	
Catarrh . . . . .	35	35	..	..	
Contusion . . . . .	98	97	..	1	
Cholera Morbus . . . . .	4	4	..	..	
Diarrhœa . . . . .	95	92	..	3	
Dysentery . . . . .	32	27	..	5	
Diphtheritis . . . . .	3	3	..	..	
Erysipelas . . . . .	4	4	..	..	
Enteralgia . . . . .	1	1	..	..	
Eczema . . . . .	1	1	..	..	
Fever, Intermittent . . . . .	44	44	..	..	} Complicated with meningitis, and terminating in typhoid.
Fever, Remittent . . . . .	98	97	1	1	
Fever, Typhoid . . . . .	39	35	2	1	
Fracture . . . . .	4	3	..	1	
Gastritis . . . . .	11	11	..	..	
Gastralgia . . . . .	1	1	..	..	
Gonorrhœa . . . . .	3	3	..	..	
Hepatitis . . . . .	6	6	..	..	
Herpes . . . . .	3	3	..	..	
Hæmorrhoids . . . . .	2	2	..	..	
Icterus . . . . .	3	3	..	..	
Impetigo . . . . .	2	2	..	..	
Laryngitis . . . . .	5	5	..	..	
Mania-a-Potu . . . . .	2	2	..	..	
Nephritis . . . . .	1	1	..	..	
Neuralgia . . . . .	2	2	..	..	
Ophthalmia . . . . .	18	17	..	1	
Orchitis . . . . .	6	6	..	..	
Otitis . . . . .	3	3	..	..	
Parotitis . . . . .	4	4	..	..	
Pericarditis . . . . .	2	2	..	..	
Periostitis . . . . .	3	3	..	..	
Pneumonia . . . . .	13	13	..	..	
Pleuritis . . . . .	6	6	..	..	

DISEASES.	NO. ADMITTED.	DISCHARGED CURED.	DIED.	REMAINING.	REMARKS.
Rubeola . . . . .	3	3	..	..	
Rheumatism . . . . .	19	19	..	..	
Syphilis . . . . .	10	10	..	..	
Sycosis . . . . .	1	1	..	..	
Scabies . . . . .	9	9	..	..	
Stomatitis . . . . .	7	7	..	..	
Stricture . . . . .	1	1	..	..	
Scorbutus . . . . .	1	1	..	..	
Spinal Meningitis . . . . .	1	..	1	..	
Tonsilitis . . . . .	11	11	..	..	
Tumor . . . . .	2	2	..	..	
Ulcer . . . . .	17	16	..	1	
Varicose Ulcer . . . . .	3	3	..	..	
Varix . . . . .	1	1	..	..	
Variola . . . . .	8	8	..	..	
Vulnus Incisio . . . . .	52	51	..	1	
Sunstroke . . . . .	1	1	..	..	
Tinea Capitis . . . . .	1	1	..	..	
Varioloid . . . . .	2	2	..	..	
All other diseases . . . . .	89	89	..	..	
<b>TOTAL . . . . .</b>	<b>833</b>	<b>813</b>	<b>5</b>	<b>15</b>	

Average length of time in Hospital, 12 days.

By reference to the figures, it appears that in the allopathic hospital, with all the appliances of comfort, professional skill and attendance, the city affords, the number of patients treated was 990, with a mortality of 120 and 139 remaining in hospital. This gives the number of deaths to those admitted in hospital as over 12 per-cent., exclusive of those remaining. The record of the homœopathic hospital gives 833 cases admitted, with *five* deaths and only 15 remaining in hospital, making a mortality of  $\frac{1}{167}$  of one per-cent.—a clear gain over its rival institution of  $11\frac{1}{2}$  per-cent. So much for the *general* results; and for fear of any carping about the matter, let us examine the comparative statistics of the *four specific* diseases treated in both institutions, and their relative results.

In the allopathic hospital there were treated 30 cases of *Dysentery*, with 21 deaths, making a mortality of 70 per-cent.

In the homœopathic hospital there were treated 32 cases of *Dysentery*, with *no* deaths.

Of *Typhoid Fever* there were 10 cases treated in the allopathic hospital,

with 7 deaths, making a mortality of 70 per-cent.; while in the homœopathic hospital there were 39 cases treated, with only two deaths, making a mortality of only  $5\frac{1}{10}$  per-cent.

Of *Diarrhœa* there were treated, in the allopathic hospital, 106 cases, with 23 deaths, or a mortality of over 22 per-cent.; while in the homœopathic hospital there were treated 95 cases of *diarrhœa*, and *no deaths*.

Of *Pneumonia* there were treated, in the allopathic hospital, 23 cases, with 12 deaths, or a mortality of over 52 per-cent.

In the homœopathic hospital there were treated of *pneumonia* 13 cases, and *no deaths*.

Of the four diseases named, the admissions were more than one-sixth of the whole number received into the City Hospital; and as the mortality of these four diseases exceeds in number that of any other four diseases, and over one-half of the whole mortality, it is manifest that the diseases named were the leading and most serious maladies treated in that institution. Taking these four diseases conjointly, it appears, therefore, that 169 cases were admitted into the allopathic hospital, of which number 63 died—making a mortality of  $37\frac{3}{10}$  per-cent.; while the whole number of such diseases admitted into the homœopathic hospital were 179 cases, and only 2 deaths—giving a mortality of  $1\frac{1}{10}$  per-cent. Or, to place the results of the treatment side by side, we have:

ALLOPATHIC.				HOMŒOPATHIC.			
DISEASES.	NO. OF CASES.	DIED.	PER CENTAGE.	DISEASES.	NO. OF CASES.	DIED.	PER CENTAGE.
1. Dysentery . . . .	30	21	70	Dysentery . . . . .	32	0	0
2. Typhoid Fever	10	7	70	Typhoid Fever . .	39	2	$5\frac{1}{10}$
3. Diarrhœa . . . . .	106	23	22	Diarrhœa . . . . .	95	0	0
4. Pneumonia . . . .	23	12	52	Pneumonia . . . . .	13	0	0
Average mortality, $37\frac{3}{10}$ per-cent.				Average mortality, $1\frac{1}{10}$ per-cent.			

It is therefore clearly demonstrated that the homœopathic system of medicine is infinitely superior, as compared with the allopathic practice in the hospitals referred to, and that the record of mortality is largely in favor of the homœopathic system in the general results of hospital practice; while in the four principal diseases, and those most fatal in their tendencies, the comparison is even more overwhelmingly in favor of the homœopathic system of medicine.

With such a statement of facts, deduced by the statistics of these two medical institutions, as presented by their respective medical officers, will any one deny the superior advantages homœopathy possesses over its rival system of medicine, that boasts "the learning and investigation of all time?" With a record so largely in favor of homœopathy, can any one be found so deaf to the humanitarian interests of the poor, who seek refuge in our

medical asylums for protection from the ravages of disease, as to shut them out from the ark of safety that homœopathy extends in the hour of sickness and suffering?

Let our City Fathers look well to this matter, and avoid the terrible responsibility that awaits them in the criminal neglect of a duty so plain to themselves and so vitally important to the poor who are received into our public hospitals.

### 3. *Red Vulcanite as a Base for Artificial Teeth.*

Messrs. EDITORS.—A correspondent of the London *Lancet* called the attention of the profession, some time ago, to the use of "red vulcanite," employed by dentists as the basis of artificial teeth. In alluding to the effects of this new material, he says:—

"I have at the present time a patient under my care who was supplied, some nine months since, with a set of teeth, for the upper jaw, based on 'red vulcanite,' who has been declining in health and spirits ever since he has worn them. From being a strong, healthy, muscular, and robust man, he has been losing flesh rapidly, with loss of appetite, sickness, nausea, flatulence, gastric irritation, fetid breath, vertigo, diarrhoea, &c., apparently without any assignable cause. Seeing that he wore artificial teeth, I begged to be allowed to look at them, and it occurred to me whether there might not be something prejudicial in the coloring matter of the 'vulcanite,' which was keeping up his somewhat anomalous symptoms. I requested him to leave them off for a month (much against his inclination, as he never thought about his teeth having anything to do with his indisposition), and a marked improvement in all of his symptoms followed. He has since resumed them, with a like result as before."

Subsequently, another correspondent, Dr. H. C. Roods, referred to the same subject; and in some remarks, on the influence of the coloring matter (bisulphuret of mercury) of "vulcanite" upon health, he states that a relative of his, whose previous status of health had always been good, after wearing teeth prepared from this material for some months, began to complain of diarrhoea and an irritable state of the bowels, which persisted, notwithstanding the patient was put upon a well-regulated diet, and was subjected to several remedial agents. The thought occurred to the doctor that "vulcanite" might be the disturbing cause, inasmuch as mercurials of any kind, in the smallest doses, always produced, in this lady, great irritability of the alimentary canal.

In this community the same question has arisen—whether or not the general use of vulcanized rubber, as a basis for artificial teeth, is having a deleterious effect upon the health of those wearing it constantly, in contact with the glandular secretions of the mouth. Some cases have been verbally reported, in which there are grave suspicions that this dental material is producing an injurious influence upon the system. A case was recently related to me, of the sudden death of a man who wore a whole set of teeth on rubber. A *post-mortem* examination did not reveal any noticeable

cause of death. It is not an uncommon occurrence, however, that the pathological knife fails to discover the true cause of death. It is well known that many persons are extremely susceptible to medicinal agents, however minute the quantity. The same holds true in regard to both mineral and vegetable poisons, which are often introduced into the system so insidiously that the nature and cause of declining health are not known till too late to rescue the unsuspecting victim from a premature death. "Although it appears improbable," says the *Lancet*, "that a mercurial preparation, combined with an impermeable substance like vulcanite, should escape therefrom in sufficient quantity to affect the system, still facts may prove stronger than probabilities in the matter; and although many persons wear the material without prejudice and with great satisfaction, occasionally a party peculiarly susceptible to the influence of mercury may possibly suffer from the coloring matter, and if so, it would be desirable to select some other than a mercurial pigment for tinting the vulcanite, or coraline, as it is termed."

(*Boston Med. and Surg. Jour.*)

### Reviews and Bibliographical Notices.

1. *A New and Comprehensive System of Materia Medica and Therapeutics, arranged upon a Physiologico-Pathological Basis, for the use of Practitioners and Students of Medicine.* By CHARLES J. HEMPEL, M.D., late Professor of Materia Medica, &c., &c., &c. Second Edition. Revised and Considerably Enlarged. Two Volumes, 8vo., pp. 836, 748. New-York: William Radde, 550 Pearl-Street. 1865.

THIS work which is presented to the professional public as a "second edition" of one already well known, is really so much improved that it might almost be considered as a new production. The original work, or first edition, of fifteen hundred copies having been exhausted, and a reprint of it having appeared in England, the publisher has thought proper to reissue it in an improved form. Of the improvements made, the author says: "The reader will find that this second edition has been greatly improved and considerably enlarged by the addition of new remedies, and by a more careful elaboration of a number of the older remedies, to which a rather short space had been allotted in the first edition of this work. It has been my endeavor to embody in this work the doctrine of homœopathy, such as it presents itself—a science as universal and imperishable as nature; and to explain the clinical uses of our drugs in the light which this universal science sheds upon them, as restorers of the physiological harmonies of the animal organism."

That the author differs from symptomatologists and high-attenuationists in his views on many theoretical and practical points is as well known to all our readers as to ourselves. Into any discussion upon these points we cannot enter now. It is sufficient for us, in calling the attention of our

brethren to the re-publication of this most extensive of American productions on *Materia Medica*, to say that it fills a place which a large number of practitioners have demanded to have filled; it amply vindicates the author's claim to an extensive acquaintance with the sources from which other authors and compilers have drawn the mass of materials which pass among us for "the *Materia Medica*;" it sufficiently illustrates the author's own views of the *modus operandi* of medical agents; the pathological changes they are known to have induced in the animal organism; and embodies more than can be elsewhere found of the pathogenesis of drugs, as revealed in the more palpable effects and symptoms produced by excessive or poisonous doses. The value of these accumulated facts and the instruction drawn from them will, we know, be differently estimated; but the great body of the profession will acknowledge that the work as it is, constitutes an important and useful addition to homœopathic medical literature.

2. *Medical Jurisprudence. Trial for Mal-Practice.* FRANK P. FRISBY, by his next friend, PEARSON NOBLE, vs. DR. LEONARD PRATT, in the Circuit Court of Carroll County, State of Illinois, March 7th, 1864. Reported by JOHN S. COCHRANE, Rockford, Ill. Chicago: Published by C. S. Halsey. 1864; 8vo., pp. 284.

MEDICAL jurisprudence has been understood to embrace a concentration of all the facts and principles known to medical science which have been or may be employed in courts of justice for the elucidation of RIGHT AND WRONG.

Traces of this science may be discovered as far back as the time of Moses; but it was not until the reign of the Emperor Charles the Fifth, of Germany, that it was ordained by law that medical men should be examined in criminal cases. In the celebrated criminal code, which was framed at Ratisbon, in 1532, it was distinctly enjoined that the opinions of physicians should be formally taken in every case where death has been occasioned by violent means, such as wounds, hanging, poisoning, and also in prosecutions for infanticide.

Soon after this period the science found its way into France and Italy; but it was not till the beginning of the present century that it began to awaken the attention of British physicians. The first course of lectures on this science, delivered in the University of Edinburgh, was that given by the young Dr. Duncan, in 1806. Many years afterwards he was succeeded by Dr. Christison, author of the *Treatise on Poisons*, and other works on *Materia Medica*.

In the United States, this science was publicly taught as a branch of medical education before it received a similar degree of attention in Great Britain. The first course on this subject delivered in America was that of Dr. James S. Stringham, in Columbia College, New-York. Dr. String-

ham was a pupil of Dr. Samuel Bard, and also of Dr. Hosack; and, having returned from Edinburgh, and commenced lecturing on Chemistry, in Columbia College, he voluntarily added a course on Legal Medicine, in 1804. In 1813, the College of Physicians and Surgeons of the City of New-York, established the first professorship of medical jurisprudence ever instituted in America. Dr. Stringham continued to fill this post with honor till his declining health compelled him to seek the milder climate of the West Indies; where he died, June 29, 1817. From him, Dr. T. Romeyn Beck received the first impulse to the study of Legal Medicine. The History of the science in this country is more intimately connected with his name than that of any other American. Later authors who have devoted special attention to this subject, need not now be referred to.

The importance of medical testimony in all legal questions which involve life, health, physical injury, or mental aberration is now universally acknowledged; though it must be confessed that the benefits which society has expected to derive from medico-legal investigations have hardly been realized. The failure has been felt, and has often drawn forth comments and complaints from the Bench, from which medicine had then and there no opportunity to appeal. But the true reason that physicians have rarely gained laurels in the courts has scarcely been alluded to. Let us, for once, briefly state it:

It is true that physicians do not always *know everything*; but in no position are they ever called upon to tell *what they do know* where they have *so poor an opportunity to do it* as in a court of justice. Judges and jurors who would qualify themselves to hear and give due weight to the testimony of an enlightened physician can only do it by becoming thoroughly educated physicians themselves. If lawyers would know what questions to ask a medical witness, and would wish to be able to appreciate the entire force and value of his testimony, they must make themselves more intimately acquainted with the whole subject under investigation than any considerable number of them have ever done. And yet the greater number of them *do know* enough to brow-beat and perplex an honest witness with questions more easily asked than answered. We have seen a counsellor of moderate qualifications bewilder a court with an immense amount of heterogenous erudition; proving by quotations from authors of the past and present that there was no scientific truth in the books that had any bearing on the case in hand; lecturing intelligent physicians on chapters of medical literature of which *they* had once known enough, but which they had found worthless, and had banished from their memories; then astonishing a gaping populace with an array of learning that had before been supposed to belong exclusively to physicians; now swamping respectable practitioners on points of aetiology which they had studied for twenty years, by asking questions which, if they could be answered, had nothing to do with the present case; then compelling them in succession to confess that this and that author and many others were unknown to them or forgotten. And during all of these examinations and cross-examinations, a learned judge, who had before thought he could see through Blackstone without straining his eyes, is slowly discovering that he cannot see through every

kind of stone; and he hesitatingly inquires: "Mr. Counsellor: Is it possible that all of these medical authorities must be reviewed and discussed at this length in order to discover whether this mill-pond exerts any influence on the health of the people in the neighborhood?"

"It is *very material* to the elucidation of the truth in this case, your Honor." Then the investigation must go on.

But were these physicians all utterly ignorant of a subject that they had had to deal with all their lives? Not so. They did know about all that can be known about it; but the questions which would have enabled them to set this knowledge forth were not asked them, though they were dragged through strange labyrinths in many other directions. The opposing counsel, who should have protected the witness, when the court failed to do it, *did not know enough* to interpose at the right point and turn the investigation into the right channel.

But how came the chief inquisitor in this case to know so much more than the physicians did within the range of their own profession? *He* knew comparatively little about it until he commenced *posting himself up* for this very examination. He made out his own programme, determining to take a course that would bewilder any man; and then read so much upon it that nobody else would remember that he could not fail to throw any merely practical physician into the shade. The medical witnesses made no special preparation of that kind; they would as soon have thought it necessary to make themselves intimately acquainted with the topography of all Central Africa. They had no hand in preparing the entertainment, and, having been politely invited to be present, must accept it as it comes, though their position was as disadvantageous as was that of the crane when dining with the fox from dishes prepared by him for his own accommodation, and from which his guest could get nothing. Thus, the *vulpine* counsellor, crammed with the learning of a few compendiums and cyclopedias of medical literature, displays it in the forum to an astonished multitude; and though neither judge nor jury, the bar, the pit, or the gallery understand much of what he says,

"Still the wonder grows  
How one small head can carry all he knows."

Let it not then be thought strange if medical testimony of the highest scientific character should not always be intelligible to either court or jury. There remains, however, a higher tribunal to which an injured party may appeal. That appeal is made in the volume before us to the *medical profession*. The whole case is thus frankly and modestly stated by the defendant, Dr. Pratt.

"As this case is put into a tangible shape, justice to myself would seem to demand from me a plain statement of the facts. There may be those who will disbelieve what I state; but those who best know me will know what value to place upon my assertions; with that estimate I am satisfied. I give the following as the principal facts: Frank Frisby and brother, on the 20th Dec., 1862, in Rock Creek township, were on their way home in wagons loaded with corn in the ear. The boys, I understood, had been running their teams. The forward end-board of Frank's wagon burst out



by the pressure of the corn, in crossing a gully. The boy was thereby thrown astride the wagon tongue, and from thence to the frozen ground. His head, right and left arm were injured; the two latter severely. I was called to visit the boy by Mr. Morris, at his house. I found he had fractured the lower third of the humerus in two places. The lower fracture was a little below the entrance of the nutrient artery, and was oblique. The other was above this point, and was transverse. The fractured ends of the bone had been thrust through the flesh on the back part of the arm, and I judged that the lower branch of the nutrient artery had been ruptured, as it bled profusely from this external wound. The muscles of the arm were severely injured.

After reducing the fracture, a roller was applied from the hand to the shoulder. Two splints were then applied, reaching from the axilla and the shoulder to the elbow, with three shorter flexible splints between. The fore-arm was then placed in a sling. There was a wound upon the upper and back part of the head. The thumb and inside of the right hand were much mutilated, and the metacarpal bone was fractured from the outside above the second joint obliquely, extending nearly the whole length of the bone.

The inside fleshy portion of the thumb was literally torn out, laying bare the tendons and vessels near the bone. This laceration extended into the second joint, which was dislocated downwards and inwards. The lower fragment of the bone sliding upwards toward the wrist, prevented the joint from remaining in position unless firmly retained. A shellac splint, fitted to the joint, effected this object. The injuries to the soft portions of the thumb and hand rendered it impossible, at first, to so apply the bandage as to retain the bone precisely in place. But when the wound had healed sufficiently, I informed the parents and boy that a perfect reduction of the fracture could then be made; but they refused to permit me to do it, and the thumb is, consequently, a trifle too short.

As to diet, the parents were directed to give the boy light food—toast, crackers, &c.—until the inflammation and fever had subsided; after that, such food as the family used.

The wounds of the head, arm and hand healed within a reasonable time, and the process of repair went on well. The upper and transverse fracture of the arm became quite firm in six weeks, but the lower, oblique fracture united more slowly. My visits, after the first ten days, were at intervals of from one to two weeks. A careful examination of these injuries was made at nearly every visit. On the 20th Feb'y, I think, I visited the boy with Dr. Wales. The dressings were removed and the fractures were found to be well united.

I thought of leaving off the splints entirely, but Dr. Wales suggested he was a boy somewhat restless, and I re-adjusted the dressing and splints. The mother's attention was directed to the fact that there was no motion at the site of the fracture. She expressed herself much pleased at the result. The boy raised and elevated his arm himself without aid. After bathing the arm, I replaced the bandages and splints, for the reason above stated.

A few days afterwards I called again. I found the arm "loosened," or refractured, and the angular splint badly split at the joint in two places. The family told me the boy injured his arm in playing ball, by hitting the fore-arm against a post.

The fragments were merely separated, no other displacement. They were again placed in apposition and retained by firm bandaging and splints. A few weeks afterwards the fragments appeared to be uniting, but shortly after this they were again "loose." I informed the parents there was no union.

In April, I think, I used friction. Afterwards, at Mr. Frisby's request, a consultation was held at Milledgeville, with Drs. Belding and Freas. This was in May. Drs. Belding and Freas were informed of the refracture. Dr. Freas examined the elbow splint, and observed that it must have taken a severe blow to have split it thus. The mother suggested that it was bass-wood and would split easy. Dr. Freas remarked he could discover a remnant of the provisional callus where the upper fracture had been. The subject matter of remedies was talked over. I was in favor of more stringent measures. Dr. Belding was opposed. Dr. Freas was for resorting to friction once more, and which was finally agreed upon. He rubbed the fractured ends of the bone together, applied the roller and the same splints, and I assisted. Another consultation was to be had at my office two weeks afterwards, but neither Dr. Belding nor Freas came. At this time I examined the arm; found no union had taken place. I urged the necessity of an operation to restore the arm. The father partly assented to what I said at the time—said he had not friends there, but would determine in a few days what he would do. Subsequently I saw him; said he had concluded to employ Dr. Miller, and did not longer desire my services. Such is a plain, unvarnished statement of the facts. There may be testimony that conflicts with what I have here stated. If there is such testimony, I can only state it is incorrect. The boy was careless, and the parents, I presume, acting under the advice of some one or more *medical* advisors, are stubbornly bent upon not having that done which is necessary for the boy's complete recovery. The consequence is, he has a bad arm. It is a case where re-section could be used with little danger, and with every probability of success.

Conscious that I have performed my duty faithfully and carefully, in strict accordance with the principles and practice of surgery, as held and practiced by the best authors, I rely upon this for a complete and final vindication of my acts, and without further comment, I submit this case to the candid judgment of the public."

L. PRATT."

We have read the whole of the testimony, and the argument of the Counsel on both sides of this case with the greatest care. It was our intention to make such a rigid analysis of all the facts proved as should present a true and comprehensive view of the case in all its aspects; but we find the medical testimony exceedingly interesting and; we will hereafter make room for so much of it as will be found not only valuable in forming a true estimate of the present case, but also in all similar cases.

**TESTIMONY OF DR. BEERE.**—*Dr. Beere* being sworn, says: I am a surgeon by occupation, and reside in the city of Chicago—have been engaged in the practice of medicine and surgery for about eight years. I graduated at Philadelphia, in the spring of 1857. I have had a moderately extensive practice in private life, and a somewhat more extensive practice in the government service. I was engaged in field and hospital practice about eighteen months. I estimate the number of cases which I treated while in the army, or which came under my personal observation, at 4000. I had the care of about seventy regiments. I can safely say that the cases of wounds numbered 4000. After all battles all severe cases came under my observation for final decision as to treatment. They might number fifteen hundred more, perhaps. I think that thirty per-cent. of these injuries were of bone. In some of these cases, or rather taken as a whole, every bone in the body was injured, either by cannon or musket shot, sabre or bayonet. I have had considerable surgical practice in private life for one of my years. The first year of my practice was in Albany, New-York, and a little less than seven years in Chicago, excepting the time I was in the service. I am now practicing in Chicago; I have had cases of fracture of the humerus in civil life. I now call to mind two cases. The whole shaft of the bone is liable to fracture. It is, by all good surgeons, regarded that a fracture of the humerus or any other long bone, at or near the nutritive foramen, will unite more slowly than at other portions of the bone. The humerus is more liable to non-union than any other bone in the body.

(The Medical Testimony will be continued in our Next Number.)

It may be surprising to persons who have seen little of legal proceedings in medical cases that, after such testimony and an able defence, a verdict should be given for the plaintiff in this. But it will gratify every friend of truth and right to learn that the attorneys for the plaintiff, convinced of the injustice of the verdict, have abandoned the case. The following has just reached us:

STATE OF ILLINOIS, }  
CARROLL COUNTY. } CIRCUIT COURT.

Frank P. Frisby, by his next friend }  
Pierson Noble, } In case for Mal-practice,  
vs. } Tried March Term,  
Leonard Pratt. } A. D. 1864.

We, the undersigned, Attorneys for the plaintiff in this case, having been present during the trial thereof, and having heard all the testimony, and from the facts disclosed by the testimony, do hereby exonerate the said Dr. LEONARD PRATT from all blame or guilt on the charge made against him for the not-exercising proper surgical and medical skill and care in the treatment of the injuries under which the plaintiff labored or suffered. And we execute this in duplicate, to the end that one copy may be placed on the files of this case, in the office of the Clerk of said court; and so that the defendant may have one copy in his own possession.

Dated at Mt. Carroll, Jan. 20th, 1865.

THOS. J. TURNER, }  
C. B. SMITH, } Att's for Pl'f.  
WM. T. MILLER. }

*Miscellaneous Items.**Homœopathic Medical Society of the State of New-York.*

## FOURTEENTH ANNUAL MEETING.

*First Day*—Tuesday, Feb. 14, 1865.

THE Society convened in the Supervisor's Room, in the City Hall. In the absence of the officers of the Society at the opening of the meeting, Dr. B. F. Cornell was called to the Chair.

The President appointed Drs. M. M. Gardner and W. S. Searle a Committee on Credentials, who soon reported the names of the following gentlemen:—

Drs. H. D. Paine, W. H. Randel, Albany; C. H. Carpenter, Troy; J. C. Delavan, Albany; L. H. Pratt, Albany; Benjamin F. Cornell, Morau Station; W. S. Searle, Troy; E. D. Jones, Albany; John Younglove, Troy; S. J. Pearsall, Saratoga Springs; John Hornby, Poughkeepsie; Fedral Vanderburgh, J. F. Merritt, Staatsburgh; J. W. Cox, Albany; D. Springsteed, Albany; M. M. Gardner, Holland Patent; H. Robinson, Jr., Auburn, and H. M. Paine, Clinton.

On motion of Dr. H. Robinson, an abstract of the minutes of the last meeting was read and approved.

The following gentlemen having been nominated at the last annual meeting were elected honorary members of the Society:—

Drs. Wm. Tod Helmuth, St. Louis, Mo.; George D. Beebe, Chicago, Ill.; Edwin M. Hale, Chicago, Ill.; Egbert Guernsey, New-York; A. H. Okie, Providence, R. I.; John C. Sanders, Cleveland, Ohio; David Wilson, London, England.

The following gentlemen were duly elected permanent members of the Society:—

Drs. Henry M. Smith, New-York; Samuel T. Gray, Brooklyn; Ed. T. Richardson, Brooklyn; Wm. T. Searle, Troy; H. A. Houghton, Keeseville; G. H. Billings, White Creek; J. G. Bigelow, Syracuse; Wm. A. Hawley, Syracuse; Solomon C. Warren, Otego; P. W. Gray, Elmira; William Gulick, Weston; H. Barton Fellows, Sennett; A. H. Burrs, Buffalo; R. R. Gregg, Buffalo.

The President nominated the following gentlemen a committee to nominate officers, honorary and permanent members, and medical committees:— Drs. E. D. Jones, Wm. S. Searle, and H. M. Paine.

Dr. E. R. Heath presented a report comprising a history and treatment of the several epidemic diseases prevalent during the past season in the counties of Wayne, Monroe, Livingston, and Orleans.

Dr. Pratt presented a communication from Prof. F. W. Hunt, on Cerebro-spinal Meningitis, and asking the members of the Society to furnish him with an account of the history and treatment of cases of this disease that may come under their observation.

The Secretary presented the following communications by Dr. A. R.

Morgan: Tabular statement of the Homœopathic Physicians residing in Onondaga County from the year 1842 to 1864; proving of Apis-mel., and the symptoms and treatment of an obstinate case of leprosy.

Dr. J. W. Cox and lady extended their compliments to the members of the Society and physicians present, requesting them to meet socially at their residence, 109 State-street, after the conclusion of the address this evening.

The Secretary presented a communication from Dr. E. Foote, of New Haven, Conn., comprising a history of the introduction and progress of homœopathy in Chatauqua County from the year 1833 to 1864.

The Society adjourned to meet at 3 o'clock.

AFTERNOON SESSION.

The President, Dr. E. A. Munger, in the Chair.

The following additional names of gentlemen present at the meeting were presented by the Committee on Credentials:—

Dr. E. A. Munger, Waterville; L. B. Wells, Utica; O. D. Hamilton, York; I. J. Meachem, Nunda; T. Dwight Stow, Fulton; G. A. Billings, North White Creek; A. R. Morgan, Syracuse; Henry Beakley, Peekskill; Jacob Beakley, New-York; E. A. Potter, Oswego; Lyman Clary, Syracuse; Samuel S. Guy, Brooklyn; M. W. Campbell, Troy; Augustus P. Throop, Palmyra; A. P. Cook, Hudson; and Charles Lowrey, Whitehall.

The President then delivered an excellent address, for which, we regret, we cannot find space.

On motion, Drs. J. Beakley, L. Clary, and B. F. Cornell were appointed a committee to take such action as may seem desirable respecting the suggestions advanced in the President's inaugural address.

The Treasurer, Dr. L. B. Wells, presented his report of receipts and expenditures during the fiscal year just closed, showing an indebtedness on the part of the Society of about five dollars.

Drs. H. D. Paine, A. R. Morgan, and H. Beakley were appointed an auditing committee to examine the report of the Treasurer and its accompanying vouchers, which, on their recommendation, was approved and adopted.

Dr. Guy presented the following resolution, which was adopted;—

*Resolved*, That one hour be devoted to the reading and discussion of papers on medical subjects, and the remainder of this session to the transaction of miscellaneous business.

The members of the Society, on the suggestion of Dr. Munger, paid to the Treasurer the usual annual tax of one dollar.

Dr. Munger presented a history of a case of hydrocele; also, a case of scrofulous ophthalmia.

Dr. Meachem related the symptoms and treatment of a case of malignant scarlatina.

Dr. Morgan related the symptoms of a case of Albuminuria.

A desultory discussion upon the influence of remedies upon various malignant diseases was participated in by most of the members present.

Dr. Guy related the results of his experience respecting the use of high potencies in the treatment of acute membranous and spasmodic croup.

On motion of Dr. Morgan, it was

*Resolved*, That the several papers presented be referred to the Executive Committee, to be cursorily examined for the purpose of recommending those first which appear to afford a basis for discussion.

*Resolved*, That, unless otherwise directed by the Society, the papers be read in the order suggested by the Committee.

The hour having arrived for the transaction of miscellaneous business, Dr. A. R. Morgan presented a report by Dr. Wm. A. Hawley, respecting the appointment of homœopathic physicians as medical examiners by the several Life Insurance Companies doing business in this State.

On motion, it was laid upon the table until to-morrow forenoon.

The Society adjourned to meet in the Common Council Room, City Hall, this evening, at 8 o'clock, to listen to the usual annual address by Dr. H. D. Paine.

Sessions of the Society will be held at the City Hall, Wednesday forenoon, afternoon, and evening.

#### EVENING SESSION—Wednesday.

The evening meeting of the Society was held in the Common Council room at the City Hall. At the appointed time to which the Society adjourned, the President, in a few appropriate remarks, introduced Dr. H. D. Paine, of Albany, who proceeded to deliver the usual annual address.

At the conclusion of the address, the thanks of the Society were extended to Dr. Paine for his able and interesting address, and a copy was requested for publication in the Transactions.

The Society adjourned to meet in the same place at nine o'clock, Wednesday morning, after which the members and other gentlemen present with their ladies, proceeded to the hospitable mansion of Dr. J. H. Cox, on State-street, where an hour was very pleasantly passed in a social re-union. The pleasure of this entertainment was increased by the presence of distinguished members of the profession from other States.

#### SECOND DAY—WEDNESDAY, Feb. 15.

##### MORNING SESSION.

The President, Dr. E. A. Munger, in the Chair.

The Committee on Credentials reported the following additional names of gentlemen present:—

Dr. G. T. Talbot, of Boston, an honorary member of the Society, and delegate from the Massachusetts Homœopathic Medical Society; H. Barton Fellows, Sennett; H. K. Bennett, Hartford; J. F. Niver, Stillwater; John F. Miller, Troy, and W. V. Kirk, of Albany.

The Corresponding Secretary offered a resolution inviting the physicians present who were not members to participate in the deliberations of the Society.

According to previous appointment, Dr. F. Vandenburg proceeded to read a paper entitled "The Problem of Life."

The reading of this paper was followed by an extended discussion, terminated by the following resolutions offered by Dr. Meachem:—

*Resolved*, That the thanks of this Society be given to the venerable Dr.

Vandenburgh for the paper just read, and that we regard it as a valuable contribution to the science of both vital and physical forces prevailing in the universe.

*Resolved*, That as disease consists essentially of a disturbance of these forces, an accurate knowledge of their mutual relations, and the laws which govern them, is highly important to the physician.

The Recording Secretary offered the following resolution:—

*Resolved*, That inasmuch as the Homœopathic Medical Society of Connecticut is now in session at New Haven, a Committee be appointed to secure, if practicable, an exchange of telegraphic congratulations.

Drs. J. Beakley, L. Clary, and L. B. Wells were appointed.

Dr. I. T. Talbott, of Boston, an honorary member and delegate from the Homœopathic Medical Society of Massachusetts.

Dr. Talbott expressed great pleasure in meeting for the first time the members of the New-York State Society. He read a paper giving a historical sketch of the introduction and progress of homœopathy in Massachusetts, and concluded by presenting the following congratulatory communication:—

“The Massachusetts Homœopathic Medical Society sends its greetings to the New-York State Homœopathic Medical Society, and will cordially unite with it in any undertaking for the advancement of the noble science of homœopathy.”

Dr. Guy offered a resolution expressing the thanks of the Society to Dr. Talbott for his interesting paper, and requesting a copy for publication in the Transactions.

Dr. Jo'n Hornby presented a communication, giving in detail cases of curvature of the spine, scrofulous ulcers, occlusion of the rectum, and others, successfully treated alone by the internal administration of remedies.

A discussion followed, upon the comparative utility of high and low potencies, which occupied a considerable portion of the forenoon session.

The Nominating Committee having expressed a readiness to report, on motion of Dr. H. D. Paine, the Secretary proceeded to the election of officers. Drs. H. D. Paine and A. R. Morgan were appointed tellers. The balloting resulted in the election of the gentlemen reported by the committee, as follows:—

Abijah P. Cook, M.D., of Hudson, President.

Benj. F. Cornell, M.D., of Moreau Station, First Vice-President.

Benj. F. Powers, M.D., of New-York, Second Vice President.

Lorenzo M. Kenyon, M.D., of Buffalo, Third Vice-President.

H. Barton Fellows, M.D., of Sennett, Corresponding Secretary.

Horace M. Paine, M.D., of Clinton, Recording Secretary.

Lucien B. Wells, M.D., of Utica, Treasurer.

The report, as presented by the Committee, on motion of Dr. Clary, was then adopted.

*Censors*—*Northern District*—Drs. S. A. Cook, J. S. Delevan, E. D. Jones;  
*Southern District*—Jacob Beakley, E. T. Richardson, Egbert Guernsey;  
*Middle District*—J. C. Raymond, L. Clary, E. A. Potter; *Western District*—  
A. H. Beers, G. W. Lewis, C. Ormea.

*Committee on Publication*—Drs. H. M. Paine, H. D. Paine, E. D. Jones.  
*Executive Committee*—Drs. H. M. Paine, J. W. Cox, L. M. Pratt.

*Nominated for Honorary Members*—Drs. Elial T. Foote, New Haven, Conn.; Charles D. Harris, Wisconsin; William E. Payne, Bath, Maine; Samuel Gregg, Boston; B. Smith, Chicago; — Sims, Philadelphia.

*Nominated for Permanent Membership*—Drs. B. Finke, Albert Wright, John Searle, W. G. Wolcott, S. J. Pearsall, H. Robinson, Jr., L. M. Kenyon, George A. Hall, E. A. Potter, A. R. Morgan, John F. Gray, B. F. Bowers, I. J. Meachem, O. D. Hamilton, George B. Palmer, T. Dwight Stow, Wm. H. Watson, M. H. Gardner, Edwin R. Heath, J. C. Raymond.

*Committee on Materia Medica*—Drs. S. B. Barlow, First District; Henry Minton, Second District; Wm. S. Searle, Third District; G. H. Billings, Fourth District; Wm. A. Hawley, Fifth District; D. D. Loomis, Sixth District; E. R. Heath, Seventh District; A. C. Couch, Eighth District.

*Committee on Epidemics*—Drs. Egbert Guernsey, First District; S. S. Guy, Second District; Henry D. Paine, Third District; S. J. Pearsall, Fourth District; A. R. Morgan, Fifth District; J. R. White, Sixth District; H. Barton Fellows, Seventh District; L. M. Kenyon, Eighth District.

*Committee on Correspondence*—Drs. Jacob Beakley, First District; H. E. Morrill, Second District; Edward Holley, Third District; Charles Lowrey, Fourth District; T. Dwight Stow, Fifth District; S. C. Warren, Sixth District; E. W. Rodgers, Seventh District; D. F. Bishop, Eighth District.

*Committee on Voluntary Communications*—Drs. R. C. Moffatt, E. T. Richardson, William Wright, S. B. Barlow, J. Beakley, H. M. Smith, C. Dunham, Wm. S. Searle, W. H. Watson, F. W. Hunt, W. A. Hawley, Cornelius Ormes, Benj. F. Bowers, Edwin M. Kellogg, E. E. Marcy, D. D. Smith.

*Delegates to State Homœopathic Medical Societies*—Drs. H. Barton Fellows, H. D. Paine, to the Homœopathic Medical Society of Massachusetts; S. S. Guy, E. A. Potter, Henry Minton, do. New Jersey; H. Beakley, J. F. Merritt, R. C. Moffatt, do. Pennsylvania; W. S. Searle, A. P. Cook, Wm Wright, do. Connecticut; W. H. Watson, Egbert Guernsey, E. D. Jones, do. Rhode Island; A. R. Morgan, L. M. Pratt, L. Clary, do. Illinois; L. B. Wells, H. Robinson, G. Z. Noble, do. Ohio; M. W. Campbell, C. W. Boyce, E. R. Heath, do. New Hampshire; J. Beakley, D. F. Bishop, A. R. Wright, do. Western Institute.

*Delegates to the American Institute of Homœopathy*—Drs. L. B. Wells, S. J. Pearsall, O. D. Hamilton, H. B. Fellows, H. M. Smith, C. Dunham, A. R. Morgan, H. M. Paine, H. D. Paine, W. H. Watson.

The Society adjourned to meet at 3 o'clock.

#### AFTERNOON SESSION.

At 3 o'clock, the President, Dr. E. A. Munger, called the meeting to order.

The Recording Secretary offered the following resolution, which was adopted:—

*Resolved*, That the order of business be changed so as to require the



officers elected at one meeting to continue in office until the close of the meeting following their election.

A resolution was adopted so changing the by-laws as to make only non-residents of the State eligible for honorary membership.

Dr. Wm. S. Searle presented a report on New Remedies, showing the utility of Gelsemium and Cimicifuga in cerebro-spinal meningitis.

Society adjourned to meet at half-past 7 o'clock.

#### EVENING SESSION.

Dr. A. R. Morgan offered the following resolution, which was adopted:—

*Resolved*, That at each annual meeting of this Society, it be the duty of the delegates residing in the several districts to designate eligible candidates in their respective districts for nomination as permanent members.

Dr. H. D. Paine offered the following resolution, which was adopted:—

*Resolved*, That the Committee on Publication be requested to include in the Transactions a suitable notice of the character and services of our late honored colleague, Dr. A. D. Wilson.

Dr. A. P. Cook offered the following resolution, which was adopted:—

*Resolved*, That Dr. J. Beakley be requested to prepare a biographical notice of the late Dr. Ira R. Adams, and the late Dr. J. W. Smith, Jr., for publication in the Transactions.

Dr. H. M. Paine, from the Committee appointed at the last meeting to prepare a tabular nosology, reported a form, and offered the following resolution:

*Resolved*, That the tabular nosology prepared by Drs. W. H. Watson and H. M. Paine be referred to the Committee on Publication, with instructions to secure the publication in blank form of a sufficient number for the use of the Society.

The Recording Secretary offered the following resolution, which was adopted:—

*Resolved*, That the Committee appointed to consider and act upon the suggestions offered in the President's inaugural address, be requested to ascertain what legal enactments are required in order to secure an equitable proportion of the medical and surgical appointments in all our public charities and in the army and navy, with power to publish a suitable form for distribution as soon as may be practicable to the several County Medical Societies in this State.

On motion, Drs. E. Guernsey and H. M. Paine were added to the committee.

The report of Dr. Hawley respecting the appointment of homœopathic physicians as medical examiners by Life Insurance Companies, was considered, and the following resolution offered by Dr. Morgan adopted:—

*Resolved*, That inasmuch as all but seven companies doing business in the State of New-York having responded favorably to the interrogations of Dr. Hawley, and as there is still a doubt of the actual position of the delinquent companies, it is deemed advisable to pursue the investigation and report at the next annual meeting.

Drs. W. A. Hawley and A. R. Morgan were appointed such Committee.

Dr. L. B. Wells offered resolutions of thanks to the officers.

*Resolved*, That the thanks of this Society be extended to Dr. and Mrs. Cox for the elegant and sumptuous entertainment provided for the members of the Society on Tuesday evening last.

Dr. Guy presented a resolution, which was adopted, requiring the appointment of a committee to devise means for the payment of a suitable salary to the Recording Secretary.

Drs. Guy, Wells, and A. R. Morgan were appointed such committee.

On motion, the Society adjourned to meet on the second Tuesday of February, 1866.

HORACE M. PAINE, *Recording Secretary.*

### *Cleveland Homœopathic College.*

#### SIXTEENTH ANNUAL COMMENCEMENT.

THE sixteenth annual commencement exercises of the Western Homœopathic college was held yesterday (Wednesday) afternoon, in the College Building, on Ohio-street. The lecture room was filled with persons interested in witnessing the closing exercises of the session, which has been one of the most successful since the organization of the College. The class was very large, there having been in attendance during the session, eighty students, a number equal to, if not exceeding, that of any any previous year. The affairs of the College were never more prosperous, or its prospects more flattering than at the present time. Its officers are talented and efficient, and the success of the institution must be a source of gratification to them.

The graduating class numbered thirty, comprising representatives from a number of states and from Canada. The exercises were opened with prayer by Rev. W. H. Brewster. The address to the Graduating Class was delivered by Professor S. R. Beckwith, on behalf of the Faculty, the subject being the Responsibilities and Duties of the Physician. Dr. Beckwith pointed out clearly and eloquently the responsible position held by the physician, and the duties he owes to society, exhorting the graduates never to forget the high mission entrusted to them.

The Degrees were conferred by Prof. J. C. Sanders, who gave the parting admonition to the Class. In doing so he urged with great eloquence and impressiveness of manner the fact that in fulfilling his duty to society, the physician should never lose sight of the corresponding duties he owes to his home, his family, and his God. His remarks were very appropriate, and were listened to with deep attention.

The parting prayer was given by Rev. W. H. Brewster, and the commencement exercises were over. The following is a list of the Graduating Class:

J. C. Harrington, Mich.; Edmund Beckwith, Ohio; W. D. Williams, Ohio; Peter McDonald, Canada; H. H. Jackson, Canada; D. A. Davis, Mich.; Wm. White, Mich.; G. M. Burns, Pa.; H. Willis, Mass.; Wm. M.

Eddy, Ohio; L. M. Charlton, Canada; W. D. Linn, Ohio; Joseph Hooper, Ohio; C. T. Campbell, Canada; H. B. Bagley, Mich.; L. F. Crawford, Canada; S. H. Sparhawk, Vt.; A. S. Knapp, Mich.; Frank Noyes, Mich.; A. O. Hunter, Pa.; S. G. Warren, Ohio; L. M. Carpenter, Ohio; N. B. Wilson, Ohio; N. T. Hubbell, Ohio; J. N. Pond, Ohio; Samuel Schell, Canada; H. W. Nelson, Pa.; J. Dixon, England; H. M. Warren; Mich.; M. B. McCausland, Md.

In the evening the Faculty gave a supper to the students and former graduates of the College. A large and very pleasant party sat down to a fine supper prepared by S. W. Garrett, in his rooms, at the corner of Euclid Street and Public Square. The viands were certainly not supplied in "little doses," and both physicians and students abandoned their opposition to allopathic treatment in that particular at least. Nor was there any stint of amusement either, for the doctors *in esse* and doctors *in posse* alike were inclined to unbend at this final gathering.

We have no space to enlarge on the doings of the evening, and can only submit this list of regular toasts and responses:

1. Our country and President. Responded to by Prof. Beckwith.
2. Our Army and our Navy. Response by Dr. Carpenter.
3. Britain and her Queen. Response by Dr. Crawford.
4. Liberty and Law. Response by Dr. Linn.
5. The Memory of Hahnemann. Response by Dr. Cyriax.
6. The Pioneer of Homœopathy. Response by Prof. Blair.
7. The New Era. Response by Prof. Hamiston.
8. The Future of Homœopathy. Response by Dr. Hooper.
9. The class of 1864 and 1865. Response by Dr. Schell.
10. The Good Physician. Response by Prof. Sanders.
11. The Class of 1865 and 1866. Response by Mr. Biggar.
12. Our Sister Colleges. Response by Dr. D. H. Beckwith.
13. Canadian Homœopaths. Response by Dr. Campbell.
14. The Physician and Pastor. Response by Rev. W. H. Brewster.

A number of volunteer toasts were handed in and read, and some impromptu remarks made, when the party broke up, well pleased with the evening's exercises. *Cleveland Daily Herald, March 2.*

### *Hahnemann Medical College.*

FIFTH ANNUAL COMMENCEMENT EXERCISES—LIST OF GRADUATES—VALEDICTORY ADDRESS.

THE fifth annual commencement exercises of Hahnemann Medical College were held in Bryan Hall yesterday afternoon. The Great Western Light Guard Band was in attendance.

Rev. Mr. Eddy, of the Olivet Presbyterian Church, offered prayer.

Prof. A. E. Small, Dean of the Faculty, read his annual report, which was as follows:

#### REPORT OF THE DEAN.

The fifth annual course of instruction in the Hahnemann Medical College was yesterday brought to a close. The duration of this course

has been eighteen weeks. About five hundred lectures have been given upon the various branches of medicine, or an average of seventy lectures from each of the seven chairs. The opportunities furnished the class for thorough instruction in Anatomy, Surgery, Physiology, Pathology, and the other branches embraced in a complete medical education, it is believed, will compare favorably with those of any other medical school in the Northwest, and what has been and still is a matter of gratification, the means of ocular demonstration and delineation of the subjects lectured upon, have not been wanting. The microscope has frequently been the medium through which revelations of the greatest importance in physiology and pathology have been obtained. A liberal supply of paintings and drawings, together with models, markings, and numerous other preparations, have aided the teachers in conducting the class to an insight into the mysteries of science. Additions have been made to the College Museum from year to year, and although the collection of dried and wet preparations is far from being complete, further additions are continually being made.

The effort to preserve a becoming liberality towards other medical colleges, has been constant and unremitting. All honorable effort to succor medical science has been seconded. The number of pupils in attendance during the present course is forty-two—thirteen of whom have completed their term of study, and have passed a final and plenary examination in all the branches, and are here introduced to you for the degree of M.D.

The following is a list of the graduates upon whom the Degree of Doctor in Medicine was conferred by D. S. Smith, M.D., President of the Board of Trustees:

NAMES.	STATE.	THESES.
Wm. Brandemuehl,	Wisconsin,	Fracture of Lower Extremities.
Frederick Brandemuehl,	ditto,	Benign Tumors.
Rufus Backus,	Illinois,	Hepatitis.
A. H. Fahnestock,	Ohio,	Nervous System of Plants.
A. W. Woodward,	Illinois,	Etiology of Hysteria.
A. G. Leland,	Wisconsin,	Infantile Enteritis.
H. C. Lehnert,	Minnesota,	Leucorrhœa.
Wm. Pattison,	Michigan,	Phthisis Pulmonalis.
W. C. Morrison, M.D.,	Ohio,	Practitioner.
L. B. Hiatt,	Kansas,	Lachesis.
W. F. Schatz,	Ohio,	Dynamic Medicine.
Chas. Woodhouse,	Illinois,	Dyspepsia.
H. Cate Chase,	Iowa,	Specific Medicine.

#### HONORARY DEGREES.

- L. E. Ober, M.D., . . . LaCrosse, Wis.
- A. T. Bull, M.D., . . . London, C. W.

Prof. N. F. Cooke, M.D., then delivered the valedictory address, in the course of which he said that, upon this, the last lecture he would ever deliver before them as students, he would treat of a new disease which was not laid down in the medical books, which he proposed to term *verri-phobia* (fear of truth). This disease they would have to encounter at every

step, and they would find it to cause them more trouble than all other diseases and maladies combined. This disease has especially attacked physicians of the old school, and is malignant in inverse proportion to the amount of cultivation and intellect. There were a few notable exceptions, but egotism and obstinacy were found to be the fostering elements in the majority of such instances. Investigation of the subject was all that was required to test the truth of homœopathy. He then gave several anecdotes of physicians who had come round to acknowledge their belief in the system, and went on to ask, what, then, is the explanation of so virulent an exhibition of veriphobia? It is the pressure brought to bear upon them so powerfully that they cannot resist it. With these facts before us, can we wonder that veriphobia is epidemic? The public at large have no conception of this state of things. They know that "homœopaths" and "allopaths" are at "loggerheads"—they term it "a quarrel;" but they little imagine the indignities heaped upon us, nor the earnestness and eagerness with which we court an investigation of our theories. There are always two parties to a "quarrel." This can be none, for we are not combative; we are ready on all occasions to meet ridicule with argument, scorn and derision with clinical demonstration. Nor would the settled policy of this institution "never to retaliate in kind," have been even so far infringed, as he was guilty of doing to-day, but for the necessity of explaining to them, and through them to the public, the existence and the nature of this baneful malady—the *veriphobia medicorum*. This disease, though never before honored by a name, is as old as the annals of medicine. Having alluded to the prejudice that existed throughout the Northern States against homœopathy, Dr. Cooke proceeded to compare the results of the old and new systems, and said that, "clothed with a little brief authority," and fearful of honorable competition at the bedside, the veriphobic epidemic has so entangled in red tape and circumlocution the law-makers of our land, from jocular president to dull-eared congressman, that it has thus far excluded truth from our public hospitals and from our army and navy. Here veriphobia runs riot, mad, delirious. \* \* \* \* \* It surrounds the poor soldier with such needless implements of torture and of horror, that the battle-field in comparison with the hospital is justly regarded as a sanctuary. Thank God, the surreptitious pocket-cases have come to be as numerous as the matchlocks. "God bless them little vials," "doctor—they keep me out of hospital." Who among them has not been thus greeted by many a war-scarred veteran? The lecturer then went on to caution his hearers against resenting in the same spirit in which it was poured out against them the abuse they were certain to encounter.

In a word, he said, so bear yourselves towards the misguided veriphobist, that the day may be hastened when the distinctive terms, "allopathist and homœopathist," shall cease to exist, save in the annals of history. That such a millenium in medical science is certain to arrive, no reflective homœopathist can doubt. By the universal recognition of our law of cure, the necessity for distinctive terms will cease, and doctors of medicine will once more enjoy the honored title of physicians. Who does not ardently desire such a consummation? Indeed, even now, the signs of the approach-

ing day are fairly discernible on the horizon. The veriphobists chafe and fret under the designation allopathists, and stoutly deny that they are guided in their practice by any such principle as the word implies. And, in truth, the old school practice of but a few years ago is no longer recognizable to-day. Where are the heroic and life-killing nostrums of our older brethren now living? Buried too deeply among the rubbish of useless things, ever to be revived, save by the ignorant and unskilled. It would be amusing, if it were not sickening, to read in the best old school authorities of to-day, that the commonly received measures of yestnesday were worse than useless—fatal! \* \* \* \* \*

The mighty reforms now being written in blood are not confined to politics; they include also medicine and surgery. While all other varieties of veriphobia are being cured in the grand march of events—trodden in bloody dust by truth's resounding footsteps, can we, for an instant, believe that the veriphobia medicorum shall escape its doom? God forbid! When these terrible years shall have traversed their dreadful cycle, and our country lifts once again her un mutilated strength to the accomplishment of her majestic destiny, many, many wrongs will shout for redress and vengeance—but loudest, and deepest, and longest, will be the nation's cry for reform in the medical care of her preservers! aye, and it will be listened to and felt down through the ages. After the benediction the proceedings closed.

*Chicago Daily papers of Feb. 16, 1865.*

### *Homeopathic Medical College of Pennsylvania.*

THE class of 1860, graduates of the Hom. Med. College of Pennsylvania, had a class meeting and dinner at the "Continental" Hotel, Philadelphia, March 3d, the occasion being the fifth anniversary of their graduation. The meeting was called to order by the Class Secretary, J. Lester Keep, M.D., of Brooklyn, N.-Y., whereupon John Malin, M.D., of Germantown, Pa., was elected President. A permanent organization was decided upon, and his term of office voted to continue for five years. After a sumptuous repast, a report was listened to from each member of the class of his personal and professional history during the five years past, and many interesting items of medical experience were narrated. Those necessarily absent reported through the Secretary. Four had passed "that bourne from whence no traveller returns," and interesting memorials of their sad history were also presented. Their names are Dr. Ira R. Adams, of Lowville, N.-Y.; Dr. Moses Bulkley, of Cambridge, N.-Y.; Dr. Levi Judson Pierce, of Keene, N. H., and Dr. Jos. W. Smith, Jr., of Kinderhook, N.-Y. Resolutions of condolence and sympathy were passed, which the Secretary was requested to forward to the friends of each. Two of the number died from an epidemic with which they were heroically battling, until overcome by the fatigue and exposure of their profession, they themselves fell victims to the fatal scourge. The two others died of consumption;—suddenly at last, but whose fatal termination had been anticipated for some time by their friends.

The Faculty of the College in 1860, having been invited to be present,

Prof. Semple, of Philadelphia, in their behalf, spoke with his usual eloquence of the gratification it afforded him to be present, and the interest with which he had listened to the varied medical experience of the class. The Alma Mater was always proud to recognize and do honor to sons who had proved faithful to their trust, and the record of the "class of '60" was an honor to any institution. These re-unions are always profitable, as well as a source of pleasant memories, reviving and renewing former intimacies and friendships. He desired the custom might become universal, and complimented the class upon having taken the initiatory. His touching allusion to "the vacant chairs" brought many a sad recollection of companionship with the departed classmates in those 'happy days of college life, when all were filled with hope and bright anticipations which many alas! were not to realize.

Resolutions were passed thanking the Secretary for his successful efforts in effecting this re-union, and he was re-elected to the same office. Members of this class changing their residence, were requested to notify him of the change. The different reports and memorials of the deceased were ordered to be entered upon the minutes in full, and a report of the meeting sent to each Hom. Journal for publication. After the transaction of other minor business, the class adjourned to meet in Philadelphia in March, 1870.

J. LESTER KEEP, M.D., *Class-Secretary.*

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**BOND-STREET HOMŒOPATHIC DISPENSARY.** *Tenth Annual Report of the Bond-Street Homœopathic Dispensary with its Branch, 194 East Seventh-Street (Tompkins Square), for the year ending February 1st, 1865.* By OTTO FULGRAFF, M.D., Assisted by Drs. J. R. Andrews, J. P. Ermentraut, Virgil Thompson, A. M. Woodward, C. W. Kuhn, H. H. Warner, H. B. Hund, C. E. Campb ell. New-York, 1865: 8vo, pp. 10.

THE success of the Bond-street Dispensary and its steady and upward growth in the confidence of the public furnishes us with the most satisfactory proof that homœopathy is so rapidly growing in favor with our people that one energetic laborer can accomplish an immense work of charity, at the same time that he advances true science by drawing off thousands of patients from the old dispensaries, and proves by curing, the merits of a better system. We learn from the present report that the Dispensary established ten years ago, at 59 Bond-street, continues in the same place, is still open from 2½ to 4½ o'clock, P. M., besides the further attendance of visiting physicians. The branch on Tompkins Square is open from 2 to 4, P. M. The number of cases treated has increased from 520 cases and 1800 prescriptions during the first year, to 17,106 cases and 42,765 prescriptions during the year just closed; and besides these, the number of 8067 visits were made to patients at their homes. Of the 17,106 treated, 13,910 were cured, 1121 relieved; in 1300, the result is unknown; 59 died, and 716 remain under treatment.

The homœopathic dispensaries of New-York have demonstrated the safety, cheapness, and efficiency of this mode of practice over every other yet known. The next step of progress is the commencement of a system of homœopathic hospitals which shall embrace all therapeutic and hygienic improvements.

*Medical and Botanical Resources of the Bahama Islands.*

POPULAR NAME.	BOTANICAL DESIGNATION.	POPULAR NAME.	BOTANICAL DESIGNATION.
Avocado, or	Alligator pear. Laurus persica.	Water melon.	Cucurbita citrul- lus.
Banana.	Musa sapientum.	Musk melon.	Cucurbita melo.
Plantain.	Musa paradisiaca.	Mango.	Mangifera indica.
Bread-fruit.	Artocarpus incisa.	Mammee.	Mammea Ameri- cana.
Cashew-nut.	Anacardium occi- dentale.	Pine apple.	Bromelia ananas.
Sweet Cassava.	Jatropha janipha.	Date.	Phoenix dacty- lifera.
Bitter do.	Jatropha manihot.	Grenadilla.	Passiflora edulis.
Cocoanut.	Cocos-nucifera.	Indian arrowroot.	Maranta arundi- nacea.
The orange family :		Egg-fruit.	Solanum esculen- tum.
1. Citron.	Citrus medica.	Edoe.	Arum colocasia.
2. Shaddock.	Citrus decumana.	Indian corn.	Zea mays.
3. Forbidden fruit.	do.	Guinea corn.	Holchus sorghum.
4. Grape-fruit.	do.	Ground nut.	Arachis hypogœa.
5. Seville or bitter orange.	Sweet. Citrus aurantium.	Sweet potato.	Convolvulus bata- tas.
6. Lemon.	Citrus Limonum.	Pomegranate.	Punica granatum-
7. Lime.	do.	Sorrell.	Hibiscus subdarifa.
8. Sour orange.	Citrus vulgaris.	Madeira grape.	Vitis vinifera.
These are better suited for ex- port than any other fruits; as the aromatic oil and acid they contain prevent decomposition, as well as the ravages of insects. It is ob- served that if oranges are gathered green, the trees bear full every year; but if the fruit is allowed to hang on the tree till fully ripe, the tree only bears full every second year. They are improved by "grafting," as other fruits are.		Benny.	Sesamum idicum.
Guava.	Psidium pyriferum	Ochra.	Hibiscus esculen- tus.
Hog-plum.	Spondias mombin.	Yam.	Dioscorea sativa.
Pawpaw.	Carica papaya.	Sea or Bay grape.	Cocoloba uvifera.
Pumpkin.	Cucurbita pepo.	Pigeon plum.	Prunus virgini- anus.
Sour sop.	Annona muricata.	Cucumber.	Cucumis sativa.
Sugar apple.	Annona squamosa.	Star apple.	Chrysophyllum cainito.
Jamaica apple.	Annona beticulata.	Tamarind.	Tamarindus ind- dica.
		Sugar cane.	Saccharum offic- inarum.
		Tomato.	Solanum lycoper- sicum.



POPULAR NAME.	BOTANICAL DESIGNATION.	POPULAR NAME.	BOTANICAL DESIGNATION.
Cocoa plum.	Chrysobalanus icaco.	Wild cinnamon.	Canella alba.
Sapodilla.	Achras sapota.	Willow-leaved croton.	Croton cascarrilla.
Garlic.	Allium sativum.	Balsam apple.	Momordica balsamina.
Tobacco.	Nicotiana Americana.	Prickly pear.	Cactus opuntia.
Cotton.	Gossypium herbaceum.	Purging nut.	Jatropha multifida.
		Sand-box.	Hura crepitans.
		Wild sage.	Salvia officinalis bosci.
		Worm-seed.	Chenopodium anthelminticum.
		Lemon grass.	Andropogon schamanthus.
		Purslaine.	Portulacca oleracea.
		Lily.	Convallaria majalis.
		Cat-mint.	Nepeta cœrulea.
		Elder.	Sambucus nigra.
		Herculus' club.	Xanthoxylum clava Hercules.
		Wild mustard.	Cleome pentaphylla.
		Stinking pea.	Cassia occidentalis.
		Pride of India, or Bread tree.	Melia azedarack.
			Brought from the South Sea Islands sixty years ago.
		Mangrove tree.	Rhizophora mangle.
		Cow-itch (cowage).	Dolchicos pruriens.
		Aloe.	Aloe foliolata.
		Castor.	Ricinus communis.
			Castor oil of a very superior quality is manufactured in some of the Bahama Islands.
		Virginia snake root.	Aristolochia serpentaria.
		Dill.	Anethum graveolans.
		Basil.	Ocimum basilicum.
		Horehound.	Marrubium vulgare.

This "king" of agricultural products grows spontaneously in the Bahamas. This is the original home of "Sea Island" cotton.

Red cedar. Juniperus virginiana.

Mahogany. Swietenia mahogoni.

Madeira Wood. Swietenia Mahogoni.

Satin Wood. Cornus Florida.

Ebony. Hazon Mainthi.

Lignum Vitæ. Guaiacum Officinale.

Palmetto. There are two species.

1. The *sicer leaf*, employed for thatching huts. The houses of the negroes are covered with it.

2. The *plat palmetto*, of which the leaves are used in the making of hats and baskets.

Brazilëto. Cœselpinia Vesicaria.

Fustic. Morus Tinctoria.

Gumelimi. Burfera gummi-fera.

Button wood. Con carpus erecta.

Mastich. Pistachia lentiscus.

Dog-wood. Cornus sanguinea.

Logwood. Hæmatoxylon campechianum.

Pitch pine. Pinus Australia.

Wild custard apple. Annona aquatica.

Bottle gourd. Cucurbita lagenaria.

Candleberry myrtle. Myrica cerifera.

Mulberry. Morus nigra.

POPULAR NAME.	BOTANICAL DESIGNATION.	POPULAR NAME.	BOTANICAL DESIGNATION.
Tansey.	Tanacetum vulgare.	Mint.	Mentha viridis.
Rue.	Ruta graveolans.	Peppermint.	Mentha piperita.
		Ginger.	Zinziber officinale.

Cactus Grandiflora, or Night Blooming Cereus.

Fig-tree. *Ficus orientalis*. Introduced from Europe. It flourishes only near salt water. This climate is the best in the world for the fig.

Banian tree. This is a species of *ficus*. No tree of this species here spreads over any large surface, as the great specimens described in India do; but we see many extending roots from their long branches towards the earth.

The cotton tree is the largest tree seen in the vicinity of Nassau. One of these stands in front of the Royal Victoria Hotel; but a more remarkable specimen is seen near the government buildings. The roots run out far from the trunk, and spread upwards several feet in width; thus they stand as partitions between the compartments called "rooms," into which some old piratical chieftain divided the space covered by the widely spreading branches.

Such are the principal vegetable productions now growing on the *newest* portion of the "*New World*," discovered by Columbus. These Islands are of course *newer* than the American Continent, as they are not yet finished. There is not a rock or a fragment of the first or the second day's work of creation in all of these widely-distributed isles. No *primary*, no *secondary* rocks exist here. Without any solid foundation to build upon, those little animalculæ, the *madrepora muricata*, or white coral polypi, undertook to bridge the Atlantic, and create a home above its surface for many forms of animal and vegetable life. And now the basis of everything here is the soft white rock they have so patiently toiled to construct. The smooth white pavement of the streets and all the roads consist of it. The blocks of stone cut out of the hills for use of the builder, are all of the same material. Houses and fences are stuccoed with lime burnt from it. It is highly valuable for all such purposes here, but it would not bear the vicissitudes of a northern climate.

H.

### Obituary.

CORNELIUS B. JOCELYN, M.D.—The following tribute to the memory of this amiable young physician has been received:

At a regular meeting of the Hahnemann Society of the New-York Homœopathic Medical College, the following resolutions were unanimously adopted:

#### RESOLUTIONS.

*Whereas*, since the last annual meeting of the Hahnemann Society of the New-York Homœopathic Medical College, tidings have come to us of the death of our friend and brother, Cornelius B. Jocelyn, M.D., who was a beloved and honored member of this Association.

*Resolved*, That while we bow in humble submission to the hand of Him, who has bereft us, and cherish a high respect for the memory of our be-

loved brother, won for us by his kindly genial nature and by the uprightness and integrity of his character, that made itself felt in all his associations, we cannot but sincerely regret that his life here was cut off in the freshness of his early manhood, as it was opening up before him with such promise of usefulness in the noble profession, whose ranks he had just entered.

*Resolved*, That in our opinion, by his death, the profession has lost one, who by his indomitable will and perseverance bade fair to stand in its foremost ranks—and the cause of homœopathy, a friend ever true to its first interests.

*Resolved*, That while thus deeply regretting the brevity of a life so full of rich promise, we can but rejoice that our brother met the great change with so much manly fortitude and christian resignation, and that he has entered upon a life, which is the reward of all those who acknowledge their dependance upon and place their trust in an *All-wise God*.

*Resolved*, That a copy of these resolutions be forwarded to the widow of our deceased brother, Mrs. Sarah B. Jocelyn, of Springfield, Mass., and also to his parents, the Rev. and Mrs. S. S. Jocelyn, of Williamsburgh, L. I., as an expression of our sympathy with them in their deep affliction, and we trust that the same confidence in the *Divine Being*, which inspired our brother with hope and peace during his last moments, will sustain and console them.

*Resolved*, That copies also be offered to the editors of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, the *American Homœopathic Review*, and the *American Homœopathic Observer* for publication, and that they be recorded in the Society's minutes.

P. OSCAR C. BENSON, }  
 B. F. BOWMAN, } *Committee.*  
 W. F. HOCKING. }

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### *A New Work on Abortion.*

WE learn that Dr. Hale has nearly finished his treatise on Abortion. Several years ago, it will be remembered, Dr. Hale published a paper on that subject in this JOURNAL, which was afterwards reprinted in pamphlet form. The large sale of that pamphlet, and the evident necessity for a complete work on Abortion, prompted the author to write a large treatise. It will contain voluminous statistics of abortion; its etiology, symptoms, diagnosis, and treatment; also the medico-legal bearings of the subject. We do not doubt it will meet with the favor of the whole homœopathic school, but we trust it will be gotten up by the publishers in a good durable style.



