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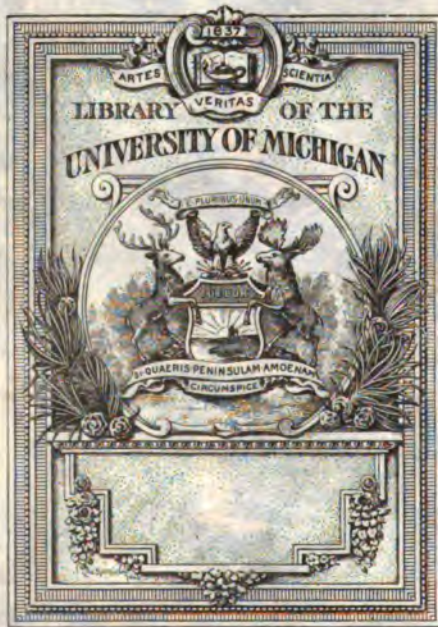
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Original and Translated Papers.

ARTICLE I.—*Cleft Palate*. By WM. TOD HELMUTH, M.D.,
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Missouri.

THE terms cleft or split palate sufficiently explain themselves; but the fissure as to size, shape, position, and extent varies very considerably. It may involve simply the uvula, dividing it into two portions; or the division may continue through the soft palate and a portion of the palate bone; or in aggravated cases the gap may involve the whole of both the soft and hard palates; or *in extremis* the malformation may be still more extensive, with clefts in the alveolar process and be complicated with hare-lip. The latter was considered by the older surgeons as without remedy, particularly if the gap was very wide; all the relief that could be obtained being an amelioration of the condition by appliances, which will hereafter be mentioned. A very common form of the disease is found represented in the accompanying plate. By referring to the *anatomy** of the parts

* Vide my papers "On the Regional Anatomy of the Mouth," U. S. Journal of Homœopathy. "On the Anatomy of the Lips," N. A. Journal of Homœopathy, Feb., 1862, p. 438. "On the Anatomy of the Gums," *ibid.* May, 1862, p. 662. "On the Anatomy of the Palate," *ibid.* Aug., 1862, p. 101, &c.

involved, the student will be made aware of the distressing nature of such an affection, not only on account of the difficulties of deglutition, mastication, suction, and enunciation, that must always exist, but also from the severe operation which is necessary for its relief, the difficulties attendant upon operative procedure, and the doubtful termination of the same.

For a description of the history of the malformation we turn as usual to Velpeau,* who tells us, so far as his reading and research have gone, that the ancients did not resort to any means of cure for the malorganization in question, although Roland, Harnemann, and Tenen had mentioned and seen it. Colombe experimented with the cadaver as to the practical application of instruments, and endeavored to perform an operation for its relief upon a patient, the latter however refused to submit to surgical interference. It appears therefore that Roux in 1819 operated with success upon a young physician named Stephenson, who published his cure in a thesis in London in 1821. In 1822 Alcock was no less fortunate than the Parisian. The countrymen of M. Graefe attribute to him the first efforts for the cure, which though unsuccessful were published in Hufeland's Journal in 1817. However it appears that many others have successfully closed the cleft. And the names of Roux, Jousselin, Baubien, Calliot, Cloquet, in France; Dieffenbach, Wernecke, Lesenberg, Schwerdt, Krimmer in Germany; Alcock, Lyme, Fergusson, Druitt, Miller, and Gay, in Great Britain; and Smith, Mott, Hosack, Mutter, Warren, Gross, and Pancoast in America, are among those who have given to this important operation the consideration it deserves. There are at the present day, very many surgeons both in our own and foreign countries, who have brought the different and difficult steps of the operation to quite a degree of perfection, but it is unnecessary to mention them in this place, as the proceedings will be carefully laid down *ut sequitur*.

The name by which the operation is now most generally designated is *staphyloraphy*, although the terms, *uranoraphy*, *velosynthesis*, *kyonoraphy* and *uraniskoraphy* have been proposed at different periods; the latter words have fallen into

* Operative Surgery. Vol. III., p. 388.

disrepute; *staphyloraphy*—itself quite euphonious enough in all conscience—being the approved technicality. It appears from some careful research on the subject, that Mr. Fergusson* has given especial attention to the anatomy of the parts concerned, and the opinions expressed in his essay, in which he enters fully upon the consideration of the subject, have not as yet been contradicted excepting in one point; on the contrary they appear to be acquiesced in by most of the surgeons at the present day. The “vexed question” is that of the division of the palatine muscles as an additional step for the relief of the deformity, the practicability of which is positively contradicted by Mr. Syme. After speaking of the anatomy of the parts, attention will be called to this question, and other authority adduced in the premises. It would appear that these gentlemen have been at variance on other points in operative surgery, as the reader may well remember the difference of opinion existing between them in reference to the excision of the head of the femur.

In the paper alluded to, Mr. Fergusson says: “The views regarding this malformation and the particular operation resorted to for its relief are as yet, I believe, so little known to the profession, that I trust I may not be deemed presumptuous in again attempting to draw the attention of my brethren to subjects which, I am disposed to think, have had less consideration than they really deserve. In France, in Germany, and in America many distinguished surgeons have written upon Staphyloraphy, and numerous examples have been given of the success of the operation; but, strange to say, the proceeding has attracted little more than casual notice from the surgeons of Britain. Since Alcock first performed this operation in 1821, it has been frequently repeated, but at dates so few and far between, that success, when achieved, has produced but little impression either upon the profession or the public.
* * * * * Roux’s experience in the operation had been great, and his success was deemed very satisfactory—two-thirds of the simple cases, and one-third of those which were

* Observations on Cleft Palate, with cases illustrating the new operation of staphyloraphy, by Wm. Fergusson, F.R.S. London Journal of Medicine Jan., 1840. Ranking’s Abstract, 1840, p. 251.

complicated, having derived benefit from the proceeding. My friends, Dr. Mutter, of Philadelphia, and Dr. J. M. Warren, of Boston, had achieved much greater proportional success, for out of twenty-one operations, Dr. Mutter had succeeded in nineteen, and Dr. Warren had been equally successful in thirteen instances out of fourteen. Results like these might well content the most sanguine." This quotation is here introduced in order that American surgery should receive its fair share of the *crédit* in the operation of staphyloraphy. It is but *lately* that the medical men of the continent have begun to acknowledge the brilliant successes of American operators. Not very many years since, the medicine and surgery of the United States was but lightly regarded by our trans-atlantic brethren, chiefly, however, through their ignorance of the capacity of our medical men, and the lack of real knowledge in reference to the institutions of our domain. Foreigners, generally, having their attention directed to their home nationalities, forget the rapid strides that knowledge, experience, and ingenuity have been making over the Western Hemisphere, and are not able to appreciate our progression until a visit to our land dumbfounded them with the information that it is not the wilderness they supposed.

It has not been very many years since our English brothers thus expressed themselves: "In the four quarters of the globe, who reads an American book, or goes to an American play, or looks at an American picture; *what does the world yet owe to American physicians or surgeons?*"* Since the writing of this quotation the times have changed; and an essay could be extended to a volume in attempting to portray the success and novelty of American operations, the new American surgical appliances, the courtesy extended by the most distinguished professors on the continent to American surgeons, and above all, in the translation of American medical and surgical works into foreign tongues—all of which are to be sure foreign to the subject of this paper, therefore, with pardon for the digression, we must return again to the anatomy

* Edinburgh Review, old series, No. LXV. This quotation was adopted by Dr. N. Chapman as the motto to the Phil. Medical and Physical Journal in 1821.

of cleft palate. In the paper already alluded to, Mr. Fergusson tells us that the extreme mobility of two portions of the cleft palate have long been noticed, but that not much attention has been given to the moving powers. If a person with cleft palate be desired to swallow a little water slowly, and with the mouth partially open, the back parts of the fissure may be seen to approach each other, and in most instances to come in contact; if this approximation occurs, the case is said to be favorable for operative procedure, if not, such interference should not be thought of. "The cause of this movement had never, I believe, been inquired into. So accurate an observer as Malgaigne had been content to state that it 'was a muscular action of which it is difficult to give an explanation.' The movement is clearly attributable to the superior constrictor muscle of the pharynx and the upper portion of the middle constrictor. The semi-circle which these muscles form on the back and sides of the pharynx is, during deglutition, drawn into almost a straight line, the fibres come forward, inward, and some of them downward, so that the soft structures immediately in front being the two portions of the split palate, are pushed in similar directions, and thus the posterior part of the fissure is made to close." He then continues to show in a forcible and lengthy manner, that the edges of the fissure are forcibly separated by the action of the levatores palate and the palate pharyngei, and therefore proposes as a very necessary step in the operation, the division of these muscles. To divide the palato pharyngeus, it is necessary to cut through the posterior pillar of the fauces, which may be done with a pair of blunt-pointed curved scissors. To divide the levator palate, many suggestions have been made, and indeed as will be seen further on, not only the practicability, but the serviceableness of such operation has been denied. But it appears to us that a good anatomist following the plan proposed by Mr. Pollock (which appears to me much better than that of Mr. Fergusson), cannot fail to effect the division of the muscle in question. He, Mr. Pollock, recommends that, after having put the flap upon the stretch, a double-edged knife is passed through the soft palate on the inside of the hamular process. Then the handle is to be alternately raised and depressed, the blade

being gradually carried along the posterior surface of the soft palate; by this a large cut with a small opening is made, and the muscle effectually divided. This is a very delicate part of the operation, and one which requires to be performed several times upon the cadaver before an attempt is made at staphyloplasty in the living subject.

There can be no doubt of the importance of the step if the end is attained, viz.: the *entire* division of the muscle in question. Mr. Fergusson, as before mentioned, considers it as of absolute advantage in procuring union, and he recommends a peculiar triangular knife for the purpose which he regards as the best instrument of the kind. To this part of the proceeding, Mr. Syme* most decidedly objects; he regards it "as an entire delusion, since a partial division, would, of course, produce no good effect, while a complete one is impracticable, and if accomplished would be useless. The muscles proposed to be divided are the levator palati and palato pharyngeus. These muscles are not slender threads, but fleshy masses of considerable thickness and breadth, occupying a very deep, inaccessible and irritable part of the fauces. * * * * * That the muscles in question may be wounded or partially divided I readily admit, but that they can be completely cut across, and still more that they can be so with certainty, I no less positively deny. * * * * * I may here remark, that very serious doubts have been entertained as to the expediency of performing this operation at all, since it cannot be attempted with any prospect of success, until the patient is old enough to abstain from voluntary resistance, and then the organs of voice have become so practised in overcoming the difficulties of their imperfect condition, that closure of the fissure so far from being always beneficial, sometimes appears injurious to the distinctness of articulation." Such are the words of Prof. Syme, and coming from such authority should be perused with some care; but in examining the recorded cases of split palate, we find that some surgeons have not found the division of the muscles in question as impracticable, but on the contrary have been able to so far divide them as to pro-

* Edinburgh Monthly Journal, April, 1864.—Ranking's Abstract, 1854. p. 130.

duce very beneficial results. Mr. Gay,* surgeon to the Royal Free Hospital, reports three cases bearing especially on this point. The first is one of a girl, aged twenty, having a congenital cleft of the hard and soft palates, and an imperfectly united hare-lip; in this patient the plan of Mr. Fergussen was adopted with great benefit; the same proceeding also being adopted in the third case, in which the practicability of dividing the palatine muscles was doubted by M. Fergussen, who was present at the operation, but which was finally consummated, together with transverse incisions.

Other surgeons have not only found it requisite but necessary to divide the palatine muscles, and have found the operation practicable and of much assistance in the cure of the affection; for instance, Dr. Gross† says: "In most of the operations performed for the cure of this defect, it is necessary, as suggested by Mr. Fergussen, to divide the palato pharyngeal and elevator muscles, on account of the resistance which they offer to the approximation of the edges of the fissure," and *Druit* also mentions the same proceeding.

But Mr. Fergussen, after having *in a measure* established his point, was met by the objections to his peculiar views; for even Mr. Liston states that the action of a most important muscle was omitted, viz., that of the *tensor palati*, the fibres of which, as the name would very well lead one to suppose, were regarded as keeping apart the edges of the fissure. It appears, however, that after examining some anatomical preparations in the possession of Mr. Fergussen, that the distinguished surgeon was obliged to agree with Mr. F., who says in another article on the subject,‡ that in the natural condition, when the *tensor palati* and *levator palati* muscles are cursorily examined, they *appear* to be equally strong, but that in reality the latter have a much more extensive action than the former, which from its name may be supposed by those who have not sufficiently examined into the matter to act strongly in rendering tense the soft parts, which is not the case. His words are these, "I do not object to the nomenclature" (*tensor*),

* *Lancet*, 1853.

† *System of Surgery*, Vol. II.

‡ *Medical Times*, Dec. 21st, 1850, p. 642.

“ for what action it does possess is to render the palate tense, but it is much less visible than that of lifting by the levator, which indeed lifts and draws outwards, and particularly so when there is a fissure in the palate and the flaps are loose.

* * * Now there is no theory in these views; the condition has been clearly demonstrated, and if you examine my preparation before spoken of, you can see the action of the muscles, and can satisfy yourselves beyond a doubt, that it is the levator, and not the tensor palati, which acts so strongly, and which it is necessary to divide in order to complete the operation of staphyloraphy.”*

It is only, as has been before stated, the milder cases of cleft palate that may be *operated upon*. I mean by this that the closure of the cleft can be effected by a surgical operation, viz., paring the edges of the fissure, and bringing them in opposition by ligatures, &c., in contra-distinction to a new method of closure, which will be mentioned at the end of this paper. When it is deemed proper that the fissure be closed by ligature, it is absolutely necessary that the patient should undergo a course of training, whereby the parts in question may, in a measure at least, be accustomed to the use of foreign substances impinging upon them. To accomplish this result, the edges of the cleft and the surrounding structures must be rubbed several times during each day with the handle of a spoon, and with the finger; by such a process there will be much less liability of muscular retraction during the refreshing of the edges and the introduction of the ligatures. Together with this the patient can be made by proper advice, to aid the efforts of the operator by being calm, firm, and quiet during the whole proceeding. The operation itself is delicate, tedious, often unsuccessful as to perfect union resulting, and worse than all, the power of proper enunciation and *even* deglutition may never be perfectly regained. The operation is divided into three successive stages, each of them difficult and delicate.

- 1st. The paring of the edges of the fissure.
- 2d. The introduction of the needles.
- 3d. The tightening of the threads.

* For further information at length and Mr. F's views and vide in addition to those already given, *Med. Times, Manchester, 1847, p. 23.*

The instruments recommended are first an instrument somewhat shaped as Beer's cornea knife, a delicate pair of forceps, a needle-holder, and by some a knot-tyer.

The patient must be seated with his face towards a window, with his back and shoulders firmly supported, and the head thrown sufficiently back to allow as much light as possible to fall upon the palatine arch, and to allow the operator as much space as possible for the introduction of the theodite. It appears to me that no better set of instruments could be adapted to the operation than those contained in the vesico-vaginal fistula cases of the present day. The advantage possessed by these being first, their length both in blade and handle, second, their delicacy, and thirdly, the different angles at which the cutting edges are placed in relation to the blank.

The patient then being prepared and the jaws separated as widely as possible, the surgeon seizes the margin of the cleft with the forceps, puts it gently upon the stretch, enters the knife at the upper angle of the cleft, and brings it out with a steady hand at the other extremity of the fissure; the same method is resorted to for paring the other side of the fissure. A short curved needle, made especially for the purpose, and similar to those used in closing vaginal fistulæ, is then armed either with a silken ligature well waxed, or with silver wire, according to the option of the surgeon, and entered at the inferior margin of the cleft, and at about one-quarter of an inch from the pared margin. It is then detached from the needle-holder and drawn through with a pair of forceps; then again placed into the handle and passed through the opposite side of the fissure. It is not easy to imagine a much more difficult and often very tedious operation than the application of these ligatures. It is moreover so very simple a thing to write about, and looks so facile in the surgical plates, wood-cuts, &c., that one would scarcely believe the amount of time and patience that is often necessary to accomplish this second stage of the operation. The second ligature is placed midway in the cleft, and the third at the anterior extremity of the same.

The threads or wire (whichever may have been employed), are then drawn through and their ends brought without the

cavity of the mouth. The ends are then successively tied in reef knots, and the threads cut off at the closed wound.

After the fissure has been thus effaced, it may be proper to divide the palatine muscles on which so much stress has been laid by Mr. Fergusson, although some surgeons advise that the division be effected immediately after the edges have been refreshed.

All talking, coughing, hawking up of mucus or blood, spitting or other efforts which has a tendency to put the parts upon the stretch must be positively forbidden, and the simplest fluid articles of diet allowed to the patient. The sutures must remain for several days and then be removed carefully, and one at a time, beginning with the anterior. As many as four to eight days may be allowed to elapse between the removal of the first and last ligature.

The method thus described is the one usually employed by surgeons; but Dr. J. Mason Warren, of Boston,* records cases in which he has been very successful in the closure of clefts in both the hard and soft palates, by *dissecting up flaps* from the concave surface of the roof of the mouth, commencing at the margins of the fissure upon either side, and extending outwards as far as the alveolar projections; these flaps are rendered continuous with the corresponding borders of the fissure in the soft palate, and all being united in the median line were found to produce a result, which had hitherto been deemed impracticable in the operation. In addition to this, Dr. Warren announces that the greatest possible advantages are obtained in securing the union of these flaps, by *dividing the anterior pillar of the palate on either side, and cutting away its attachment to the tonsil and to the posterior pillar*.

In the stage of completeness, it may be well in this place to notice also some of the methods that have been employed by distinguished operators, each possessing its advantages and perhaps also its disadvantages.

Roux made the first stage of the operation to consist of the *introduction of the ligatures*. The second, the paring of the edges of the cleft; and the third, tightening the knot. The

* New England Quarterly Journal of Medicine and Surgery, April, 1843, p. 528.

instruments are as follows: 1st. Three flat ligatures, each formed of two or three well waxed threads; 2d. six small curved flat needles, a needle is attached to each end of the ligatures; 3d. a needle-holder; 4th. a pair of dressing forceps; 5th. a probe-pointed bistoury; 6th. Roux bent scissors.

The patient is placed in the position already described, and the jaws are kept as widely distended as possible, and the ligatures inserted, first, at the tip of the velum; secondly at the uppermost end of the fissure, and thirdly, at the middle of the cleft.

In the second stage the edges are pared from behind forward either with the bistoury or the curved scissors, the incision being prolonged a short distance beyond the anterior angle of the fissure.

In the third stage the posterior ligature is tied first with the fingers, the first knot being held in *situ* by a ring forceps. The after-treatment is similar to that already mentioned. In the method of *Berard*, the ligatures are inserted and the refreshment of the edges commenced from *before backward*, directly in a contrary direction from the plan of the last-named operator.

Velpeau pares the edges first, and then inserts the threads, or sutures.

A very great variety of needles and holders, and forceps and knot-tiers have been invented, and employed by different surgeons, a fact in itself which goes further to prove how tedious is the operation, and how many difficulties have to be overcome in its performance.

These, however, instead of being a drawback to the young surgeon, should be but an incentive to risk staphyloraphy in any reasonable case, provided the patient is unable to obtain an artificial palate, of which in closing I desire to say a few words:

The great difficulty to be apprehended after operative procedure, even if tumor results, is in the stiffness of the soft palate and the contraction of the roof of the mouth, rendering enunciation perhaps even worse than it was before the operation was performed. There are certain sounds that require for their proper vocalization a flexibility of the soft palate and

the muscles entering into and moving the velum and if these are cut away or the curtain of the mouth rendered constantly tense from the contraction of a cicatrix, utterance is very imperfect. For instance, if we pronounce the letter T, and prolong the sound, compressing the mouth at the same time, the sound of the letter is not interfered with, but if we instead of T, pronounce the letter N, and then suddenly compress the nostrils, while we are sounding the letter the voice will be immediately stopped. In the one instance, by the action of the tongue and the soft palate the sound is directed through the nasal cavity, which in the other such is not the case; and if the muscles cannot direct the voice in its proper channel, necessarily the utterance will be very faulty and indistinct. All these imperfections are done away with in the construction of an artificial palate, invented by Dr. Kingsley, a dentist of New-York, and which invention I believe, when it is more thoroughly known and appreciated, will do away, in the great majority of cases, with the operation of staphyloraphy. I was fortunate enough to become acquainted with Dr. Kingsley, and to observe in his office the wonderful and perfect effect of his instrument when applied to the most aggravated cases of cleft palate; and its effects, not to be extravagant in expression, are truly wonderful. Let us remember for a moment that in the operation of staphyloraphy, it is recommended to *divide* the levator palati and the palato-pharyngeus; let us recollect the peculiar motion of the closure of the cleft during deglutition caused, as Mr. Fergusson has shown by the *pushing* together of the superior fibres of the superior constrictor of the pharynx, and finally bear in mind to what an extent these muscles are thrown out of place by the drawing together of the edges of a wide fissure, and we will readily perceive the reason why, after even dexterously performed operations for cleft palate, both deglutition and enunciation are often seriously impaired. It was with an appreciation, not only of these facts, but also of a perfect anatomical knowledge, that the false palate was constructed. It is composed of vulcanized soft rubber, well adapted by its flexibility for the offices it has to perform, with two separate wings as if it were joined at the anterior extremity and separated by a moveable velum. These wings or alæ are

grooved to fit exactly upon the sides or edges of the cleft; and the whole is fastened by a pin of metal to the anterior portion of the mouth. The great beauty of the contrivance consists in the fact that each false palate is adapted to the case in point. The first process is to take an exact cast in wax of the roof of the mouth with the fissure, then a mould is made in plaster, and from this one is constructed in lead. The latter in itself is a most wonderful work of ingenuity and art, and is composed, I believe, of seven or nine distinct pieces, so accurately adjusted that when they are placed in the required position, a complete metallic mould is made into which the melted rubber is poured. With this invention, and the success which has resulted from its proper application, all the difficulties, dangers, and uncertain results of operative procedure are done away with, and the malformation divested in a great degree of its former inconveniences, and I may almost add, its terrors. To my own mind I can only see one objection to the whole invention, which is in its cost; but I have no doubt that in time the expense will be so reduced as to enable every one suffering from cleft or split palate to procure such an instrument that will render life a blessing rather than a torment, and will enable each unfortunate to pass as a man among men.*

ARTICLE II.—*Notes from Practice.* By WM. H. HOLCOMBE, M.D., of New-Orleans, La.

SCIATICA.—I was called to a middle-aged woman, who had been treated for sciatica by two of the most distinguished allopathic physicians of New-Orleans. She had been bed-ridden for three months. She had never experienced any relief except a temporary suspension of pain after the sub-cutaneous injection of Morphine. Mercury, Iodine, Potash, Colchicum, Quinine, tonics, blistering, &c., had been exhaustively employed. The pains seemed to start from around the left hip-joint, and ex-

* In the above description of Dr. Kingsley's invention there may be some inaccuracies with reference to the manner of preparing the moulds. I have written the whole from memory, after the lapse of nearly a year since I saw the mechanism of the artificial palate, but the details are I believe in the main correct.—W. T. H.

tended from the thigh into the foot in violent paroxysms. These paroxysms are always excited by attempting to sit up in the bed. She could not assume that position a moment without her thigh bone "cocking up," as she expressed it, with a jerk and darting pain of indescribable agony. She complained very much of a sense of swelling almost to bursting in the leg and foot. The limb was constantly cold and blue, notwithstanding the stimulating liniments which had been used, and the flannel bandages in which it was continually enveloped. I removed all these, and made use of no external applications. I gave her *Colo-yuth* and *Rhus-tox.*, 1st centesimal dilution, about one drop at a dose, alternately every two hours, only in the day time. In two days she was vastly better. I continued the same medicines at intervals of four hours. I gave nothing else whatever, and in two weeks she was perfectly well, attending personally to all her household affairs. It has been four months, and there has been no indication of a relapse. That looks something like a reliable *cure*.

CHRONIC ULCERATION OF THE BOWELS.—A lady, aged about fifty, had been affected for six months with painful diarrhœa, attended by progressive emaciation, prostration, &c.; the stools being always mixed with purulent matter, and sometimes with blood. There were from six to ten evacuations in the twenty-four hours—several of them generally consisting of nearly a teaspoonful of mucus and pus. Sometimes a thick coating of purulent matter surrounded the rolls or lumps of semi-solid fœces. There was great tenesmus, nervous palpitation of the heart, and mental depression. I treated her for two months with but little result, save the relief of the tenesmus and a slight diminution in the frequency of the stools. Amongst the remedies tried were: *Mercurius* in different forms, *Arsenic*, *Sulphur*, *Colocynth*, *Aloes*, *Podophillin*, *Leptandrin*, and injections of opiated solutions of zinc and copper. I studied out the case afresh, and determined to give *Graphites*. Recollecting also that *Cod-Liver Oil* is an admirable application for external ulcers, and seemed called for as a nutrient by the anæmic and cachectic state of the patient, I concluded to prescribe one grain of *Graphites*, 1st centesimal trituration, three times a day, in a teaspoonful of *Cod-Liver Oil*. The

patient began to improve in a few days, and at the expiration of a month was perfectly well; had fattened considerably, stools healthy, and rather constipated than otherwise. Three months have passed away and there has been no relapse. I am confident this prescription is worth recollecting.

A curious fact in the history of this case should be recorded. The lady was vaccinated with bad virus about a year ago, had a horrible arm, and afterwards a large abscess on the right side of the body below the mamma, which discharged profusely. It was cured hastily by styptic injections, and the morbid condition of the bowels developed itself soon afterwards.

INCIPIENT PARALYSIS.—Without entering into the symptomatology or diagnosis of these very complicated and obscure diseases, I will state the broad outlines of three cases of paralytic disease, all of which have been considerably benefitted by the same treatment:

Case 1.—Young lady, about twenty-five, bed-ridden for three years, with uterine tumor and difficult menstruation; subject to violent congestive headaches, always with cold skin, imperfect digestion, and frequent dribbling of urine. No stool without enemas. Inability to stand or use the lower limbs; great weakness in the use of her arms; unable to raise up in bed or to keep the sitting posture unsupported. Platina, Sepia, Glonoine, Kalmia, Coffee, and some other remedies were occasionally interposed for the headache and menstrual difficulties, but the steady treatment for the paralytic symptoms was one grain of *Argentum-nitricum*, 2d centesimal trituration, every morning, and one grain of *Plumbum-met.*, 1st centesimal, every night. Duration of treatment, eight months. Result up to date: Her headaches are less frequent and severe; she has stools with less difficulty, and sometimes without using enemas; there is rarely any dribbling of urine; she can stand upon one limb for some minutes, and she moves herself with more ease in bed, being able to sit up an hour or two at a time without trouble.

Case 2.—Married lady, aged thirty. Had not left her room, and rarely her bed for three months. Complained of debility, prostration, and great nervousness. Unsteadiness and trembling when walking; powerlessness of the arms after using them

as in writing, sewing, grasping objects, &c.; obstinate constipation. All the other functions perfect. *Argentum-nitricum* and *Plumbum* as above. Duration of treatment, three months. Present condition much improved. She moves about her house with ease, and takes daily rides about the city in the street cars. Bowels less constipated; arms stronger; lower limbs firmer in their gait, and the whole system, physical and psychological, evidently improved.

Case 3.—Married lady, aged fifty, past the climacteric period, treatment with general paralysis, symptoms progressive for the last three years. Staggering gait when attempting to walk, especially with inability to lift the feet. Obstinate, at times almost insuperable constipation. Extreme weakness of the arms; difficult deglutition, especially of water or liquids. Want of command over the voice, sometimes amounting to aphonia. Intense mental dejection. Allopathic tonics, frictions, baths, galvanism, &c., had all been used without effect. Gave her *Argentum-nit.* and *Plumbum*, as in the other cases. Duration of treatment, three months. Present state better—difficulty of deglutition almost entirely disappeared; voice improved in strength; bowels less constipated; mind more cheerful. She walks ten or twelve squares every day, attends church, lifts her feet fairly and easily, although she is still very easily fatigued or depressed, and totters or staggers when she attempts to move faster. Before the paralytic symptoms came on, she was subject to terrible neuralgic headaches. She has not had the least pain in the head until within the last month, since which time a few fugitive stitches remind her almost daily of her old complaints.

In this entire class of cases I have little or no confidence in tonics, chalybeates strychnine, electricity, or hydropathy. The grand metallic nervines, Aurum, Argentum, Plumbum, and Zincum are my chief dependence. Admissible adjuvants in certain cases are, the internal administration of Cod-liver Oil, and frictions with a linament composed of equal parts of the tinctures of Aconite and *Cimicifuga-racemosa*.

IS THERE ANYTHING IN LACHESIS 30TH?—One of the most intelligent homœopaths I have ever known had a great contempt for Chamomilla, Pulsatilla, and Veratrum, which he

declared were totally valueless. I think they proved so in *his* practice, because he gave them in five and ten drop doses of the mother tinctures. Lachesis, however, he denounced as a humbug, a farce, a perfect myth. He chuckled at the idea of there being anything in Lachesis 30th, with an incredulity which could have given Prof. Simpson, of Edinburg, a lofty opinion of his rational faculties. Well, try all things; hold fast to the good.

A lady, about the change of life, principal of a large public school, exhausted with study, business, and domestic troubles of all kinds, applied to me for something to quiet her system at night. She declared she had not had half a night's rest for six weeks. Feeling of intense weariness, worse in the morning; palpitation of the heart with throbbing sensations in different parts of the body; confused thoughts; jactitation all night with extreme nervousness were her chief complaints. She was fall, thin, very sallow, coarse and dark skinned, melancholy, irascible, of strong character and profound religious convictions. There was a metallic ring about the heart, and a jerking feel about the arteries. The animal sphere of her life appeared flagged from exhausted excitability and the vegetative sphere torpid. I gave her Lachesis 30th, one drop on sugar every night on going to bed. She took nothing else; she did not know what she was taking; I directed no change in her diet; there was none in her habits, for she continued her school as usual. She took the medicine for twelve nights. She declared herself astonishingly relieved, said she rested well, and felt better generally than she had for months. That was three months ago, and she has made no complaint since. Was it a coincidence? Is Lachesis 30th, anything?

EXTERMINATION OF WARTS.—A gentleman brought me his little daughter, aged twelve years, whose hands were frightfully studded with warts. They had been repeatedly pared down close to the cuticle, and the base cauterized severely; but they always returned, and as he said seemed larger than ever. The best application to these excrescences is a mixture of Nitric-acid and Arsenious-acid, ten grains of the latter to one drachm of the former. I pared off the warts, not so close as to bring blood, or even to pain the nerves, and put a drop

of the liquid on the fresh surface—treating two or three of the warts in this manner every day. At the same time I gave her two or three grains of the carbonate of Magnesia, three times a day for a month. The warts all disappeared, the skin becoming as fresh and as smooth as ever. That was two years ago, and they have not returned. I was led to give the carbonate of Magnesia by the following extract from the "Epitome of Braithwaite," Vol. II., page 840:

"In the case of a girl affected with gastralgia, whose hands were covered with warts, Dr. Lambert gave carbonate of Magnesia. Two months after, though the stomach affection was unaltered, the warts had disappeared. In another case, the same dose, a teaspoonful night and morning, produced a similar effect in five weeks."

OBSTINATE HEADACHE FROM A DECAYED TOOTH.—I treated a young gentleman last winter for a terrible pain through the right temple, constant, but worse at night—nearly making him crazy. I exhausted my resources and his patience after a months' trial on my part and suffering on his. In despair, I told him to have the upper back jaw tooth pulled. It was decayed, but not aching. In two hours after the tooth was extracted the pain ceased and has never returned. Was the true cause removed, or did the shock of the operation cure the disease?

SMALL-POX TREATED BY VERATRUM-VIRIDE AND MACROTIN.—Small-pox I have always regarded as a self-limited disease, running a specific course, and very slightly modifiable by medicinal measures. I passed through a dreadful epidemic of it at Natchez, in 1863, and have seen a good many cases in this city in the last six months. Tartar-emetic, Causticum, Croton-tig., Mercurius-corrosivus, Thuja, and Variolin have been my main-stays, and I have had every reason to be satisfied with my treatment, the mortality being very small; still the natural history and course of the disease has been pretty much that described in the books for the last hundred years. Lately I noticed that Dr. Wilkinson, of London, had great confidence in *Veratrum-viride* for small-pox; and remembering that Dr Hill in his Epitome, and Dr. Smith, of Chicago, had recommended *Macrotin* in the warmest manner, I

determined to alternate the two. I began on a very severe case. The constitutional symptoms were violent and the patient was thickly peppered with the eruption, although it was not confluent. I gave Macrotin, one-tenth of a grain, and Verat.-v., one drop of the mother tincture, alternately every two hours. The case went along very smoothly; the vesicles did not go on to full maturation; the great majority of them flattened rapidly, dried, and fell off. I had never seen so rapid a cessation of the disease before, nor so prompt a convalescence. I have pursued the same treatment in three more cases, all with the same result. It will take a vast amount of evidence to prove that anything can abort the development of the variolous poison, but the above cases are certainly valuable. Nothing else whatever was employed, except bathing some portions of the skin in warm whiskey and water to relieve the intolerable itching, which is sometimes so distressing.

SANGUIS DRACONIS—OR DRAGON'S BLOOD.—Although scientific toxicology is the true basis of a philosophical materia medica, empiricism is a valuable handmaid to successful practice. The late Dr. Cartwright, of this city, was a man of rare learning, of subtle perceptions, and of that quick imagination without which there is no genuine strength or originality in any department of business. He once suggested to me a curious medicine, which I have found so valuable for several years in certain cases, that I feel it to be my duty to bring it to the notice of the profession. My wife had been suffering for eight months with the terrible chronic diarrhœa of the Mississippi Valley. The disease had at last been checked, indeed cured—but she was in a wretched, nervous, anæmic, debilitated condition. She was emaciated, sallow, listless, with no appetite or strength. Dr. Cartwright told me to put a teaspoonful of pulverized Dragon's Blood into a bottle of Madeira wine, and to give her a tablespoonful three times a day. The effect was magical; in two weeks' time she was blooming like a rose. "Dragon's Blood," said Dr. Cartwright, "has been laid on the allopathic shelf as a feeble astringent, and it is sold in the shops as a paint. But it is really the most wonderful and subtle regenerator of the blood ever

discovered. I give it where I used to prescribe Iron; but it is as much more ethereal, potent, and penetrating than iron as spirit is than flesh. Its power resides not in its organic elements, but in its color, in its redness, which makes it a perfect analogue of hæmatin." Such was the doctor's enthusiastic statement and quaint theory.

I have since prescribed Dragon's Blood in scores, perhaps hundreds of cases—sometimes without result, but oftener with the happiest effect. I give it in anæmic and cachectic states of the system, during tardy convalescence from acute or exhausting diseases, in debilitated states of the body from excessive exertions, protracted discharges, &c. It almost always improves the appetite, imparts strength, gives color, and what is singular, it acts on the individual sensational and psychological sphere in such a manner, that even when there are few organic changes to warrant the patient's report of himself, he is more cheerful and exhilarated, and generally declares that it is the grandest tonic he ever took in his life.

Sanguis Draconis is a concrete juice, resinous in its character, from the *calamus draco*, a small palm tree of the Indian Archipelago. The form I have employed comes in cylindrical rolls, enveloped in palm leaves, and bound with narrow strips of cane. Dr. Carthwright said the *best* article came in little oval cakes—but I have not been able to procure it. An article in that shape, sold to me for pure Dragon's Blood, proved to be mere rosin, or resin of turpentine. Dragon's Blood is wholly insoluble in water, but readily so in alcohol. I have frequently made use of the tincture, but Dr. Carthwright's prescription, a teaspoonful of the pulverized resin in a pint of good Madeira wine can be scarcely improved upon.

PERMANGANATE OF POTASH.—I cannot refrain from adding my little testimony to the efficacy of a weak solution of the Permanganate of Potash as a gargle in ulcerated, diphtheritic, and scarlatinous sore throats; as an injection in gonorrhœa and leucorrhœa, as an application to cancerous surfaces, to cutaneous ulcers, to chronic abscesses and purulent collections and discharges of all kinds, and as a general disinfectant. I

have never used more than one grain to the ounce, and less will often suffice. The crystallized salt is always to be employed.

ARTICLE III.—*Protection from Small-Pox, by means of Vaccination and Re-vaccination.*

At the annual session of the American Medical Association, held in New-York, June, 1864, the following resolutions were adopted, and the undersigned appointed a Committee to carry them out:—

“*Resolved*, That the Association deems it a duty to institute measures looking to the vaccination, ultimately, of every person living in the limits of country over which it exercises influence.

“*Resolved*, That a Central Committee of five be appointed to enlighten the public mind, by all available means, upon the value and necessity of universal vaccination.

“*Resolved*, That the Central Committee be authorized to appoint associate and auxiliary committees in each state.”

According to the most reliable statistics obtainable, the annual death-rate of the United States is about one in forty-five of the whole population, or about 600,000 annually for the last ten years. Of this number of deaths from all causes, about one in every two hundred and fifty, or in round numbers, not less than 2500 die annually of small-pox. This mortality, estimated by the usual ratio of deaths in small-pox, demonstrates the existence of more than 10,000 cases of unmodified small-pox annually in the United States, exclusive of varioloid; all of which can be wholly prevented by effectual vaccination and re-vaccination. During the great epidemics of small-pox which prevailed in Europe during the early part of the present century, all observers had abundant opportunities for ascertaining the true value of vaccination. The vaccinated, and those who had previously had small-pox were both found to be more or less subject to the disease. Early in the progress of these epidemics, however, an important fact became evident, namely, that there was a great difference in the mortality of small-pox when it attacked these three classes:—1. the vacci-

nated; 2. the variolated; and 3. those who had neither been vaccinated nor had small-pox. Of the first class, those who had been previously vaccinated, out of every 330 attacked, only one died. Of the second class, those who had previously had small-pox, one out of every fifty died. While of the third class, those who had neither been vaccinated nor had small-pox, one out of every four died. Thus proving the great superiority of vaccination over small-pox itself, in protecting the system from the fatality of a second attack.

Unmodified small-pox is not only a very fatal disease, as proved by its frequently cutting off one-fourth of all whom it attacks, but its tendency is to develop any latent disease which may exist in the constitution, particularly scrofula, and it is thus, indirectly, the cause of death to a much larger portion of the human race than at first sight appears. It is not, therefore, surprizing that small-pox, attacking for the second time an already enfeebled constitution, should cause a greater proportion of deaths than takes place when it occurs after vaccination, a much milder form of the same disease, and, therefore, proportionately less likely to develop any pre-existing constitutional affection.

It may, indeed, be truly said, that during the last sixty-four years, vaccination has not only prevented millions of cases of small-pox, but that it has also saved a multitude of persons from scrofula and other fatal maladies.

The human race has become stronger, has produced more hardy offspring;—not only suffering less from disease in general, but in all respects more capable of resisting it, through the instrumentality of vaccination.

Among the earliest objections urged against vaccination, even during the time of Jenner, was the alleged danger of communicating other diseases with the vaccinia. And from that day to this, cases of cutaneous disease, syphilis, scrofula, &c., have been occasionally attributed to this cause. But if it were now possible to collect all such cases, even then, their utter insignificance when compared with the multitude that have unknowingly been vaccinated with lymph taken from diseased persons, without contamination, is such, that this evidence alone against the transmissibility of other diseases by

vaccination, would be sufficient to establish the conclusion as a general rule, that *there is no danger of communicating other diseases with vaccinia*. This conclusion is in keeping with the recorded experience of Heim, Ricord, Bousquet, Taupin, Landoury, Friedinger, and many others who have investigated the subject, and may, indeed, be regarded as an accepted truth by the most distinguished men of the medical profession.

The recorded facts, the arguments, and deductions made by investigators in reference to the possibility of transmitting other diseases with vaccinia, added to the facts positive and negative which have presented under our own observation, not only confirm our belief in the non-transmissibility of other diseases with the vaccinia *as a general law*, but demonstrate that vaccination, besides preventing small-pox, frequently fortifies the constitution of the individual against some of the worst of those very diseases which are erroneously alleged to be transmitted by it. We would not, however, be understood as approving of the use of vaccine virus obtained from diseased persons; but, on the contrary—*none should ever be used knowingly, except that which has been obtained from perfectly healthy subjects*.

The protective powers of vaccination are most evident in their results to mankind in general. The comparative exemption of all civilized communities, for the last forty years, from the most terrible scourge to which mankind was ever liable, is an evidence of the protection afforded by vaccination so overwhelming as to characterize the discovery of Jenner as the greatest boon ever conferred upon the temporal welfare of man.

In England alone, for nearly a century before the introduction of vaccination, no fewer than 30,000 persons were annually cut off by small-pox; which, in the same ratio, according to the present population, would be equivalent to 100,000 deaths annually. Out of every 1000 deaths, from 1750 to 1800, there were by small-pox 96; from 1800 to 1850, there were, for the same number, but 35.

In Germany, for the same periods of time, there were, out of every 1000 deaths for the former period, by small-pox 66.5; for the latter period, 7.26.

In Sweden, for the last twenty-eight years before the introduction of vaccination, out of each million of the population there were 2050 deaths annually by small-pox; for forty years subsequent to the introduction of vaccination, the number of deaths annually by small-pox, per million of inhabitants, was 158.

In Westphalia, from 1776 to 1780, the annual small-pox death-rate per million of inhabitants, was 2643. From 1816 to 1850, it was 114.

In Copenhagen, 1751 to 1800, the annual rate per million was 3128; from 1800 to 1850, it was 286. In Berlin, for the same periods, the rates relatively were 3442, and 176.

American statistics, so far as known, are equally conclusive. According to a paper read by Dr. Robert Ware, before the Boston Sanitary Association, we learn that in Boston, in 1721, the year in which inoculation was introduced and when the whole population was 11,000, 5759, or more than one-half had small-pox, and of these, 844 died. In 1730, there were 4000 cases and 200 deaths. In 1752, when the population was 15,684, there were 5545 cases and 539 deaths. In 1764, there were 5646 cases; in 1776, 5292; and 1792, 8346. Compared with a subsequent period, after the general introduction of vaccination, and when it was in a measure compulsory, from 1815 to 1830, the mortality from small-pox was only *fourteen*; from 1811 to 1839, it was but *fifty-two*.

By an approximate average death-rate by small-pox per million of living population, from 1750 to 1800, and 1800 to 1850, in various countries (collected by the Epidemiological Society of London), there were, in the former period, nearly twenty times as many deaths by small-pox as there were in the latter. And besides, "one obviously beneficial result of vaccination, as regards its protective influence on the multitude, has not, we think, been appreciated or illustrated with sufficient force; namely, that the epidemic influence of small-pox greatly increased during the practice of inoculation, and greatly decreased since vaccination has been adopted. Dr. Hebra, professor of diseases of the skin, at Vienna, incidentally remarks and simply alludes to the fact, that "epidemics of small-pox have been more rare, and are less malignant since the intro-

duction of vaccination." But definite material for the following statements are to be found in the report of the Epidemiological Society, in illustration of our remarks:—(1.) During 91 years previous to *inoculation*, there were 65 distinct and well-marked epidemics, which is a ratio of 71.4 epidemics in 100 years. (2.) During 63 years in which *inoculation* was practiced, and that to a great extent, there were 53 distinct and well-marked epidemics, which is a ratio of 84 epidemics in 100 years. (3.) During the last 50 years, in which vaccination has been practiced, and inoculation been declared illegal, there have been 12 epidemics of small-pox, which is a ratio of 24 epidemics in 100 years."*

According to the well kept mortality statistics of Sweden, the *annual* small-pox death-rate in that country, during the period of 1841-'50, averaged less than the *weekly* death-rate from small-pox and measles during the period of 1755-'75. This important fact introduces us to an indirect benefit of vaccination, which has, until recently, been overlooked, namely, the beneficial influence of vaccination against other diseases. Drs. Greenhow and Farr, under the auspices of the General Board of Health of London, have shown that with the decline of small-pox consequent on vaccination, the general death-rate has greatly diminished from all causes; and that too, notwithstanding a severe and fatal epidemic influenza and two epidemics of cholera; and under this diminution, it is especially notable that the two classes of disease usually considered the most fatal, namely, scrofulous and low febrile affections, have diminished in a remarkable degree. The general death-rate per 10,000 of living population, during the periods of 1846-'55, was 25 per-cent. less than the decimal period of 1746-'55; and 40 per-cent. less than the decimal period of 1681-'90, showing a successive decline since the remoter period, from 421 to 355; and since the more recent period, from 355 to 249.

According to Dr. Farr's statistics, the average annual death-rates in London, from all causes and all ages, per 10,000 living were:

* *Medico-Chir. Review*, October, 1857.

From 1771—'80	500
1801—'10	292
1831—'35 (small-pox prevailed)	320
1840—'54	248½

The average annual death-rates in Sweden, from all causes and all ages, per 10,000 living, were:

From 1776—'95	268
1821—'40	233
1841—'50	205

In McCulloch's Descriptive and Statistical Account of the British Empire, Dr. Farr has shown that fever has progressively subsided since 1771, (at first under the influence of inoculation); "and that the *combined mortality of small-pox, measles, and scarlatina is now only half as great as the mortality formerly occasioned by small-pox alone.*"

According to the researches of Dr. Greenhow, previous to the introduction of vaccination, the death-rate from scrofulous diseases was five times greater than it is at the present time; and the present death-rate of pulmonary consumption, great as it is, is seven per-cent. lower than it was previous to the discovery of Jenner.

M. Bousquet,* in his detail of the epidemic which prevailed at Marseilles, in 1825, states that the whole population was estimated at 40,000. Of these, 30,000 had been vaccinated; 2000 had had small-pox, 8000 had neither been vaccinated nor had small-pox. Of the 30,000 vaccinated, 2000 were seized with small-pox; 20 of whom, or one for every hundred affected, died. Of the 2000 who had before had small-pox, either naturally or by inoculation, 20 were attacked, and of these 4 died, or one for every five who took the disease. Of the 8000 who had not been vaccinated nor had small-pox, 4000 contracted it, and 1000 died, or one in every four. By this it appears that *one-half* of the non-vaccinated, *one-fifteenth* of the vaccinated, and *one one-hundredth* of the variolated took the disease. But such was the difference in the comparative mortality of the attack in the vaccinated and the variolated, that while the variolated part of the population

* *Traité de la Vaccine.*

were cut off in the proportion of *one* out of every 500, the vaccinated only lost *one* out of every 15,000; or, in other words, of an equal number of variolated and vaccinated cases, *three* of the variolated died from the second attack, for every *one* that died who had been previously vaccinated.

RE-VACCINATION.

Several governments, confident in the anti-variolous power of vaccination, and profiting by the experience gained, determined upon re-vaccination as the most likely means of getting rid of the epidemics which were desolating their armies. The effect was so salutary as to have finally banished small-pox from among them. But this was not the only benefit. Knowing, as we do, that small-pox and cow-pox are in reality the same disease, the latter being merely deprived of its virulence by having previously passed through the system of the cow, the results of these numerous re-vaccinations are of immense importance not only in confirming the identity of small-pox and cow-pox, but in establishing the no less important fact, that the protective power of small-pox itself wears out of the system in a certain proportion of cases, as life advances, in nearly the same ratio as that of cow-pox. Thus, in all these armies, a certain proportion of the men were found to have been previously vaccinated, while no inconsiderable proportion had passed through unmodified small-pox. Now, if we take the susceptibility to re-vaccination as a test of liability to varioloid or to a second attack of small-pox, we have these vaccinations proving the fact that after a certain number of years, the same proportion of those who have previously had small-pox become susceptible to a second attack, as those who have been vaccinated are to varioloid. So that once having passed through all the dangers of unmodified small-pox, the person, at the end of twenty years, for instance, has no better security against a second attack, than the person who has been vaccinated for a corresponding length of time.

In the Wurtemberg army, of 40,000 cases collected by Dr. Heim, on re-vaccination it was found that in every 100 vaccinated after small-pox, 32 succeeded, 26 were modified and

42 failed. In every 100 re-vaccinated 34 succeeded, 25 were modified, and 41 failed.

According to the Statistical Report of the Medical Department of the English Army, from Oct. 1858, to Dec. 1859, 32,510 soldiers and recruits were vaccinated. Of this number 4124 bore marks of unmodified small-pox; 23,924 bore good marks of vaccination; 1901 bore doubtful marks of vaccination; and 2561 had no marks of either vaccination or small-pox.

By reducing these figures as nearly as possible to the same scale as those above given for the army of Wurtemberg, we find that of the 4124 who had previously had small-pox, on vaccination, 1473 or 35 per-cent. succeeded; 799 or 19 per-cent. took imperfectly; and 1842 or 44 per-cent. failed. Of the 23,924 who had good marks of vaccination, on re-vaccination 8976 or 37 per-cent. took perfectly; 5277 or 22 per-cent. imperfectly; and 9671 or 40 per-cent. failed. Of the 1901 with doubtful marks of vaccination, the number of good vesicles on re-vaccination was 777 or 40 per-cent.; modified, 505 or 26 per-cent.; and 616 or 32 per-cent. failed. Of the 2561 who had no evidence of protection, on vaccination, 1362 or 53 per-cent. took; 484 or 18 per-cent. had modified vesicles, and 715 or 28 per-cent. failed.

In the Prussian Army, in 1860, 69,096 soldiers were vaccinated. Of this number 57,325 exhibited marks, more or less perfect, of previous vaccination, 7420 being distinct; 4151 showed no marks whatever. Of the whole number, 44,193 took; 8256 partially and 16,047 failed. These last were vaccinated again, when 5577 proved successful, and 11,650 failed. During the year, there occurred among those who had been unsuccessfully vaccinated and others who had been successfully vaccinated in former years, one case of varioloid, but no case of small-pox. Thus, during the year of 1860, out of 69,096 vaccinations, 49,777 or 72 per-cent. took. In the entire army, there occurred during the year, 23 cases of varioloid, and 4 of small-pox. Of these cases, 14 of varioloid and 4 of small-pox occurred in persons who had not been re-vaccinated; 8 of varioloid, and 1 of small-pox, occurred among those in whom the re-vaccination failed; and the

remaining 1 of [†]varioid, among those who had been re-vaccinated with success.

In the United States, re-vaccination has received but little attention. On the breaking out of small-pox among a crew of five hundred persons, on board a U. S. frigate, about twenty-five years ago, the late Dr. Samuel Jackson, Surgeon U. S. N., vaccinated the whole ship's company. One in six took. They had all been vaccinated or had had small-pox before. Those on whom vaccination failed, proved to be equally insusceptible to small-pox, which wholly ceased from the time the re-vaccination took effect.

Of 686 recruits vaccinated by Dr. Forry, U. S. Army,* 560 had been vaccinated before, 74 had had small-pox, and 52 had not had small-pox nor been vaccinated. Of the 560 previously vaccinated, 381 exhibited good cicatrices; 134 imperfect, and 45 had no marks at all; 196 took, including 55 which were modified. Of these 196, 109 had been previously vaccinated before the age of five years; 48 between the ages of five and ten, and 39 subsequently to the latter age. Of the whole 560 previously vaccinated, 316 were vaccinated before the age of five years; 133 between the ages of five and ten, and 111 after the latter period. Hence it follows, though not as an exact result, according to Dr. Forrey's limited experience, that as the ages of the great majority of these men ranged from twenty to thirty-three (the average being twenty-five), and as the ratio of successful re-vaccination is very nearly the same after each interval of age (being about one-third), the limit of the protective power of vaccination is not restricted to any precise number of years.

The only statistics of re-vaccination of the present army of the United States we have been able to obtain, are the following, furnished by Dr. S. O. Vanderpoel, Surgeon-General of New-York,* to the U. S. Sanitary Commission,† from the first returns made to him in accordance with a general order:

Total number of recruits examined,	9548
Bearing marks of previous vaccination,	7765

* American Journal Med. Sciences, April, 1842.

† Sanitary Commission Report, E.

Total vaccinated or re-vaccinated,	8095
Found to be susceptible,	2292
Number susceptible who had marks of previous vaccination,	1338

It is evident from the foregoing statistics, that no certain period of limitation can be fixed for the protective power of vaccination. It is certain, however, that its loss of power bears *some* proportion to the lapse of time, though it seems highly probable that this apparent loss of protective power is in the same ratio as the varying liability to small-pox, independent of vaccination. Dr. J. F. Marson, the experienced superintendent of the small-pox and vaccination hospital in London, states that, "but few patients under ten years of age have been received with small-pox after vaccination. After ten years, the number begins to increase considerably, and the largest number admitted are for the decennial period from the age of fifteen to twenty-five, and although progressively diminishing, they continue rather large up to thirty, and from thirty to thirty-five they are nearly the same as from ten to fifteen; but as in the unprotected at this period of life, the mortality is doubled, showing the cause to be probably as much or more depending on age and its concomitants as on other circumstances. In still further advanced life, the ratio of mortality will be seen to increase also, as in the unprotected state."*

According to the statistics of Professors Heim of Stuttgart, and Retzius of Stockholm, and Dr. Marson of London, the liability of small-pox is found to be as regards age, very nearly the same as the increased susceptibility to a second vaccination, or as will presently be seen, to a second attack of small-pox.

The occasional recurrence of unmodified small-pox a second time or after a previous vaccination does not invalidate the general law, that a person who has once been properly vaccinated or has once had small-pox, in general remains protected against a subsequent attack. It is, however, a well-established fact that certain individuals who have had unmodified small-

* Returns of Epidemiological Society, London.

pox in infancy or youth, may, especially if frequently exposed to the epidemic influence of the disease, have it again in after-life; and such attacks are always much more dangerous to life than small-pox after vaccination. All medical men of much experience have met with such cases. Dr. Thompson, of Edinburg, in his own practice, met with 85 cases of second attack of unmodified small-pox; and Prof. Heim, 57. It is in vain, therefore, to expect that vaccination will give greater security to the person from a subsequent attack of small-pox than small-pox itself unmodified. All that can be reasonably asked is, that vaccination shall give as good security against a subsequent attack of small-pox as if the person had passed through small-pox itself; and this, if properly performed, and with good lymph, the accumulated evidence of the last sixty years most thoroughly proves. And with this immense superiority in favor of the protective power of vaccination over unmodified small-pox, namely: that it is not contagious; does not endanger life; does not engender scrofulous disease; does not disfigure the countenance, nor cause deafness and blindness, and does not cut off one in every four to eight affected by it—with all of which small-pox is justly chargeable.

By estimating the result of the foregoing statistics (chiefly obtained from the returns of the Epidemiological Society of London, and more might be furnished), embracing carefully recorded and reconcilable points of observation for nearly 200,000 cases, we are justified in accepting this experience as a safe criterion by which to base an estimate for any number of cases, great or small.

The conclusions elucidated from the data given, are:

1. That vaccination is immensely protective against epidemic diseases generally, and against small-pox in particular; and against death by small-pox, the protective power of vaccination is almost perfect.

2. That of any number of persons who have had unmodified small-pox, the proportion wholly protected from a second attack at adult age, is 43 per-cent., while 57 per-cent. are liable to it again in some form or other.

3. That out of any number of adult persons who have good marks of vaccination, 40½ per-cent. are perfectly protected;

while 59½ per-cent. are susceptible to varioloid, or to re-vaccination to such a degree as to render their protection perfectly complete.

4. That the degree of protection afforded by previous unmodified small-pox, for a second attack, is only 2½ per-cent. greater than the protection afforded by vaccination; a proportion too small to be regarded as any evidence of real difference in protective power, and reasonably attributable to spurious or impaired vaccination from a variety of causes, such as vaccination during the progress of other diseases, injury of the vesicle or defective lymph.

5. That out of any number of adult persons with imperfect marks of vaccination, 23 per-cent. only are protected, while 77 per-cent. are liable to small-pox or varioloid.

6. The liability to varioloid after ten years of age, of persons vaccinated under three years of age; and the increased liability again from fifteen to twenty-five years of age, of persons vaccinated or re-vaccinated at from ten to fifteen years of age, demonstrates that, generally, protection by vaccination under twenty-five years of age is complete for about seven years only. Subsequent to twenty-five years of age, protection is complete for a greater length of time, proportionate to the age of the individual at the time of the vaccination.

7. That during the prevalence of an epidemic of small-pox there is increased susceptibility to the disease, and the degree of protection from previous vaccination is proportionately lessened. Under such circumstances, therefore, it is incumbent to re-vaccinate at intervals not exceeding five years; and in cases of certain exposure as soon as practicable thereafter, as there is abundant evidence of the protective power of vaccination and re-vaccination even as late as the fourth day after exposure to small-pox.

8. Protection is known to be complete only when fresh vaccine lymph from a perfect vesicle fails to take on re-vaccination.

A. N. BELL, *Brooklyn, N.-Y.* J. P. LOINES, *New-York.*
H. D. BULKLEY, *New-York.* A. NEBINGER, *Philadelphia.* JAS. F. HIBBERD, *Richmond, Ind.*

ARTICLE IV. — *Homœopathic Hospital Statistics.* By E. C. FRANKLIN, M.D., Surgeon in Charge, &c. of the Cavalry Depot Hospital, St. Louis, Mo.

I HEREWITH enclose the Consolidated Report of the Cavalry Depot Hospital, Saint Louis, for the year ending March 1st, 1865.

This institution was originated by Capt. Ingham Coryell, Chief Quarter Master U. S. A. in charge of the Western Division Cavalry Bureau, March 1st, 1865, instituted for the purpose of giving hospital accommodations to the employees in that department.

The hospital is supported by the voluntary contributions of the laborers, numbering about 1400, engaged in the employ of the United States at the Cavalry Depot.

During the past year there have been treated in the hospital 1206 patients, suffering from the various diseases incident to camp life. Most of the employees are discharged soldiers who have left the service on account of disability; and refugees from the states of Missouri, Arkansas, Kentucky, and Tennessee.

As will be seen by the records many cases of surgical interest have been treated during the year, and various operations have been performed by the surgeon in charge.

This institution presents great advantages to the student of medicine, especially those who are looking forward to admission into the army or navy. During the past session of the Homœopathic College, it has been regularly visited by the students of the university and semi-weekly clinics have been held at the bed-side of the patients, thus affording additional facilities for the acquirement of a sound practical education.

The hospital is in a flourishing condition, amply supplied with all the requisites for medical and surgical treatment, and is capable of accommodating fifty patients.

A new building has been fitted up near the depot in lieu of the temporary barracks occupied the past year, and many improvements have been made for the comfort of its inmates. The institution enters upon its second year with high hopes of greater encouragement and more brilliant success than the year just passed.

A glance at the working of the hospital will be sufficient to show the character and severity of the diseases treated, and the comparative diminished mortality, as viewed in connection with similar institutions under allopathic practice.

Consolidated Report of Sick and Injured, treated in Cavalry Depot Hospital, St. Louis, Mo., for the Year beginning March 1st, 1864 and ending March 1, 1865.
 E. C. FRANKLIN, Surgeon in charge.

DISEASES	NO. ADMITTED.	CURED.	DIED.	REMAINING.	REMARKS.
Asthma	2	2	..	..
Arthritis,	1	1	..	..
Abscess	16	16	..	..
Balanitis	1	1	..	..
Bronchitis, ac.....	51	50	..	1	
" chronic	9	9	..	..
Catarrh	47	47	..	..
Contusion	143	143	..	..
Cholera Morbus	7	7	..	..
Coup de Soleil	1	1	..	..
Diarrhoea, acute	120	118	2	..	
" chronic	14	13	1	..	
Dysentery, acute	42	41	1	..	
Diphtheritis	4	4	..	..
Erysipelas	5	5	..	..
Enteritis	5	4	1	..	
Eczema	2	2	..	..
Fever, Intermittent.....	60	60	..	..
Fever, Remittent	143	141	2	..	
Fever, Typhoid	42	39	3	..	} Died from gangrene eight days after amputation.
Fracture	7	5	1	1	
Gastritis, acute	18	18	..	..
Gastralgia	7	7	..	..
Gonorrhœa	3	3	..	..
Hepatitis, acute	8	8	..	..
" chronic	7	7	..	..
Hæmiplegia	1	..	1	..	Caused by eating Opium.
Herpes	3	3	..	..
Hernia strang.	1	1	..	..	Cured by operation.
Hypertrophy of Heart	1	1	..	..
Hæmorrhoids	4	4	..	..	Cured by operation.

DISEASES.	NO. ADMITTED.	CURED.	DIED.	REMAINING.	REMARKS.
Icterus	4	4	..	..
Impetigo	2	2	..	..
Laryngitis	12	12	..	..
Mania-a-Potu	2	2	..	..
Nephritis	1	1	..	..
Neuralgia	4	4	..	..
Ophthalmia	39	39	..	..
Orchitis	7	7	..	..
Otitis	6	5	..	1	
Œdema	6	5	..	1	
Paralysis	1	1	..	..
Parotitis	6	6	..	..
Pericarditis	2	2	..	..
Pernio	5	5	..	..
Periostitis	3	3	..	..
Pleuritis	12	11	..	1	
Pneumonia	25	24	1	..	
Rubeola	8	8	..	..
Rheumatism	34	33	..	1	
Syphilis	11	11	..	..
Sycosis	1	1	..	..
Scorbutus	2	2	..	..
Scabies	11	11	..	..
Stomatitis	7	7	..	..
Stricture	1	1	..	..
Spinal Meningitis	1	..	1	..	
Splenitis	1	1	..	..
Tonsilitis	14	14	..	..
Tumor	2	2	..	..	Cured by extirpation.
Ulcus indolens	22	21	1	..	Died of gangrene senilis.
Variola	10	9	1	..	Died of congestion of brain.
Varioloid	3	3	..	..
Varix	3	3	..	..
Tinea Capitis	1	1	..	..
Vulnus	68	68	..	..
Ulcus Varicose	5	5	..	..
All other diseases	89	86	..	3	
TOTAL	1206	1181	16	9	

ARTICLE V.—*Causes of Disease in Great Cities.*

AFTER an explanation of the avoidable and inevitable causes of disease and death, Dr. Smith* speaks of the more potent causes of disease as found existing by the inspection above referred to.

1. *Filthy Streets.*—Their condition is illustrated by elaborate quotations from the reports of the Inspectors in the different wards, and by a quotation from a report of the City Inspector himself. As a sample of these reports we give the following, selecting it rather for its brevity than any other reason:

The Inspector of the Sixth Ward says:

“Domestic garbage and filth of every kind is thrown into the streets, covering their surface, filling the gutters, obstructing the sewer culverts, and sending forth perennial emanations which must generate pestiferous diseases. In winter the filth and garbage, &c., accumulate in the streets, to the depth sometimes of two or three feet. The garbage boxes are a perpetual source of nuisance in the streets, filth and offal being thrown all around them, pools of filthy water in many instances remaining in the gutters, and having their source in the garbage boxes.”

2. *Filthy Courts and Alleys.*—On this subject we can find room for but two brief quotations. Says the Inspector of the Fourth Ward:

“Slops from rear buildings of such premises are usually emptied into a shallow gutter cut in the flagging, and extending from the yard, or space between front and rear buildings, to the street. This is often clogged up by semi-fluid filth, so that the alley and those parts of the yard through which it runs are not unfrequently overflowed and submerged to the depth of several inches. *There are more than four hundred families in this district whose homes can only be reached by wading through a disgusting deposit of filthy refuse.* In some instances, a staging of plank, elevated a few inches above the surface, is constructed through the alleys.”

Another Inspector reports:

* Address before the Joint Committee of the New-York Assembly, Feb. 1865, by Stephen Smith, M.D.

"The privies (*two* in one) of Nos. — and — West Twenty-fourth-Street need instant cleaning. They are overflowing the yard, and are very offensive. The privy at No. — Seventh-Avenue, as in the preceding two adjoining houses, is in the yard, and adjoins the house, and is on a line with the southerly wall of house No. — (the adjacent house), which has a back area; the wall of said area being part of the foundation of the privy. At times the fluid portion of the privy oozes through its own and the area wall. The privy of the rear tenant-house. No. — West 22d-Street, is used by 42 persons; it has five subdivisions, one for every two families. The compartments are so small that a person can scarcely turn round in them, and so dark that they have to be entered with an artificial light. The cellar itself, as has been stated, is damp, dark, and without ventilation. Under such circumstances the emanation of the excrementitious matter of 42 persons can find no escape; thus this privy-cellar is worse than a Stygian pit."

3. *Special Nuisances.*—Among these Dr. Smith refers to nearly 200 slaughter houses, many of them situated in the most densely populated districts, with their droves of cattle, hogs, and sheep, and from which flow blood and refuse of the most disgusting character; also fat-boiling, entrail-cleaning, and tripe-curing establishments, which poison the air for squares around with their stifling emanations. To all these are to be added hundreds of uncleaned stables, heaps of manure, &c., &c.

4. *Cellar Population—Dens of Death.*—It is estimated by the City Inspector that 18,000 persons live in cellars in New-York. These cellars are dark, damp, and dreary abodes, seldom penetrated by a ray of sunlight, or enlivened by a breath of fresh air. The following brief quotations will give some idea of what they are.

The Inspector of the Fifteenth Ward reports:

"In a dark and damp cellar, about 18 feet square and 7 feet high, lived a family of seven persons. Within the past year two have died of typhus, two of small-pox, and one has been sent to the hospital with erysipelas. The tops of the windows of this abode are below the level of the surface, and

in the court near are several privies and a rear tenant-house. Yet this occurred but a short distance from the very heart of the city."

An Inspector thus describes a visit to one of these subterranean abodes:

"We enter a room whose low ceiling is blackened with smoke, and its walls discolored with damp. In front, opening on a narrow area, covered with green mould, two small windows, their tops scarcely level with the court-yard, afford at noon-day a twilight illumination to the apartment. Through their broken panes they admit the damp air laden with effluvia, which constitutes the vital atmosphere inhaled by all who are immured in this dismal abode. A door at the back of this room communicates with another which is entirely dark, and has but this one opening. Both rooms together have an area about eighteen feet square, and these apartments are the home of six persons. The father of the family, a day-laborer, is absent. The mother, a wrinkled crone at thirty, sits rocking in her arms an infant, whose pasty and pallid features tell that decay and death are usurping the place of health and life. Two older children are in the street, which is their only playground, and the only place where they can go to breathe an atmosphere that is even comparatively pure. A fourth child, emaciated to a skeleton, and with that ghastly and unearthly look which marasmus impresses on its victims, has reared its feeble frame on a rickety chair against the window sill, and is striving to get a glimpse at the smiling heavens, whose light is so seldom permitted to gladden its longing eyes. Its youth has battled nobly against the terribly morbid and devitalizing agents which have oppressed its childish life—the poisonous air, the darkness, and the damp; but the battle is nearly over—it is easy to decide where the victory will be."

5. *Tenant-House Population.*—It is estimated that the tenant-house population of New-York reaches the enormous figure of 500,000, or about half the total number of inhabitants! The tenant-houses are of two classes, viz., the front and the rear. The latter is closely allied to the cellar; being shut out from air and sunlight, it is generally damp, gloomy, and

filthy. The space between the front and rear house, familiarly called the "well hole," contains the privy and cesspool, the emanations from which are closely confined to this space, and slowly but constantly pervade with their disgusting odors all the rooms and recesses.

We would like to give a fuller description of this mode of life than our space will justify. One or two brief quotations must suffice.

The inspectors describe more or less minutely a large number of tenant-houses and also of groups:

"'Cat Alley' is the local designation of a group of dilapidated tenant-houses in an alley on Cannon-Street. The alley is unpaved, and is excessively filthy. The privy is a small and broken down structure, covering only a part of the vault, which is now full almost to overflowing. The inhabitants are degraded, both physically and socially. In several of the domicils, at the time of our last inspection, there were neither bedstead nor table. Twelve of these families were found in a wretched condition, and all the children we saw were covered with dirt, and presented the intensest aspects of scrofulous disease; their sore eyes, encrusted heads, and dehumanized appearance, told the story of want and neglect, and of greater evils to come.

"Five small houses, two and a half stories in height, including the basements, each containing apartments for six families, front on an alley called Rivington-Place. This alley is always in a filthy condition. The houses on it are small and over-crowded. The thirty families that reside in these five houses have no other water supply than that which two hydrants furnish in the exterior court-yard; while for this population of nearly 200 persons, of all ages, there are but two privy vaults, and at the time of last inspection of the quarters, these vaults were filled nearly to the surface. In the year 1849, 42 individuals died here in three weeks of cholera, and not one recovered that was taken sick. The reasons are plain: they have no ventilation, and the houses being double, the exhalations from one apartment are inhaled by the other."

"At No. — West Twenty-fifth street, a wretched tenement

of two apartments, the rooms occupied by one family. The sitting-room is about 10x12 feet, and the bed-room about 5x12, *without a single window or air-hole.* These rooms were occupied in the hot month of July by a poor colored female, having pulmonary consumption, and her two children. Here she died, shortly after we made the inspection of her domicilium; having no money nor friends, a christian burial was denied her for four days, although the neighbors informed the police of the fact, and they the Health Warden."

"Rag-pickers' Row" is thus described:

"The houses are of wood, two stories, with attic and basement. The attic rooms are used to deposit the filthy rags and bones as they are taken from the gutters and slaughter-houses. The yards are filled with dirty rags hung up to dry, sending forth their stench to all the neighborhood, which is exceedingly nauseous, operating upon me as an emetic. The tenants are all Germans of the lowest order, having no national nor personal pride; they are exceedingly filthy in person, and their bedclothes are as dirty as the floor they walk on; their food is of the poorest quality, and their feet and heads, and doubtless their whole bodies, are anasarcous, suffering from what they call rheumatism, but which is in reality a prostrate nervous system, the result of foul air, and inadequate supply of nutritious food. They have a peculiar taste for the association of dogs and cats, there being about fifty of the former and thirty of the latter. The whole number of apartments is thirty-two, occupied by twenty-eight families, number 120 in all, sixty adults and sixty children. The yards are all small, and the sinks running over with filth.

A Committee of the State Legislature appointed to investigate the condition of the tenement-houses of New-York, uses the following language:

"Sitting together upon the same broken box, lying together upon the same dirty straw, covered by the same filthy sheds, vieing with each other in the utterance of foul obscenities, you have a picture of the mass of corruption and squalid misery gathered inside the walls of that unventilated building in Mission-Place. In that single house there was that which made the soul sicken and turn in horror from the sight.

Vice, with its pretentious brow, and wretchedness, with hollow cheeks, and sunken, glazed eye, were there; hunger and lust stood side by side; petit larceny and cold-blooded murder were holding converse."

Speaking of the physical and moral evils connected with this mode of life, Dr. Smith uses the following emphatic language:—

"Even though no devastating epidemic is found ravaging the tenant-house, yet the first sight of the wretched inmates convinces you that diseases far more destructive to health and happiness, because creating no alarm, are wasting the vital energies, and slowly but surely consuming the very tissues of the body. Here infantile life unfolds its bud, but perishes before its first anniversary. Here youth is ugly with loathsome diseases, and the deformities which follow physical degeneracy. Here the decrepitude of old age at thirty. The poor themselves have a very expressive term for the slow process of decay which they suffer, viz., 'TENANT-HOUSE ROT.' The great majority are, indeed, undergoing a slow decomposition—a true eremacausis, as the chemists term it. And with this physical degeneration we find mental and moral deterioration. The frequent expression of the poor, 'we have no sickness, thank God,' is uttered by those whose sunken eyes, pale cheeks, and colorless lips speak more eloquently than words, of the unseen agencies which are sapping the fountains of health. Vice, crime, drunkenness, lust, disease, and death, here hold sway, in spite of the most powerful moral and religious influences. Religious teachers and Bible readers are beginning to give this class over as past all remedy, until their physical condition is improved. Their intellects are so blunted, and their perceptions so perverted by the noxious atmosphere which they breathe, and the all-pervading filth in which they live, move, and have their being, that they are not susceptible to moral or religious influences. In London, some of the city missionaries have entirely abandoned the tenant-house class. There is, undoubtedly, a depraved physical condition which explains the moral deterioration of these people, and which can never be overcome until we surround them with the condition of sound health. A child

growing up in this pestilential atmosphere becomes vicious and brutal, not from any natural depravity, but because it is mentally incapable of the perceptions of truth."

We are compelled to postpone further remarks on this address to our next number.

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

PAU has for several years been favorably known as a winter resort for invalids. It is a quiet, pleasant, half-ancient, half-modern city, situated at the foot of the Pyrenees, about four hundred miles from Paris, seventy from the sea-shore, at Bayonne, and in a direct line not more than ten miles from the border of Spain. The extensive and fertile plain on which it is built is bounded on the south by the Pyrenees, the first *coteaux* of which are less than a mile from the city. A few miles to the north runs a ridge of hills, and a part of the range extends also to the east as far as the Pyrenees. Thus the city is almost surrounded by wind-barriers, and although, except to the south, they are low and distant, yet they form, as we shall hereafter see, a most effectual protection from the cutting winds which are at times experienced in other parts of the south of Europe. For desirable location, for beautiful surroundings, and for being easily and quickly accessible, I know of no good winter resort to be compared with Pau. It is connected with Paris by a good railroad the entire distance, and by this time the railroad is undoubtedly finished which connects it with Marsailles. Should one desire to pass the summer in the neighborhood so as to remain a second winter at Pau, delightful resorts and good accommodations may be found at the various watering places in different parts of the Pyrenees. Or if in the spring the tour of Italy or Spain is desired, access is easy to the first by Marsailles, and to the last by way of Bayonne. In consequence of the increased number of persons seeking a winter residence at Pau, it is fast losing the appearance of an old European town, and even now the modern houses built for the accommodation of

strangers, form the most valuable portions of the city. The more modern streets are well laid out, and the squares and grounds and public buildings might well be envied by a city of greater pretensions.

The number of permanent residents is about twenty thousand, and of strangers, the average is perhaps two thousand.

With the latter number of idle inhabitants, who are as much as possible riding or walking in the open air, especially during the spring, which here commences by the early part of February, the city presents a very lively aspect.

As a place of residence for the winter, there are few cities on the continent so well calculated for the comfort of the invalid.

Apartments, if engaged early in the season, are easily obtained of any size or convenience, and the general wants of a family may be as fully met as in many larger and more fashionable cities.

Churches, schools, libraries, clubs, associations, for out-door amusements, &c., are amply supplied.

The roads in all directions are excellent, and the scenery beautiful. There is also much to interest one in the early history of Pau, as the former capital of the Kingdom of Navarre, the birth-place of Henry XIV., the headquarters of the early Huguenot forces, &c. The history of Pau contributes much that is very interesting, especially to one who is residing there.

In regard to the climate of Pau, much may be said for and against. Perhaps there is no climate in Europe excepting Nice, which is so distinctive in its characteristics, and consequently either so good or so bad for the invalid, according to his disease and the condition of the disease.

This, like all other climates, has been underrated and overrated according to its success or failure in the cases for which its influence has been sought.

In speaking of the character of the climate, I shall first notice those circumstances which have a direct bearing upon it, for here, as in other places, it is the immediate surroundings, the local influences, and not the degree of latitude or the height of the mercury entirely that determines its special character.

First, the soil on which the city is built and for miles around, is light and gravelly, and quickly absorbs all falling water. There is also a gradual slope towards the river, and the water thus absorbed, soon finds an outlet in the wide banks of the Gave. The city is tolerably well drained, and there is but little liability to any epidemic disease. This is especially shown in the comparative immunity which Pau has enjoyed from the ravages of severe epidemics which have visited other parts of France and Europe.

The next and main circumstance which modifies the character of the climate is the peculiar location and formation of its *environs*. The high and long range of the Pyrenees extends for hundreds of miles from east to west, and the highest peaks are nearly opposite, and but a few miles to the south of Pau. These mountains could not have been better formed or placed to afford protection from the south, and many of the south-east and south-west winds. Again, to the north and east, the hills, though distant, are sufficiently high to break the force of the winds, and to throw them in a higher current, so that they pass above the city. This last may often be verified by the sight of clouds flying swiftly over head when the air below is quiet and motionless. One also may often, by standing in the fourth or fifth story of a house, hear the wind whistle around the chimnies and upper corners, a literal fulfilment that "the wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh or whither it goeth," for in looking down upon the trees and herbage, not even their leaves are seen to move, and they appear quite unconscious of the rapid commotion above. How effectual these wind-barriers are in giving protection to the city we shall now further see. According to all observation, there is no place known to us in the world where the atmosphere throughout the whole season is so quiet as at Pau. During the first two months of my residence at Pau, November and December, 1861, I saw nothing that approached even a breeze, except, perhaps, the latter part of December. From nine in the morning until dark, the leaves of the trees were hardly ever seen to move, even the smoke from chimnies either makes a perfectly

straight ascent, or lazily strays and floats obedient to its own gravity. Neither must it be thought that this was an exceptional season. Professor Louis, of Paris, who spent the winters of '54-'55 at Pau, remarks from the 25th of October to the 13th of December, I have indeed seen during that space of time, the leaves of the trees oscillate, but never their branches, so much so that during the first six weeks of my sojourn in the capital of Bearn, I lived in perpetual astonishment, having never either seen or read of anything similar, except in your work,* which I before believed, I must confess, to bear the marks of exaggeration on this point. Other evidence might be adduced equally strong, but all testimony is so concurrent, it is unnecessary to repeat.

Although the air was perfectly quiet during the day, yet, according to my observation during the winter, there were but few nights during which some wind might not be heard, and it was several times strong enough to be called a gale. The wind, however, never rose before eight or nine in the evening, and was always hushed by seven or eight in the morning. From and after the first of January, winds were more prevalent, and occasionally blew during the day, but they were always rare, of short duration, and never unpleasantly cold.

During the winter I spent at Pau, the first wind of importance in the day time was on the 11th of January. This lasted but two hours, and was succeeded by an atmosphere as calm and pleasant as any preceding day. After this there were not more than four days, 20th and 21st of Feb., and 8th and 29th of March, when the wind was at all inconvenient, and even during these, an invalid might safely take his accustomed exercise. Of course there were a few days when the air was too cold for the very delicate in health to venture out, but during these there was almost never any air in motion. It might naturally be supposed that in a place so thoroughly protected from the winds, the air would not be pure and fresh, as in other places more open and exposed. This, however, is not the case. First, because the hills, excepting those

* Letter of Dr. Louis to Dr. Taylor, on the Climate of Pau.

to the south, are several miles distant, and whilst they are sufficient to check the rapid progress, or throw in a higher path many of the passing currents, yet they do not hinder a free, though gentle circulation of air.

Again, although from nine in the morning until seven or eight in the evening, anything more than the gentlest breeze is very rarely known, yet, as I have before said, there are but few nights during which for at least one or two hours some wind cannot be heard. The close proximity of the Pyrenees, covered most of the winter by frequent falls of snow, and the mid-day heat of a southern sun renders inevitable an almost nightly current from the mountains to the more heated plains below. This coming, as it does, at a time when the invalid need not be exposed, is harmless to the sick and highly favorable to the purity of the atmosphere.

In this respect Pau enjoys great advantages over some other resorts as at many of them the winds commence to blow in the morning and generally subside by evening, whilst at Pau they commence in the evening or night, and almost always subside by morning. Aside from this the winds are of far different character from those of any other place in the south of Europe. Anything like the tramontana which occasionally prevails at Rome, or the mistral which in the spring frequently prevails at Nice, is entirely unknown at Pau.

There is another wind of an opposite character, viz. the sirocco, from which Pau enjoys almost equal exemption. This, in many places of winter resort, causes quite as much discomfort to the invalid as the chilling ones from the north. It is the terribly hot and dry air coming from the heated plains of Africa, and refusing to be cooled or moistened by crossing hundreds of miles of sea.

From the worst effects of this wind, Pau is in a great measure secured by its peculiar situation. The high Pyrenees forming its entire southern boundary, are most of the winter covered with snow, and as much of the wind as reaches Pau must pass for miles over and between the snow-clad peaks. Even this does not entirely alter its character, but it greatly modifies its power to do harm. During the winter of '61 and '62, I remember not more than three days when this air was

easily discernible. These were the 13th and 24th of Nov., and another day in March. On the 13th of Nov., the air for a few hours in the middle of the day was very uncomfortable. In walking the streets one could occasionally feel a draught of the air, and the sensation was as though it came from a heated pipe. This was the only day it could be so distinctly recognized, though I think there are several days during the season when it materially affects the quality of the atmosphere. Whether it be this or other causes, there certainly are days when to the invalid the air is oppressive. Those from America, especially from New-York, experience this all the more, as they are accustomed to brilliant skies and an almost sparkling atmosphere.

Thus much of the winds; next in importance we may consider the temperature :

The range of the thermometer, though not always indicating the degree of sensible heat, is necessary in acquiring a proper knowledge of the climate. Judged by this standard, Pau is somewhat colder than most of the winter resorts in the south of Europe, and were it not for its calm atmosphere this would be much more distinctly felt. The following table presents a register of the temperature for the past eight years, kept and arranged by Dr. Ottley of Pau.

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May
Mean temperature of each month,.....	56.5	46.9	42.5	40.5	43.2	47.9	53.3	57.5
Mean of lowest temperature of each 24 hours in the month,.....	49.6	41.	37.1	35.1	36.9	41.3	46.6	49.6
Mean of temperature at 9, A.M., daily,.....	57.1	46.6	40.8	38.9	41.8	48.	54.8	58.
Mean of highest of temperature of each day,.....	64.9	54.4	48.1	47.1	50.4	56.1	62.2	64.9
Mean amount of sky covered with cloud,.....	4.9	5.6	5.5	5.7	5.8	6.	5.6	5.9
Average No. of days on which rain fell,.....	11	10	11	12	10	11	15	19
Average depth of rain measured in inches,.....	5.64	3.34	5.40	3.38	2.62	4.	8.13	5.13
Mean moisture at 9, A.M., (air saturated with moisture marked 1.00),.....	.80	.81	.88	.82	.81	.79	.73	.74
Mean monthly range of barometer measured by inches,.....	.75	.77	.87	1.04	.87	.97	.84	.70

The above table presents as nearly as possible the average range of the thermometer, it is not therefore necessary, and indeed it is never just to give the thermometric calculations for any particular winter, as the seasons frequently vary greatly in their temperature. In comparison with other climates, we find the mean annual temperature of Pau to be 10° lower than that of Madeira, and about 5° lower than Nice and Rome. For the spring, however, Pau is only 2½° colder than

Rome, and 7° colder than Madeira. The daily range of temperature at Pau is 7½°, Nice 8½°, and at Rome 11°.

Although according to the thermometer, the climate of Pau is very little colder than Nice, one can readily notice a difference in the trees and plants, and flowers. The aloe, the olive, and the palm, which flourish so luxuriantly at Nice, are never seen at Pau. Many varieties of comparatively delicate plants which at Nice maintain a respectable life in spite of the snow-clad mountains to the north, would not be able to endure the same season at Pau. In fact, we find here very few of the productions of tropical climates, undoubtedly less than in other places of the same temperature. Those who go to Pau, supposing they will avoid the evidences of a northern winter, will be quickly deceived. Vegetable life varies but little in kind from that which is found at Paris or New-York. Snow falls on the Pyrenees by the first of November, and the mountains are generally more or less covered until the first of May. Notwithstanding this, the climate is comparatively mild and the temperature not objectionably low for an invalid.

A fall of snow is of rare occurrence in the city or on the plains, and hardly ever amounts to more than sufficient to whiten the ground. Flowers may often be seen in bloom until late in December, and again in February they begin to come forth afresh. It might truly be said that at Pau there is no month without its flowers, although those which linger until January have a withered and downcast appearance. Mercury, it is said, sinks to the freezing point, on an average twenty-five nights of the year. It must be remembered that the difference between the day and night temperature is very great, and probably not half of this number of nights does the mercury remain sufficiently long at this point to produce even a skin of ice on a vessel of water. I do not remember to have seen ice frozen to any considerable thickness more than three times during the winter of 1861 and '62, and the thickness I saw did not exceed a-quarter of an inch. Snow fell once during the winter to the depth of half an inch.

The average number of days on which rain falls at Pau during the eight months which are considered the invalid's season is 98. This gives an average of twelve days to each

month, which certainly appears a liberal allowance. It must be considered, however, that this is the number of days on which rain falls, and not the number of rainy days. It is of very frequent occurrence, that a cloudy morning with some little rain, proves otherwise a clear and pleasant day. According to my experience during the winter of which I have spoken, there were not more than four or five days when the rain lasted more than two or three hours at a time, and not more than three days on which an invalid might not take a few hours of exercise without danger from the moisture of the atmosphere. It is true a large quantity of rain falls during the eight months, the average being according to the foregoing table, 48 inches, yet there are several circumstances which in reality modify the air moisture which the invalid receives.

In the first place, the months of October and May average a larger quantity of rain than any other two months in the season, that is 13 inches. Although many invalids do spend these months in Pau, I think in most cases it is far better to spend them almost anywhere else, not simply to avoid the possible rain, but for other reasons I shall hereafter notice.

Again, although much rain falls, it usually comes down in a very expeditious manner, and very frequently falls at night, whilst the preceding and following day are perfectly clear. Lastly, as has before been hinted, the soil is gravelly and remarkably absorbent, so that a few hours after the heaviest rain one need not hesitate to take out-door exercise. Owing in part to the reasons just mentioned, and in part, perhaps, to the peculiar properties of the air, there is less *free or communicable moisture* in the atmosphere of Pau than in that of many other places where they have not half the amount of rain. One never here experiences that uncomfortable dampness of the rooms, nor sees that perpetual green mould, which may often be noticed in other parts of the south of France. In truth, to the hygrometer, the air is remarkably free from communicable moisture.

As a summary of the prevailing weather for the season at Pau, I think the following a fair statement. October is usually rainy and sometimes chilly. From the first of No-

ember until the middle of December the elements seem to be at perfect peace, and the climate is as beautiful as can be imagined. From the middle of December until the first of February, there is much chilly and some really cold weather. If any snow falls it is usually between these dates, but it almost always disappears as quickly as it falls. February is generally mild and pleasant until the later part of the month, from which time for two or three weeks the weather is rainy, chilly, and changeable. The remainder of March is pleasant, and April is very delightful, although nearly as warm as June in New-York. Of course the seasons vary considerably, the fall and spring rains coming sometimes earlier and sometimes later, varying also in quantity as well as in time.

The main features of the climate we have thus far seen to be the following: An entire absence of injurious winds; considerable rain, although not an over-moist atmosphere; a comparatively mild temperature, not more than two months having the resemblance of winter, and an equability of temperature similar to other resorts in the south of Europe. What effect the combination of these influences has upon the human system in health and disease, it is now proper to inquire.

In regard to physical development, the natives of Pau and its neighborhood are said to be somewhat below the French standard, although they have all the appearance of robust health. In morals they are considerably above the average, and it is said do not possess the same excitability and vivacity characteristic of the French. This is undoubtedly due to the sedative or depressing climate, as the circulation of the blood is noticed to be several beats lower than in other localities. The same thing is observed of strangers who go to reside in Pau. Dr. Taylor says: We have frequently remarked in the case of strangers who have arrived from more exciting climates in whom the temperament was full of tone, and the nervous and vascular system was endowed with much sensibility, that after a sojourn of two or three years, and sometimes even before this time, the temperament becomes modified, the nervous irritability diminished, and the pulse falls perma-

nently several beats. The *morale* is also effected in a corresponding degree.

Of the diseases which prevail at Pau, there is none which is peculiar to its climate, and no one that can be called a predominant disease. Epidemic and endemic diseases have been remarkably rare and generally of a mild type, even when they have prevailed with great severity in other parts of France and Europe. Scrofula and other glandular and tubercular affections are comparatively rare in proportion to the population; but cerebral congestion and gastro-intestinal irritation are said to be rather common among the native children. "In fever of a continued kind," says Dr. Taylor, "the symptoms always show a greater bias to the typhoid than to the inflammatory, and there is a greater disposition to diseases of a congestive than of an inflammatory description."

Instances of extreme longevity are not uncommon at Pau, and the number of deaths in proportion to the population are less than in any of the principal cities on the continent, that is 1 in 45. I do not, however, regard this last as particular evidence of the superior salubrity of this climate over others with which it has been compared, or as furnishing any additional recommendation to the invalid. At Nice, for instance, the average mortality among the native population is much greater, that is 1 in 31. It must, however, be remembered that foreigners and natives are very differently lodged at Nice. That part of the city in which strangers reside is celebrated for its airy and beautiful apartments and its magnificent distances, whilst those parts in which the natives reside are very crowded, the streets very narrow, and consequently very damp and unhealthy, and the wonder is how the poor people live at all. At Pau, on the contrary, the streets are very wide, the houses in good condition, and the natives are almost as well lodged as strangers, a thing exceedingly rare in the ancient cities of Europe. There are also other considerations bearing upon this point which have been already noticed in another place.

From personal experience, and from having carefully ob-

served its effects upon strangers and the native population, I think the following a just statement of the climate :

1st. It is undoubtedly relaxing, more so than any other in the south of Europe excepting perhaps Pisa. Dr. Taylor, in his excellent treatise before mentioned, has thought fit to use the milder term sedative, instead of relaxing. This, although a more pleasant word, does not fully express the nature of the climate. Any one who has passed one or more seasons at Pau, will have experienced sensations which in the English language, are not better expressed than by the word relaxing. There is almost uniformly a slight feeling of heaviness, and a disinclination to take active exercise.

Invalids, and even persons in health often feel as though they had lost a part of their vital force, and realize the necessity of a supporting diet and regimen. Diseased membranes which have long been dry and seemingly rigid, gradually begin to pour forth their secretions, and in those cases where there has been too much relaxation of the system or the affected parts, there is almost universally an aggravation of the symptoms.

As hereafter, we further notice the diseased conditions best suited to this climate, it will be seen that the benefit most to be relied upon, will be that which is affected by a positively relaxing influence. The term sedative, as here applied, would be very apt to mislead the stranger, and in truth it is exceedingly doubtful whether any climate deserves this unqualified appellation. Even if there was a legitimate distinction betwixt a sedative and a relaxing climate, the latter is one much better suited for the cure of those diseases which are frequently benefitted by a residence at Pau.

Another notable peculiarity of the climate is, its comparatively harmless or negative character. By this is meant, that aside from its relaxing influences, there is no characteristic which would endanger the invalid, such as malaria, sharp, cold winds, inflammatory tendencies, &c.

Indeed, should the relaxing tendency be found to agree, there is perhaps no known winter resort where the invalid may enjoy such a perfect immunity from atmospheric evils as here. In such case, should the disease be neither cured nor alleviated,

it will certainly not be made worse, and for a certain time can be placed under no more favorable circumstances for a gradual arrest and ultimate improvement.

We come now to the inquiry for what diseases is the climate of Pau best suited, and what is the prospect of their being benefited thereby. Undoubtedly by far the larger number of invalids who seek a residence here, are those who either have or have reason to apprehend some affection of the chest. Whether or not this is the best resort they could seek, depends so much upon the constitution of the patient and the condition of the disease that no judicious person would be guilty of recommending or advising against it without knowing the particular features of the case. It is certainly true that for some affections of the chest the climate of Pau is well adapted, and offers one of the best chances for recovery, and also true that in other conditions, it is one from which nothing can be expected, and in which the patient will fail faster than in his native place, wherever that may be.

We shall now mention some of the general indications which must assist in judging of the suitability of this climate for any individual case.

1. We may say that those in whom tubercular disease has advanced as far as the third stage, should almost never go to Pau to spend the whole season. There are very occasional exceptions to this, and it is in those persons who have naturally a strong constitution, and who, notwithstanding their sickness, retain a degree of strength more than proportionate to the amount of their disease. I know instances of this kind in whom life has been prolonged for many years by this unirritating air. It must always, however, be in such persons as can bear without especial danger, some reduction in the tone of their system.

Invalids with tubercular disease in the second stage, I believe will generally do better at some other place than Pau. It is not often that persons in either of these conditions have any tonic which they can afford to spare. If, however, as is sometimes the case, there are accompanying inflammatory symptoms, with little reduction of the usual strength, if there is no particular disposition to exhausting hæmorrhage, and if

travelling can be well borne, so that should the climate not agree, a change can be made, then one may safely try the experiment and perhaps with a chance of improvement.

With the same disease in the first stage, the prospect of amendment is of course far better than in the second and third. It must not be thought, however, that in *this* stage there is here any special panacea, even for those to whom the climate is best suited.

They are simply where they will not be exposed to the uncomfortable winds of winter and spring, and where, for the season, the natural curative powers will be less embarrassed than in some other climates.

As a general rule, with patients in this stage, it is only those whose complaint is something similar to the following, who can expect much from a season at Pau: Persons who have not extensive tubercular deposit; in whom the general health is comparatively but little affected; whose disease has been kindled by active inflammatory affections, or some strongly exciting immediate cause; whose cough, if any, is short and dry; whose expectoration is scanty and difficult, and who before the attack are known to have possessed at least an average amount of constitutional vigor. Such persons, although they may not experience all the benefit they wish and expect, will yet find themselves well suited at Pau, probably better than they would be at any other permanent residence in Europe. There are other places where for parts of the season they might do better, but for those who do not wish to change, taking the whole season together, there is perhaps no place where they would be in less danger from atmospheric causes.

Those in the first stage with whom Pau will generally disagree are such as are naturally of feeble constitution, in whom the disease has been gradually developed with but slight cause, where the cough, if any, is loose and irregular, the expectoration easy and free, and the various organs discharge their functions in a sluggish or enfeebled manner.

For such it is indispensable that they seek a climate far less relaxing than this; one in which the system will be fortified

rather than reduced. Thus much in regard to phthisis during the several stages we have mentioned.

Whilst it frequently happens that in all of these conditions invalids are greatly benefited and occasionally cured, it is during the incipient form, when the symptoms are premonitory of such disease, when the affection of the lungs is yet only of a membranous or congestive or pneumonic character, when the exciting causes may be avoided by a change of residence, when the vital powers are not so far exhausted, but that if unembarrassed, they are able to overcome the morbid action; it is at this period that benefit will more surely be experienced by a sojourn at Pau. "In inflammations of the bronchia and trachea," says Dr. Taylor, "to which public speakers are now-a-days so subject, where with a troublesome cough there is scanty, viscid expectoration; alteration of the voice; increased pulse; gradual emaciation, and flying pains about the chest, the climate of Pau may be said to exercise its highest powers. The beneficial change observed is in a diminution of pulse; increase of expectoration; decrease of cough, and an improved state of embonpoint." This class of invalids will usually do better to spend not more than three or four months at Pau, including the month of March, and the balance of the season where the climate is of a different character. It will be necessary also for these to consider the conditions already pointed out, in directing whether this climate or some other is to be chosen. As a preventive against the various forms of scrofulous disease especially occurring in children, the climate of Pau is admirably suited. I have repeatedly seen children in whom the strumous diathesis was strongly hereditary, whose thin frames, pale faces, and sunken eyes, betokened a doubtful issue, and after a residence of a few months at Pau, they would hardly be recognized, so great was their condition changed. From a low state of weakness and emaciation, they seem to "leap into laughing life," and one could scarcely realize that the full ruddy countenance and buoyant spirit, had been gotten in so short a time, and with so little pains. The effect produced in such cases may be taken as good evidence of the influence of the climate when enjoyed at a suffi-

ciently early period in repressing and dispelling the tendency to tubercular or strumous disease.

In rheumatism, whether of an acute or chronic character, occurring in persons of full habit and inflammatory tendencies, the climate will generally be found beneficial, lessening the frequency and diminishing the severity of the attack. The same care, however, of the general health, and the same precautions in regard to changes of temperature will be necessary here as in the colder climates of the north.

Diseases affecting the brain and nervous system, depending upon a tonic habit of body, or where from other causes, there is a permanently excited condition of the nerves and circulation, will generally experience relief at Pau. Even those of this class who have had apoplectic attacks will generally have their nervous system calmed by a residence here, and be more likely to postpone or avoid such catastrophes in the future. Epileptic and other convulsive affections will also be well suited, except they occur in relaxed and enfeebled constitutions.

Without mentioning other maladies by name, it is sufficient to say that most diseases which depend upon a full and excitable habit, or which would be likely to receive benefit, or even which would probably not be made worse by a considerable reduction of tone, would usually experience most of the benefit to be derived from a change of climate by a sojourn at Pau. On the contrary, those whose systems are below par, whose constitutions are what is properly termed broken down, will experience little else than an aggravation of their difficulties.

In judging of the fitness of a certain case for this climate, it must be remembered that there is a condition of high nervous and vascular excitement, attended with a quick and frequent pulse, and sometimes accompanied by more or less active inflammation, which is really produced and continued by an exhausted and relaxed state of the system. Before we can say, therefore, whether or not the climate of Pau will reduce an excited pulse and calm nervous disorders, we must know whether that proceeds from a tonic or atonic condition, from an organic irritation or a general weakness of the system. In

the latter case almost any climate will answer better than that of Pau and that of Nice, and some other places of which we speak will undoubtedly fulfil most of the indications.

Finally, invalids who pass the winter at Pau, especially those who have affections of the chest, should pass much of the time in the open air. It is one of the principal advantages which Pau affords that the air is so almost motionless that exercise may be taken at a much lower temperature than when the atmosphere is agitated by violent winds.

In order that sufficient time may be thus spent, riding in some form is almost indispensable, as few have enough endurance, or in this climate feel like walking as long as they should be in the open air. Those who spend too much time in-doors in such a climate will soon feel its effects in the way of bilious derangements and the accompanying congestive affections, as also in disturbances of the nervous system.

ARTICLE VII.—*Nitrous-Oxyde Gas.* By G. Q. COLTON, M.D.,
of New-York.

I PROPOSE in this article to show the superiority of nitrous-oxyde gas over ether and chloroform as an anæsthetic agent, and to state, briefly, the origin of the discovery of anæsthesia. The honor of this discovery,—the importance of which is second to no other of the present century,—belongs to the late Horace Wells, a dentist of Hartford, Conn. On the evening of the 10th of December 1844, I gave an “exhibition” of the nitrous-oxyde or “laughing gas” at Hartford. A young man while under the influence of the gas ran against some benches, and injured himself severely, but was not conscious of pain, till the effects of the gas had nearly passed off. Dr. Wells, noticing the circumstance, asked me why a tooth could not be extracted without pain while under the influence of the gas. I replied that I could not tell, as the thought had never occurred to me. He expressed the opinion that it could, and wished to try the experiment on himself. Accordingly the next day I took a bag of the gas to the office of Dr. Wells, when he sent out for Dr. Riggs, a neighboring dentist. I ad-

ministered the gas to Wells, when Dr. Riggs extracted the molar tooth, and when Wells awoke he exclaimed "A new era in tooth pulling! It is the greatest discovery ever made!" This was the first time on record at which an anæsthetic agent was ever given for the relief of pain in a surgical operation. I instructed Dr. Wells to make the gas. He wished me to furnish him the apparatus, but I told I had no time, as I was about leaving town—that he could probably get it in Hartford, certainly in Boston or New-York.

About three weeks after this, I saw a paragraph going the rounds of the papers, stating that Dr. Wells, in Boston, extracted teeth without pain, while persons were under the influence of nitrous-oxyde gas! I then remembered the origin of the discovery. It appears from the evidence presented in a work on "*Anæsthesia*," by the Hon. Truman Smith, as also from the Report of the Medical Society of the State of New-York, made to the Legislature of 1860, that Wells went to Boston soon after his discovery, to bring it before the scientific world. But he undertook too great a task for immediate results. It was too much, at that time, to believe that all pain could be destroyed in a surgical operation by simply breathing a vapor or gas! Wells called on Dr. Morton, his former pupil in dentistry, as also on many other dentists, and tried to induce them to test the truth of his discovery. He addressed Dr. Warren's class in Cambridge College on the subject,—and from all he only received discouragement and ridicule. He returned to Hartford after a few weeks, and continued the use of the gas in his dental practice during the winter, spring, and summer of 1845, with the most satisfactory success.

During December, 1845—one year after the discovery—Wells went to Europe. During his absence, in the fall of 1846 (note the date) Dr. Morton called on Dr. Jackson and asked him what he thought of this pretended discovery that nitrous-oxyde gas would destroy pain in surgical operations. Dr. Jackson replied that if nitrous-oxyde would relieve pain, ether would do the same, as the effects were similar, and ether could be bought at every drug store. Upon this, Morton purchased some ether and tried an experiment which was successful. This experiment was made in the fall of 1846, (I cannot give

the exact date) *nearly two years after Wells made his discovery*, (10th Dec., 1844.)

The above facts are fully demonstrated by a large number of depositions published in the volume on "Anæsthesia," by Hon. Truman Smith, from the most eminent physicians, surgeons, dentists, &c. I will quote from a few of these depositions. Extract from the deposition of Dr. John M. Riggs, dentist of Hartford. * * * "In the month of December, 1844, Mr. G. Q. Colton delivered a course of lectures in this city, on which occasion he exhibited the nitrous-oxyde, sometimes called 'laughing gas.' On the evening of the 10th of December, Dr. Wells came into my office after Mr. Colton's lecture, and said that he and others had taken the above gas; and remarked that one of the persons had injured himself, and stated after recovering from the effects of the gas, that he did not know at the time that he had sustained such injury. Dr. Wells then said: 'He did not feel it; why can not the gas be used in extracting teeth?' A long discussion then followed between Dr. Wells and myself upon that subject; the result of which was, Dr. Wells concluded to try on himself, on the ensuing day the experiment of having a tooth extracted while under the influence of this gas. He said that he had a tooth that occasioned him some inconvenience, and he would take the gas and have the tooth extracted if I would perform the operation. I agreed to do so the next morning, remarking that it would be fair to commence the experiment upon ourselves. Accordingly, the next morning Dr. Wells came with Mr. Colton and his bag of gas to his, Dr. Wells' office, and called me in. Dr. Wells, after seating himself in the operating chair, took the bag and inhaled the gas, and after he had been brought sufficiently under its influence, he threw back his head, and I extracted the tooth. It required great force to extract it. Dr. Wells did not manifest any sensibility to pain. He remained under the influence of the gas some time after, and immediately upon recovering from it, he swung his arms and exclaimed: '*A new era in tooth-pulling!*' He remarked he did not feel any pain from the operation."

From the depositions of a number of distinguished physicians and surgeons, I select the following from Dr. E. E. MABOY.

* * * "I further say, that some time in the fall of 1844, Dr. Wells came to my office, and informed me that by administering nitrous-oxyde gas he could extract teeth without pain. I had previously become well acquainted with the effects of the gas, and also of sulphuric-ether on the human system. When a student at Amherst College, Massachusetts, I had often seen both substances administered, and had inhaled both myself, and knew that the operation and effect of these substances, when inhaled, were nearly similar; but I did not know, when Dr. Wells called on me, that either the one or the other would produce insensibility to pain under dental or surgical operations. I, therefore, expressed some doubt to Dr. Wells, when he announced the above fact. In reply he said 'I am about to extract a tooth under its influence, and if you will go to my office, I will demonstrate to you the truth of my statement.' Accordingly, on the same day I went to his office, and witnessed the extraction of a tooth from the person of F. C. Goodrich, Esq., of said Hartford, by Dr. Wells, after nitrous-oxyde had been inhaled, and without the slightest consciousness of pain on the part of the gentleman operated upon. Not only was the extraction accomplished without pain, but the inhalation of the gas was effected without any of those indications of excitement, or attempts at muscular exertion, which so commonly obtain, when the gas is administered without a definite object, or previous mental preparation."

In another deposition by Dr. Marcy, it is shown that *at this date*, December, 1844, and nearly two years before Morton made his first experiment, *ether* was used successfully as an anæsthetic, and was first suggested by the nitrous-oxyde. Dr. Marcy says: * * * "Knowing, as before remarked, that the inhalation of sulphuric-ether vapor produced similar effects to the gas, from numerous former trials, as above alluded to, I suggested to Dr. Wells the employment of the vapor of rectified sulphuric-ether, at the same time detailing to him its ordinary effects, upon the economy and the method of preparing the article for use. Our first impression was, that it possessed all the anæsthetic properties of the nitrous-oxyde gas, was equally safe, and could be prepared with less trouble, thus

affording an article which was not expensive, and which could be always kept on hand. This conversation took place in Dr. Wells' office at the time the tooth was extracted from Mr. Goodrich. Accordingly, within two or three days after that event, I administered the vapor of rectified sulphuric-ether in my office to the person alluded to in my conversation with Dr. Wells, and after he had been rendered insensible to pain, I cut from his head an 'encysted tumor,' of about the size of an English walnut. Dr. Wells came in during the operation, and sufficiently early to form an opinion upon the subject. It was entirely successful, and conclusively proved to Dr. Wells and myself the anæsthetic properties of ether vapor. * * * Accordingly, at the urgent request of Dr. Wells, I read what could easily be procured in relation to both articles, and formed the opinion that the constituents of the gas were more nearly allied to the atmospheric air than those of ether vapor, that the former was more agreeable and easy to inhale than the latter, and upon the whole was more safe and equally efficacious as an anæsthetic agent, which opinion I communicated to Dr. Wells. All this took place before Dr. Wells went to Boston to announce his discovery to the faculty."


From a deposition by PROFESSOR VALENTINE MOTT, M.D., I extract the following :

"I, Valentine Mott, of the city of New-York, surgeon, do affirm, that the first intimation I ever had of the probable application of the influence of the nitrous-oxyde gas or sulphuric-ether, to obliterate all consciousness of pain in surgical operations, was derived from the late Dr. Wells, of Hartford.

"When on a visit to New-York, he called on me and made the fact known. He stated that he had used ether for the extraction of teeth, and he believed it might be employed for the same purpose in great surgical operations. As he first applied ether for the purpose of producing anæsthesia, he is fully entitled to the credit and honor of the discovery. This interview was some time before any publication was made anywhere on the subject."

I could further demonstrate these facts by the depositions of Dr. Willard Parker, Dr. P. W. Ellsworth, Dr. Riggs, Dr. L. P. Brocket, Dr. John W. Francis, Dr. Richard S. Kissam, Pro-

fessor Abner Jackson, Dr. G. Emerson, David Clark, Dr. John B. Terry, Dr. D. S. Dodge, Hon. James Dixon, William H. Burleigh, Horace E. Havens, Dr. G. B. Hawley, Dr. S. B. Berrisford, Dr. David Crary, Dr. C. A. Taft, Dr. J. B. Porter, Dr. P. B. Mignault, Dr. Abel Ball, Dr. C. H. Haywood, Dr. R. D. Mussey, Bishop T. C. Brownell. Bishop Brownell says, "I, Thomas C. Brownell, of the city of Hartford, depose and say, that my daughter, Frances J. Brownell, had five teeth extracted by Dr. Riggs, a dentist of this city; she being at the time under the influence of nitrous-oxyde gas, administered to her by Dr. Wells. I was present at the operation, and saw no evidence that my daughter was conscious of suffering, and she told me afterwards that she felt no pain during the operation. A few weeks afterwards she had three more teeth extracted, while under the influence of ether, and with little appearance of suffering, though she thought it less genial in its effects than the nitrous-oxyde gas, and such was my own judgment of its operation."

In view of these facts, I think no honest person can doubt that to Dr. HORACE WELLS belongs the honor of discovering anæsthesia. During the absence of Wells in Europe, Dr. Morton, after inquiries from Dr. Jackson, commenced experimenting with ether, and, finding it successful, applied for a patent, claiming that *he* had made the original discovery. The *application* for the patent is dated  October 27th, 1846, and the patent issued on November 12th, following. On the return of Wells from Europe, he found to his astonishment, that Dr. Morton, his former pupil, claimed the honor of this discovery. A discussion commenced between them on the subject, in the Boston Medical and Surgical Journal, during which discussion Dr. Wells died. With him died the use of nitrous-oxyde. Ether began to be used, though it was many years before it became generally adopted by surgeons.

Knowing that the dental profession especially, needed something better and more safe than ether and chloroform, and remembering my experiments with Dr. Wells, I determined to *revive* the nitrous-oxyde gas, and thoroughly test its value. Accordingly in May, 1863, while in New Haven, Conn., I made arrangements with Dr. J. H. Smith to extract teeth, while I

would administer the gas. So admirably did this anæsthetic work, that within the space of three weeks and two days, we extracted over three thousand teeth! No pain was caused by the operation, and there was none of the sickness and nausea so common in the use of ether and chloroform. I then came to New-York, and in July of the same year, established the "Colton Dental Association"—now located in the Cooper Institute. Up to the present time, we have administered the gas to something over four thousand patients, and in no one instance have we known the least unpleasant effects to attend or follow the operation. We are now using about one hundred gallons of the gas per day. There is no reaction or depression following the inhalation of the gas.

The difference between the effects of the nitrous-oxyde and ether and chloroform is this. Ether and chloroform contain no oxygen—that element of the air which sustains life, and without which we cannot live a moment. Consequently, they produce anæsthesia by depressing the nervous system—by carrying the patient *towards* the point of death. Nitrous-oxyde is composed of the same elements as atmospheric air, only containing *more* oxygen—more of that which gives life. The air contains one-fifth oxygen, and four-fifths nitrogen. The nitrous-oxyde contains *one-third* oxygen and two-thirds nitrogen. In breathing the nitrous-oxyde we are carried into a higher life. The highly oxygenized blood, produced by inhaling the nitrous-oxyde, exhilarates the nerves, and carries this exhilaration so high, so far above the normal and natural condition, that the ordinary functions of the nerves to communicate pain, are entirely suspended. The effect of the gas lasts but a short time, but sufficiently long to extract from six to ten teeth. With certain temperaments, we have extracted twenty teeth and stumps with one dose of gas.

On the 4th of February, 1864, I drew up a certificate for our patients to sign, certifying that their teeth had been drawn without pain, and that the effect of the gas was pleasant. This paper, by adding sheet to sheet, is now over one hundred feet in length, and contains the names of *three thousand seven hundred and forty-six patients*. No one has ever hesitated to sign it.

It is a very difficult thing—no one not experienced knows how difficult—to obtain the confidence of the public to the value of any new discovery, and especially to any discovery depending alone on individual experiment and demonstration. But we have in a great measure overcome this difficulty. There is much to be learned in administering the gas. I do not think it can be used, by inexperienced hands, with *entire* safety. It must be made pure, and only used when fresh.

I have given this gas for many minor surgical operations, and by having a sufficient supply of it on hand, have kept the patient asleep for five and ten minutes. A short time since I gave it to Dr. John H. Griscom, one of the physicians of the N. Y. Hospital, and while he was under its influence, Dr. Buck cut open a large carbuncle on the neck. In a letter to me on the subject, Dr. Griscom says,—“While waiting for the incisions to commence, I found they had all been done.”

It has been stated that *I* claim the honor of this discovery. I only claim the honor of having *revived* what had lain dead and forgotten for twenty years, and of having *incidentally* been the occasion of its discovery, as also having produced the *first* anæsthetic condition (at the request of Dr. Wells) for a surgical operation. I think I understand the operation of the gas, and how to produce the anæsthetic state, much better now than I did twenty years ago, and much better than Dr. Wells understood it. But this detracts nothing from the honor due to Dr. Wells as the original discoverer.

ARTICLE VIII.—*The Secretions of the Auditory Canal, and their Anomalies.* By E. M. HALE, M.D., of Chicago, Ill.

CERUMEN.—“In the same way that tears are by no means only a secretory product of the lachrymal gland, but also a product of the mucous membrane and meibomian glands, so is it with the secretions of the auditory canal which we call ‘ear-wax.’ This substance is furnished not only by the proper ceruminous glands of the ear, which are very similar to the sudoriferous glands of the outer skin, but also by the other parts, in the skin of the canal, which also have secreting pro-

parties, the numerous sebaceous glands take part in the process, and there are also mixed with the ear-wax, little hairs and dead scales of epidermis. The covering of the external auditory canal is a continuation of the common covering of the body, which externally retains all its coarse and fine anatomical peculiarities, losing its glands, and becoming thinner as it pours inward; and thus it can be easily understood, that the secretions of the auditory canal are commonly to be regarded as identical with those of the integument. This connection or identity of the skin of the auditory canal with that of the body has been but little regarded, scarcely ever noticed; consequently too great an importance has been attached to it, especially as to its *quantity*."

I have quoted the above from *Troltsch*, because of its manifest importance. It is necessary for us to know when the secretion of cerumen is abnormal. The normal amount varies in different persons. Thus we find the ear-wax generally very hard in persons whose skins are dry and bodies wanting in fat. *Dryness* of the auditory canal has been considered, however, as a cause of deafness. It is a popular belief with the laity, that absence of cerumen is an important circumstance, as having an influence over the sense of hearing. It is from this belief that the custom of dropping oils, balsams, &c., had its origin. Lately, Glycerine has come into high repute as a remedy for deafness. Few ear-patients but have tried some similar remedy. The most eminent aurists have considered the absence of ceruminous secretion one of the causes of deafness; and a symptom of a deeper affection of the auditory canal, such as catarrh of the cavity of the tympanum, and nervous deafness.

Troltsch says, we cannot deny that there is a sympathy of the external auditory canal and its secretions with the deeper lying parts of the ear, or that there is a certain physiological unity of the various parts. But he does not believe that cerumen has that importance which has been claimed for it. In catarrh of the middle ear, the ear-wax is sometimes deficient, sometimes present in too great a quantity. He adds,—“I hold to the belief that the idea that deeper affections of the ear (we are of course not speaking of purulent affection) are regularly and proportionately connected with the diminution

of secretion of cerumen, is purely traditional, and not confirmed by impartial observation. I can only ascribe the diminution, absence, or increase, as dependent upon the secretory power of the integument of the body."

The *quantity* of cerumen secreted is generally quite insignificant. The superficial portion gradually becomes dry, and is lost; the motion of the jaw seems to move it towards the outlet. If one has a vigorous secretion in the canal (more than ordinary), and it be not removed by the ear-spoon, or if there are circumstances which prevent the removal of the *normally* secreted wax, the secretion will gradually collect, and in a year can fully stop up the ear.

The *increased* secretion of cerumen is by many authors referred to an acute inflammation of the canal. *Kramer* speaks of an inflammation of the cutis, whereby the ceruminous glands, lying under, are made to sympathize by an increased secretion of ear-wax. *Rau* declares the increased secretion to be the result of an erythematous inflammation of the auditory canal. That increased secretion of cerumen is generally an accompaniment of hyperæmia of the canal, is not to be denied. In eczema and furuncle, this is especially the case; but the greater number of cases of closure of the canal by inspissated cerumen, must not, says *Troltsch*, be regarded as consequences of any kind of acute or specific disturbance of the nutritive process; but only as a consequence of year-long accumulation of increased secretion, which, for some reason or other, was not removed. All the symptoms which such patients generally speak of, namely, a great buzzing and itching in the ear, or, as if the ear were stopped up, are to be regarded as *mechanical* effects of the increased ear-wax, and not as proofs of the described abnormal process which authors speak of. Nor are these symptoms any guide whereby to select remedies to be administered internally, for it is manifest that a mechanical obstruction must be removed by mechanical means alone.

In examining the ears of a great number of students, *Troltsch* found in the auditory canal of many, only a little cerumen, while in others, a large mass was found adhering to the side of the canal, preventing a full view of the membrana tympani. But the persons last described were sure they had good ears,

heard perfectly well, and were not aware of any increased secretion. The function of hearing will not be interrupted until the stoppage is complete. Many cases of *sudden deafness* may arise from the effects of accumulated cerumen. It may be thus explained: the plug, or accumulated mass may be softened by pouring in of water, or be dislodged by a concussion, and in such case may change its position so as to close the canal suddenly and completely.

When the writer was a school boy, he was much addicted to the exercise of vaulting—"jumping," as it was termed in the country. At one time, after alighting with much force upon a hard surface, he felt a sudden stoppage of one ear, nearly complete deafness in that ear followed, and continued for nearly a year, when, while using an ear-spoon to allay an excessive itching in the canal, a large, hard, and black concretion was removed, and its removal was followed by a (seemingly) very acute sense of hearing in the affected ear.

Troltsch mentions the case of a man who fell in the night and struck his head against the pavement. In the morning he found himself perfectly deaf. A physician ascribed his deafness to the fall, causing a concussion, or perhaps apoplexy of the cerebrum, and duly cupped, leeches, and purged him, and even applied a seton; but the deafness remained the same. *Troltsch* being called in about this time, examined the man's ear, and found both canals fully stopped with cerumen. After this had been softened and removed by injections, the patient heard perfectly well. Such a case as this should teach the physician not to be too hasty or careless in his examination and diagnosis.

Accumulations of cerumen may cause deafness and many unpleasant symptoms simulating cerebral disease, by being attached to the membrana tympani. *Troltsch* mentions one such case. The auditory canal was free; but a very small flake of dark looking cerumen, disk-shaped, lay on the membrana tympani, by which it was entirely covered. He filled the ear with warm water, caused the patient to lie for some moments on the other side, and was then able to remove the softened ear-wax with a camel's hair brush. It caused for a moment a very severe buzzing in the ear on account of the

touching the drum, but all the symptoms afterwards subsided. It is a notable fact that dizziness often arises from affections of the ear. Patients have been treated for years for vertigo, have taken medicines without number, selected most carefully by the symptomologist, but without doing the patient the least benefit, when, had the physician made use of a little warm water, a syringe, or may be a pair of delicate forceps, or a brush, and the vertiginous patient would have been cured in a day.

In the allopathic school, physicians have tortured their patients with blisters, setons, and even moxas, when the simple removal of a mass of ear-wax would have ended the patient's troubles in a few hours.

Wads of cotton, &c., which have been introduced into the ear, and forgotten or partially removed, often form the nucleus of a formation with which the auditory canal is entirely stopped. In the midst of such accumulations are often found a mass of little hairs, such as grow in the anterior portion of the canal. It must take many years for such collections to form. They are generally found in the ears of elderly persons; but they may accumulate in every time of life, even in childhood. We are generally able to distinguish old from new formations. The latter are light in color, are richly mingled with epidermis, and contain the peculiar pearl-like crystals of cholesterin; the older appear more amorphous, and are darker in color.

These plugs of cerumen are sometimes attended with dangerous consequences. *Troltsch*, in a post-mortem examination, found the whole auditory passage filled with a very old mass, which had caused dilatation of all sides of the canal, and a perforation of the membrana tympani, so that a part reached into the cavity of the tympanum.

Toynbee relates that of 160 ears, when he had removed such masses, only sixty perfectly recovered their hearing power; 43 were considerably improved; but in the remaining 60 there was little or no improvement. Other aurists give about the same statistics. This should teach us that we should be guarded in our prognosis, not immediately giving a favorable one, when we meet with such collections, since the complications may often be many and important.

TREATMENT.—The treatment of abnormalities in the secretion

of *cerumen*, may be divided into mechanical and medicinal. The former to remove masses of ear-wax after they have accumulated, or take the place of the absent secretion; the latter to so affect the secreting membrane that no undue secretion may again take place. In some cases our remedies must be given for the purpose of increasing the amount of cerumen secreted. Among the mechanical means to be used we may mention as first in importance:

Warm Water.—This may be used in two ways. If the mass lies loosely in the canal, we may carefully and gently inject tepid water until the accumulation is washed out. If the plug proves to be very hard, or the patient troublesome, as in case of children, we can fill the ear with warm water from a spoon, and allow it to remain some time upon the mass, thus softening it, repeating the operation as often as may be necessary, until it becomes so loosened that it may be swept out by injections. Leaving water in the ear may increase the deafness, by dislodging the mass, and this may continue until it is removed. Let your patient know this, or he may leave you fearing that you are aggravating his complaint. Oil and glycerine do not appear to loosen the masses as well as simple warm water. From what has been said, it is evident that the surgeon in the removal of these masses must act slowly and with care, for he cannot know in what condition the deeper parts may be. The mechanical means next in importance are the

Forceps, Ear-spoons, &c.—We should never *begin* with the use of these instruments, for the plug may easily be pushed inwards, and great pain and other results caused to the patient.

After the presence of warm water in the canal has loosened the mass, or after syringing has brought it to the external orifice; we may use the forceps to remove the substance from the meatus. An ear-spoon, if thin, and delicately used, is often more effectual than any other instrument.

For a day after the mass is removed it is well to guard the ear from cold and wind by the introduction of a small piece of cotton. Those who are restored to hearing, after having been for a long time robbed of that sense, cannot hear great sounds, a loud voice being unpleasant to them. There is a slight con-

gestion of the membrana tympani, and of the walls of the canal, immediately after the syringing or use of the forceps, but this disappears in a few hours. If, however, the walls of the canal have been contused, lacerated, or excoriated by rough and improper measures, a few drops of Arnica (for contusion) or Calendula tincture (for laceration or excoriation) should be mixed with an ounce of warm water and poured into the ear, and allowed to remain for a few minutes.

In cases where there is an actual deficiency of cerumen, the ear may be held over the vapor of warm water several times a day, or a little pure glycerine may be introduced at night, with good results.

The Ear Syringe, and how to use it.—It is surprising how little is known by the mass of physicians, of the proper method of using the ear syringe, and the cases in which its use is necessary and useful. Physicians generally content themselves with directing the patient to procure a syringe and inject water into the ear. But this recommendation is rarely accompanied with any directions as to the *kind* of syringe to procure, or the manner of using the syringe. This is *all* wrong; for if we *do* direct patients to use the syringe, we should be careful to have them procure a proper instrument, and see that they use it correctly. The best plan, however, is not to trust the patient or his family to use the syringe, but in all cases at all important, the physician should use it himself.

There are but few medical schools in the country where any instruction is given on this subject, and but few physicians purchase special treatises on diseases of the ear; therefore they are generally as ignorant as laymen, unless they recollect the anatomy of the ear and operate accordingly.

It is quite important that the use of the syringe is perfectly understood. "It is not only true that many patients by this simple process are immediately cured, but it is also true that there is a large number of patients, for instance those suffering from otorrhœa, which, before all things, requires a regular removal of the secretion, if we would keep the process at a stand-still or improve it." (TROLTSCH).

The vulcanized rubber ear syringe is to be preferred above all others. It has on the piston a ring for withdrawing it, and

a blunt *coniform* extremity. As we seldom used a long continual stream of water, small syringes are greatly to be preferred to larger. Pewter syringes are apt to get bruised and are then useless. Glass syringes are sometimes dangerous from breaking in the ear. All the long, tapering-pointed instruments should be avoided, for the patient can easily do injury to the auditory canal with them, while the blunt point can be introduced without danger as far as it will go. A very convenient form of aural syringe is the small elastic rubber bag, but I have never seen one with the coniform extremity. It is a rubber bag with a nozzle, into which is screwed the point. It may be substituted for the one above.

“In using the syringe, we remember the curvature of the canal, and that when we do not draw the cartilage upward and backward, only the upper wall will be washed, while the deeper part and the drum of the ear will scarcely be touched by the water. We take hold then of the cartilage of the ear with the left hand, as we have seen in the introduction of the speculum. Many cases of otorrhœa are not cured, simply because the syringing is not done properly, that is, the secretion removed. The syringing must be done slowly, and without force, which we must especially avoid in inflammations of the deeper parts, for these having become relaxed by the inflammatory process, may easily suffer injury. It is not to be doubted that a softened *membrana tympani* can be broken through by too strong a stream of water, and the *ossicula auditus* loosened from their connection with a carious cavity of the tympanum, and that corroded walls can meet with further damage. Even when the *membrana tympani* is not relaxed, the syringing, be it ever so carefully performed, may excite a feeling of faintness, of dizziness, quickly passing away, which faintness, according to the invariable statements of patients, is not preceded by pain.” (ТРОЛТОН).

I offer no apology for quoting the above directions, for they are eminently practical. The same author may properly denounce the custom of advising injections in all cases of disease of the ear, as a diagnostic experiment. We should first be sure that there is something in the ear which should be removed. Much injury has been done by careless syringing.

Troltsch has seen inflammations of the auditory canal and membrana tympani caused in such a way. Only *warm* water should be used. It should be pure, filtered from impurities, &c. Cold water is injurious to the ear. Anything more than water is unnecessary, unless in some cases we add a little glycerine, or a few drops of some medicinal agent.

Medicinal Treatment.—In homœopathic practice we have some remedies whose pathogeneses seem to show they have some influence over the secretion of cerumen. The following indications are taken from the various repertories and the provings of medicines.

CERUMEN, altered in quality and quantity—*Agaricus*, *Amm.-mur.*, *Calc.-carb.*, *Carbo-veg.*, *Conium*, *Lachesis*, *Mercurius*, *Selenium*, *Sepia*, *Silicea*, and *Thuja*.

CERUMEN, discharging.—*Amm.-mur.*, *Anac.*, *Kali-carb.*, *Lycopodium*, *Mercurius*, *Natrum-mur.*, *Nitric-acid*, *Phosphorus*, *Pulsatilla*.

(These indications are open to criticism. The discharge which the provers supposed to be cerumen, may have been some other abnormal secretion.)

CERUMEN, blood-red: *Conium*.

— liquid: *Amm.-mur.*, *Mercurius*.

— hard: *Selenium*.

— deficient: *Calcarea-carb.*, *Carbo-veg.*, *Lachesis*.

— papescent: *Lachesis*.

— white: *Lachesis*.

— fœtid: *Aurum*, *Bovista*, *Carbo-veg.*, *Causticum*,
Hepar-sulph., *Zinc*.

(In this, too, there is probably error. The fœtid discharge was probably *not* cerumen, but some other secretion.)

CERUMEN, spoiled: *Conium*, *Lachesis* (doubtful).

— increased: *Agaricus*, *Calc.-carb.*, *Conium*, *Selenium*, *Sepia*, *Silicea*, *Thuja*.

DRYNESS OF THE EARS.—*Calcarea-carb.*, *Carbo-veg.*, *Graphites*, *Lachesis*, *Nitric-acid*, *Phosphorus*, *Phosphoric-acid*.

In some few cases these indications may be of value, and the remedies said to be indicated may prevent the abnormal condition from returning or remaining after we have used the proper local and medicinal means.

ARTICLE IX.—*Diseases of the Nervous System.*

(From the Report of the Leopoldstadt Homœopathic Hospital.)

THE first we have to treat of is,

a. Apoplexy.—Of this disease but one case was received in the month of July. The subject of it was Maria W—, aged thirty-two, who, previously always in the enjoyment of good health, and always regular in her menstruation, fell unconscious on the 1st of July, when making supper ready. The first remedy applied was ice to the head and a purgative. Consciousness was completely restored after about two hours; but the speech did not return until the following morning, when she was brought to the hospital.

She was a large, strong, and stout person. The temperature all over the body was normal, except on the right arm, where it was lowered. The muscles of the face showed no distortion. The tongue was protruded more towards the left side, and it was with great difficulty that the patient could touch the right commissure of the lips with its point. The sensibility of the right arm was diminished throughout, and the fingers felt as if unconnected with the hand. In the rest of the body there was no diminution of sensibility. The pulse was not altered, and the motions were still loose, owing to the purgatives that had been taken. The patient, however, complained of vertigo, and constant pressive headache in forehead and temples. No appetite, but considerable thirst. *Cocculus* was prescribed.

All the morbid symptoms disappeared after using this medicine for a week; only the headache continued as severe as before. On giving *Belladonna* 100 dec., it had quite gone by the following day, nor did it recur during the next two days the patient was in the hospital. We had an opportunity some time afterwards of questioning the patient, who assured us that the headache did not return.

b. Cardialgia.—Eleven patients affected with this disease were admitted. It was generally accompanied with derangements of the catamenia and intermitting headache. The attacks occurred either once or oftener daily, or they came only every second or third day. They were generally preceded by

yawning, general depression, and apathy, nausea, sleepiness, great loss of strength, sensitiveness, and slight drawing pains in the gastric region. Soon this sensitiveness increased, and the slight drawing pain rose to intolerable constrictive pain, the patients groaned and sat doubled up, there was frequent eructation of wind, great nausea, and cold sweat on the forehead. This state of things lasted a longer or shorter time, in all such cases repeated vomiting was the most certain sign of commencing remission. It was only rarely that the spasm in the stomach occurred without any marked premonitory symptoms. *Atropia*, *Cocculus*, *Cuprum-metallicum*, and *Nuxvomica*, were the chief remedies.

c. Colic.—There were only two cases of this disease, one flatulent colic, the other menstrual colic. In the first *Cocculus*, in the last, *Ohamomilla* was of use.

d. Epilepsy.—A girl affected with this disease was benefited by the treatment, and when, after some months, the malady reappeared, she again sought admission. *Ignatia* did most good.

c. Hemicrania.—This was by no means an uncommon affection. It was generally observed in delicate, nervous females affected with irregular menstruation. The catamenia came either too soon or too late, were very scanty or profuse; generally the latter. In the majority of cases the pain occurred on the left side of the head, and continued there. It seldom went to the other side. The pain was intense, and generally remitting: the aggravations oftener took place in the evening than at other periods of the day, and they not unfrequently lasted till midnight. The face was at the same time pale and cool, the eye of the affected side more or less photophobic, and full of tears. Most of the patients indicated the protuberance of the parietal bone as the point from which the pain proceeded. In most cases, the appetite during the attack went quite away, but returned after its cessation. Some patients alleged that the headache came on and became worse when they had been several hours without food. When we could discover the exciting cause, it was possible in some cases to subdue the disease. In the other cases it was often not very easy to relieve the headache. *Ignatia*, *Cocculus*,

Apis, Nux, Atropia, and in one case, Glonoine were the best remedies.

' *f. Hysteria.*—Two subjects affected with this malady came under treatment. In both cases Ignatia effected an amelioration of the disease.

g. Spinal Irritation.—Though the name of this disease is rather out of date, and is not always used with propriety, and the appellation "hyperæmia of the spinal chord and its membranes," would be more correct, we yet kept to this nomenclature. The other would be just as wrong in some cases as this in others. We shall proceed to enumerate the symptoms with which the disease appeared.

The pain, sometimes dull, sometimes of an acute, drawing, tearing character, was generally seated in the sacral and lumbar regions, sometimes it extended throughout the whole of the spinal column, whence it spread sometimes into the upper, sometimes into the lower extremities. In two cases there was a feeling of numbness and weight in the latter, but in the third case, which we shall detail below, there was so much hyperæsthesia, that the patient cried out and coughed if merely touched.

The motive power was in all cases more or less affected. This was observed on both sides of the body. In one case there was only difficulty of making water, in the second case the paralysis of the vesical muscles was such that the accumulated urine had to be drawn off artificially. In the third case, in addition to a transient weakness of the bladder, there was complete loss of power in the muscles of the rectum. The anus remained wide open, and the lumpy fæces could be seen, and had to be removed mechanically.

The vascular system was not at the same time much involved. It was but rarely that a febrile excitation of the pulse could be discovered.

The stomach displayed more sympathy. The patients had either no appetite, or, though they had constant feeling of hunger, they were easily satisfied.

Such were the most prominent symptoms. Two cases were rapidly cured. The most efficacious remedies were *Bryonia*, *Causticum*, *Cocculus*, and *Rhus*. The third case which I shall

now relate, still remained under treatment at the end of the year. But the patient's health was so much improved, that she was able to resume her duties as kitchen-maid.

Wilhelmina W., aged twenty-five, was taken into the hospital in March, 1861.

Until the occurrence of her catamenia in her nineteenth year, she had always been well. But from that time she was always indisposed, sometimes it was a catarrhal affection, sometimes menstrual irregularities. The previous year she had had a severe typhus, which had a long convalescence. On the present occasion she had been seized some weeks ago with drawing pains in the back, gradually spreading to the upper and lower extremities. But as when the pains appeared the power of locomotion was affected, and, indeed, paralytic symptoms occurred, she could not remain in her situation, and hence she entered our hospital.

She was of middle stature, pretty stout, and of normal figure. The temperature of the skin was not elevated, the pulse 84. The organs of the chest and abdomen sound. The spinal column was sensitive throughout its whole extent, and strong pressure on the spinous processes of the spine, caused great increase of pain. On the lumbar and sacral regions this sensitiveness changed into a dull, pressive, tensive sensation, which extended in diminishing degree all down the thigh, till it disappeared at the knee-joint. On being touched, the patient said she was more tender on the extremities (most so on the upper) than on any other parts of the body. This increased sensibility, however, was only felt on slightly touching, or superficially rubbing the skin with the hand; stronger pressure caused burning pain. The motive power of upper and lower extremities was diminished. She could, for instance, raise her arm to her breast, but not so far as her head. So also she could only walk when she laid hold of something, but she would have fallen if the support were removed. Her appetite was diminished, the motions sluggish, the urine rarely passed, but then in large quantities at a time; it had a strong ammoniacal smell, and a specific gravity of 1010. Pulse only moderately quick.

Rhus was prescribed, but after its use for fourteen days the

patient was no better. On the contrary, the hyperæsthesia of the skin was increased. The paralytic symptoms were more developed. *Cocculus* was given without good effect.

China was the medicine that produced the best effect on the hyperæsthesia of the skin. *Causticum* removed the paralytic symptoms so far that the patient could use her limbs sufficiently to resume her domestic duties.

h. Sciatica.—Three cases were of an acute character and cured by *Colocynth*. The fourth case was of a chronic character, in which *Colocynth* relieved the pains, but did not remove them entirely, but this *Silicea* succeeded in doing. As the sciatica declined numerous asthmatic sufferings came on, caused by extensive emphysema of the lungs, from which the patient had suffered for years, and which kept the patient in the hospital beyond the end of the year.

DISEASES OF THE EYES.

Syndesmitis Catarhalis.—This was observed in one patient. The disease ran a rapid course and got well under *Belladonna*.

DISEASES OF THE RESPIRATORY ORGANS.

The following cases were admitted:—

a. Acute Laryngeal Catarrh.—The majority of cases lasted without fever from four to eight days. The best results were obtained from *Hepar-sulph.*, *Spongia*, and in one case *Drosera*.

b. Chronic Laryngeal Catarrh.—Four cases were admitted. Before being admitted they had lasted from six to ten weeks, and all were accompanied by complete loss of voice. *Carbo-veg.*, *Spongia*, and *Sulphur* were of most use.

c. Chronic Laryngitis.—Both the cases were in a very advanced stage. This was evident both from the long duration and from the accompanying symptoms of the disease. The patients said that at first, along with slight scraping or contractive feeling in the larynx, they observed an alteration in the voice, which came on generally in the evening, or earlier if they talked much. Respiration was at first not affected, but afterwards, as the disease advanced, they experienced respiratory difficulties especially on speaking, going up-stairs, or

walking for a long time. Pressure on the larynx, breathing cold air, or an attempt to speak caused tickling and cough, whereby a tough, slimy; or glassy yellowish expectoration was raised, which was sometimes mixed with streaks of blood.

When admitted into the hospital, the voice was in one case very hoarse, in the other aphonic. One patient complained of an annoying tickling, whilst the other had a burning, cramp-like, constrictive pain in the larynx. Pressure on the larynx from without and deep inspiration caused instantaneously a dry hollow cough in shocks, which was sometimes attended by copious expectoration; generally, however, the expectoration was scanty and in small lumps. In other respects they seemed well. There was no tubercular deposit in the lungs. The pulse in both cases was only slightly accelerated. Appetite unimpaired and thirst not increased. One of the patients complained of profuse night sweats. In both cases *Carb.-veg.* alone sufficed to cure the disease.

d. Bronchitis.—In all, fourteen cases of this disease were treated. Generally it occurred along with other diseases, as for instance typhus. There was nothing peculiar either in the separate cases or in their course. The remedies used were,—*Aconite, Belladonna* and *Phosphorus*.

e. Acute Pulmonary Catarrh.—This disease was one of the most frequent. It occurred in all the months of the year with the exception of May. The largest number occurred in December. There was nothing remarkable in their symptoms or course. *Aconite, Belladonna, Nux, Phosphorus,* and *Pulsatilla* were used.

f. Chronic Pulmonary Catarrh and Emphysema.—Both forms, which were observed in but few patients, were particularly remarkable for their asthmatic symptoms. In one case they were so very marked that the patient seemed in danger of suffocation at each attack. *Phosphorus,* and, when the asthmatic symptoms were present, *Arsenicum* were of great use.

g. Pleuritic Exudation.—All the cases of this disease had the exudation already present when admitted. It generally occurred at the middle period of life. Complication with tubercles in the lungs was twice found, and in both cases death ensued. The other cases recovered. As regards the seat and

extent of the exudation, it generally occurred on the left side, and in five cases filled the whole of the pleural cavity. *Sulphur* was the most efficacious remedy. In three cases, which were combined with tubercles in the lungs, *Arsen.*, *Calc.-carb.*, *Kali-carb.*, *Phosph.* were employed.

h. Hæmoptysis was only observed in one case: it was recent, not of great extent, and was removed by *Phosph.*

i. Pleurisy.—Four recent cases were admitted. Two recovered without appreciable exudation; the other two had exudation, one of them to a great extent. All recovered. The remedies used were—*Bry.* and *Sulph.*; *Bry.* at the commencement of the disease, and *Sulph.* when the exudation was present.

k. Pneumonia.—Twelve cases were admitted, four of which occurred in June; next to June the greatest number were admitted in March and April—two in each. The ages of the patients varied from twenty to fifty years. No deaths occurred.

As regards the seat of the pneumonic infiltration: the right lung was affected in four, the left in five, both lungs in three cases.

The disease commenced, in the upper lobe twice, in the middle lobe once, and in the lower lobe nine times; on the anterior side twice, and on the posterior side ten times.

In four cases it was combined with pleurisy.

As regards the duration of the disease, it varied from six to ten days.

The treatment was limited to giving *Aconite*, *Bryonia*, *Phosphorus*, and *Sulphur*.

Aconite was always given at the commencement of the disease, especially when there was high fever.

Bryonia in inflammation or irritation of the pleura, shown by violent shooting pains on the affected side of the thorax, short painful respiration, &c.

Phosphorus when infiltration was evidently present, and *Sulphur* in order to cause absorption of the exudation.

l. Pulmonary Tubercles.—In two cases this ran an acute, in the remaining seven a chronic course. Both the acute cases terminated fatally; but the chronic cases improved so much that the patients could leave the hospital.

The ages of the patients ranged from twenty to thirty years.

The treatment was confined to giving *Arsenicum*, *Calcarea-carb.*, *Kali-carb.*, and *Phosph.*—*British Journal of Homœopathy.*

ARTICLE X.—*The General Physiology and Pathology of Infancy.* A Lecture delivered during the Summer Course for 1865, in Hahnemann Medical College, Chicago. By R. LUDLAM, M.D., Professor of Obstetrics, &c.

(From Med. Investigator.)

PART I.

GENTLEMEN :—To be successful in the management of infantile diseases it is of the first importance to become acquainted with certain anatomical and physiological peculiarities proper to the young of our own species. These peculiarities of organization have a bearing upon infantile pathology and therapeutics. It is impossible for us to comprehend the latter while yet ignorant of the former. Here, as elsewhere in medicine, a correct knowledge of anatomy and physiology is fundamental to a successful practice.

Infancy includes that most important period of life which extends from birth to the beginning of the second dentition, or until the end of the sixth year. During this interval we remark that two functions are of predominant importance, and that the disease to which infants are especially liable chiefly implicate these functions. The history of innervation and of nutrition is deserving of your most careful study. Permit me to direct your attention to a few points of interest and of practical value connected therewith.

I. *Of Innervation.*—In infancy, the anatomy of the nervous system is perhaps better developed than is that of any other bodily apparatus. Even in intra-uterine life, the ganglionic nerves are numerous, and fulfil a very important function. The afferent and efferent conductors of the cerebro-spinal system are well developed at birth. In a word, the chief peculiarities of the nervous organization in infancy are to be found in the nerve-centres themselves, and in the remarkable

susceptibility of the sensory filaments, in all their distribution, to the action of irritants.

Thus, for example, the *brain* differs from that of the adult in its relative size, the texture and consistency of its enveloping membranes, its organization and vascularity, and consequently in its physiological and pathological history.

The size of the encephalon, during infancy, is disproportionately large. This characteristic dates from an early period of foetal development. It has its physiological limits, although it is impossible always to say if the brain is preternaturally large or small. In many cases this disproportion between the size of the head and that of the body is a condition that predisposes to the cephalic disorders to which some infants are especially liable. The offspring of those parents whose physical and mental parts are not developed in healthy ratio, are frequently sacrificed to this lack of symmetry in the growth of the bodily organs. This is one reason why it is so difficult to rear children in the families of artisans of the brain. In them the nervous is developed at the expense of the muscular and osseous systems, the psychical precedes the physical.

When the excessive size of the head causes it to "lop over" to one side, or backwards, as if too heavy to be supported by the neck and its muscles, when the child is weakly and puny, or rachitic, a predisposition to cerebral disease from an overgrowth of the brain may be suspected. This condition constitutes the hypertrophy of that organ first recognized by Laennec. It should not be confounded with hydrocephalus. In both these affections the cranial capacity is increased by the open state of the fontanelles and sutures.

A peculiarity of this cerebral hypertrophy is that the excess of development is in most cases limited to the hemispheres. The cerebellum and the medulla oblongata, like the medulla spinalis, appear not to be liable to this lesion. Hence an almost characteristic exemption from general and decided convulsions, and hence also the derangement of the intellectual, or rational, rather than of the instinctive faculties, hallucinations, idiocy, *ramolissement*, apoplexy, and the defective nutrition of remote organs that ultimately causes the patient to fall a prey to other than brain disease.

This variety of hypertrophy may be congenital or acquired. In either case it is slowly developed, and is liable to be mistaken for chronic, or tubercular hydrocephalus. The patient is dull, drowsy, apathetic, or restless, and sometimes precociously intellectual and abstracted. If he attempts to walk, he appears top-heavy, and has a tendency to stumble and fall. Dr. West is of opinion that the association of cretinism and idiocy with cerebral hypertrophy is not an unusual occurrence. It may terminate in hydrocephalus, epilepsy, hyperæmia, softening, or paralysis, but in most cases is only indirectly fatal. ;

The cerebral atrophy of infants is a rare affection! When not congenital, it arises from imperfect or defective nutrition of the brain. This lack of proper development is sometimes idiopathic, but more frequently the result of protracted illness. The fontanelles and sutures are closed, and hence the symptoms of compression of the brain. The head does not grow in proportion to the body. Again, these apertures remain open, and a careful examination discloses that the brain is so atrophied as not to fill the cranium. In this latter case its textures and organization are correspondingly delicate and feeble.

In this affection the opposite condition to that proper to cerebral over-growth prevails. The diagnosis is not difficult. The prognosis will hinge upon the textural integrity of the brain, the nature of the disease to which the atrophy is secondary, and the mode of treatment to which the little sufferer has previously been subjected.

There are two general facts respecting the anatomy of the membranes of the brain which you should bear in mind. In infancy they are more vascular, and contain a larger proportion of fluid than in after-life. This last remark applies also to the ventricles. The dura mater is less fibrous, its adhesions less firm than in the adult. It is best developed about the medulla oblongata and the superior portion of the spinal cord. The attachments of the arachnoid are extremely delicate.

The open state of the fontanelles and sutures of the skull ministers to the extreme vascularity of the brain and its meninges in the infant. The resistance afforded to the influx of

blood by the cranium, which is ossified as in after life, serves to maintain a regularity in the supply of blood to its contents. But where this safeguard is not thrown about the brain, and this counter-pressure is lacking, there is a peculiar tendency of blood to the head. Hence the injected condition of the cerebral meninges. This condition is physiological, and should not be mistaken at *post-mortem* for evidence of undue engorgement or inflammation. It has a marked significance, since, while it ministers to the proper nutrition of the cranial contents, it also renders them extremely liable to disease. From a normal supply of blood to a state of hyperæmia, inflammation and subsequent effusion therein there is but a step.

The arachnoid is the more frequent seat of meningeal inflammation. Being a serous membrane, the delicacy of its organization, as well as its relation to other members of the same class of tissues, explain this fact. It participates, so to speak, in the inflammation of all the serous membranes. Billard reports that he once found, in a child that died three days after birth, peritonitis, pleuritis, and rachidian meningitis. The symptoms and sequelæ of arachnitis are very similar to those of inflammation of other serous membranes. The former will indeed vary somewhat with the nature and function of the organ enclosed, and most seriously implicated, but in general character they are analogous. The sequelæ are identical. In infancy the effusion of serum is most readily effected. It may occur in consequence of the slightest inflammation and with scarce any premonition whatever. Sometimes the lesion is limited to the ventricles, and runs a kind of latent course. In chronic hydrocephalus with an excess of effused liquid, the lateral ventricles are sometimes expanded into one cavity. Hydrocephalus is by no means a rare affection. Unless congenital it is never idiopathic. It is secondary to meningeal irritation and inflammation. In the most tedious and dangerous form, it depends upon the deposition of tubercles within the cranial membranes, or tumors developed within the brain. For this reason the prognosis in chronic hydrocephalus is generally unfavorable. The more obvious tokens of the disease show it to be engrafted upon a formidable dyscrasia.

Hydrocephalus occurs most frequently between the ages of

two and seven years. Among the causes of the congenital variety of this disease are, meningeal inflammation in intra-uterine life, vices of conformation, moral emotions of the mother during pregnancy, drunkenness of the father, accidents to the mother, twisting of the umbilical cord around the neck of the child, and mechanical injury of the head during delivery, whether natural or instrumental.

Adults rarely suffer from hydrocephalus, unless in the congenital form. This remarkable exemption is probably due to the difference in the vascularity of the cerebral meninges in after life, and to the ossification and closure of the fontanelles and cranial sutures. As an instance of this disease occurring in the adult, it is said the celebrated Dean Swift suffered and died from it.

Among the sequelæ of meningitis we have, in addition to effusion within the arachnoid and into the meshes of the pia mater, the formation of adhesions characteristic of inflammation of serous membranes in other portions of the body. These pseudo-membranes belong to the class which Laboulbène styles *permanent*, since they are not of transient duration, but exist permanently and are themselves subject to particular diseases.

The organization and vascularity of the brain itself are somewhat peculiar. At birth we find its inferior portions are the more perfectly developed. The theory that the brain is an outgrowth of, or is superimposed upon the spinal cord, has its confirmation in this fact, for while the hemispheres of the former are soft in texture, of pastelike consistence, and imperfect structure, the latter possesses the firmness and other peculiarities of mature development met with in the adult. In the cerebrum it is almost impossible to distinguish the two varieties of neurine entering into its composition. The number and depth of the convolutions, which are believed to afford a sort of criterion of intellectual capacity, are lacking, or nearly so. Perhaps the gray matter is a little more highly vascular than the medullary. In the cerebellum, but more especially in the medulla oblongata, as in the medulla spinalis, the cortical and medullary portions are distinct and separable. There is a higher degree of organization in them. The texture is well-developed at this early period, in order that the dynamic

functions of the cerebro-spinal system may be freely and properly performed. It is more necessary that this machinery should operate than that the mind should act. The perceptive and emotional faculties, the will, intellectuality, and memory, are less vital than those instinctive functions that find their brain in the gray neurine which presides over their welfare. Infants, and not unfrequently adults also, manage to live and flourish without Reason, but never without reflex-action through the spinal centre. - It is essentially important that this apparatus be most delicately adjusted from the first, for to this delicacy of adjustment we refer the capacity for independent existence.

It would be somewhat remarkable if these peculiarities of the cerebral anatomy and physiology, to which I have so briefly referred, were not possessed of a pathological significance. Take, for example, infantile convulsions. They correspond in frequency to delirium in the adult. The explanation is obvious. Here the brain is not alone the organ of the mind, for mentality is imperfect; but like the spinal cord, is sensori-motor. Its operations are reflex, but not reflective. It is an appendage to the spinal system. The functional peculiarities and susceptibilities thereof predominate. Hence whatever irritant affects the nervous filaments in their ultimate distribution will be very likely to induce those motor phenomena which we call convulsive. The true convulsion is always accompanied by a loss of consciousness. In infancy a temporary suspension of consciousness is easily induced, and is less serious than in after life. In childhood the same cause which precipitates convulsions in the infant will be liable to occasion spasm as in chorea; in middle life, hysteria. In both these disorders the perceptive faculties are intact. Or, if mentality is at all disturbed, we have delirium, minus the convulsion.

ARTICLE XI.—*High or Low Dilutions?* By J. S. DOUGLAS,
M.D., of Milwaukie, Wisc.

(From the Medical Investigator.)

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 August, 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 similitude 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 diarrhoea 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-thousandth, would prefer ten-thousandth. 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 gr. 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, it is 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, in 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 fol-

lowing 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 during 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 the 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 last 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 one 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 *ré-action*.

It is probable *a priori*, and the probability is greatly increased by observation, that the degree 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 attenua-

tions 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 exclusive 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.—*N. American Quarterly.*

ARTICLE XII.—*Remarkable Effects of a Dog-bite.* Reported by WM. H. HOLCOMBE, M.D., of New-Orleans.

A VERY stout, healthy-looking mechanic, perfectly temperate in his habits, came into my office one morning, and after looking timidly and suspiciously around for two or three minutes, exclaimed in a low voice, "Doctor! for God's sake do something for me. I have either got the strangest nervous disease

that ever was in the world, or I am going crazy." I then drew from him the following particulars.

He lost his appetite about a week before and became languid, nervous and restless. For the last three nights he had been startled from his sleep all at once into a state of intense nervous excitement and terror, apparently by the loud and fierce barking of a dog very near him. He then felt a prickling and tingling sensation in his fingers running up his arms, after which there was a remarkable vibratory movement communicated to his whole body, but most perceptible about the jaw, so that the teeth would chatter slightly. This tremulous movement, which he strikingly compared to the purring of a cat, was altogether beyond the control of his will, alarmed him very much and subsided in about fifteen minutes. It had occurred several times the day before. In the interval he felt perfectly well, but was dejected and nervous. This strange paroxysm came on whilst he was talking to me. His face assumed a more anxious and alarmed expression. There were very slight twitches about his lips and neck, and his teeth trembled a little against each other. His pulse was but little excited, and all the organic functions were natural. He compared the shooting pains darting upwards from his fingers to the prick of needles; said his arms were numb, that he felt paralysed, and he evidently had difficulty in expressing his thoughts and probably as much in controlling his emotions.

I began to suspect that the poor fellow was threatened with hydrophobia and asked him if he had any difficulty in drinking water. He said no, but that he was absolutely devoid of thirst, and did not drink water because he had a sensation that it would certainly nauseate him or perhaps vomit him. I did not like to put any query to him which would suggest the apprehension of hydrophobia to his own mind in his singularly nervous condition. I asked him however, "what do you suppose is the reason that you dream every night of dogs and wake up so startled by their barking?"—"Oh," he replied smiling, "I suppose it is because I was bitten by a dog about two weeks ago." He then stated that whilst attempting to teach a little dog to carry a ball in his mouth, the dog became obstinate and angry, and he was bitten by the animal, one

tooth penetrating deeply the left fore-finger just behind the nail. It bled freely and was very sore, as he expressed it, for several days. He then remembered that the pricking pains first started from that finger, and for a day were confined to the left arm, but now occurred in both.

Here was a case of paroxysmal hyperæsthesia of the sensory-motor apparatus, produced by a definite peripheral irritation, and that peculiar mental condition which is so frequent in hydrophobia and delirium tremens. Was it incipient hydrophobia? I think not. The dog was not mad in the first place, although that is not conclusive, for some cases of hydrophobia have occurred from the bite of dogs not rabid. In the second place, the period of incubation was entirely too short for genuine hydrophobia. The disagreeable symptoms had begun in nine or ten days after receiving the injury; whilst hydrophobia lies latent from one to eighteen months. Tetanus was the next thing that suggested itself, but tetanus never has that nervous excitability, that sense of fear, terror and suspicion, as if something terrible were about to happen which this man had, and which is usual in hydrophobic patients. Paying no attention to names or theories, but taking the plain fact as my guide, I prescribed *Hydrophobin* third trituration, one powder every six hours. The patient knew nothing of my views of the case and had no idea what medicine I gave him.

He called again in forty-eight hours and reported himself as almost entirely relieved, for which he expressed great gratitude. He said, however, that the night before he had been kept awake and tormented by a crowd of ideas—singular, fantastic, ludicrous, with something like positive hallucination. I gave him a few powders of *Cannabis-indica*, supposing that some little sympathetic excitation of the psychical sphere was all that remained to be combatted. I made a mistake there. I should have continued the *Hydrophobin* at longer intervals. He came back in forty-eight hours much worse. The old symptoms had returned. He was again awakened in great terror by the barking of dogs; the pricking, paralytic sensations were more prominent, and the “vibrations of his blood,” as he called the tremulous motion like the purring of a cat, had passed into a severe rigor lasting an hour or more, and attended with such a

sense of impending evil that the cold perspiration stood on his forehead. Had the *Cannabis* antidoted the *Hydrophobin*? I thought it best to put him again on that disgusting remedy, but was so uneasy about him, that I ordered him also to put a blister over the back of the finger which the dog had bitten. Notwithstanding the remonstrances of some good homœopathic friends, who are more afraid of the wagging tongues of their allopathic neighbors than I am, I insist upon believing, that the interiors and exteriors of our body are so sympathetically woven together that an irritation applied to the periphery is very often a genuine homœopathic remedy for an irritation existing at the centre.

Well, my patient applied the blister and took the *Hydrophobin*, and in a few days was perfectly restored, and has so continued for three weeks. He states that the blister to the surface aroused a deep-seated pain on the track of the dog-bite. The soreness and tenderness about which has not yet entirely disappeared. *Hydrophobin*, I think, will be found a valuable remedy for certain forms, periods or phases of hydrophobia, delirium tremens and hysteria.

ARTICLE XIII.—*Nitrate of Silver in the Treatment of Laryngitis.* BY WM. WRIGHT, M.D., of Brooklyn, E. D., N. Y. Read before the Kings County Homœopathic Medical Society; April, 1864.

CASE 1.—Late on the evening of December 12th, 1853, I was called, in great haste, to meet Dr. E— of N. Y., in consultation over a patient of his, residing in the seventeenth ward of this city, then supposed to be in a dying condition. On repairing to the house, I found the patient,—a married lady, some twenty-five years of age, tolerably robust in appearance, and reputed general good health,—reclining on the bed, her head and shoulders supported by her husband, her face considerably flushed and of a livid hue, with an expression of countenance indicative of intense suffering. Her respiration was slow and extremely difficult; each inspiration calling into full play all the respiratory muscles, and giving strong indications of suffo-

cation like that produced by mechanical strangulation. In addition to this, the patient was subjected to occasional attacks of the most violent and distressing paroxysms of dyspnœa, in which she would turn almost black in the face, spring up in the bed, and struggle violently for breath, as though complete suffocation had or was about to take place.

I saw, at first glance, that this case was evidently a desperate one, and that relief must be *immediate* or death was inevitable.

Dr. E. informed me that he had been using the various homœopathic internal remedies, indicated in such cases, very persistently for the last thirty-six hours or more, but *without deriving any apparent benefit therefrom*; and he gave it as his opinion, from the rapid progress of disease thus far, that the patient could not possibly survive a quarter of an hour!

Knowing that the Doctor had exhausted the entire catalogue of known homœopathic remedies, and feeling that it would be an act of folly, if not of criminality, to attempt to repeat them at this critical stage of the disease, I suggested the application of a saturated solution of *Nitrate of Silver* to the larynx, *as the only remaining hope*; though, I must confess, I almost feared that the moment's interruption of respiration, necessarily attending its application, might prove fatal. Dr. E., however, approved of my suggestion, and, as speedily as the solution could be prepared, an application was made to the parts affected, by means of a camel's hair pencil. The violent paroxysm of dyspnœa, which followed it, was most distressing, and for a moment almost led us to regret that we had ventured upon so doubtful an experiment. The patient, with a desperate spasmodic struggle, sprang up, the face became dark livid, the eyes fairly started from their sockets, the mouth and nostrils enormously distended, and the countenance gave strong indications of the desperate struggle that was going on within. She gasped, and struggled, and gasped again; but that struggle, fortunately for her and us, brought the anxiously sought for relief. A sort of spasmodic cough emptied the larynx of a large accumulation of thick tenacious phlegm or mucous; respiration was at once restored, the patient quietly sank down in her husband's arms completely exhausted it is

true, but the terrible ordeal was apparently passed, and in a few moments her respiration became comparatively easy ; and in the course of an hour or so, she fell into a quiet and refreshing slumber.

This improvement seemed to continue for some three or four hours, when indications of a return of the difficulty manifesting themselves, it was thought best to renew the application of the caustic. The interruption of respiration in this second application was much less severe than at first, but the relief was equally as prompt and decided. From this moment convalescence was rapid and uninterrupted.

From a review of all the facts and circumstances attending this case, we think we are warranted in the opinion, that *the life of his patient was saved by the application of the caustic*, and that, at the stage in which I first saw the case, *no other known remedy would have successfully met it!*

CASE 2.—On the 19th day of February, 1864, at about 11 o'clock, A.M., I received a message requesting me to call at No. — L. Av. at my earliest convenience. On arriving at the house, I was ushered into the chamber, when I found a young lad of some eleven years of age lying in bed, and complaining of sore throat, chilliness alternating with flashes of heat, some thirst, slight dyspnœa, and a peculiar sonorous sound in each respiration, as though the air were being forced through a more or less obstructed passage way. The febrile symptoms were not marked, though the pulse was slightly accelerated.

Upon inquiry, I learned that my patient had, on the previous day, attended school as usual, that he had returned at evening in apparently good health, and had so retired to rest at his accustomed hours ; but that, in the course of the night, he had been taken ill with the ordinary symptoms of “a cold,” and, as a matter of course, became restless and passed a somewhat disturbed night.

For these symptoms, some domestic remedies were administered at the time, and in the morning the lad appeared “considerably better.” Soon after rising, however, all these morbid symptoms returned in a greatly aggravated form, and, at about eleven o'clock, A.M. as stated above, I was sent for.

A very brief examination of the case satisfied me that the primary disease was situated in the throat, the exact nature of which, though suspected, I could not then fully determine; but I prescribed Ac. and Bell., as most prominently indicated, and applied cold water bandages around the cervix. The two medicaments to be alternated every half hour.

The only symptom, which I discovered at this early stage of the disease, indicative of serious trouble, was met with in *the manner and peculiar sound of the breathing*; but as the other symptoms; state of pulse, skin, thirst, &c., &c., did not seem to correspond or corroborate the indications drawn from the respiration, I *hoped* that my fears were greater than the *tout ensemble* of symptoms warranted.

At four, P.M., I received a second message, saying that my patient was evidently growing worse, and requesting me to visit him without delay. I did so, and found that all the symptoms had become greatly aggravated. The pulse was now full and beating rapidly; the skin hot and dry; the pain in the throat more severe; deglutition difficult; respiration more obstructed and labored; the inspirations and expirations being quite slow and requiring the exercise of great muscular power to accomplish either. The sounds emitted were not exactly metallic, but more resembling air forced violently through a dry sponge or other even more compact yet porous body. Articulation was now very much impaired, he scarcely being able to raise his voice above a whisper. The fauces were of a bright reddish hue, the tongue covered with a thin whitish coating, and the thirst considerable. But the main distress seemed to arise from the dyspnoea or difficulty of respiration. Ac. and Phos. were now administered, with an occasional dose of Hepar-sul. or Spongia. The two first remedies were directed to be given, in alternation, once in half an hour; and the cold water bandages around the neck continued. At eleven o'clock, P.M., I was again summoned to the bed-side of my patient. I found that my remedies, instead of having arrested the disease, *had failed entirely in mitigating even a single symptom*; and that the disease had marched steadily and rapidly on until the case had now assumed, or was fast assuming a most alarming aspect. The dyspnoea was now most

distressing, and the respirations so laborious that, at each inspiration, all the thoracic and abdominal muscles were brought into violent action, swaying to and fro with his body the entire couch upon which he lay, though that couch rested upon an iron bedstead.

Fearing a speedy and fatal termination, and that by suffocation, I immediately proposed a consultation. This proposition was at once acceded to, and within a very brief space of time. Dr. A. W., of this city, met me at the bed-side of my patient. Various remedies were suggested, in addition to those previously resorted to,—and tried, *but proved entirely unavailing*. As our patient was evidently fast sinking, brandy was now given to support him; but all the indications pointed unmistakably to a speedy and fatal termination.

Recalling to mind the case of Mrs. T.—detailed above,—I proposed Nitrate of Silver to the fauces, and it was at once agreed that it should be tried. A strong solution was therefore immediately prepared, and, with the aid of a small roll of linen improvised, I made the application, extending as low in the throat as I could. But, much to my surprise and disappointment, its application did not bring the anticipated relief, neither did it seem to be attended with any of the suffocating effects apprehended. The disease still continued to march on with fearful rapidity, the dyspnoea and labor of breathing had now become most distressing to the patient, and heart-rending to his friends. At one moment the patient exclaiming, in the faintest whisper, “O, I haven’t got any thing to breathe!” And well he might, for breathing seemed to have entirely failed to bring that relief to the system for which breathing was instituted.

His medical advisers were now forced to the conclusion that he could not, in any probability, survive for half an hour, while his friends around him manifested their convictions by the inquiry, “Doctor, does he yet breathe?”

Not satisfied with the result of the first application of the caustic, and hoping that it might yet be made to bring some relief, I determined upon making one more application; more, I confess, from the *hope* that it might, than from a *real expectation that it would* meet his case. It was accordingly ap-



plied, thoroughly swabbing out the entire fauces ; and, in a violent struggle for breath which speedily followed *this* application, a quantity of thick tenacious mucus or phlegm was thrown up accompanied with a piece of solid matter about the size and shape of a date seed, very firm and tenacious, strongly resembling diphtheritic deposit, and of a pearly white hue, except a portion of it which was slightly mahoganzed in color, probably tinged by the Nitrate of Silver.

The crisis was passed! My patient *immediately* began to breathe easier ; respiration could now be performed by the action of the respiratory muscles alone ; the countenance assumed a more cheerful aspect ; the voice was measurably restored, so that he could articulate distinctly : in short, *the transition was as great as it could have been by the sudden removal of a ligature from around the neck which had before threatened immediate suffocation.*

In less than an hour our patient was so far restored that he could converse quite freely and fluently, and, a short time thereafter, LAUGH at some of the ludicrous blunders, which some of the attendants had made during the excitement of the most trying moments. From this time recovery was rapid—a few days sufficing to restore him to his full measure of former health. It might here be added that, for an hour or two previous to the use of the caustic, fomentations of hot water had been freely made to the throat, more by the interference of over-zealous friends than by the directions of his physicians. But the sudden and complete relief of our patient, and his restoration from apparent death to life, we think, was most evidently attributable to the caustic ; though it is barely possible that the other means and appliances resorted to may have measurably prepared the system for this favorable result. Whether this be *pure* homœopathic practice, or whether in its use we were trenching upon the prerogatives of our allopathic friends, I shall not now stop to inquire ; yet I may be allowed, in passing, to say, that because the practice of cauterizing the throat in disease has been most shamefully abused by physicians of the antagonistic school, that *of itself* does not constitute a valid reason why we may not occasionally resort to it, especially in clearly indicating cases ; and, it appears to me,

that the record here furnished is conclusive as to its efficacy in arresting laryngitis, — *even in its utmost extremity*. In avoiding Scylla, therefore, let us not be so unwise as to run into Charybdis.

ARTICLE XIV.—*The Dentist as an Allopathist or Homœopathist.* GEO. F. FOOTE, M.D., of New-York.

To those who look upon the dentist as a mere mechanic in which cleverness and expertness are the traits *par excellence* of commendation, this heading may appear ambiguous. But to those who look upon dentistry as a profession embracing within its scope the collateral sciences and a medical lore, the law of cure will be acknowledged as essentially within its province—and that the true and successful dentist must embrace the true and ignore the false in medical science.

Though the dental physician is confined to a speciality, and is expected to contend with diseases that are only local in their developments, the same great law must govern his treatment that governs the general practitioner. A tooth is a part of the general organism, with vital functions, and subject to the same general laws.

“*Tolle Causum*” was Hahnemann’s first injunction in the treatment of disease. This the operator does in part when he removes the decayed portion of a tooth and stops out the disintegrating agents by a proper filling. This in many cases is a simple matter, requiring only fine operative skill. While in others, by reason of exposure, the tubuli take on augmented sensibility, become painful to the touch, and we have what is called *sensitive dentine*. Healthy dentine like bone can be incised with but comparatively little suffering.

This sensitive dentine in connection with an irritable state of the nervous system will not tolerate the most gentle manipulations.

What then are the indications?

Does it need a mechanic only, whose very presence is suggestive of torture in its superlative degree? Does it require a chemist, whose applications obtund by destroying vi-

talities? or a physician who can only drench and purgate the system until by exhaustion its susceptibility is destroyed? Or is there a milder and more efficacious way? The intelligent reader who is familiar with the law of *similia similibus curantur* will credit me when I say there is a better way.

Sensitiveness does not always follow decay of the teeth, for the reason that the tubuli which serve as mediums of sensation, become solidified in advance of the caries, and lose their conducting power. And here is one of the beautiful results growing out of the efforts of the organism to protect by proper safeguards her delicate and important structure against threatened violence from external causes. The presence of a foreign body stimulates the vital forces to produce this change, which in some cases extends to the ossification of the entire pulp. The same results are induced by a proper filling. The tubuli immediately surrounding it being in time solidified. Hence, teeth that are irritated by changes of temperature, through the medium of a metallic filling in time lose this susceptibility.

Let us suppose a case in hand, this same sensitive dentine: the allopathic dental physician meets this by the application of an escharotic tonic destructive agent, as Cobalt, Arsenious-acid, Nitric-acid, Chloride of Zinc, Creosote, &c., &c., with the addition in some cases of an anodyne or purgative. And what are the objections to this mode of treatment? Locally, the effects would be similar to those resulting from similar applications made to the living tissue any where else; viz., a chemical change which destroys the vitality of the adjacent parts and its sequences. The sensibility may be obtunded, and the cavity filled in the usual way, with perhaps but little suffering to the patient, who is discharged with what appears to be a restored tooth. But with the objection, that a portion of it at least is deprived of its vitality.

This portion is beyond the protective influence of the organism; subject to chemical laws that govern all devitalized matter; and of course must disintegrate much sooner than living tooth bone.

The general treatment speaks for itself.

But what should be the treatment of the homœopathic

dental physician? First, as before, remove the cause. What is it? The presence of irritating substances in contact with an abraded surface. What does the rational surgeon when the surface of the body is denuded by the removal of any portion of its natural covering? He excludes the air and prevents contact by some artificial contrivance, and waits the operations of the *vis-medicatrix natura*. What does unassisted nature in a similar case? She throws over the exposed surface a protecting crust or scab, that stops out atmospheric and other influences that serve to irritate. The dental physician then should follow these rational examples, hermetically sealing up the cavity from exposure to all irritating influences with some soft adhesive filling, until through the vital forces, such changes are made as shall render the parts insensible to the manipulations necessary to a proper filling and the presence of gold. Kind nature in time will restore all to a normal state; but a general treatment under the administration of a competent physician will help to expedite the necessary change.

There are many forms of disease incident to the buccal cavity requiring treatment that involves the administration of medicine for which advice is sought of the dentist, such as odontalgia, dental periostitis, exostosis, necrosis, alveolar abscess, diseases of the antrum, wounds, &c., &c. But without going into the details of these, enough has been said to show the value of homœopathy in dentistry to those at least who accept the teachings of Hahnemann as their rule of faith in medicine.

ARTICLE XV.—*The Alternation of Medicines.*

THE propriety of the practice of giving two or three medicines in alternation, and the real teaching of Hahnemann on this point has long been a "vexed question" in our school; and, instead of becoming settled by free discussion, it continues to be a *vexatious question* to many of our contemporary journals. We can not publish all that has been said on all sides of this subject, but we would be pleased to make room for a few cases

treated on the strictest Hahnemannian principles, and with a single remedy only. We give below the views of the learned President of the British Homœopathic Society, with the remarks thereon of the Monthly Homœopathic Review. In his Annual Address, June 1864, Dr. Quin says :—

“That it may be, nay is, of advantage to alternate medicines in cases of a complicated character, in which no one medicine alone has the power of covering the totality of the symptoms, but where several medicines will barely suffice to meet all the indications, I do not call in question. In such cases the medicine most homœopathic to the greatest number of the symptoms is selected, and allowed to exert its beneficial action without interruption, and then is followed by that next in analogy in its pathogenetic effects to the remaining symptoms, and which is allowed to act undisturbed. After this, the physician, instead of continuing the last medicine, or passing to a third, may, on re-examining the case, deem fit to recur to the first medicine, and again to the second ; always, however, allowing each to go through its sphere of action uninterruptedly, and repeating them both, again and again, if necessary, before he passes on to some other medicine or medicines according to the indications which have remained unaltered, or to new ones which may have sprung up ; and thus go on alternating, but always allowing each different medicine to have free scope.”

Here, then, we have a sanction to the “ alternation of medicines,” founded on the experience of our most honored President. But he qualifies this sentence by that which follows it :—

“This *à posteriori* mode of alternation I can perfectly understand—nay, I frequently adopt it : but not so the method of practice to which I have alluded as so prevalent among some, of prescribing, at the very outset of the treatment—at the very first visit, and also, not unfrequently, almost at every subsequent visit—two or more medicines, to be alternated every quarter, half-hour, every hour, or every two, three, or four hours. It is difficult to believe that such practitioners are in the habit of carefully considering the cases under treatment, or have well studied their *Materia Medica*, or to divest one’s self of the idea that they resort to such slipshod practice in the

hope that if one of the medicines [does not hit off the complaint, some one of the others may. One meets with instructions for similar alternation laid down in popular books on homœopathy; showing that this *à priori* style of alternating remedies is, with certain practitioners more a rule than an exception."

The Review * says: We approach, almost with veneration, everything that falls from one of such extended experience as Dr. Quin; at the same time, when once it is admitted that a *diseased condition* may exist, and does exist, "in which no one medicine alone has the power of covering the totality of symptoms," and when at the same time we *possess a medicine or medicines* whose "pathogenetic effects" cover those symptoms which are not covered by the first medicine selected, we can see no reason whatever against *the immediate and rapid alternation of the two remedies*. If they both covered the *same symptoms*, one medicine would suffice for the cure—this is obvious; and two medicines holding a strict relationship or similarity in these effects would probably antidote one another; but, if there be *two sets of symptoms* in the patient, and *two remedies*, each of which covers one of the sets of symptoms present, we can see no reason, logically or medically, against their very rapid alternation one with another.

Now, Dr. Quin admits that two sets of symptoms may occur at the same time, therefore he is equally bound to admit (and, in fact, does so admit) that *alternation is desirable*; but he says we ought to cure one set of symptoms first—or, at least, to partially cure them—and when we have partially or wholly relieved symptoms No. 1 by medicine No. 1, then we may, *at a long interval*, begin medicine No. 2,—then another long interval, and if we find No. 1 symptoms again getting troublesome, we are again to give No. 1 medicine, and so on.

But it seems to us, that as time is a very essential consideration in the cure of disease, we ought to endeavor to remove whole groups of symptoms at once, and this, in such a supposititious case, would drive us to *rapid alternation*.

In his remarks on Dr. Drysdale's paper on the Alternations

* Review, May, 1865, p 276.

of Medicines (see *Annals*, No. 17, Vol. 1864), Dr. Russel observes that it is now placed beyond a doubt, by pathological observations, that *two diseases may exist in the same patient at the same time*, and instances the occasional concurrence of small-pox and typhus fever in the same patient—two essentially different diseases, marked by special exantheas. We ourselves have seen measles and whooping cough running a similar common course. In these cases, if we can cure both diseases, at the same time, by the alternation of remedies, why should we allow one disease to have its free course, while we are curing the other?

Scientific discovery may reveal to us medicines, whose pathogenesis will cover, even, these exceptional cases of apparently double disease, and thus enable us to substitute one single medicine for our present apparently necessary alternations. As an illustration of this, we may mention *Veratrum-viride*, which seems to fill a place, in some diseased conditions, in which we have formerly found it needful to give *Aconite* and *Veratrum* in alternation.

We write all this with great diffidence, and candidly acknowledge the far greater satisfaction with which we treat disease where we can find one remedy which meets the whole of the symptoms. When the science of homœopathy is *perfected*, we may hope to be able to treat *every single case with a single remedy*; this will be the perfection of our science; but we have much to do before we can expect to perfect our knowledge of remedies, so as to be able to trace the direct *homœopathic relation of a drug to the whole course of a given disease*, from its commencement to its termination. Till we can do this, we are driven to meet *symptoms* as they arise; and when they are too numerous or too diverse to be met by a single medicine, we are bound to meet them by the alternation of two remedies, or by the rapid succession of two or more, according to the symptoms presented.

General Record of Medical Science.

1. *A London Life Assurance Office converted to Homœopathy, by the Evidence of Statistics.*

THE month of December, 1864 marks an epoch in the history of homœopathy, the memory of which will be ardently cherished by every homœopath of the present generation; whilst, to this period will frequent reference hereafter be made, as that from which is to be dated a remarkably rapid growth of the system in public estimation.

On the 16th of December, 1864, there met together at the Freemasons' Hall, in London, under the presidency of Lord Henry Gordon, a number of individuals—in no respect identified with homœopathy, but simply concerned in the promotion of their own pecuniary interests—to consider the bearing of this system of medical treatment on the health and life of the community. The parties referred to are the Directors and Shareholders of a company, entitled "The General Provident Assurance Company." The object of such institutions, is, we need hardly remark, commercial gain; and one of the principal means employed, is an investigation, conducted with scientific severity, into the duration of human life, with all the concomitant circumstances which tend to affect the health of individuals and classes.

Hitherto the actuaries of these valuable institutions have disregarded—and therefore omitted from their calculations—the very important consideration of *medical treatment*. The keenness of competition, however, which characterises every department of trade in the present day, and stimulates to their utmost extent the intellectual faculties of our men of business, has, at length, made itself felt even amongst these very conservative establishments; and, as a consequence, we find, in the case of the General Provident Assurance Company, the actuary directed to make an investigation into the hitherto unexplored region of *comparative medical treatment*—with what result it is scarcely necessary to inform the readers of this JOURNAL.

To *some*, at least, of the Directors of the Provident, this result, no doubt, presented itself in the light of a discovery; to *none* could it be otherwise than gratifying to learn, that their labor had been rewarded by the acquisition of data capable of being turned to very profitable account, in the following well-ascertained facts:—that persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by diseases, and when attacked, recover more rapidly than those treated by any other system; that with respect to the more fatal class of diseases, the mortality under homœopathy is *small* in comparison with that of allopathy; that there are diseases *not curable at all*, under the latter system, which are *perfectly curable* under the former; finally, that the medicines prescribed by homœopaths do not injure the constitution, whereas those employed by allopaths not unfrequently entail the most serious, and, in many instances, fatal consequences.

These data obtained, the Directors had but one duty to perform alike

to themselves and to their constituents, which was to summon a meeting of their shareholders, and to lay before them the facts they had collected, and the decision at which they had arrived, viz., "to open a special section for persons treated by the homœopathic system, at a LOWER RATE OF PREMIUM THAN THAT CHARGED ON OTHER LIVES." And without a dissentient voice, this proposition of their Directors was adopted by the shareholders of the General Provident Assurance Company.

Here, then, we have a testimony borne to the great practical value of homœopathy which nothing can gainsay—against which ridicule and abuse, the only weapons by which we have hitherto been attacked, can avail nothing. It is not with "individual opinion" that our opponents have now to deal—not even with the opinions of such men as the late Archbishop of Dublin, the late Dr. Gregory, professor of chemistry in the University of Edinburgh, or the late Dr. Samuel Brown, a man worthy to rank with the illustrious Faraday—all of whom lived and died in the faith of the truth of homœopathy—and not to mention a host of other names of men, living and dead, in every department of literature, science and art. It is not with *individual opinion*, we repeat, that our opponents have now to deal. They are now confronted with the result of an investigation directed to be made by a body of commercial men, for commercial purposes, conducted with that marvelous precision which has exalted the investigations of the assurance offices of this country to the rank of scientific verities—and endorsed by men whose intellectual faculties, when summoned to decide, must have been in liveliest exercise, seeing that they had to determine on a question in which they were without precedent for a guide, and in which their own pecuniary interests were deeply concerned. Well, the question *has been* decided, so far at least as *one* Assurance Office, with its Actuary, Directors, and Shareholders is concerned; and the fact cannot be concealed. It will not be long, therefore, we may confidently predict, before other offices will follow this example. But, however numerous may hereafter become the adopters of this innovation, let it ever be remembered that to the General Provident Assurance Company belongs the distinguished honor of being the pioneer in this movement. And never let the circumstance be forgotten, which gives life and vigor to the great moral of this narrative, that the decision arrived at was the result of an investigation suggested by an observation of the ever-increasing conquests of homœopathy, especially amongst the highest and best educated classes of society, but cropping out everywhere throughout the world in spite of the adamantine rocks of ancient prejudice, and the alluvial deposits of social and professional influence—and *thereby* forcing itself upon the attention of intellectual men of business, whose avocation it is to avail themselves of every legitimate opening for the augmentation of their revenues, and the elevation in public estimation of that branch of industry with which they may happen to be connected. *Brit. Jour. of Homœop.*

2. *Homœopathy in Madrid and the "Medical Times."*

WE extract the following from the foreign correspondence in the April 1 number of the *Medical Times and Gazette*:—

"Exploded in almost every other part of Europe, homœopathy seems to be in high favor at the Spanish court, under the immediate patronage of the Queen. Some time since a 'Homœopathic Academy' was founded, and its president received letters of nobility; and now we learn that the government has ventured upon the establishment of a professorship and a clinic, under the specious pretence of examining into, under suitable inspection, the practical value of the homœopathic doctrines. Believing this to have been effectually tested, the Faculties of Medicine at Madrid and other cities, as well as the body of the medical profession at large, have entered so vigorous and universal a protest against further tampering with truth and with the lives of the patients, that great hopes may be entertained that the obnoxious decree will be withdrawn."

We would draw our readers' attention to two or three points in the above paragraph. The *first* is the fact that the Queen and the Government of Spain have decreed, not only that the homœopathic system of medicine shall be represented in Madrid by a professorship and an academy, but, that its opponents shall have the opportunity of seeing for themselves the relative efficacy of the two methods of treatment, side by side, in the public hospitals, and for this purpose have ordered the establishment of a "homœopathic clinic."

The *second* point, we wish to be well noted, is the *abject fear* which the *allopaths* have of this fair and equitable proceeding. They met the offered *test* by a *protest*. We need scarcely be surprised that the successors and followers of Dr. Sangrado should enter a "vigorous and universal protest" against a system which wholly proscribed their bleeding and other destructive methods of treatment.

The *third* point to which we feel bound to allude is the unblushing effrontery with which one of the chief English medical journals "*lies*" with regard to homœopathy. We must ask our readers to pardon the word; but no other expresses, with sufficient force, the habitual and persistent assertion of untruth by the editors of the allopathic journals. This is not done in error or from a wrong conception of facts, but intentionally and with a full knowledge that their assertions are false. The "lie" in this case is the statement in the peroration of the sentence, that homœopathy is "exploded in every other part of Europe."

In our issue for March, we showed, from statistics, that homœopathic practitioners have increased more than 40 per-cent. in ENGLAND during the past ten years, from 1853 to 1863. In FRANCE, during the same period, they increased from 71 to 426. In GERMANY they increased from 450 to 544. In ITALY from 30 to 193. In AMERICA from 390 to 1648. In the face of these statistics the allopathic medical journals still keep up the cry, "homœopathy is exploded," "homœopathy is dying out."—*Monthly Homœop. Rev.*

Reviews and Bibliographical Notices.

Medical Lexicon.—A Dictionary of Medical Science; containing a concise explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence and Dentistry; Notices of Climate, and of Mineral Waters; Formulæ for Official, Empirical, and Dietetic Preparations; with the *Accentuation and Etymology of Terms*, and the *French* and other *Synonymes*; so as to constitute a French as well as English Medical Lexicon. By ROBLEY DUNGLISON, M.D., L.L.D., Professor in the Jefferson Medical College of Philadelphia. Thoroughly revised and very greatly modified and augmented. Philadelphia, Blanchard & Lea. 1865. 8vo; pp. 1048.

THIS is a new edition, much enlarged and improved, of a work which has for many years been an indispensable reference book on the tables of all students as well as physicians. All other Medical Dictionaries have fallen too far behind the times; and to none of them can the student turn in confidence when seeking a definition of the common terms which have become "legitimated in the nomenclature of science," and which every where occur in the course of his reading. The present work contains not only brief but correct definitions with the derivation of almost every technical word, but also gives "under each, a condensed view of its various medical relations," thus rendering this single volume "an epitome of the existing condition of medical science." The author is one of the most indefatigable men in the ranks of the most orthodox school of medicine, and may well be credited with a "strong desire to be useful, by removing rubbish and clearing obstructions from the paths through which learning and genius press forward to conquest and glory!" We have observed but *one erroneous definition*. For few Lexicons can so much be said.

2. *Mosman's Materia Medica Chart.*

WE have here on a large sheet, nearly three feet by two, a compendium of the *Materia Medica*, intended to show at one view "the range of action or organs of the body chiefly affected by one hundred of our most valuable medicines, together with the degree of the intensity of their action." It is a work of much thought and labor, correct in its principles, and furnishing many practical suggestions. Compiled by E. P. Mosman, M.D., Norwich, Conn.—New-York: J. T. S. Smith & Sons, 105 4th Av.; C. J. Hurlbut, 437 Broome-street. Norwich: S. B. Bishop, 107 Main-street. 1864.

The Methodical Physician, being the Closing Lecture of the Course, &c., in Hahnemann Medical College, Session 1864-5. By R. LUDLAM, M.D., Prof., &c. Chicago: C. S. Halsey. 8vo; pp. 24. 1865.

In these days, when "*the Doctor who preaches*" is a different man and resides on the opposite side of the street from "*the Doctor who practices*," good advice has become a very cheap commodity. Most of us have become as "non-impressible," as *insusceptible* to the influence of *good words* as we are to the mesmeric "passes" of modern magicians; but we may hope that the words contained in this valedictory were appreciated and treasured up by the young men to whom they were addressed.

Miscellaneous Items.

1. *Homœopathic Convention.*—*The Western Institute of Homœopathy.*—Interesting Address by Dr. Helmuth.

THE members of the Western Institute of Homœopathy met in convention in the Small Hall of the Mercantile Library yesterday. Physicians of the Homœopathic school were present from all parts of the West. The convention was called to order by Dr. Temple of this city. The secretary, T. Helmuth, M.D., of this city, then read the following interesting address:

DR. HELMUTH'S ADDRESS.

You will allow me in the name and on the behalf of the Homœopathic Physicians of St. Louis to welcome you to this city. It is with feelings of especial pride that we receive here to-day the members of the Western Institute of Homœopathy, because we deem it but an indication of what can be accomplished by the *uniform* and *harmonious* action of a body of zealous and scientific men even under the most unfavorable circumstances.

It is but two years ago, when the energies of the great majority of scientific bodies in this country were absolutely paralyzed by a sudden, tremendous and bloody civil war which with all its horrors was raging throughout the land; when men knew not what a day or an hour would bring forth; and the mind of a great nation was so entirely absorbed by a succession of a host of events unparalleled in the world's history, that sciences and the arts, religion, philosophy and medicine were lying prostrate from the deprivation of the support of those master minds that had developed and nurtured them;—it was at such a period as this, that a few homœopaths of the North and West published a call, for the physicians of our school to assemble together and to rouse themselves from the apathy which had in a measure followed the shock of civil war;—and in spite of the terror of the times, a body of men convened in Chicago, organized the Western Institute of Homœopathy, seventy members of our school enrolled

themselves on her books, and a new impetus was given to our cause in this great valley of the Mississippi. The first annual meeting of this Institute was held in Chicago in May, 1864, and there the number of active, earnest, energetic men who were present assembled, gave tone and position to the newly organized body, which here to-day again reassembles only, we trust, to make a brighter future for the organization.

When we cast a backward glance over the history of the rise and progress of homœopathy, not only in this country, but throughout the world, we have every reason for the highest congratulations. Like all other eternal truths the march of our science has been ever onward, and notwithstanding the many predictions of its speedy decay and utter oblivion, still forward with wonderful celerity has been its advancement. Every country, every kingdom, every town and hamlet contains upholders of its doctrines, and a significant fact is discovered in its rapid progress among the refined and educated portions of the community. In the early stages of its career the attacks upon the system were many and numerous, a thousand reasons were adduced to prove conclusively its fallacy; pamphlets without number were issued that were destined to consign it to an early grave; lectures were delivered, that by ridicule were entirely to destroy it; oaths of the most binding character were openly and covertly administered to the graduating classes of allopathic universities, to prevent the young descendants of *Æsculapius* from examining and testing its doctrines. By-laws and constitutions of medical societies were altered and amended, to exclude from all manner of social or professional liberty those who chose to support, in the slightest degree, the doctrines of Hahnemann; and the "regular" doctors, as they are pleased jocosely to style themselves, became so unpleasantly excited that, exhibiting neither dignity nor manners, they anatomized the "silly heresy," "the scandalous and nefarious trade," until the laity laughed at their warmth, and the reaction consequent upon such terrific excitement became a necessary stimulus to existence. It is, however, in these days, but seldom, as the adherents of homœopathy become more numerous, and the thinking portion of its opponents become convinced, if not of its entire truth, yet that "it is not as bad as it seems," that these onslaughts are repeated; occasionally, however, the old objections are brought forward, and sometimes, as the wound is irritated afresh by the undeniable fact of patient after patient deserting the older system of medicine for one evidently more safe and certain, some bold champion of the losing cause bravely steps out to do battle for his principles, his blue mass and his pill boxes; but always, when we come to sift the arguments, we only find the same thread-bare assertions that thirty years ago were adduced, and that have been thirty times thirty refuted; the same oft-repeated computations to prove the quantity of water necessary to make the thirtieth dilution, together with the same misrepresentations and slanderous accusations against Hahnemann; which have all been replied to in such manner as for the time to effectually silence the adverse party; but the truth is, that the law of similia requires no defence against such missiles, for ten thousand volumes, lectures or pamphlets of the calibre of the productions of which we speak, fall harmless against the bulwarks of truth. But why is

It, gentlemen, that while all other sciences are deemed capable of improvement, and discoveries wonderful in their phenomena and practical application are witnessed, that the belief is still maintained by allopaths that MEDICINE has reached its culminating point; that improvements or additions are neither necessary nor to be permitted, and that nothing farther is required than the modification of the means now in use, or the revival of those formerly known.

It has been my custom since the earlier days of my professional life to make notes and records of these catapults of allopathic science whenever either chance or study has cast them in my way, and many hours could be passed in a most agreeable manner by picking up a few of the harmless missiles that have been intended for our destruction, and smiling when we find with how much noise and bluster they were propelled, and how far short of the mark they have fallen, and how neglected they remain only to instruct, to amuse, and even by analogy to predict what may be expected for the future.

It is not intended to look into any of these onslaughts with the idea of refuting them, but merely as our time is limited, to examine a few of them as a matter of curiosity and amusement. Some of these attacks appeared in medical periodicals of quite remote date, and it will be found by the careful and disinterested inquirer that in every article that has appeared in the space of the last half century there is exhibited either a rancorous spirit of envy at the success which has everywhere attended the promulgation of homœopathy, a bigoted, wholesale condemnation of the science without proof or examination, and a sameness and lack of originality which is, to say the least, truly surprising.

We are all of us familiar with the productions of Simpson, and the reply by Prof Henderson; that of Holmes and its refutation by Neidhard and others; that of Hooker and his demolition by Marcy, together with a host of similar diatribes that have from time to time appeared in every community where the two systems have been brought into antagonism. It is, however, the periodical literature that tells us the true history of the motives, the fear and the position of the allopathists at the times when the articles were penned. To them let us turn for a moment; and from them, without a word of refutation, let us learn the steady advancement of the law *similia similibus curantur*.

Thirty-three years ago we find in the British and Foreign Medico-Chirurgical Review, p. 132, an essay which purports to explain the Homœopathic Doctrine; and in 1864 we read a valedictory address delivered before the graduating class of a New-York Medical University bearing the same impress as to argument. To point out the power possessed by such an article to arrest the progress of homœopathy and thereby to predict the value of the lecture of 1864 in the same service, we may only state that at the time when the "Inquiry" appeared in 1832, there was not a single homœopathic physician residing in London, although in 1830, two had endeavored to gain a footing, but were obliged to leave the city in 1831; and it was not until 1834 that Dr. Quin established himself as a regular homœopathic practitioner in that city. At the present day there are three

hundred physicians in the kingdom actively engaged in promulgating the law of similia—and in the United States, probably ten thousand homœopathic practitioners.

In the year 1834, in the same journal, for July, page 223 is a paper headed,—please to bear in mind the impressive words,—“A Fatal Blow to Homœopathy in Russia,” in which the utter downfall of the system is certainly predicted. I would call the attention of the Society to a singular coincidence in the fact that twenty years later, another fatal stroke was noticed by the allopathic journals, and the words flew round like wild-fire that homœopathy was the cause of the death of Alexander, the Czar of Russia, that the homœopathic physician had been obliged to “fly the kingdom,” because a “timely bleeding” would have saved the emperor’s life. Here are two *fatal* blows twenty years apart, and how *fatal* they have been, when the family of the Emperor are treated by Dr. Oblemievsky, and Sollier is the physician to her Imperial Highness the Grand Duchess Constantine. Besides this, in the city of Petersburg alone there are physicians to the imperial army and navy, common and state councillors and knights of several orders—all avowed homœopathists. Such, then, are the *fatal* effects of the predictions of our allopathic friends.

But as years rolled on the system daily gained ground until all dignity and even the apparent crust of honesty which covered slanderous remarks were entirely broken through and the true animus that dictated the articles were easily appreciable. In the *Lancet* for July, 1851, is a remarkable production entitled “Homœopathic Wealth,” but as it bears not upon the rapid vantage ground that our system was gaining we shall not notice it here. In the same spirited journal for 1850, the cry comes up, “Homœopathy in Spain.” “The homœopathy quackery is *advancing* in Spain.” Mark how the truth slips out—“is advancing in Spain. A royal decree has just been promulgated creating two homœopathic chairs, in the faculty—one clinical and the other theoretical. This result is mainly attributable to the *weakness* of the profession in Madrid, and who were hardly defending themselves from the inroads of the homœopathic tribe,” &c., &c.

Again, in 1851, the cavil is heard—“Quackery Rampant,” and a longer article appears against our system, which, after speaking of Perkins’ metallic tractors, Morrison’s pills and mesmerism, concludes as follows: “The last *monstrosity*, *homœopathy*, the most absurd of all”—(now hear an avowal and a prediction made fourteen years since)—“has *acquired an importance*, temporary, it must be for many reasons. * * * * Yet not content with practicing a quackery, the absurdity of which has no parallel in history, these *renegades* lose no opportunity of placing their daggers in the reputation of legitimate medicine. But,” (again be kind enough to mark the prediction) “the delusion will fail as all such delusions must; another form of quackery will arise, and a globulist, if *in a few years*, such can be found, may be exhibited, as was a metallic tractor, as a curiosity.” Now, we well recollect that prophecy was written fourteen years ago; and to-day we read in an introductory address delivered by T. Gilliard Thomas, M.D., to the College of Physicians and Surgeons of New-York, page 28, the following: “An example of a still more wonderful popular delusion than any

of those mentioned, which has not yet lived its allotted time, but which is **FAST** approaching the terminus of its existence, is homœopathy." Here the few years of the *Lancet* have already numbered fourteen, and yet we have the authority of a New-York professor, that although homœopathy is *rapidly* approaching the terminus of its existence, it has *not yet* served its allotted time. It is not strange that the gentlemen of the present day either are oblivious of facts or unpardonably ignorant of the literature of their own school, when they still reiterate the **SAME** foolish predictions of their ancestors with a thousand facts "staring them full in the face," which tell of the increased power of the homœopathist. In the *Lancet* for 1850, years ago for November, we find another *elegant* article, headed the "*Globule Quackery—Frauds of Homœopathy.*" This production is remarkable for its *beauty*, and begins as follows: "At the present time the globulistic quackery is entering on a curious phase of its existence or [mark the words] of its decay!" **ALMOST EVERY DISTRICT** in London has its homœopathic institution. This is curious **DECAY**. Allow me, gentlemen, to make a few quotations from this article, and let us suppose ourselves as individuals caring nothing for either school of medicine, but only as those anxious to examine the records of a profession which is the receptacle of the "learning and wisdom of all time," with a view of preparing a history for a coming generation, what would be the inference when we read: "We have before us an advertisement respecting the Hahnemann Hospital, containing a goodly show of patrons, presidents, vice-presidents, trustees, treasurers and managers, and what is more to the purpose of a *long* list of subscribers. In a few months upward of three thousand pounds have been collected. There is, of course, no lack of medical renegades, who prostitute the titles of M.D., M.R.C. Sy., and L.S.A. We can count in this list no less than *eight* doctors of medicine of the University of Edinburgh." What a confession is here for the historian; here he would learn that educated, wealthy and high born men were aiding the cause in 1850, and that many physicians of the best universities had abjured allopathy for the new system; but let us continue: "Cases are well known that the *most serious results* have followed from patients taking a larger number of globules than have been prescribed. We know of one *veteran vagabond* of this class, who when he meets a real case of disease throws his globules to the winds, and wields his lancet with the energy of a Sangrado." These two sentences immediately follow each other: first, that the globules are poisonous; and, secondly, that they possess no virtue whatever in the treatment of real disease. Then comes the melancholy prediction, "Lost! oh, lost! we do, however, proclaim the evidence that the **LIES** of Homœopathy are *rapidly*" [rapidly, gentlemen] "breaking its structure to pieces, and we invite contributions of facts respecting this *high system of imposture*, and it will be proved that the terms homœopathy and infinitesimal doses are nothing more than topics of discourse and sectarian insignia." In 1851, in the *London Lancet*, for July, another furious attack is headed, "The Edinburgh College of Physicians," and the indications of rank jealousy are so vividly impressed on almost every line of it, that I will give a quotation or two of the remarkably scientific article for the perusal of the regulars. Speaking

of the action of the colleges in reference to homœopathy, it reads, "Nor will those be spared who in weak compliance with *aristocratic caprice*." What does this mean? that the aristocrats were all becoming homœopaths in 1851; "and, (it continues,) in order to steal a march upon their more sturdy and honest competitors—*i. e.* obtain larger and better fields of practice." Again: "Toleration has gone far enough, and the evil but *grows with impunity*."

How could any homœopathist desire to make a more extended notice of the system than this, particularly where the paragraph ends as follows:

"In London, men attending members of the *Royal family* have been singularly guilty in this respect."

But, gentlemen, I find that I have begun more than I can finish in such an essay as the present. With my papers and my scrap-book before me, I could call your attention to a thousand such productions, and, as you observe, without once refuting a single argument, would allow them to tell the story of the rapid progress of homœopathy; but, only to illustrate how little the old school have improved in their tactics, and how the same spirit still influences and guides them in their attacks, we need only recollect that twenty, nay thirty years ago, according to our old school friends, the utter annihilation of the system was then taking place: and that in 1862, in this city we have a medical gentleman stating the following: speaking of the electropaths, he says: "He and his brother quacks have 'paled their ineffectual fires' beneath the *rising* star of their more fashionable rival, the homœopath; and because homœopathy is the *dominant medical delusion* of the day I notice it on the present occasion." And still how strange that we read afterwards, in 1864, in the *American Medical Times* for the 2d of April: "The time is near when not a *vestige* [mind, gentlemen, not a vestige] of the system will remain, and 'none so poor to do it homage.'"

But time will not allow me to enter further in this matter, but it is very remarkable that, in the majority of these spasmodic articles, there is scarcely one word said about the truth of the *law*, but the whole impetus of the convulsion is directed against the *dose*. It is a funny thing, a very funny thing, to see how these allopathic brothers have expended time and brains and wasted paper upon the quantity of medicine and the quantity of water necessary to make our dilutions. The first notice that I can find is an old journal about thirty-five years ago, in which the author of the article is modest enough to say that he is unable even to mention the quantity which he designates by a factum, the figure one being the numerator, and the same figure with twenty-two cyphers addended being the denominator, and this is understood to represent the portion of a drop which is considered by homœopathy as an immense dose, but of later years our friends, if they could not express on paper the figures, could give an idea by vast analogies; for instance, from a number of the *Lancet* of June 2d, 1845, I find preserved a remarkable piece of arithmetic. The immense amount of mathematics that I shall impose on you will well nigh overwhelm the members of this society, as it certainly did the brain who invented it, for this gentleman signs himself "Babbage's Calculating Machine."

The *machine* begins by stating that he has been employed *some time* in making the following calculations. "The usual dose of chalk and other *strong medicines*," the word *strong* being italicised, "is a decillionth of a grain. The way in which this minute division is arrived at is by mixing one grain of medicine with 999 of sugar of milk. Then take one grain of the mixture and mix it with 999 grains more of sugar of milk, and so on for thirty times. The last thousand is supposed to contain a decillionth of medicine in each grain of the mixture. * * * * Now a decillion takes 61 figures for its enumeration; when brought into *tons* it requires 53 figures, viz. : 58,000 octillions, and as the earth at a specific gravity of three weighs about 3,248 trillions of tons, you would find that if you wish to mix it in bulk it would require above 17 quintillion times the weight of our earth to mix with one grain of medicine. The following will give some idea of a quintillion : A watch ticks five times in two seconds, or 150 times in a minute, which amounts to 78,840,000 times in a year; yet it will take 13,000 trillions of years to tick a quintillion times, and this is two trillion times as long as the human race has existed."

There, gentleman, is a calculation, and after having recovered from the mental shock it must have created, let us give another example of what the allopathists considered a "fatal" blow in 1858. We desire, gentlemen, that you should, however, prepare yourselves for the mighty ideas that are about to be revealed to you. Thus it reads: "Put a grain of medicine into a hogshead of water, of this take one drop only, throw the rest away, and mix it with the waters of Lake George, then take one drop of the lake and mix it with the waters of Lake Superior, then take one drop of the lake and put it into a hogshead of water." Do you suppose a hogshead would dilute it sufficiently? Not at all,—all the water in the new reservoir; that would not be the beginning; all that is in the Mississippi, the Northern Lakes, the Atlantic Ocean, the Pacific, all the water in the world; all this would be a beginning. An eminent mathematician has calculated the amount for me; here is what he says: "A grain of opium or anything else dissolved in a body of water eleven trillions and five hundred and seventy billions of miles cube would just be in the thirtieth dilution, a hundred generations of ships, lasting one hundred years and sailing five hundred miles a day, would all decay and rot and go down before they reached the middle of the ocean." We confess the mind is more bewildered at this astonishing result. Supposing that an allopath ever entertained a favorable opinion of any physician of the new school or supposed his therapeutics true, we could never have imagined that he could have invested him with more than human power. But these calculations, if they have been correctly made must be true, for every school-boy knows that mathematics belongs to the *certain* sciences. If then a homœopathic physician uses all this mass of water to make the 30th dilution, *when* and *where* and *how* does he do it? To what regions of infinite space is he transported? How long does it take him to get there, and what machinery does he employ to shake this mighty "*cube*." Moreover as this "*cube*" would be required for a single medicine and as nearly three hundred are used, each physician (and they are numbered by thousands) would require three hundred cubes of

similar dimensions. If the "wildest imagination" cannot grasp the single "cube," upon what an ocean of bewilderment is it tossed if even an *effort* be made to conceive the awful shakings requisite and the quantity of fluid required to supply the whole homœopathic fraternity.

Again, in 1864, another medical philosopher writes: "Let us suppose one grain of camphor divided into pellets of the 30th dilution, each pellet will consist of a mass of sugar with the decillionth of a grain of camphor added to it. An entire grain of camphor is about the size of the head of a large pin." (How very explicit.) "Suppose now that these pellets were arranged, side by side, *so as to* make a straight line, that line would extend from the earth to a point considerably beyond the moon." These are samples of the many arguments that have been for the past century brought forward by men of position—would you believe it?—to overthrow a science? These are the methods that every few years are adduced by a body of scientific men to throw discredit upon homœopathy. And with what result? Look around you over the whole face of the globe, and the amazing height to which homœopathy has risen may well be a matter of congratulation to ourselves, if it is not to our old school neighbors.

Look over this country: every State has its practitioners, and almost every one its societies. Dispensaries and hospitals are found in every city of any magnitude in the United States. The States of New-York, Pennsylvania, Ohio, Illinois and Missouri have chartered institutions for the more wide diffusion of the knowledge and good of homœopathy. Medical periodicals, essays, volumes, and all kinds of homœopathic literature are daily on the increase; and here to-day, gentlemen, we assemble but to push forward this great work. Do such articles as these I have read to you have any influence in impeding in the slightest degree the progress of truth? Do the calculating machines, the wrath, the misrepresentation and vilification of everything homœopathic, prevent the patient who has been rapidly cured by medicine administered according to our law, from applying for further advice and treatment, or deter him from recommending the same to his friends?

What stands to-day on the very spot from whence Hahnemann was twice driven by the persecutions of the allopathic community when he first promulgated his discovery, but a monument in bronze to his memory?

In the Sandwich Islands and in Australia—

By east and west, by north and south,
On every sea and every shore—

the banner flies triumphant.

In England the success of the system is noticed not only in the medical journals but by the public press. In 1858, in the *Illustrated London News*, we have read an article headed the London Homœopathic Hospital, accompanied with a wood-cut of the same; and the status of the system may be surmised when, at the dinner in aid of the building fund for the charity, the Duke of Wellington presided. His Grace being supported by the Duke of Beaufort, Viscount Lismore, Viscount Malden, Lord Rokeby, Lord Grey de Welton, Lord Cesmo Russell, the Hon. R. Grosvenor, Mr. Pritchard, high bailiff of Southwick, and one hundred and fifty other gentlemen known

as supporters and practitioners of homœopathy. And what is to be predicted for the future may be estimated when we find life assurance companies arriving at the decision "to open a special section for persons treated by the homœopathic system at a *lower rate of premium than that charged on other lives.*" But time would fail even if we were to begin to examine the position of the system in these United States. The great number of practitioners and pharmacies; the vaster number of patrons of the system, embracing such men as Washington Irving, Wm. Cullen Bryant, Secretary Seward, and thousands of others; the assistance given to the homœopaths by the Legislatures of States in finding and endowing dispensaries, publishing and distributing reports of societies, organizing colleges, recognizing the homœopathist as co-equal with the older school in every particular, and admitting students by special act to State and municipal hospitals—when we consider all these things, and would judge from analogy and experience, one would most naturally inquire what is the course to be pursued to secure an additional increase of the homœopathic system of medicine. If such a question interests every single member of our fraternity, of how much more import is it to a society that meets but seldom, and can have but little opportunity for interchange of thought and sentiment? I believe, gentlemen, and I have pondered the subject very well in my own mind, that it may be answered satisfactorily in the following: "By sedulously cultivating a liberality of spirit among ourselves, and, as far as practicable, extending the same to our brothers of the old school." This covers much more ground than one would at first suppose. I believe that the neglect of the first portion of the sentence has been and still is at the root of all those dissensions which have already estranged many members of our own school from each other. We, who are constantly preaching against the dogmatism of those who have centuries at their back to hold up their opinions, should be very careful that we do not with fewer years and far less experience, fall into the same error, and thereby while we condemn them be laying a double condemnation upon ourselves.

Let us be homœopaths, or homœopathicians, if you like the term better. Let us acknowledge the formula *similia similibus curantur*, as the law which governs us in the selection of our medicines in the cure of all curable diseases. But because Dr. A. chooses to administer all low potencies, we must not style him a non-homœopath; because Dr. B. gives nothing but the higher dilutions let us not call him a visionary; because Dr. C. gives one patient tinctures, and another man potencies, and another nothing, do not conceive him to be a quack. I regard the question of "dose" as an open one, and every man of us has a perfect right to select the quantity and the quality of the medicine which he prescribes for his patient, and if he does this in accordance with the totality of the symptoms, that man is a homœopathist. We are all physicians and must exercise our judgment in every case for which we are called to prescribe. He who has a seriously ill patient, and knowing that a good-sized dose of medicine prescribed according to the homœopathic law, will more rapidly cure that patient than the 50 or 200 potency, and yet refrains from the administration of the larger dose simply because he is an avowed champion of the

high potencies, and allows the patient to suffer and perhaps to die, that man is no physician, and the case works *vice versa*. Let knowledge, experience and judgment guide us in the selection of our remedial means, and do not let us, because we have different ideas regarding the action of medicine or the quantity to be employed, fall to wrangling or dogmatically asserting our ideas in the face of others.

With this liberality of spirit I am sure we will not only succeed in the establishment of harmony among ourselves, but with such unity, we will be certain to push forward the great cause of Homœopathy.

After reading the address, the roll of members was called, when on motion of Dr. Franklin the convention adjourned to two, P.M.

AFTERNOON SESSION.

The following named members reported:

S. P. Cole, John T. Temple, R. E. W. Adams, L. E. Ober, S. B. Parsons, Wm. Tod Helmuth, L. Pratt, G. W. Bowen, E. C. Franklin, W. H. Burt, A. E. Small and J. S. P. Lord.

The Secretary announced that the Board of Censors reported favorably on the names of the following applicants for membership: Dr. J. A. Wake-man, Centralia, Ill.; Dr. C. L. Hart, Beaver Dam, Wis.; Dr. G. S. Walker, St. Louis; Dr. T. B. Wilson, Cleveland, Ohio; Dr. T. G. Comstock, St. Louis; Dr. J. H. Bahrenburg, St. Louis; Dr. C. H. Nibelung, St. Louis; Dr. Wm. H. Stannett, Bloomington, Ill.; Dr. Johnston, Peoria, Ill.; Dr. Foot, Galesburg; Dr. T. J. Vastine; Dr. C. Vastine, St. Louis.

On motion these gentlemen were voted into membership after paying the initiation fee and signing the constitution.

The President called for reports from committees appointed to prepare papers on various subjects suggested, but most of the committees failed to report. An interesting paper was read from Dr. Hale, on a *materia medica*, urging the development of vegetable remedial agents in the West, and the manufacture of medicines here, instead of sending to Europe and the Eastern cities for them.

Dr. Helmuth said he had received an invitation for the members of this institute to attend the session of the American Homœopathic Institute, to be held in Cincinnati on the 7th of June.

Mr. Pratt, Treasurer, made a report, which was accepted.

Dr. Wilson, of Cleveland, extended to the Institute an invitation to attend the meeting of the Ohio State Homœopathic Society, to be held at Columbus on the 13th of June, 1865.

Dr. Franklin moved that a delegation of three members of this Institute be appointed to attend said meeting. Carried.

Dr. Stannett, of Bloomington, Ill., exhibited the case of a young man whose face had been burned by an explosion of benzole gas. The wound had healed, leaving the color of the face quite red, but only slightly disfigured, with the exception of the lower eyelids, which were, by the contraction of the muscles of the cheek beneath the eye, drawn down so as to produce a hideous disfiguration. The general view was that the effect could be relieved by an operation, but that the present was too early for the application of surgery.

Dr. Helmuth presented an invitation from Mr. Nollau, requesting the presence of the members of the Institute at the Good Samaritan Hospital to-morrow—Friday.

Dr. Franklin extended another invitation to the institute to visit the hospital at Benton Barracks, where, he said, were some very interesting cases, a sight of which was worth a journey of twenty miles.

On motion of Dr. Pratt, the Institute agreed to meet at eight o'clock, Friday morning, elect officers for the ensuing year, and then adjourn to the hospital named above.

Drs. Cole, Ludlam and Wilson were appointed a committee to make nominations of officers for the ensuing year.

The Institute voted to meet at two o'clock, P.M. for the transaction of the regular business of the session.

Dr. Adams moved that the next meeting of the Institute be held at Cleveland, Ohio. Adopted.

Dr. Small moved that when the Institute adjourn this session it adjourn to meet in Cleveland, Ohio, on the second Wednesday in June. Carried.

Dr. Walker moved that a permanent day be fixed for meeting in each year. Carried.

The fourth Wednesday in May was fixed on and adopted as the regular time for the annual meeting in future.

Tickets were distributed among the members by Dr. Comstock, inviting them to a banquet to be given Friday evening, May 19, at Mahler's Hall, by the St. Louis Homœopathic Medical Society.

The Institute soon after adjourned, till eight o'clock, A.M., Friday.

SECOND DAY OF THE SESSION.

The second day's session of the Western Institute of Homœopathy was held yesterday at the small hall of the Mercantile Library.

During the morning session the only business transacted was the election of officers for the ensuing year. Those chosen are: President A. O. Blair, Cleveland; First Vice President, A. E. Small, Chicago; Second Vice President, L. E. Ober, Wisconsin; Recording Secretary, W. T. Helmuth, St. Louis; Treasurer, L. Pratt, Wheaton, Illinois; Censors, G. W. Chittenden, Wis.; D. A. Colton, Chicago; S. Beckwith, Cleveland; S. Rogers, Grand Rapids, Michigan; S. B. Parsons, St. Louis; G. W. Bowen, Fort Wayne, Ind.

Drs. Helmuth, Wilson and Hale were appointed a committee to attend the annual meeting of the American Institute of Homœopathy, at Cincinnati, on the 7th day of June, and that of the Ohio State Homœopathic Association at Columbus, June 13.

Drs. Wilson, Ohio; Ludlam, Illinois; Burt, Iowa; Ober, Wisconsin; Bowen, Indiana; Franklin, Missouri; and Rogers, Michigan, were appointed a committee to superintend the establishment of a medical journal. This committee subsequently reported, asking the appropriation of \$200 by the institute to further the project, the committee agreeing to undertake the publication of the journal for one year; Dr. Geo. E. Shipman to be the editor; to be entitled the "United States Medical and Surgical Journal;"

the first number to be issued at Chicago, in September, 1865. The suggestions of the committee were acceded to.

HOMŒOPATHIC FREE DISPENSARY.

Dr. S. R. Parsons, physician in charge, submitted the following report on the Homœopathic Free Dispensary:

412 patients received; 1,219 prescriptions made; 51 patients treated at their homes; 3 deaths occurring. Great credit is due the ladies for their indefatigable zeal in laboring for this charity, which commends itself to every philanthropic thinking mind. The thanks of the profession are gratefully tendered to our patrons for their kind and liberal patronage and influence to this cause, thereby giving great and permanent relief to hundreds of the sick poor of our city. It is with pleasure that the directors call the attention of the people to the results and progress of this institution.

The meeting adjourned to the Good Samaritan Hospital, where the members were entertained by Rev. Mr. Nollau, the founder of the charity, whence they proceeded to Benton Barracks Hospital, on invitation of Dr. Franklin, the surgeon in charge of that institution. After being shown through this, they returned to the city, stopping at the residence of Dr. Helmut, who regaled the members with luncheon.

AFTERNOON SESSION.

An able paper was read by Dr. Wm. H. Burt, of Lyons, Iowa, on *boletus*, a new remedy for fevers, with a minute history of the circumstances of proving or testing the effect of the article, which was done by Dr. Burt upon his own person. The efficacy of the remedy, which is new, was proved to be of the most potent character.

Mr. Burt stated he wanted some of the members to pledge themselves to aid him in proving them. It needed, he thought, the experience of more than one person to perfectly test the virtues of this agent, as, he suggested, different constitutions would be differently affected.

Dr. Franklin said that *boletus* was his principal remedy in cases of bilious, remittent and intermittent fevers. He looked upon it as indispensable in his practice. Two to four grains was a dose.

Dr. Shepherd's experience was similar to that of Dr. Franklin. He had used it successfully in chills and fever, especially in the case of a boy whom the allopaths had treated for two weeks and salivated, without cure.

We might state that this *boletus* is a fungus growth on the pine tree, resembling "punk," common on the oak and other trees. It has been recently introduced by Dr. Burt himself, who is preparing a work on the subject of this remedy in the cure of fevers.

A paper was also read by Dr. Burt from Dr. Douglas on *Robinia Pseudo-acacia*, another new remedy for diseases of the stomach and liver. This is a tincture made from the bark of the root of the common locust tree. The paper sets forth the excellent action of this agent in maladies of the stomach.

PLASTICAL SURGERY—ITS HISTORY AND PROCEDURE.

Dr. Franklin read the following paper:

The reparation of deformities consequent upon the loss of structure in

various parts of the body, especially about the face, produced by mutilations and accidents, induced surgeons at an early period to devise some method by which the inconvenience could be remedied, and the defect concealed. These operations, varied in their extent and application, having for their object the repairment of mutilations caused by design, disease or accident, constitute one of the most brilliant triumphs in operative surgery.

Originally restricted to the restoration of the nose, brought about by the barbarous and unnatural practice of cutting off that organ as a punishment to offenders and criminals, it has, during the present century, busied itself in different ways, with the restoration of other important organs, enriching the field of the surgeon's labors, and adding new laurels to the progressive genius of chirurgic advancement.

The great perfection attained within the past half century in this department of surgical art, is due to the labor, ingenuity and indefatigable exertions of some of the ablest surgeons in this and other countries.

Unlike many other operative procedures which demand the forfeiture of a limb that life may be saved, plastic surgery adds new grace and comeliness to parts made hideous by deformity and loss of structure.

In Italy and in India, if we credit the records of the early history of those nations, the inhuman and revolting practice existed, of punishing certain classes of criminals by lopping off their noses.

Sextus Quintus by imperial edict enforced this mode of punishment upon rogues and thieves, and the King of Goorka also, in order that such criminals should be recognized everywhere throughout his dominions, caused this species of punishment to be applied to offenders. To such criminals the epithet of Nascatapoor was applied, thus branding them as the vilest of their race. Charles II. surnamed the merry monarch,

"Who never said a foolish thing
And never did a wise one,"

caused the nose of the Earl of Coventry to be cut off, simply because he had spoken with levity of a certain handsome young actress, with whom his highness had become enamored. Frederick the Second, surnamed the Great, treated in the same manner a young nobleman, who had complained in disrespectful terms of having been fraudulently enrolled in his Majesty's service.

Individuals have been known who have cut off their own noses, to escape detection from crime, while others from motives of revenge have deprived their fellow-beings of this useful appendage.

During the sixth century, at which time England suffered many depre-datory invasions from the Danes, a great many women and young girls cut off their noses to preserve their chastity.

When the Saracens presented themselves in front of Marseilles to demand a surrender of the city, so great was the feeling of terror against this people, that a certain abbess, with forty of her nuns, had their noses cut off, fearing that they would fall victims to the insatiate lust of that dreaded race.

The frightful appearance caused by such deformities, must have created a

feeling on the part of friends and relatives to remedy the loss, and there can be no doubt that sympathy for such persons gradually challenged attention to the best means of affording relief. Hence arose, in the earlier ages, the operation of rhinoplasty, or the process of making new noses, first performed by the lower order of native priests and barbers, whose ignorance of the law of healing, and the theory of inflammation as subsequently taught, must have terminated in many serious and lamentable failures.

According to the writings of Celsus * and Galen †, the operation of rhinoplasty was of frequent occurrence at or before the Augustan age, though it seems not to have obtained in any great degree the confidence and support of the medical profession.

The ancient Egyptians, also, were acquainted with the manner of performing rhinoplastic operations, though they seem not to have communicated the intelligence to other countries.

During the fourteenth century two surgeons of Sicily, the elder and younger Biancas, performed these rhinoplastic operations with remarkable tact and ingenuity; and Beneditti, another surgeon of considerable note, mentions these procedures as a common practice during his time.

Though these operations seem to have been made frequently in the earlier periods of medical science, it was not until the fifteenth century that we find them taking rank among the regular operations in surgery.

• Gaspar Tagliacotius, Professor of Anatomy and Surgery in the University of Bologna, was the first surgeon, who in a systematic and well-digested treatise, devoted specially to this subject, attracted the attention of the profession to the restoration of mutilated lips, ears and noses. The volume bears the inscription of "*De curtorum Chirurgia per insitionem,*" and is of remarkable interest, as describing with great minuteness and care the observations and experience of a great surgeon soon after the revival of learning. So great was his reputation then acquired, and so successfully performed were his operations, that his reputation preceded him throughout Europe, and numbers of patients availed themselves of his skill from all parts of the continent. After his death in 1599, so great was the fame he had acquired, and so celebrated had he become in the success which attended his operations, that the citizens of Bologna erected a statue to his memory in the anatomical amphitheatre of that city.

It is also related in the works of Fabricius Hildanus, that the art of making a comely nose was considered a great accomplishment, and not a few surgeons were accustomed to exercise their greatest ingenuity and skill in remedying these deformities. Griffon, of Lausanne, was esteemed a skillful rhinoplastist, and Ambrose Paré mentions the great astonishment created at the Court of Henry III., when the Chevalier de Thoan presented himself at Court with a new nose, the operation having been performed by a distinguished surgeon in Italy, whom the Chevalier had consulted, with the view of acquiring an artificial member. It is also said of Prince Tippu-Saib, of India, that he caused the nose of a deserter to be lopped off, who was subsequently taken prisoner by the Hindoos, after having enlisted in

* Meth: Med: libre 14.

† Libre 7, cap 9, p. 275.

the British service. His forlorn and unfortunate predicament excited the sympathy of a Hindoo surgeon who made an artificial nose for him in presence of two English physicians, T. Cruso and M. Finley. In the country of the Pariahs, those in authority made no scruple in cutting off the nose of any of their subjects, and replacing it upon the face of one whose nose had been lost either by disease or accident. To such an extent was this procedure carried, and so fruitful of good results, to those thus mutilated, that in order to prevent criminals from having their deformities remedied, the precaution was adopted of throwing the nose into the fire as soon as cut off.

Mr. Stevenson* mentions the case of a person who had the vessels of the arm, biceps and humerus, completely severed by the stroke of a sabre; the limb was retained only by a slight flap of integument at its upper extremity—the surgeon, however, coaptated the parts so nicely, that perfect reunion was effected and the arm made almost as good as before.

The ancients mention even greater chirurgic feats than this, and if we credit the records, the principles of plastic surgery were even better understood by them than at the present day, with all the light shed upon surgery during the last century.

In the writings of Esculapius, it is stated that he restored the head to a decapitated woman, and a soldier who had been decapitated by the enemy, had his head replaced by a peasant, who had the misfortune to put the head on with the face turned backwards, to the great mortification and discomfiture of his patient; while the facetious (Pantagruel, lib. 2, p. 286) Rabelais has preserved to us the history of the unfortunate Epistomon who had his head lopped off, but which Panargus reunited with great accuracy, vein with vein, nerve with nerve, artery with artery, and vertebra with vertebra, the patient making a good recovery, except that his voice remained hoarse, with a dry cough accompanying, that could only be relieved by the frequent potations of liquor.

From these data, and innumerable others that might be quoted from ancient authors, it is manifest that plastic surgery was not only performed in the earlier ages, but that a great deal of ingenuity and skill was practiced by the surgeons of that period, in reuniting parts of the body temporarily detached from their normal position.

In our own time, and during the existence of the present rebellion, the practice of mutilating the body to escape the dangers of a battle, or to avert the terror of a draft, has been of frequent occurrence.

I have known an occasional instance of soldiers who, appalled at the dangers of a deadly breach, or to avert the terrors of a "forlorn hope," have inflicted upon themselves various injuries, which have demanded of the surgeon expedients in plastic surgery to remedy the self-imposed mutilation; while others to escape the draft have resorted to almost every conceivable form of mutilation which human ingenuity could devise in a small way, that they might gain exemption from the dreaded call for 300,000 more. I remember some few months since to have attended one of such

* Med Gazette, 1857, p. 300.

persons, who "loved (himself,) not wisely, but too well," and who to gain exemption from the conscription, actually injured himself to such an extent as to remain permanently disabled during life. The chagrin and mortification attending the finale of the case, which resulted in an impairment of his genital organs, can better be imagined than described, inasmuch as the dreaded draft did not take place.

Mutilation of almost every kind and degree either by disease, design or accident, have existed from time immemorial, the relief of which has demanded of the surgeon operative interference. A number of interesting instances of this kind are related by Dr. Hoffacher, who was officially appointed to attend as surgeon at the frequent duels that formerly took place among the students of Heidelberg. At these encounters the broadsword was the weapon most frequently used, and portions of the nose, chin, lips, and ears, were often sliced off, and being readjusted, contracted firm adhesions. Among the most remarkable, he instances a case in which a student lost the end of his nose, which by the force of the blow rolled under a chest of drawers; it was some time before it was found, when it was washed, reapplied and stitched and subsequently became firmly attached. Another case is mentioned where a dog which chanced to be near, snapped up the detached portion of the organ as it fell to the ground, but being immediately taken from the animal's mouth, it was re-adjusted to the part and became firmly fixed.

Besides the causes herein enumerated necessitating the performance of plastic operations, there are various diseases, the deformities from which demand of the surgeon his skillful interference. These are the various cicatrices left by the healing of burns and scalds, also carcinoma, struma and syphilis, in consequence of the destruction to a greater or less extent of the tissues of the face, lips, nose, &c., thereby creating the most frightful deformities. The operations performed for the loss of a part from these diseases, oftentimes demand of the surgeon his greatest skill and ingenuity. Before they are undertaken it is necessary, to insure success, that all morbid action in the part shall have entirely ceased for at least twelve months, lest the irritation consequent upon the operation kindle anew the disease, invading and destroying the flap. From want of attention to this important precaution, many operations of the kind have entirely failed, and disappointment ensued.

It is chiefly for deformities and mutilations of the nose, ears, and lips that plastic operations are of the most service; they may, however, be had recourse to in other situations of the body, as the cheeks, neck, feet, vagina, &c., but in these localities they seldom meet with an equal amount of success.

The term *anaplasty*, signifying to make, or reconstruct, is used by modern writers, referring in general to plastic surgery, and the numerous operations required under that head.

This species of surgery has been brought to such perfection within the past half century by the labors of distinguished members in the profession, as Dieffenbach, Blandin, Liston, Lerre, of Europe, and Mott, Pancoast, Warren, and Mutter, of this country, that it now occupies a high rank,

and justly challenges the admiration of the disciples of the chirurgic art. For a clearer understanding of the subject, and for the purpose of generalizing the various procedures that are required in this branch of operative surgery, it has been divided into two principal varieties.

1st. That in which the surgeon confines himself to replacing the organ itself, or similar parts, on the seat of mutilation, either by transplantation or restitution.

2d. That in which the part destroyed is repaired by the transposition or elongation of parts, taken either from the vicinity of mutilated parts, or from some remote region.

These two varieties differ from each other according as the organ to be refitted is entirely separated, or is still attached by some laminae to the living parts. The various methods by which such parts are restored, have been named in honor of the birthplace of the distinguished surgeons, originating these operations, viz.: the Italian or Tagliacotian method, and the Indian operations.

The *first* method consists in selecting the integument and cellular tissue required for the repair, from a distant part, as the inside of the arm, nates, &c.; while the latter expedient derives its individuality by taking the flap from the parts contiguous to the organ or tissue to be repaired. Both these procedures date back to periods more or less remote. A knowledge of the latter or Indian method, was conveyed to England in 1814 by Mr. Carpue, and has proven eminently successful in its results, though the operation requires a great deal of judgment and mechanical skill for its proper execution.

Anaplasty by restitution is chiefly applicable to the *partial* loss of an organ, as the finger, ear, nose, or lip, the divided portion being attached by a shred or lamellæ of greater or less dimensions. Innumerable instances are recorded where these organs have been preserved by a timely readjustment of the divided member.

Dr. Thompson records a case in which the smaller toe reunited, though only attached by a tegumentary shred, and hundreds of instances might be enumerated in our own time, where partially divided fingers, toes, ears, and noses have been preserved, until modern surgery has taught us the golden maxim that none of these organs should be sacrificed without effort being made to restore them. Hence we are led to adopt as a principle, that parts of the body partially detached may be reunited again with the portions from which they were temporarily separated.

Undoubted evidence also exists that organs *completely* separated have been restituted in the same manner. Fioraventi mentions a case in which the nose, having been completely cut off, was replaced and grew together again. An extraordinary instance is related in the *Gazette Salulaire*, number 26, page 4, in which a man named Loudon had his nose entirely bitten off by the teeth of a smuggler, producing a poisoned, lacerated wound. Regnault says: "I put the piece in camphorated spirit of wine and washed it thoroughly and replaced it in the best manner I could, and kept the whole in place by a retaining bandage. Three times a day I sprinkled the upper part of the nose with the same camphorated spirit of wine. At the end of

eight days I took off the dressing and saw that the part had become attached."

M. Chelius, who has given this subject much study, and who has witnessed many cures brought about by this process, is of the opinion that success does not depend so much upon the expedition with which these operations are performed, as upon the perfect co-aptation of parts to each other. He says: "So far from being in a hurry we should await the cessation of the bleeding, and not permit ourselves to be misled by the unpromising appearance of the part detached, even though it assumes a gangrenous aspect, our chief object being to replace the wounded surfaces in perfect contact. All other things being equal, the greatest chance for success is in wounds inflicted by a cutting instrument. The sharper the weapon, the greater the certainty of adhesive inflammation. In contused and lacerated wounds, involving complete or partial loss of an organ, ulceration is prone to take place and jeopardize the success of the operation. Adhesion is almost sure to occur if the flap to be preserved includes a few vessels, or presents a thickness of several lines.

Anaplasty by transplantation, consists in the engrafting, so to speak, of parts similar to the one destroyed, to take the place of the portion lost, or the application of different parts to repair the mutilation inflicted. Thus Ambrose Paré mentions the circumstance of the extraction of a sound tooth by mistake, which was immediately reinserted and continued to live. Other cases of a similar nature are recorded by Cooper, Hunter, and Pomarest. Fauchard mentions that a tooth dead in all respects may be introduced into a living socket, and there be retained and live without the intervention of any mechanical means. The proof of vitality, he says, is owing to the fact that they cannot be struck, or plugged, without occasioning the same degree of pain that attends the same operation upon the natural tooth.

Dr. Townsend remarks, "that a human tooth, that has been for years out of the body, and thus in common parlance *dead*, nevertheless possesses the principle of vitality to a certain extent, and in a dormant state, like those seeds of wheat that have been for thousands of years hermetically sealed, as it were, and debarred from the vivification of their germinating properties, in Egyptian sarcophagi, is a fact that is familiar to every dentist, since such teeth, set in the mouth even upon plates of metal, and especially of sea-horse bone, are well known to reacquire their vital energies by their mere contact with the heat and breath of a living person, so as actually to become carious, and decay like a living tooth in its socket."

M. Twiss, of Kerry, (Ireland,) states that he extracted a broken front tooth from a young Miss of fourteen years of age, and transplanted into its socket, the front tooth of a yearling sheep taken directly from the animal. At first it appeared loose in the socket, but after the first week, it became firm and even enlarged, filling completely the alveolus.

Dionis relates a case wherein the nose of a robber was cut off, he run to a surgeon, who asked him for the piece, for the purpose of replacing it. Having lost it, his comrades hurried away and cut off the nose of the first person they met and brought it fresh to the surgeon, who adapted and reunited it in the most perfect manner. The flesh of a sheep, according to

Bartholin, was engrafted upon the wound of a sailor, which adhered and soon effected a cure; and the case related by Olaus, wherein a part of a fowl had been substituted advantageously in the cure of hare-lip, tend to prove that actual animal grafting is by no means impossible.

Anaplasty by transposition, is the principle of cutting and dissecting off the tissues without entirely detaching them, in order to adapt them either immediately or gradually to the parts destroyed. This is the species of plastic surgery now mostly employed, and is applicable to the restoration of lost parts in every portion of the body. It comprises *two* chief varieties, the *one* having reference to the adaptation of parts lying near the organ to be repaired; the *OTHER* having reference to the repairment of mutilated parts from neighboring organs, or parts at a distance from the portion to be repaired. The latter method is known as the Italian process, and is almost entirely abandoned by modern surgeons, while the former or Indian method claims the just praise of being not only the legitimate procedure, but the one in which the progress of science has established many valuable processes.

Anaplasty is applicable to almost every region of the body, and the different modifications are to be applied in reference to each particular organ as directed by the judgment and mechanical skill of the operator. The organs upon which plastic operations are most frequently performed are the nose, lips, ears, eyelids, cheeks, the reparation of the deformities from burns and scalds and the loss of structure resulting from syphilis, struma, carcinoma, &c.

In order to acquire perfect union between parts that have been partially or entirely separated from their normal position in the body, it is necessary that they be soft and vascular, and that their structure be of a homogeneous character, such as is seen in the tissues of the face, arm, &c., where no large arteries, nerves, tendons, or bone exist. Union in plastic operations is effected between the flap or organ partially detached and the cut surface to which it is reunited by primary adhesion. For the successful accomplishment of this purpose, care must be taken that the cut surfaces be placed in perfect coaptation, having first carefully removed all foreign substances, such as rust, dirt, coagula, &c. Complete rest should be enjoined, and in the arrangement of the dressings no compression or tension of the parts that may interfere with the maintenance of the circulation through them. The constitution should be placed in the nearest proximate state of health, and due attention be given to the removal of all sources of irritation, both in the part and the general system. A graft of impaired and delicate vitality cannot be maintained on a limb, however healthy it may be, nor can a *diseased* and sickly stem nurture and vitalize a graft even of the soundest fibre. In order that a healthy and vigorous action may be maintained between the two, it is necessary that both should be thrifty. Just so in relation to the animal economy, and the transplantation of tissues making the flap, great care should be taken that its dimensions exceed the portion to be covered, lest the contraction break away the stitches and predispose to ulcerative inflammation. The thicker the integument, *ceteris paribus*, the less the shrinkage, though in all cases the surgeon should mark out and

dissect up the flap of a size nearly one-third larger than the opening to be covered.

The *composition* of the flap also is a matter of no little importance, as the success of the operation depends upon a judicious selection of the part to be transplanted. In making a choice of the locality, care should be taken that it be free from veins, nerves, and muscular fibre. A thin layer of adipose and areolar tissue attached to the integument is more certain to be followed by adhesion than integument alone. The fat serves as a cushion for the subcutaneous vessels, and also facilitates the supply of blood and nervous fluid from the parent portion to the transplanted flap. The soft parts assimilate and fill up the chasm, and by contiguity of tissue, impart vitality to the whole mass. The pedicle should be broad enough at its apex to permit an adequate supply of blood and nervous fluid to the part transplanted, and no artery of considerable size should be included within the flap, as the excess of arterial blood it occasions predisposes the flap to active congestion. The venous branches, from their inability to return the excess of blood furnished them, yield to the pressure, and suppuration and final death of the part takes place.

The edges of the chasm to be filled up, are to be pared off by a sharp scalpel, and any irregularities of the surface are to be cut away, making a clean and continuous surface. All extraneous and callous matter is to be removed. This done, the flap is to be dissected away carefully, caution being observed that the part be not injured by undue pressure or pinching, either by the fingers or forceps. After completing the dissection, and adapting the flap to the portion to be covered, the parts should be moulded to each other carefully and with the most perfect adaptation of surface. If hæmorrhage takes place, to any considerable extent, during the dissection of the flap, as sometimes happens in vascular parts, time should be given for the bleeding to cease before coaptating the two surfaces. Under no circumstances is it proper to ligate a vessel in the flap, lest the ligature, acting as foreign matter, may predispose to ulcerative inflammation and the breaking up of adhesion between the surfaces.

Hæmorrhage having entirely ceased, a sufficient time having elapsed for the exudation of plastic fibrine, the flap may be adjusted to the edges of the portion to be filled up, and the first suture placed at the extremity of the flap opposite the peduncle. The parts should then be moulded together with the interrupted suture, beginning from the first suture alternately on either side, until all is adjusted to the base of the peduncle. The needles in each instance should pass directly through the flap perpendicularly, from without inwards and within outwards, and the edges must be moulded closely together, without any puckering.

The sutures should not be placed too closely together, for fear of interruption in the circulation, and the predisposition to ulcerative inflammation. Various kinds of sutures have been employed in these operations, and many expedients tested to preserve the cut surfaces in coaptation, the most valuable of which are the silver wire suture and the waxed silken ligature, the loop thus taken being made to embrace one-eighth of an inch of the inner surface of the flap. When drawn together in this manner, the ligature will necessarily sink the edge of the flap to the bottom of the groove, and bring the upper and under surface of the edge of the flap in contact with the outer and inner

edge of the groove, and thus facilitate union, after which the ligatures are all to be tied over small cylindrical rolls of adhesive plaster, so as not to strangulate the parts included within the loop.

The dressing will be completed by covering the edges of the newly-related parts by pledgets of lint saturated with a solution of Calendula lotion, to prevent the parts from becoming dry and shrivelled, as frequently happens when this precaution is dispensed with. If the surface of the flap is very large, it will be necessary to support it by light dressings of adhesive plasters and bandages, being careful to avoid anything like firm pressure.

The parts should be kept in perfect rest, a light and nutritious regimen be enjoined, and the ventilation of the room carefully regulated and of equable temperature. The sutures should be removed, generally, from the third to the fifth day; but so long as the parts are doing well, no haste is necessary. For some hours after the first dressing, the flap remains pale and cool, but in a short time these symptoms subside, and are followed by a bluish appearance and an exaltation of temperature. This state is consequent upon a hyperæmic condition of the arterial circulation, the veins not being capacious enough to remove the blood as rapidly as it is furnished by the arteries. In a few days, natural sensation begins to be developed along the edges of the flap, which gradually extends to the whole surface.

Erysipelas not unfrequently attacks the flap, particularly if proper attention has not been given to the preparation of the system for the operation, terminating often in the complete destruction of the restituted part, and if not promptly arrested threatening the life of the patient. In such cases, a saturated solution of Rhus-tox. or Belladonna applied externally as a lotion will generally cut short the disease and restore the flap to its primitive condition.

Gangrene of the flap and pyæmia, have been known to follow these operations, especially when the surface to be covered is large. The usual remedies for such complications may be employed, sometimes with considerable advantage, but generally they prognosticate an unfavorable termination. The treatment of such complications is to be conducted on general principles, and the rules laid down for our guidance in these cases, may sometimes be advantageously employed, not only as regards the success of the operation, but also the preservation of the life of the patient.

Resolutions of thanks were passed to the gentlemen who read papers; and to the retiring President, Dr. Temple, and Dr. Helmuth, the Secretary, for the efficient manner of the discharge of their duties; also to Mr. Nollau, of the Good Samaritan Hospital, and the citizens generally, for the hospitality of which the members had been the recipients, and to the reporters of the press.

After the appointment of committees to submit scientific papers at the next annual meeting, the Institute adjourned, to meet at Cleveland, Ohio, on the fourth Wednesday in May, 1866.

Proceedings of the Homœopathic Medical Society of Ulster County, N.-Y. Galesville, Lester Winfield, pr., 1865, pp. 8.

A MEETING of the homœopathic physicians of the County of Ulster, N.-Y., was held at the Court House in said County, May 10th, 1865, for the purpose

of organizing a County Medical Society, in accordance with the act of the Legislature, April 18th, 1857. A constitution and By-laws were adopted, and the following officers were elected:

DANIEL L. EVERITT, M.D., *President.*
 GARRETT D. CRISPELL, M.D., *Vice-President.*
 EVERITT HASBROUCK, M.D., *Secretary and Treasurer.*
 STEPHEN W. GEROW, M.D.,
 THEODORE QUICK, M.D., } *Censors.*
 FRED. W. INGALLS, M.D., }

Drs. Crispell, Shaffer, and Quick were elected Delegates to the State Medical Society. Drs. Gerow, Ingalls, and Heston their alternates. After providing for a seal for the use of the Society, and the publication of its proceedings, the Society adjourned to meet at New Paltz, the second Tuesday of May, 1866. The Constitution and By-Laws prescribe the usual duties of the officers, including the licensing of candidates to practice Medicine and Surgery.

Meeting of the New-Hampshire Homœopathic Medical Society.

THE Thirteenth Annual Meeting of the above Society was held in the city of Concord, on Wednesday, June 21, the President, Dr. A. Morrill, in the chair. The attendance was not quite so large as on some former occasions; but notwithstanding this fact the meeting was one of much interest to all who participated.

After the reading of the minutes of the last meeting, a report was received from the Council, proposing for membership Drs. A. Lindsey, of Laconia, S. C. Morrill, of Concord, David Foss, of Rochester, and Henry B. Morrill, of Meredith Village; appointing Drs. J. F. Whittle and I. P. Chase, to read Dissertations at the next meeting of the Society, and recommending that the next meeting be continued through the day and evening, and that an address on medical subjects be delivered in the evening, by some one to be appointed by the President.

The report was adopted, and the parties proposed elected to membership.

A Dissertation was read by Dr. J. H. Gallinger, entitled, "Cures by One Remedy," which, on motion, was ordered to be printed in the North American Journal of Homœopathy.

At this point, the Society adjourned to the Phoenix Hotel, where a bountiful dinner had been provided for them by the President and Clerk, of which the members freely partook, forgetting for the time their prejudices in favor of Homœopathic doses.

AFTERNOON SESSION.

On motion, the President was excused from reading his annual address.

The Society then proceeded to the election of officers, resulting in the choice of the following gentlemen:

President—A. Morrill, M.D.

Vice President—Thos. M. Sanborn, M.D.

Clerk and Treasurer—J. H. Gallinger, M.D.

Counsellors—Drs. E. P. Cummings and J. F. Whittle, with A. Morrill and J. H. Gallinger, *ex-officio*.

Censors—Drs. L. T. Weeks, I. P. Chase, J. F. Whittle, W. B. Chamberlain, and D. F. Moore.

On motion, delegates were appointed to Homœopathic Medical Societies, as follows :

New-York—Drs. J. F. Whittle, J. H. Gallinger.

Massachusetts—Drs. I. P. Chase, A. Morrill.

Connecticut—Drs. E. P. Cummings, I. Herrick.

Rhode Island—Drs. L. T. Weeks, H. H. Darling.

Vermont—Drs. J. F. Whittle, D. F. Moore.

Western Institute—Drs. Wm. L. Thompson, O. A. Woodbury.

American Institute—Drs. Jas. Peterson, A. Morrill, J. F. Whittle.

The Treasurer's report was read and accepted.

Dr. Gallinger offered the following preamble and resolutions, which were adopted :

Whereas, Since our last annual gathering, one of our number has been removed from earth ; and, *whereas*, we are being constantly admonished that, notwithstanding the resources of medical science, we must all, sooner or later, fall victims to disease and death ; therefore,

Resolved, That in the death of Dr. Levi W. Wilkins, of Milford, we feel that as a Society we have sustained a deep loss, regarding him, as we ever did, as one of the most devoted and zealous members of the profession.

Resolved, That the social virtues and professional worth of the deceased will be gratefully remembered by us as a Society, and will serve as incentives to encourage us in the faithful discharge of our professional duties, and in a strict adherence to the principles of homœopathic science.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased.

The following resolution, offered by Dr. S. C. Morrill, was adopted :

Resolved, That in the opinion of the New-Hampshire Homœopathic Medical Society, it is important that steps should be taken by the Homœopathic Societies of the New England States and New-York, to effect an organization similar in its nature and design to the Western Institute of Homœopathy, and to that end we would urge upon the several Societies the propriety of inaugurating the movement without delay.

On motion it was

Voted, That the thanks of this Society be presented to the New-York Homœopathic Medical Society, for their kind generosity in gratuitously supplying us with thirty copies of the transactions of the meeting of their Society.

After a desultory discussion regarding the treatment of various diseases, uses of new remedies, &c., the Society adjourned, to meet at Concord on the third Wednesday in June, 1866.

J. H. GALLINGER, *Clerk.*

Extracts from German Journals. Translated by S. LILIEN-
THAL, M.D., New-York.

1. *A case of Poisoning by Cyanide of Mercury*, by Dr. Roos of Heidelberg.—A student took two grains in a fit of melancholy and false ambition. The symptoms showed themselves in the following sequence: Vomiting thirty to forty times; diarrhœa with tenesmus; colic; bitter; taste; vertigo; headache; great chilliness; cyanosis; dilatated pupils; extremities cool; pulse weak, 130 in the minute; tongue clean; sounds and pulsations of the heart weak; debility; bloody passages; great thirst; difficulty of swallowing; deep redness of the nervous membrane of the pharynx; coated tongue; no stool; no urine; whitish muddy, mucous vomiting; alkaline, epistaxis, hæmatemesis and dark stools; small vesicles on the left side of the tongue and soft palate; bladder empty; instead of the vesicles flat irregular ulcers on tongue and palate; nausea; increased salivation; abdomen painful in turning over; frontal headache; constant retention of urine; then tenesmus vesicæ, incontinence; pulse down to 59; a great deal of urine; sour, numerous urinary cylinders with detritus; no blood corpuscles; albumen; mucous vomiting; then nausea, frequently repeated with headache; singultus; tongue heavily coated; vomiting of a lumbricus; costiveness. Great amelioration and cure without detriment to his general health.

This epicrisis fever proves: 1, the rapid action of the small dose (2 grains); 2, the action on the mucous membrane of the alimentary canal and on the salivary glands (symptoms of gastritis, enteritis, stomatitis, pyalism—especially vomiting, which stopped, then returned and continued in increasing fever for fourteen days; firstly, severe colic, bloody stools with tenesmus, similarity with corrosive mercury poisoning); 3, action on the brain: headache, vertigo, dilatation of pupils (by resorption?); 4, action on kidneys: suppression of urine, then cylinders, albumen (nephritis, similarity with Merc. cor. ?); 5, action on the blood: weakness of the sounds of the heart and of its pulsations, weakness of the pulse, cyanosis, epistaxis.

Two other recorded cases of poisoning by 10 and 20 grains procured death by gastritis, enteritis and stomatitis.

2. *Note on the comparative effects of Morphine and Codeine*, by Dr. Berthé.—Codeine combines all the wonderful and curative effects of Opium. It is far preferable to Morphine. The sleep of Codeine is never heavy, never restless, neither does it produce perspiration or cutaneous eruptions, like Morphine, nor does it disturb the alimentary functions. It does not produce obstinate constipation, neither nausea nor vomiting. It is therefore of great service in the painful nemosis of the stomach, and we have cured with it gastralgias, which had withstood all other remedies, Belladonna included. But the quiet and refreshing sleep of Codeine is its chief therapeutical value. The harrowing cough of bronchitis and phthisis, the severe pains of rheumatism and gout, the awful pains, which in incurable organic diseases, as cancer,

keep the patients from getting one minute's rest, they all get softened by Codeine, and sweet slumber makes the patient forget his sufferings.

Morphine produces sleep also, but accompanied by stupefaction, heaviness of the head and nausea, and it can never be given to plethoric and congestive individuals.

3. *Provings with Extr. Cannabis-indicæ-aquosum.*—Dr. Dudits took 1½ grains of the pure extract and repeated the same dose after four hours. 1½ hours afterwards he suffered with the following symptoms: stitching pains in the urethra and anus for one minute. Memory weak, constant inclination to urinate, stitches in the right hypochondrium when breathing, eructations when moving, pains pressing, stitching in thorax and extremities, penis relaxed and shrunken. Pressure in the tonsils; sneezing; vertigo. After repetition of the dose: after forty-five minutes the penis shrunken, heaviness of the chest in walking, thorax painful, amelioration by rest, eructations reminding him of the Extr., stuffed feeling of the right ear, dullness of the head, tongue as if covered with pepper; for 1½ hours better humor and lightness of the mind, nearly unmindful of the medicine. In conversation he cannot recollect of what he was speaking. Candlelight produces stupefaction of the senses, compression of the brain, paralytic feeling in the whole body, tremor of the hands, everything appears without color. Minutes seem to be days. Paleness of face, as in fainting, ameliorated by fresh air. In the warm room again compression of the brain with paralytic feelings. In the cold 2° F. below zero, he does not feel cold, although nearly undressed, or rather he recovers sufficiently to think of antidotes. Camphor, Nuxvom., Canth. 6 are of no use. Black coffee the same from 6 to 8, P.M., the brain symptoms continue. At 9 he retires to bed. Rest eases off. Unconsciousness, delirium and semi-consciousness alternate. Candlelight obliterates all consciousness. At last he drank warm lemonade, began to sleep after half an hour and awoke unrefreshed in the morning. He still suffered for several evenings with brain symptoms, aggravated by candlelight, but steadily decreasing. His usual forgetfulness improved after this proving of Canabis. He recommends lemon-juice and wine as antidotes.

4. *A case of Poisoning by Phosphorus.*—A tailor, twenty-one years old, scraped off the ends of three boxes of matches and swallowed them with water. He died forty-eight hours afterwards with excruciating pains in the stomach and bilious vomiting; consciousness remaining free till a few minutes before death. Section: Membranes of the brain injected with dark fluid blood, on the basis two ounces dark fluid blood. Lungs adherent on on both sides, in the right upper lobe a jelly-like exudation of the size of the hand; both lungs softened, pink and full of black blood. The ventricles of the heart full of coagulated and fluid blood, as also the blood-vessels. Stomach and colon so firmly grown to the peritoneum that it could not be severed by the knife. Mucosa blood-red, thinned and partially full of holes. Liver deficient in blood and pale, spleen full of blood. Gall-bladder empty. Both kidneys bluish, inflamed, full of blood. Bladder empty.

5. *Meningitis epidemica*.—Dr. Bonhoff says, that he found in an epidemic of meningitis spinosa or myelitis no remedy equal to *Atropia* in homœopathic doses. Where on account of trismus it was impossible to get the medicine down, a few drops of the second dilution sufficed, or better yet, an injection of it under the skin in the neck. He was nearly sure of success, when he treated the disease from the start.

6. *Abnormal perspiration of the extremities*, by Dr. Gallavarden.—1. A young man, robust and well built, suffered for fifteen years from extreme perspirations on his feet, which were cold in winter and sore in summer. I ordered *Silicea* 30, three times daily for eight days. The sweating left his feet on the same day, but he perspired so freely over his whole body, that he had to change his clothing three times. The next day free perspiration again, but less in quantity, as he changed his linen only twice. Every night for twelve nights he kept on perspiring, but always less. He is now forty-three years of age, and since the last twelve years enjoyed the best health. After catching cold, a night sweat brings him all right again. The cure of the abnormal perspiration with a renewal of health were brought about by *Silicea* through the mechanism of metastasis of the perspiration.

2. A girl, twenty years old, suffered for fifteen months from pains in the kidneys, leucorrhœa, scanty menstruation, little appetite, difficult digestion, excessive perspiration on the hands and feet, chilliness of lower extremities. *Sepia* 300, three times daily for ten days removed all abnormalities and she fully regained her health.

3. A washer-woman, twenty-two years old, suffered from frequent migraine. Since many years she suffers also with sweaty hands, so that the needles rust in her hands and spoil her work. *Sepia* 300, three times daily for ten days. Her appetite increased so much during the time she took the medicine, that she had to get up during the night to eat something.

4. Stinking perspiration of a feet from childhood up, in a young man of twenty years, cured with *Baryta-carb.* 200.

5. Stinking perspiration of the feet, cured by *Silicea* 30.

6. Stinking perspiration of the feet from childhood up, in a man of thirty years, cured by *Plumbum-aceticum* 200.

7. Excessive, stinking and corroding perspiration of the feet, softening and bleaching the soles of the feet and destroying stockings and shoes, in a girl of eighteen years, suffering from it for two months, cured by *Secale* 12.

7. *Treatment of Mentagra*, by Dr. Diday of Lyons.—1. Cover the crusts thickly with *axungia porci* and over it poultices of linseed, till they can be removed without pain. 2. Extract with a hairpincette all the hairs of the beard, and then bathe the affected and painful parts in lukewarm water. 3. After drying the chin, cover it fully for four hours with linen rags, wetted in a solution of corrosive Mercury. For the first hour the sublimate solution must be so weak, as not to give any pain, that is in proportion of 1:1000. A second preparation of 1:30 is added guttatim to the weaker solution, till the patient begins to complain of burning pain. But be very

careful, that the patient does not complain of any pain during the first hour of its application.

8. *Rhododendron in Hydrocele*, by Dr. Fischer, of Brunn.—Franz Z., forty years old, farmer, got without any known cause orchitis, was treated allopathetically for six months without any benefit, yea, the evil increased in size and hardness, so that the patient could not walk any more, and the penis lay hidden in the tumor. His left testicle was of the size of three fists, very tense, hard, painful to the least touch.

He received a great many remedies, alleviating the pain, but *Rhododendron* 30 was the chief remedy to promote resolution and cure. The reason for my selection of *Rhod.* was this: A relative of mine cleaned flowering *Rhododendrons* from the dust, working at them for several hours. Three days after he complained of pain in the left inguinal region, deep under the ligaments, and had fever. Left testicle painful to the touch, inflamed, swollen, and it lasted two weeks.

9. *Remarks on antidotal remedies*, by Dr. Altschul of Prague.—Dr. Goulson, jr., remarks in the *A. H. Ztg.*, that “the solution *Arsenicalis-fowleri*, which contains camphor, receives through that modification a new and more intensive power for certain cases.” We agree perfectly with him, and would add the following remarks:

A hysteric lady suffered for several years with continual headache. Her allopathic physicians gave her small doses *Morphium-muriaticum*, but without success. Equally unsuccessful was the recommended black coffee, but when she took her usual *Morphium* powder in a cup of black coffee, the effect was wonderful, as her headache left her in a few minutes.

We explain this, that the antidotal action of two remedies, one to the other, is twofold: 1. That the noxious effect of a medicinal body is either partially or totally removed by the antidote, as the effect of *Arsen.* by the *Oxyhydrate of iron*, the effect of *Canth.* by *Camphor*, or 2. by combining two antidotal bodies, as *Opium* and *Coffee*, we produce a mutual moderation and elimination of a too stormy action, in fact we produce a *corpus tertium*, which shows in that combination results, which were impossible to either body alone. I thus use for years for children a first centesimal trituration of *Morphium-tanicum*, which may be considered a simple new medicinal body as well as *Hep.-sulph.* or *Merc.-sol.*

The same process and action we also find in dietary articles. Thus milk produces in some persons diarrhoea, flatulence and sleepiness; coffee on the contrary causes want of sleep, constipates and regulates digestion, a mixture of milk and coffee is a strengthening nourishment, showing none of the specific effects of either, for the mixture represents a new article.

10. *A Lupulin poisoning caused by pulling Hops*.—A boy, eleven years old, pulled hops for several days in a close room. On the third day he felt unwell, vomited several times, pulse full, temperature increased, pupils dilated, convulsive action of the upper extremities, paralytic weakness, sleepiness, stupor. On the fifth day scarlatinous erythema with small pustules on the skin, the face swollen and red. Recovery was slow. Even

after months the pupil was dilated, mental faculties slow, walking difficult and unsteady.

11. *Dangerous use of Santonine as an Anthelmintic.*—Dr. Posner observed in a child two years and a half old, who had taken secretly six lozenges, each containing two grains Santonine, after a half an hour unsteady gait, falling down, stupor and convulsions. Dr. Wackerling found in three children, who died under convulsions after taking Santonine, worms in the processus vermiformis. Dr. Grimm: A child, eight years old, received one grain Santonine per dose every three hours. After the second dose jactitation of extremities, twitching in the facial muscles and fingers, nausea. Every thing appeared yellow, delirium and quickened pulse set in, urine orange yellow. Those symptoms lasted for ten hours. An emetic and emulsion were given unsuccessfully. The child died.

Poisoning by Santonine, reported by S. LILIENTHAL, M.D.

EDITH B. Park, five years old, was never a day sick in all her life and on Monday the 26th of June was jumping the rope late in the evening as lively as ever. She had sometimes a little dry hacking cough, but it never incommoded her. By overkind neighbors the parents got persuaded, that the child must be troubled with worms, and the father bought from a responsible druggist "Van Deusen's Worm Confections." On the cover of the box it says, "They are thorough, palatable, safe and sure," dose for a child five to eight years four at night, two in the morning." The father gave two lozenges to his little daughter in the morning, and as she liked the candy, four that Monday evening. But alas! too soon the scene changed. As soon as she lay down, the child got restless and coughed incessantly the whole night from a tickling in the larynx and wind-pipe. Vomiting of yellowish slimy mucus set in at 11, P.M., and continued till forenoon. Purging of watery, flaky, foul-smelling stools followed the vomiting in a few hours. Passages came every ten to fifteen minutes. The parents gave Ipecac., but Edith grew rapidly worse and Dr. S. P. Burdick, the family physician, was called in at 5, A.M. He found the child in a collapsed state, the face pinched, extremities rather cold, great restlessness, drawing in of lips over the teeth with pinched expression of mouth and nose; continual thirst for ice-water, which she swallowed greedily. Consciousness clear, when awake, but during its restless sleep light delirium showed itself. Arsenicum and stimulants were ordered. At 10, A.M., Tuesday, the 27th, vomiting had ceased, the stools diminished, she had only three till afternoon, but they were copious; grayish, with smell like putrefaction taking place. Complains of seeing things yellow, urine also orange colored. Very restless, throws herself about with her whole body from one side to the other. Abdomen very sensitive, but complains of a dull pain in the pit of the stomach.

At 5, P.M., Dr. Burdick and I saw the patient together. The abdomen was then somewhat tumid, but soft, her breathing quick and catching, the tongue

deep red, without coating. Increased restlessness and continual thirst. Hot perspiration on the occiput, more clammy in front. In spite of assiduous hot applications the icy clammy coldness crept steadily upwards. Slight twitching of facial muscles now set in. At 9, P.M., the pulse on the left side was gone, thready and soft in right radial artery. The brain entirely free, as she recognized every body, addressed and embraced her mamma with a fair voice, who wept bitterly on account of the hopelessness of the case. After midnight severe convulsions set in, more like tetanus, throwing the head back, eyes rolling about, countenance distorted, body sometimes nearly curved, with legs turned back. In the interval grasping at every thing, gnawing of fingers. Burning pains apparently torment her, as she forces every thing in her mouth. She had thus four convulsive attacks, and died about 2, A.M., a sacrifice to quack nostrums.

Van Deusen's harmless worm confections are sweet white lozenges, with hardly any taste. Now what do they contain? Let our M. M. P. answer. Cina, page 85. Symptoms 47 to 50, 70, 80, 124, 125, 195, 244, 256 to 259, 270 to 280. Bærtl in his work on intermittent fever gives the following indications for Cina: "Intermittents with prevailing nervous affections, paleness of face, spasms and symptoms of cholera. Great thirst during chill, nausea, vomiting, purging pain in stomach and abdomen, cold sweat, coldness of hands and feet. During heat delirium with increased headache, paleness of face, choleraic diarrhoea, great thirst after cold drinks, passages of bowels very fluid and serous follow in quick succession, and weaken the patient rapidly. The sweating stage is either wanting or partial, and wherever it is, more cold.

Teste says, that a few drops of the *Oleum-cinæ*, when applied to the navel, has been found sufficient to purge the bowels, and large doses of the drug have caused death in more than one case. Among his specific indications he enumerates: "Tetanic or epileptiform convulsions, but most frequently with complete loss of consciousness, tickling in larynx and wind-pipe, obliging one to cough, vomiting with violent efforts of ropy phlegm, and so on."

Even in allopathic handbooks we find warnings enough thrown out, and the dose of Santonine limited to one grain twice a day, That "Van Deusen's harmless confections" contain at least one grain in each lozenge, we have no doubt, and we see from the cases here published, that Santonine, even in moderate doses, is a two-edged sword, affecting either the nervous or the abdominal organs (similar to miasma?) and destroying by overpowering the nervous fluid.

Let us remain firm to true homœopathy, and even our homœopathic families will learn to stick to our pellets as the best and most safe medicine.

A Protest.

At a meeting of the Faculty of the Homœopathic Medical College of Pennsylvania, the following preamble and resolutions were discussed and unanimously adopted:

Whereas, A book, purporting to be the 6th edition of "Hahnemann's Organon," has been published at Coethen, Germany; and

Whereas, The representatives of Homœopathic Journalism in Germany have issued their earnest protest against this unwarranted sixth edition of said work, and have *pronounced and declared it to be mutilated and perverted*, in that the paragraphs numbered 272-274 in the fifth edition of said work, treating on the simplicity of the remedy to be administered, have been omitted, and spurious and false ones have been inserted in their place, recommending double and triple mixtures.

Resolved, That we fully endorse the "Protest" published in Vol. 70, No. 15 of the "Allgemeine Homœopathische Zeitung."

Resolved, That we protest against the introduction of any translation into English of said spurious and false edition as a standard work of homœopathics.

Resolved, That we call the attention of the "American Institute of Homœopathy," at its next meeting in Cincinnati on the 6th proximo; and of all other state and county homœopathic societies, to the above protest: and we solicit their co-operation in endeavoring to protect our science from perversion by false and spurious interpolations into its standard literature.

Resolved, That we request this, our protest, against said book to be published in all the American, British, and German, and other homœopathic journals, and a copy thereof to be transmitted to each of the state and county homœopathic societies of the United States.

In testimony whereof, we have hereunto affixed our signatures, this twentieth day of May, A. D., 1865.

CONSTANTINE HERING, M.D., Prof. of Inst. & Pract.
ADOLPHUS LIPPE, M.D., Prof. of Mat. Med.,
H. N. GUERNSEY, M.D., Prof. of Obstetrics,
CHARLES G. RAUE, M.D., Prof. of Pathology,
GEORGE R. STARKEY, M.D., Prof. of Surgery,
PUSEY WILSON, M.D., Prof. of Anatomy,
J. H. P. FROST, M.D., Prof. of Physiology.

Trial for Mal-Practice.

From the Medical and Surgical Reporter.

JUDGE Williams delivered the following lucid, impartial, and very able charge to the jury:

"This is an action brought by Catherine Braunberger against Dr. George Cleis to recover in her own right, and in right of her three minor children, damages for the death of her husband, Albert Frederick Braunberger, occasioned, as she alleges, by the negligence and unskilfulness of the defendant, who was employed as physician and surgeon to treat him for an injury which he had received in his left leg.

It appears from the evidence, that the plaintiff's husband, who was about thirty-two years of age, in good health, and of a sound and vigorous constitution, and was employed in Kirchner's Tannery, having charge of the engine therein, while so employed, on the morning of the 1st of June, 1863, received

an injury, in some way not explained, by which the bones of his left leg below the knee were crushed and broken in pieces, the fractures of the main bone extending into the knee-joint. Soon after the accident he was carried into the house of Kirchner, and the defendant was sent for to attend him. When he came he found the wound bleeding, and having first partly stopped the bleeding, he examined the wound with a probe, and said that the leg was not broken, but that it was a mere flesh wound, of which he would be well in a few days.

He then stitched up the wound, which was three or four inches in length, applied some liniment to it, and put upon it a wet cloth or bandage, giving directions that it should be kept wet by sponging from time to time with cold water. He then left for the purpose of visiting a patient at some distance having given orders that if the wound would commence bleeding to call another physician, without waiting for his return. Some time after he left, the wound commenced to bleed, and, without sending for another physician, the bleeding was checked, though not entirely stopped, by the application of cotton saturated with ink. The defendant returned in an hour or two, and found the wound, with the cotton on it, still bleeding a little. He gave orders to have the patient removed to his home, and said he would attend him there. He was accordingly removed to his own house where he was attended by the defendant, who visited him twice daily, doing nothing for the wound itself, except to put wet clothes or loose bandages on it, and directing that they should be kept wet by being sponged with cold water, until the seventh day after the accident, when he ordered the cloth to be kept wet with warm, instead of cold water. On that day he was told by the witness who nursed the deceased, if the jury believe the evidence, that if he did not call another physician to consult with him, the family would, because the deceased was getting weaker—his body was growing cold, and there was a cold and clammy sweat on his face. According to the testimony of the witness, the deceased, whose appetite was at first very good, had by this time little or no appetite for food of any kind, and had become very weak, and complained on several occasions of pain in his back. The next day (the 8th) the defendant brought Dr. Kern with him. Dr. Kern opened the wound and found that suppuration had taken place, and the wound filled with gangrenous matter, so offensive to the smell that the attendant could not stay in the room. Having removed the gangrenous and offensive matter, he examined the wound and found that the leg was broken, and informed the defendant of the fact, and that there was no possibility of saving the patient's life except by amputation. He then prescribed some stimulating medicine in order to put the patient into a fit condition for the operation. The next day, the 9th, the defendant and Dr. Kern, called in Dr. Brooks to advise with, and assist them in performing the operation. Upon examining the condition of the patient, they, or the majority of them, (for in respect to this fact there is a direct conflict in the testimony of the consulting physicians) advised immediate amputation as the only possible chance of saving the life of the patient. Dr. Kern is still of the opinion that he was in a fit condition, and that if his leg had been taken off, there was a reasonable prospect of his recovery, while Dr. Brooks is of the opinion that he was not in a fit condition to undergo the operation, and that amputation would have been worse than useless; that it would have hastened his dissolution. The result of the consultation was

announced to the deceased and his friends, and they requested that if his leg was to be taken off, that Dr. Walter should be called in before it should be done, and they accordingly sent for him. The three physicians then said, that as Dr. Walter had been sent for, they would have nothing more to do with the case—that they considered themselves dismissed, and accordingly they left. When Dr. Walter came, he found the patient, as he has testified, in a condition utterly unfit to undergo amputation. It is not necessary to repeat the description which he gave of his condition, the jury will recollect it. He says it would have been madness to amputate his leg while he was in that condition, that he would have probably died in his hands. He commenced a course of treatment to bring about if possible, such a condition of the system as would enable him to undergo the operation, and on the 16th of June, when the most favorable moment that he could expect had arrived for the performance of the operation, with the hope, and the *only* hope of saving his life that he had, he amputated his leg. But he was not able to survive the shock, and died the next day. These are the main facts in the history of this case.

The plaintiff alleges that her husband's death was occasioned by the negligence and unskilfulness of the defendant, and that he is responsible for the damages which she and her children have sustained in consequence of his death.

The principles of law applicable to this case are simple and easily understood. When one is employed as a physician or surgeon, the law implies an undertaking on his part, that he will use a reasonable degree of care and skill in the treatment of his patient, or in the performance of the professional duty which the undertakes; and in judging of this degree of skill, regard is to be had to the advanced state of the profession at the time. This is the implied duty of the medical or surgical practitioner, and he is responsible for any injury which may be occasioned by his want of reasonable care and skill in the discharge of the particular duty which he undertakes, and for which he may have been retained. In this respect the law exacts no more of medical practitioners or surgeons, than it does of those engaged in any other profession or calling, where care and skill are requisite for the successful accomplishment of the duties incident and appropriate to such profession or calling, whatever it may be.

The law does not imply an undertaking on the part of medical or surgical practitioners, any more than it does on the part of those engaged in other professions or callings, that they will use the highest degree of care and skill attainable or known in the profession. If it did, but few would be competent to practice the medical, surgical, or any other profession. For but few comparatively possess the requisite natural endowments, the industry, energy, and perseverance, the opportunities for study and improvement, and the experience necessary and indispensable for the attainment of the highest degree of professional skill. The law, therefore, very properly requires no more of the medical and surgical practitioner than the use of a reasonable degree of care and skill in the discharge of the duty or office he may be called upon to perform; but it rigorously exacts this degree of care and skill, and it implies an undertaking on his part to use such reasonable care and skill in the discharge of his professional duty, and it renders him responsible for any injury

which may result from the want thereof. Reasonable care and skill is a phrase not of absolute, but of relative import or signification. What may, or may not be, reasonable care and skill depends very much upon the nature of the duty to be performed, or the thing to be done, and the attendant circumstances. The more difficult the duty or operation, the greater is the degree of care and skill requisite for its successful accomplishment. And in the performance of very difficult and dangerous operations in surgery, the surgical practitioner is required to possess and employ a higher degree of care and skill than would be necessary for the performance of operations less difficult or dangerous. But he is only required to employ a reasonable degree of care and skill in these operations, and in the previous and subsequent treatment of the case—that is to say, such a degree of care and skill as men of ordinary prudence, learning, and skill in this department or profession usually possess and employ; and if he does not, he is responsible for the injury occasioned by his negligence or unskillfulness in this respect.

By the common law, no action could be maintained by the widow or other relation of a diseased person, to recover damages for any injury, resulting in death, when occasioned by unlawful violence or negligence. If the injury thus occasioned did not result in death, the sufferer might recover damages therefor, but if death was the result, the common law gave no action for the recovery of damages, to the relatives or personal representatives of the deceased. This defect in the law was remedied by the Legislature of this State, by an Act passed the 15th of April, 1851; the 19th section of which is in these words:

“Whenever death shall be occasioned by unlawful violence or negligence, and no suit for damages be brought by the party injured, during his or her life, the widow of any such deceased, or, if there be no widow, the personal representatives, may maintain an action for, and recover for the death thus occasioned.”

By a supplement to this act, approved the 26th of April, 1855, it is declared that “the persons entitled to recover damages for any injury causing death, shall be husband, widow, children, or parents of the deceased, and no other relative; and the sum recovered shall go to them in the proportion they would take of his or her personal estate in case of intestacy, and that without liability to creditors.”

By “unlawful violence,” as used in the act of 1851, is meant the improper and, therefore, unlawful use or employment of physical force, however applied. It is the abuse of force, and implies a positive act. “Negligence” is the omission of something that ought to be done. It is negative in its character. It is the not doing what ought to be done. It is omitting to do something which reason, prudence, and skill would suggest as proper and necessary to be done, under the circumstances of the case. And whenever death happens from either of these causes, viz., “unlawful violence or negligence,” action may be maintained, under the statute, and damages recovered therefor.

It is contended by defendant's counsel that mere malpractice by a physician or surgeon is not such “unlawful violence or negligence,” as is contemplated by the act, and that for this reason, there can be no recovery in this action. But the act both in its letter and spirit, is, in my opinion, sufficiently comprehensive to embrace the case of death resulting from malpractice, whenever

occasioned by unlawful violence or negligence. In all cases in which, by the common law, an action could be maintained and damages recovered for an injury, not resulting in death, occasioned by malpractice, an action on the statute may now be maintained, if death result therefrom, when such malpractice consists in "unlawful violence or negligence." It cannot be doubted that malpractice on the part of a physician or surgeon may consist in unlawful violence, that is to say, the improper and unlawful use of physical force, as well as in negligence or the omission to use the appropriate and indispensable means for the recovery of the patient, or the preservation of his life. And, in either case, whether by unlawful violence or negligence, if death be the result, he is responsible therefor. But the fact that the physician or surgeon may have been guilty of malpractice, however gross in its character, will not render him responsible in an action on the statute, at the suit of the widow or other relatives, unless the death of the deceased was occasioned by such malpractice. If the deceased might have survived and recovered from the injury occasioned by the unskillfulness or negligence of the physician or surgeon, under proper treatment and by the use of the appropriate and necessary means, after the discharge of such physician or surgeon for incompetency or unskillfulness; or if the death is fairly attributable to, or actually resulted from some other causes, there can be no recovery in an action on this statute. There may be no doubt or question as to the malpractice of the physician or surgeon, but unless the death of the deceased was the result thereof, his widow and children are not entitled to maintain an action and recover damages thereof. But if the death was occasioned by malpractice in either of the modes suggested, viz., by the improper application of physical force, or, in the language of the statute, by "unlawful violence;" or by the omission of the appropriate means, that is, by "negligence," the statute gives a remedy, and damages may be recovered therefor by the widow and children.

It will be the duty of the jury to apply these principles to the evidence in the case. There is no evidence that the defendant was guilty of any "unlawful violence;" in the treatment of the deceased, which caused his death. Whether his death was occasioned by the negligence and unskillfulness of the defendant, is a question of fact for the determination of the jury. The responsibility of determining this question is upon them, and not upon the court.

The plaintiff's counsel contended that the death of the plaintiff's husband was caused by the negligence and unskillfulness of the defendant, in not ascertaining the nature and extent of the injury, and making use of the appropriate means for the treatment of the same, and for the preservation of his life.

They allege that the defendant's negligence and unskillfulness are shown by the fact that he mistook the injured condition of his leg—crushed, fractured, and broken to pieces, as it was—for a mere flesh-wound; and that this radical error, in regard to the nature of the wound, and its consequent treatment as a mere flesh-wound, was the grossest malpractice on the part of the defendant, and the cause of the death of plaintiff's husband. The defendant's counsel do not deny that their client was mistaken in regard to the nature and extent of the injury, and in the treatment thereto; but they contend that this mistake as to the nature of the injury and its appropriate treatment, was not the cause of his death. If the jury believe the evidence, there can be no doubt

that the defendant failed to discover the nature and extent of the injury, and that he might and ought to have ascertained this if he had employed ordinary and reasonable care and skill in examination of the wound, and that his treatment of the injury as a mere flesh-wound was not the proper and appropriate treatment of a leg broken and ground to pieces, as this leg was, with the fractures extending into the knee-joint. While quackery and empiricism ought not to receive any countenance from the court and jury, in any profession, and, least of all, in the medical and surgical, where the consequences are so serious, and often fatal, yet the court and jury, in dealing with cases of manifest malpractice, ought to be careful not to impute or attribute to such malpractice consequences which do not legitimately and properly result from it. Did, then, the mistake which the defendant made in regard to the nature and extent of the injury, and his consequent mistreatment of the case, cause the death of the plaintiff's husband? This is a question of fact for the determination of the jury, under all the evidence in the case. It is often, perhaps always, a difficult thing to ascertain and determine the consequences, necessarily and actually resulting from malpractice. It is an inquiry requiring more knowledge, scientific skill, and experience in such matters, than men ordinarily possess; and therefore the law allows experts, that is, persons learned and skilled in such matters and pursuits, to be called in to aid the court and jury in the investigation; and great weight is to be attached to their opinions.

Where they agree in opinion upon a given hypothesis or state of facts, their opinion should be regarded as conclusive evidence thereon; but it is always the duty of the jury to determine whether the given state of facts, or the supposed hypothesis exists, or is established by the evidence.

While the physicians and surgeons, who have been examined in this case, differ in some respects, they all agree in the following particulars:

1st. That there was no possible chance of saving the life of the plaintiff's husband, except in amputating the broken leg, because the fracture extended into the knee-joint. They all agree that there was no other possible way of saving his life.

2d. They all agree that amputation is not to be performed unless the system of the patient is in a fit condition; that it would be unpardonable to amputate when the system is in a state of shock; that where the result of an injury is a shock of the whole nervous and vital system, that it would be death to amputate in such a condition.

3d. That in case of shock, amputation should be performed as soon as the system has recovered from the shock;—in other words, as soon as the system has rallied, and reaction has taken place.

4th. That in case of shock, if the system does not rally, or if reaction does not begin to take place, it is the duty of the surgeon to make use of the proper means to bring on reaction by giving stimulating remedies, and endeavoring to produce heat in the system by artificial means.

These are well-established principles of surgery, in regard to which there is no dispute. The intelligent and skilful surgeon should always act in conformity with these principles in determining whether amputation should

or should not be performed; and in determining the probable results or consequences to the patient, if the operation is or is not performed. Bearing in mind the cardinal principles of the science, the jury will determine:

1st. Whether the injury to the plaintiff's husband resulted in that condition, or state of the system called shock, and whether the nervous and vital system was so shocked as to render amputation of his leg not only dangerous, but probably fatal? Or whether the shock of the system was so slight that the operation might have been performed with a reasonable prospect of saving his life?

2d. If the shock was so great that death would have been the result of amputation while the system was in that condition, was there such a rallying or reaction of the system that amputation might have been safely performed with a reasonable prospect of saving the patient's life?

3d. If reaction did not take place, might it in all human probability have been produced by the use of the appropriate means or remedies?

4th. Was the plaintiff's husband in a fit condition for the amputation of his leg at the time of the consultation between the defendant and Drs. Kern and Brooks; and if they had then been permitted to perform the operation, is it probable that the life of the plaintiff's husband would have been saved?

If the jury find that the deceased was in a fit condition to have his leg amputated with safety to his life soon after the injury—that his system was not in a state of shock, or, if it was, that it rallied or recovered therefrom, so that amputation might have been safely performed while the defendant had charge of the case, then it was his duty to amputate; and if amputation could not have been safely performed at any time after he ceased to have charge of the case, and if the death of the deceased was occasioned by the neglect of the defendant to perform the operation at the proper time, he is responsible for the consequences of his negligence and unskillfulness, and this action may be maintained for the recovery of such damages as the widow and children have sustained thereby.

But if the deceased was so prostrated by the injury he received—if he was in such a state of shock—that amputation could not be safely performed; if his system did not rally, or might not have rallied so that his leg could be amputated with safety to his life; if he would probably have died whether his leg was amputated or not, then there can be no recovery against the defendant in this action, although he may have grossly mistaken the nature and extent of the injury, and the treatment appropriate thereto. Nor can there be any recovery against the defendant, if amputation might have been safely performed at any time after the defendant ceased to attend the deceased, and another surgeon had been called to take charge of the case. The defendant is not responsible for any neglect or omission of duty after his connection with the case had ceased. If the life of the deceased might have been saved if his leg had been amputated on the day that Dr. Walter was called to attend him, the defendant is not responsible in damages for his death. The jury will determine what are facts from all the evidence in the case.

If the jury find for the plaintiff, they will assess such damages as will compensate the widow and children for the pecuniary loss they have sustained by the death of the deceased. The jury are not required to estimate the value of his life. If they were, dollars and cents would be a poor standard with which to measure the life of a human being. They are only required to give damages for his death. The widow and children of the deceased are not entitled to recover anything by way of solace for their wounded feelings; they are only entitled to recover damages for the pecuniary loss they have sustained in consequence of his death.

The damages ought not to be extravagant or unreasonable. If the defendant had been actuated by malice, the jury might give vindictive damages. But the defendant was not actuated by malice. If he caused the death of the deceased it was not intentional, but the result of ignorance and unskillfulness, and therefore the jury should be merciful while they do justice.

The points submitted by defendant's counsel are affirmed.

The jury found a verdict for plaintiff for \$3,250.

Glycerin. By W. J. M. GORDON, Cincinnati, O.

MEDICINALLY, Glycerin has been used for its nutritive and alterative effect, and in some cases with marked success, being admissible when Cod-liver-oil and other unpleasant substances would be rejected. These, and its soothing effect in coughs, are the principal internal uses to which it has been applied alone. Its more important medicinal value is as a vehicle for the preparation of a great variety of remedies for both internal and external use.

It is a favorite article in combination with the hypo-phosphites—known as glycerole of hypo-phosphites; and never disagreeing with the most delicate stomach, as sugar is liable to do, is admissible when syrup is not.

Iodide of iron prepared with it in the place of syrup, makes a handsome and permanent preparation.

Its preservative and solvent property being so much greater than sugar syrup, cannot fail to recommend it in the place of that substance for the preparation of Ipecac., Senega, hive syrup, and such vegetable preparations as are liable to fermentation: specimens of several I now exhibit made with Glycerin, costing \$2 per gallon, which are elegant in appearance, and will undoubtedly remain without change an indefinite length of time.

Its uses externally are numerous. For chapped skin and rough and excoriated surfaces it has no equal; for sore nipples, skin diseases, ulcers of various kinds, to prevent excessive suppuration, and cleanse the secreting surface.

It is highly recommended in deep abscesses with diseased bone, combined with Iodine, which it dissolves. With many it is a favorite mode of applying Iodine and its salts.

It is used in cerates and ointments, which do not become rancid so soon when combined with it; as glycerole of lead, in place of Goulard's cerate, Glycerin being used in place of wax and oil; as glycerole of kino; which

is said to be unchangeable; in the preparation of lactucarium in a liquid form, by which its activity and reliability are more certain; as glycerole of aloes, tar and Arnica for external uses. It is used with starch in the proportion of 1 oz. of glycerin to 70 grs. of starch for making an article called "plasma," as a substitute for lard or cerate. And it no doubt possesses advantage in preparing vegetable extracts, such as Belladonna, Aconite, and others for external use, as they can be readily mixed with it; for liniments, in the place of oil, as it will not become rancid; and has been suggested for the extraction of the active principles of vegetable substances in place of oil and fat, to be used in the preparation of cerates or ointments.

Incorporated with vegetable extracts, it will prevent mouldiness and keep them soft, and for pill masses liable to become hard it is a good addition. It may be used as an addition to poultices to keep them soft, or any article to be kept in a moist or plastic condition.

Its solvent and preservative properties are of great importance to the pharmacist. In the preparation of fluid extracts it will be found to supply the place of alcohol and sugar to much advantage. My experience is such as to convince me that in most cases extracts will be more permanent by supplying the place of alcohol used to preserve them, with glycerin. To fluid extract of Jalap, Veratrum-viride, Cinchona-aromat., and Iris-vesicolor glycerin was added, and all the alcohol evaporated out, specimens of which I now exhibit, presenting a handsome appearance. Sarsaparilla and those liable to fermentation will be much better preserved with it.

I have used glycerin as a menstrum in the preparation of extracts of cloves, nutmegs, and Ceylon cinnamon, and the preparations are elegant representatives of the substances from which they were made.

It dissolves the vegetable acids, most of the vegetable alkaloids, sulphuret of potassium, permanganate of potassa, sulphate of copper, zinc, iron, and potassa, alkaline, and some of the metallic chlorides;

Iodide of ammonium, cadmium, zinc, potassium, sodium, lime and manganese;

Freshly precipitated carbonote of iron;

Most of the metallic oxydes to some extent;

Nitrate of potassa, silver, copper, and lead;

Citrate of iron, Citrate of iron and Quinine, Citrate of iron and strychnia, Tartrate of iron and potassa?

Pyrophosphate of iron, and most saline substances.

Heating to give it greater fluidity will generally increase its solvent property.

It may not be amiss to name other purposes for which glycerin is largely used. Much the largest quantity used for any one purpose, except that for filling gas metres, is in the manufacture of hair oils, tonics, and washes, for which it is admirably fitted, taking the place of alcohol and-castor oil, which are now too expensive for the purpose, and by its undrying property keeping the hair moist in appearance.

It is largely used in tobacco, and is particularly adapted to the article

known as fine-cut, preserving it in a moist state an indefinite length of time; and, unlike sugar, molasses, and infusion of liquorice, which have been used for the same purpose, it will not turn sour, and is unchanged by exposure to the air.

Wine and liquor manufacturers use it to improve liquors, by giving body and removing the fiery taste.

It is used by manufacturers of woollen goods in place of oil, being more economical and not requiring soap to wash it out.

Manufacturers of cotton goods use it in size to prevent rapid drying.

Printers use it in place of molasses to make rollers, which will not dry and shrink.

It is used by artists in clay and plaster of Paris to preserve it in a plastic form for modelling.

It is used in soaps.

For filling wet metres, used in measuring illuminating gas, it is now extensively used, and possesses decided advantage over whiskey or any substance before used for the purpose. It is practically free from any objection, not evaporating at any ordinary temperature, and can be sufficiently diluted, to prevent its absorption of more water from the gas, and not liable to freeze at any degree of cold metres are subject to, and rendering them free from the attention necessary if filled with whiskey or water.

It deserves attention as a lubricator for fine machinery, not congealing or being affected by exposure to the atmosphere.

Numerous other applications have been made of it, and its uses will increase as its wonderful properties become known.—*Proceedings of Amer. Phar. Association.*

Trial for Mal-Practice.

[Continued from Vol. XIII., May No., 1865, p. 528—529.]

Prof. Beebe's Testimony.

Examination of the Boy.—Right hand.—I discover, from an extensive cicatrix, an evidence that there has been an extensive lacerated wound through the web of the thumb. It was not a cut that caused this cicatrix. It draws from various angles, and seems to be somewhat extensive. In this, the scar is irregular, and I judge from the integuments forming this scar, that the wound was lacerated and considerably torn. This first joint of the thumb is healthy and natural. The second joint I find perfectly in place. I grasp now the point of articulation between the bone of the thumb—the phalanx—and the metacarpal bone. Between my finger and thumb I grasp the joint which is not at all displaced. Behind this joint, a half an inch, I find a projecting point of bone, and tracing along backward I find a projecting margin of bone, and passing my finger down along the inner side of the bone I find too great a thickness of the shaft of the bone. The corresponding bone in the other hand is not as thick as this one. The shaft of this bone is very much thicker than it should be in health. The shaft of the bone is also too short, indicating to me that there has been a fracture of this bone, and I am positively of the opinion that

thus the fracture extends from a point near its articulation with the thumb, nearly the entire length of the shaft of this bone; and the anterior fragment has dropped down somewhat, and is over-lapped by the other fragment. Taking into consideration, then, the fact which I must suppose in this case, that this lacerated wound was produced at the same time that the fracture occurred, and I am led to infer that the injury was quite severe. And if there was a lacerated wound of the soft tissues, and it communicated with the fracture, making it a compound fracture, I consider it exceedingly fortunate, owing to the great laceration of the soft tissues, that the extremity is as good as it is. The thumb appears now to be in a condition of usefulness. So far as the mal-position of this bone is concerned, this thumb would be as useful as it ever was. The surgeon is not responsible for the lacerated wound and the resulting cicatrix or scar. I should say that the case was very successful in its result, sir. I see some light cicatrices, but no other material injuries in either hand.

Examination of Left Arm.—I find here an un-united fracture of the humerus, at the junction of the middle and lower thirds of the bone, extending diagonally from below, upward and forward. I notice beveling on the upper fragment, extending downward and backward, and corresponding beveling on the lower fragment, extending upward and forward, which confirms me in this opinion. I examine upon the shaft, somewhat above where the beveling begins, and I find one point which presents tenderness to the touch, as indicated by the boy shrinking away from pressure upon it. There is but a slight tumefaction of the periosteum at this point, and I should be unable to say, from this tumefaction alone, that this was a remnant of provisional callus. But taking the tenderness in connection with this slight tumefaction, I should suspect that there had been fracture of the bone at this point. I find when the arm hangs loosely that the fragments still over-lap, though the bony surfaces are not brought together. I find on the back side of the arm, a patch of skin an inch in extent, differing in structure from the surrounding skin, and this is evidence of there having been a wound there some time. A question as to the depth of this wound presents itself to my mind. If I lift up the surrounding skin, I find that this scar has pits in the centre, indicating attachment to the deep tissues. From these deep attachments, it appears that the wound must have extended through the integuments and deep tissues well down to the point of the upper fragment of bone. It does not present the appearance of a clean cut wound. It appears to have been a lacerated wound, torn through by some substance, and the wound immediately overlying the point of this upper fragment. I suspect that this wound was produced by this fragment of bone being thrust through the soft parts. If this supposition be correct, I should then feel safe in saying we have a compound fracture.

A compound fracture is one wherein the bone is fractured, and there is a wound through the soft parts, down to the point of fracture. If the point of tenderness above be an indication of previous fracture, then we have a compound comminuted fracture, or a compound fracture where the bone is broken at more than one point. If, in forming my opinion of the nature of this injury, I should learn that the arm was broken by a loaded

wagon passing over it, and especially if the arm rested on frozen earth when the wheel passed over it, I should be strongly of the opinion that the bone was comminuted, or crushed, and we should *then* have a compound comminuted fracture. If the injury to the hand were produced at the same time, giving a fracture of another bone with extensive laceration of tissue, then we should have a compound comminuted complicated fracture—that is, the fracture of the arm is complicated by the injury of the opposite hand, in that nature, while called upon to repair the fractured arm, is also required to furnish material for the repair of the other injury; and this, by retarding the process of repair, would complicate the fractures and diminish the chances of ultimate union. Especially would this be the case if there were other severe injuries, such as a severe wound on the head, as named by another witness. So that now, sir, if I were called upon to pronounce a professional opinion as to the nature of the injury received, I should judge, from the evidence before me, that it was a compound comminuted complicated fracture.

I do not find in this arm, a false joint, but simply non-union. In false joints there is not only non-union of fragments, but the fractured ends being brought in contact are tipped with cartilage, so as to glide upon each other, and held in that position by bands of fibrous tissue, extending from one fragment to the other. There is nothing of that kind here; there is simply non-union. The causes of non-union are various, and are divided by surgeons into two classes. First, local causes, such as the interposition of other tissues between the fractured surfaces, a deficient supply of nervous influence, or the circulation may be cut off or impaired, and its nutrition thus being arrested there might result non-union. A fracture, partly united, and then re-fractured, would be less likely to unite a second time. Second, the general causes are such as affect the general health of the patient, and might depend upon the condition of the patient. If the parent had been addicted to a free use of intoxicating liquors, it might so influence the constitution of the son so as to retard union. So, also of a hereditary scrofulous tubercular or cancerous tendency. But the local causes are of the first importance, and of these perhaps none more important than the destruction of the nutrition of the bone. If the nutrition of the bone be perfect, then union of the fragments of broken bone follow rapidly; but if this nutrition be arrested, or impaired, or delayed, non-union is the result. When the system is called upon to repair several fractures, requiring large amount of material, some of the fractures may unite and others may not, or may be so delayed that non-union would result by reason of the fractured ends being covered by fibrous or cartilaginous tissue before the system was ready to begin the repair. I may illustrate: It was but a few months since, that a bank of frozen coal, falling upon a man, produced a compound comminuted fracture of the tibia and fibula, at the middle, crushing the tibia for two and a half to three inches. The fragments were united to the upper portion of the shaft some weeks before the lower portion of the shaft was united to them; so that some portions of fractured bones may unite and the union of other fragments be delayed until the repair of the first is secured; and by reason of this delay, it might never unite, although the best surgical treatment has been employed.

The bone receives its nutritious supply from two sources; first, from the periosteum, the membrane which lies upon the surface of the bone, and sends minute vessels into the bony structure from without. Second, the nutritive artery passing in through the nutritive foramen, is distributed to the bone from within, along the canal or cavity which contains the marrow. This canal is lined by an internal periosteum, and from the distribution of blood-vessels, as shown in this fresh bone, which I here present, we perceive that the supply of blood to the bone is greater from within than from without. The bone within is seen to be spongy, or less dense than without, and this spongy or cancellated structure is permeated by minute canals, called "haversian canals," and in these the minute blood-vessels distribute themselves to the bone. The bone, as a whole, is made up of minute cells of an oval form, each of which has the power to re-produce other cells like itself, and it is from the growth and multiplication of these cells that bone is formed, and when fractured repaired. For the development of other tissues different and distinct forms of cells exist; thus, the cell which forms muscular tissue differs from that which forms the mucous membranes, and so there exist in the body distinct sets or types of cells which differ widely one from another. Now, when blood comes in contact with these cells, they have the power to take up that which will promote their own growth and development, and when they have reached a certain stage of development, these divide up to form a multiplication of similar cells. The bone cell appropriates to itself only those portions which will develop bone; and so of the other types of cells. As the grain of corn has the power to draw from the soil those elements which favor its growth, and to produce other grains of corn like itself, and as all animals possess the power to re-produce other animals like themselves, so these different types of cells re-produce cells like unto themselves.

Now, if the bone be broken, and a portion of its substance destroyed, nature at once proceeds to repair the loss. The fractured surfaces being brought into opposition, the bone-cells are multiplied and thrust out into the gap; but it becomes necessary to steady the fragments, and hence nature throws out around the fragments, what is termed "provisional callus," and within the medullary canal a pin or plug of granular matter extending to either side of the line of fracture. While these provisions of nature aid in maintaining the fragments in position, there is thrown out an exudation of plastic matter which serves as a platform in or upon which the bony cells may be deposited as formed. This exudation of plastic matter between the fractured surfaces is termed the "definitive callus," or in other words, it defines the limit within which bone-cells are deposited. As these bone-cells are deposited and bony union progresses, the provisional callus is removed by absorption, and so the callus within the canal is gradually excavated into cavities, and these are filled with marrow again, until at length the shell of bone is restored to nearly its former condition and appearance.

We see, from this bone before us, that the nutrition derived from the nutrient artery is greater, by half, than that derived from the periosteum, and if, therefore, a fracture takes place at or near the nutrient foramen, so as to cut off the supply of nutrition from this source, then the bone, instead

of receiving more than its usual supply of nutrition, as needed, actually receives only about one-third the usual amount.

In one of the cases of fracture of the humerus seen by me, the bone had been fractured near the nutrient foramen, and when partially united, was by some accident re-fractured. Instead of uniting a second time, it seemed to have been so far deprived of its nutrition as really to refuse to unite not only, but, by the process of absorption, the bone was gradually carried away, and removed from the system, till nothing remained but the articular ends of this bone.

Bones may be repaired by different methods. In general terms, they may be repaired by two processes, the one without provisional callus, the other with; but, to be definite, there are, as near as I recollect, six distinct modes of union. First, by immediate union, the parts being brought in accurate opposition, they unite at once, as will a clean cut in the soft tissues, and without the formation of any provisional material. Second, the parts being coaptated, the material for repair is thrown out between the fractured surfaces, and the bone unites by means of this without any provisional callus. Third, the bony fragments are surrounded by the provisional callus, the plug or pin is developed within the canal, and then the definitive callus is thrown out between the fractured surfaces, in which the final deposit of bone takes place. Fourth, the provisional and internal callus form, as in the last case; but no definite callus forms; indeed, the fractured surfaces do not unite, and bony deposit takes place in the structure of the provisional callus, making it a permanent instead of provisional structure. Fifth, when bones overlap the provisional callus forms between contiguous sides of the bone, union takes place in that manner. Sixth, the fractured surfaces being more or less widely separated, the provisional callus pushes out to meet the fragments and unites them, and in this provisional structure to deposit bony matter. If there is a covering over the ends of the bone by a fibrous or cartilaginous tissue, and friction is used to remove this from the bone, then, when this is absorbed, the reparative process will go on. It would excite a degree of inflammation, and a more full supply of blood; it would cause a tenderness, and thereby keep the parts partially at rest. The tenderness would prevent the patient from moving the muscles of the part, and thereby favor rapid union. My own opinion would be, that if there was nothing discoverable but non-union, friction should not be resorted to under six months, and I am borne out in this opinion by good authority. Upon fractures and dislocations, Hamilton, of New-York, is one of the best. Gross is also good authority. Gross, Smith, and Hamilton are the most reliable authors. Miller's is a good work. The perforation of the bone in un-united fractures is recommended by Hamilton as good practice. The instrument used is a drill, something like a brad-awl, but so pointed as to make no chips. A slit is made through the skin, and the drill is passed down to and through the bone. Having drilled once through the bone, the drill is withdrawn from the bone, but not from the soft parts, and by giving the drill a different slant or inclination, other holes are drilled in various directions through the bone at the seat of fracture. Splints are then applied, and the parts kept at rest. The surgeon should wait four or five weeks for a result.

If not successful, he resorts to other modes of treatment. The seton is one. It does not stand, however, very high with the profession. This is done by passing a skein of silk between the ends of the bone by means of a needle. The next one I should resort to, if perforation did not succeed, would be resection. This mode dates as far back as John Hunter. It has been revived lately, especially in army practice. It may be applied to the shafts of long bones or to the removal of long joints injured or diseased, and is received by the profession with much favor. In the case before us I think it can yet be used with success. Were I going to operate upon it I should prefer to do so soon, as the boy is growing and in good condition for recovery. The incision should be made from behind to avoid the artery. In oblique fractures, where the fragments overlap and fail to unite, the bones may be brought into apposition and secured by ivory pegs; and some recommend silver wire. Some use blisters over the point of fracture. Electricity is applied by means of wires passed down to the bone at the point of fracture. Cauterization is also used, but this is a somewhat barbarous mode of treatment; and some have applied caustic to the bone itself. It is proper for me to state, that all these varieties of treatment are sanctioned by good authority.

There are several methods of splinting a fractured humerus. One method would be, to put on splints from the shoulder to the elbow, and from the arm-pit to the elbow, with shorter supporting splints between. These splints would answer well enough for that purpose. A roller bandage should be applied from the wrist or hand to the shoulder, and by successive turns be made to envelop the splints and steady the parts. The arm should be brought to the side, and the wrist and fore-arm placed in a sling. The elbow and arm should be allowed to hang unsupported, that by its weight, it may keep the bone extended. This is the treatment given by Gross, of Philadelphia. Perhaps no better authority can be found in this country. It is to be regarded as skillful dressing. Hamilton recommends an angular side splint. Smith also approves of these side splints. Another method mentioned is, the application of a hollow splint to the outside of the arm, and a roller outside. (Witness here took up the longer of the short splints.) This splint would be long enough for the inside one at the seat of the fracture with the arm resting in the outside splint. This is a good splint. These three methods are the ones generally recommended by surgeons. Some would make splints of sole-leather, some of felt, stiffened with gum shellac, and others of tin or sheet iron. These embrace the range of splints for such fractures, and are sustained by good authority. either would be called skillful dressing. I should think these splints long enough and proper to be placed on this bone. I think a splint two inches longer than these, with these small ones on the inside, would be amply sufficient, and as well, perhaps, as surgeon Gross himself could dress it. If I found the patient restless, I would use the angular splint as an additional protection, otherwise these splints would be sufficient. I should examine it two or three days after the fracture to see if it was in place; it would not be necessary to remove the bandages. Surgeons sometimes apply a roller next to the skin, before applying splints. This practice has

been adopted by almost all surgeons, until recently; Some have now abandoned this mode. By enveloping the splints with the first roller, the arm is saved from being encumbered by too much dressing, and avoids too much heat; still it is good surgery to apply the roller to the skin before any splints are applied. It is only necessary for the surgeon to set the fragments and see that they are in place, to trace the outline of the bone while the dressings are on, and see that the fragments are in line and the dressings secure. It is not necessary to examine them otherwise for eight or ten days. If there is no active inflammation and the swelling had subsided, I would examine and re-adjust the dressings as before, perhaps a little firmer. If the hand should swell some for six or twelve hours, it will do no damage. It will not retard the repair of bone. It is the small vessels that do the work and furnish nutrition. The extremities may be blue from six to twelve, or even twenty-four hours, and still not retard the repair of bone: It is only when the bandage is applied so tightly as to produce inflammation, that gangrene and the death of the part result. It is my practice, and the practice of all good surgeons, to apply extension at any time when the case requires. There is no danger of gangrene from slight swelling of the extremities and blueness of the skin. I should call to see the case once in two or three days at first; after a few days, once in a week or ten days; oftener if there were any untoward symptoms to give me greater anxiety. In the case of fracture of the femur of which I spoke, I go once a week. Pus never forms without inflammation having preceded it. It is the result or product of inflammation. The question would be, has there not been too much inflammation? That, at the seat of fracture, is a frequent cause of non-union, by exciting absorption of the provisional callus or preventing its formation by provoking suppuration. This absorption may go so far as to remove a large portion of the bone itself. I would order a light diet—mostly, if not entirely, a vegetable diet—for the reason that I should expect these grave injuries—severe laceration of the arm, hand, and head—would produce a high degree of inflammation, such as would materially interfere (if not timely prevented) with the healing of the wounds. The vegetable diet should be prescribed at first, not wait until inflammation has set in. I have no such objections to the vegetable diet as some of the witnesses who preceded me. They did not seem to take into consideration the fact, that the vegetable, the wheat, the corn, and the oats take from the ground earthy matter, out of which to make tissue. We derive more earthy matter from vegetable than from animal food. From whence do such animals as the ox and horse derive the earthy matter to make their bone? Is it not from eating these vegetables? And when we, in turn, eat the animal food, as beef, we get the vegetable food, so to speak, second hand, from which the earthy matter has been sifted out to make the bones of the animal. This food furnishes not only material for bone, but fibrin; there is no lack of fibrin in the vegetable. This vegetable food, then, furnishes to the body the earthy matter which the boy wanted in the production of bone. The earthy matter has to be taken out to make bone. We do not eat bone. We do not deprive the system of its earthy matter by eating vegetable. He had in the vegetable all the necessary elements to produce

bone. He was nourished as well, and even better by vegetables, than he would have been by animal food. Had he taken animal food, he must have eaten some fat with every fibre. In this fat is carbon, which, passing into the lungs, is there consumed or burnt, and generates heat. In such an injury you want as little heat as possible, therefore vegetable diet is the best. In continuing vegetable, I would be guided by the case. If there was evidence of inflammation, and I still desired an absence of heat in the body, I should continue the vegetable diet. If I found that the vital forces were flagging, or if the patient were becoming emaciated, I would order a mixed diet. I have had experience in cases treated in this manner. I have treated thousands of cases in hospitals, suffering similar wounds. I can speak of the beneficial effects of vegetable diet from much experience. In these remarks, I speak from a knowledge acquired by treatment of thousands of cases for whom I prescribed this kind of diet. I have stated to the jury my views of the diet from the complications of the case and from the evidences now before me. In giving my opinion as to the proper treatment, I assume that the injuries occurred on the 20th Dec., 1862; that the period of treatment was five months and ten days, and I say that friction is the severest measure which should have been adopted. My professional opinion is based upon the facts before me, and upon facts assumed, as before stated; and, based upon these facts, I give it as my professional opinion that this bone might have refused to unite up to the thirtieth day of May next ensuing, under the best of surgical treatment. That it would not have been good surgery to have resorted to any more stringent means than that of friction. To resort to acupuncturing during the period named, would be in direct opposition to the opinion I have just given. It might have been delayed for six or even eight months, and be well endorsed as nothing unusual in good surgery. If the surgeon resort to more stringent measures to obtain union, there must be evidence of something more than non-union. The points of the bone must be rounded off and covered with a cartilaginous tissue. If, when the fragments were brought in contact, there was grating or crepitus, then there is the fact only of non-union. The condition of these fragments at the period of five months, may have been, and probably was, very different from their appearance now. They are now rounded off and covered with cartilaginous tissue; this may have been developing daily since that time. I do not know how the blood would deposit this ossific matter as it passes through the nutritive artery, from the fact that the blood does not contain this ossific matter. There is no bone in blood. In bone there is fifty-one per cent. of phosphate of lime, and twelve of carbonate of lime. We are unable to say that any phosphate of lime, as such, is contained in the blood. There is an insoluble salt which chemists find in the blood, about one part in the hundred; but they are unable to say how much, if any, is phosphate or carbonate of lime, or whether it is sulphate or carbonate of soda. There is phosphate and carbonate of lime, as I have stated, in bone; there is some in the animal tissues, and they enter into the formation of cartilage. There is a much less quantity of phosphate of lime in provisional callus than in bone; the plug that extends along the medullary cavity contains

about thirty per-cent., and that without about thirty-three per-cent. These are formed by the periosteum and internal periosteum. The bone cells of which I have spoken establish bony union within the structure of the definitive callus. I say union may take place without provisional callus. In fracture of the skull there is no provisional callus. The knee-pan will not develop provisional callus upon the inner surface, and but a small amount on the outer surface. Definitive callus forms in the spongy portions of bone, and fractures through the spongy portions of the bone are more likely to unite than in the shaft. The head of the humerus driven into the shaft, constituting impacted fracture, is united immediately and without provisional callus. (Witness explains anastomosing.) I do not, myself, know how anastomosis can take place in or through bone sufficient to establish collateral circulation. The gentleman to-day spoke of the ligation of the femoral artery—that when the main trunk is obliterated, the small branches given off above rapidly enlarge and establish what he termed a “vicarious circulation,” so as to keep up a supply of blood to the extremity; but if the trunk of this nutritive artery be destroyed, I do not see what is to anastomose. Whether the witness meant to say some artery from within would anastomose, I know of no such artery, and how an artery, which is a soft tissue, is to drill a hole through the solid shaft of bone, is beyond my comprehension; or that it will materially enlarge its calibre through the bone, is equally absurd.

This is the difficulty that meets me, sir, at the threshold of this anastomosing theory.

On the first of June, 1863, I could not have told, from the appearance of the boy's arm, what his previous treatment had been, whether skilful or otherwise. The appearance only shows non-union. The failure of the treatment would be no evidence of want of skill. If one of the fragments of bone appeared out of place at any time, it was the duty of the surgeon to put it in place or reduce the fracture and re-apply the pressing more firmly over the point of bone thus elevated. It would be proper to manipulate the arm to see how this should be adjusted, to the end that proper treatment might be applied. If properly coaptated, the wound being healed, I should presume the process of repair would be even more rapid than if there had been an open wound at the point of fracture. The system would have been in a much better condition for carrying on the repair at six weeks after the fracture than previous to that period. If the fragments of bone were then brought in apposition accurately, and there maintained, I see no reason why there might not have been a union of bone in three weeks from that time. I should have expected it (assuming that the nutrient artery was entire) in from three to four weeks, and even at two weeks provisional callus, under the circumstance related by the witness, might have formed. If the bones passed by each other, any course would have been proper which was necessary to reduce the fracture. Extension would, in that case, have been necessary. I do not think it possible for a person standing at the shoulder and another at the elbow, and with it flexed, to pull more than enough to antagonize the contraction of the muscles. It would have been necessary to make this extension to prevent the muscles from drawing the fragments past each other. •

Table showing the ratio of Exemptions from Military Service for mental and physical infirmities in the United States, France, Great Britain and Belgium.

Nations.	Years.	Ratio Rejected per 1,000 Examined.
United States	1863	. . . 314.02
	1864*	. . . 257.02
France	1831 to 1843	. . . 324.4
	1859	. . . 317.0
Great Britain	1832 to 1851, and 1860 to 1862	. . . 317.3
Belgium	1851 to 1855	. . . 320.6

The average measurements of the chests (at inspiration) of recruits, substitutes and drafted men, in certain States, was as follows :

New Hampshire, 34 62 inches ; Vermont, 36 5 ; Massachusetts, 34 83 ; New-York, 35 30 ; New Jersey, 34 87 ; Pennsylvania, 34, 92 ; Delaware, 35 ; Maryland, 35 42 ; Minnesota, 36 1 ; Kentucky, 33 58 ; Ohio, 35, 79 ; Michigan, 36. Total, 35 16.

The average height of the same persons were as follows :

New Hampshire, 5 feet 5.73 inches ; Vermont, 5 7.62 ; Massachusetts, 5 6.74 ; New-York, 5 5 5 ; New Jersey, 5 6.86 ; Pennsylvania, 5 7.08 ; Delaware, 5 05 ; Maryland, 5 5.93 ; Minnesota, 5 5.56 ; Kentucky, 5 7.02 ; Ohio, 5 6.64 ; Michigan, 5 8. Total height, 5 6.44.

THE VETERAN RESERVE CORPS.

The medical statistics of the Veteran Reserve Corps are very interesting.

The principal disabilities for which enlisted men have been transferred to this corps is as follows :

Gun-shot wounds, chronic diarrhoea, injuries, disease of the heart, rheumatism, hernia.

The ratio per thousand of gun-shot wounds greatly exceeds that of any other disability for which men have been transferred, (242.35, per thousand,) or nearly every fourth man in this corps has been transferred to it on account of disability produced by honorable wounds.

The list of injuries is not included in this report ; if it should be it would give a ratio of 326.72 per thousand, nearly every third man.

The prevalence of diarrhoea, in its several stages, in the army of the United States, for the year ending June 30, 1862, was 653.47 cases in every thousand men ; it is not, therefore, a matter of surprise that the ratio of this disease, in the disabilities of the Veteran Reserve Corps, in its chronic form, is found to be 91.56 per thousand.

Disease of the heart occurs in the ratio of 69.30 per thousand, or one in 144. This disease has been one of the most prolific causes for the discharge of men from the service. For the first two months of 1863, the ratio per thousand, discharged for disease of the heart, was 137. In chronic rheumatism, the ratio is 54.44 per thousand, or less than one in every 18.

* Supplementary draft.

THE SURGEON-GENERAL'S DEPARTMENT.

The total amount of funds received by this department for the year ending June 30, 1864, was \$12,268,988 08
 The disbursements were 11,025,791 33

One hundred and eighty-two general hospitals, with a capacity of eighty-four thousand four hundred and seventy-two (84,472) beds, were in operation at the date of the last annual report. During the Summer campaigns it was found necessary to establish additional ones and increase the capacity of those nearest the scenes of active operations, giving one hundred and ninety (190) hospitals, with a capacity of one hundred and twenty thousand five hundred and twenty-one (120,521) beds, on the 30th June, 1864.

During the year, the health of the entire army was better than is usual with troops engaged so constantly on active duty, and in arduous campaigns. No destructive epidemics prevailed in any section, and the number of sick and wounded, although large, has been comparatively small in the proportion it has borne to the whole army. At the close of the year, the number of sick and wounded, both with their commands and in general hospitals was less than sixteen (16) per cent. of the strength of the army. Of this number, 9.3 per cent. were sick, and 6.46 per cent. wounded. The number sick with their respective commands was 4 per cent., and in general hospitals, 5.3 per cent. of the strength. Of the 6.46 per cent. wounded, nearly one per cent. were with their respective commands, the rest in general hospitals.

The work of reducing the sick reports of the army has not advanced sufficiently to present a detailed statistical report of sickness and mortality during the year, but it is evident that the completed tables will exhibit a lower rate of mortality than in previous years. The deaths from disease during June, 1864, were 2.98 per thousand of mean strength; from wounds, 3.10 per thousand; total deaths 6.08 per thousand, or six-tenths of one per cent. for the month. During the same month of the previous year the total was 7.3 per thousands of mean strength, or over seven-tenths of one per cent.

There were furnished during the year to disabled soldiers 669 legs and 339 arms.

The Army Medical Museum continues to increase in value, and is already one of the most instructive pathological collections in the world. A descriptive catalogue is in course of preparation, an examination of which will, it is thought, fully establish the importance of this institution in connection with the surgical and medical history of the war.

An Appeal unto Cæsar. Being an Inquiry whether Homœopathic Physicians are Quacks, Charlatans, Impostors, Mountebanks, &c. By GEO. E. SHIPMAN, M.D. C. S. Halsey, 147 Clark-st., Chicago. 1865. pp. 30.

AN open and virulent attack upon the whole homœopathic school of medicine by a few physicians of Chicago in a court of justice furnishes the author of this pamphlet with an opportunity to defend homœopathy. In doing this he wields a scalpel which knows as little about mercy as a Pottowatomie scalping-knife. We formerly had some personal knowledge of these old-school champions. Perhaps we should not know them now; it might be difficult to recognize a man after he has been *skinned alive*.

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Original and Translated Papers.

ARTICLE XVI.—*Foreign Bodies in the Ear.* By E. M. HALE, M.D., of Chicago.

It was not the original intention to incorporate in this treatise anything relating to aural surgery proper. But we can not omit the treatment of those accidents, which bring about the presence of substances in the ear, introduced from without.

Children occasionally stick into the ear glass beads, fruit stones, kernels of corn, and the like; and it is not uncommon for insects to creep into the ears of older persons, causing extreme discomfort and even severe suffering.

But however much such foreign substances may annoy the patient, the *presence of these bodies in the ear is less injurious than the attempts to remove them.* The injurious consequences which have resulted from the harsh and injudicious attempts of laymen and even physicians, should warn us to treat such accidents with the greatest caution.

In Wilde's Aural Surgery, are recorded several cases in which a too energetic and meddlesome treatment, brought about quite a tragic ending.

Troltsch mentions a case where the attempts of a surgeon

to remove a piece of bread from the ear of a servant girl, caused bleeding and excessive pain, and resulted in severe and extensive inflammation of the auditory canal, followed by several subcutaneous abscesses.

The same writer rightly thinks that such a foreign body had better be left to itself. He cannot see how its presence can do harm, as it would probably get out of itself; or if any efforts were made to remove it, only warm water should be resorted to.

In fact the best aural surgeons now-a-days teach that if an insect or any animal gets into the ear, the best thing to do is to fill the ear with warm water. The animal will thus be drowned, and fall out, or will creep out. Never put oil in the ear in such cases, as has been sometimes ordered, for it only makes the matter worse.

We can scarce believe what ridiculous and laughable expedients have been suggested for the removal of foreign bodies from the ear.

Itard recommended leaving seeds in the ear till they sprouted, when they were to be removed by the sprouts! This was certainly better, however, than pushing them in upon the tympanum and rupturing that membrane.

Bernont (1834) reported that he had removed a bean by placing a leech upon it.

A great number of forceps, nooses, perforators, &c., have been invented for the removal of foreign bodies from the ear. Some of them are of very complicated construction, and the most of them are useless. A slender, delicate forceps may be useful in some cases, but in nearly all instances the injection of warm water will prove far more useful, and much oftener successful than any mechanical contrivance.

When in case of a foreign body in the external auditory canal, a small quantity of tepid water is injected with moderate force, the water will collect behind the body and wash it out, or dislodge it so that the removal can be completed with the angled forceps, or with any thin and broad body, acting as a lever. If, however, there is no room between the walls of the canal and the foreign body, we will only incur danger with any of these instruments by sinking the body still deeper, and of

pushing it against the drum of the ear, whereby the condition of things will be made considerably worse.

If, however, the swelling of the auditory canal does not disappear, and if after repeated syringing it is impossible to remove the foreign body, Troeltsch recommends that cataplasms be applied in order to develop suppuration, and thereby bring the foreign body to the surface. He adds: "If a case came under my observation where a wedged-in body produced such symptoms that an energetic treatment for its removal was indicated, and delay as above recommended was not practicable, I would hasten to remove it by an operation in which an opening should be made through the wall of the auditory canal, allowing us to fasten on the body from behind and thus remove it."

Troeltsch would not however adopt the method of operating in vogue with aural surgeons—namely, by a crescentic incision *behind* the ear. He would enter *from above*, thus choosing another position for the incision. The reason for this departure are fully given by that author in his work to which I refer the surgeon who may have occasion to operate in such cases, which are happily very rare.

Finally, in relation to foreign bodies in the ear, Troeltsch calls attention to a class of cases which demand our careful attention. Irritation of the auditory canal, especially when from the long continuance of foreign substances, may produce effects which often locate themselves in other new channels, and are capable of making a long-continued source of trouble. We may thus look to the ear, oftentimes, for an explanation of many seemingly far removed disturbances of the system.

Thus, contact with the auditory canal often produces tickling in the throat, and the introduction of an ear-speculum causes many persons to cough. These reflex nervous phenomena must depend on the supply of nerve material from the pneumo-gastric to the epidermis of the auditory canal. Some persons experience sensations of dizziness when syringing the ear; and masses of cerumen pressing on the ear excite such symptoms. Such patients are often considered as laboring under cerebral disease.

Pechlin mentions a case in which touching the external.

auditory canal excited severe vomiting. It will be well for the physician to remember this fact when he is treating some cases of obstinate vomiting, from no apparent cause.

Arnold tells of a girl who suffered from a severe cough and expectoration, often returning, and thereby causing much emaciation. On closer examination she confessed that she placed a bean in each ear, as she had been advised to on account of noises in the head. The removal of these beans was accompanied by severe coughing, vomiting, and sneezing. The symptoms then ceased and the girl fully recovered.

Children, too young to give their symptoms, are sometimes attacked with fever, restlessness, rolling of the head, cries on being lifted up, and *vomiting*. We think we have a meningitis to deal with, when after a few days a discharge from the ear takes place, and the "brain-symptoms" disappear suddenly.

Toynbee records a case of severe cough which was not alleviated by treatment, but which ceased as soon as a piece of necrosed bone was removed from the auditory canal.

Boyer relates a case where a girl who suffered from epilepsy, atrophy of one arm, and anæsthesia of an entire half of the body, was cured from *all* these symptoms by the removal of a glass ball from the ear, which she had placed there eight years before.

Wilde relates a case of epilepsy and deafness which, according to the view of the observer, arose from the presence of a foreign body in the ear, and was relieved by its removal. It is well known that epilepsy and other nervous diseases can occur as reflex symptoms, and from the pathological irritation of peripheral nerves, as well as from the irritation of the nerve-centre itself. When we consider these facts, and the supply of the ear, in sensory branches from the trigeminus and pneumogastric, taken in connection with the above experience, we will not too generally assign other causes for extraordinary symptoms, until we ascertain if there be not a possibility of their arising from the ear, the minute and careful examination of a patient as recommended by Hahnemann, should be followed in nearly every case of disease which comes under our care. By so doing we may often avoid those errors in diagnosis which are too apt to plague the physician and injure the patient.

If, as will sometimes necessarily happen, even with the most careful manipulation, the inner ear has been irritated by the operation for the removal of foreign bodies, we may use certain remedies in the following manner:—Put ten drops of the mother tincture of the remedy indicated into one ounce of warm water, and with a syringe, inject a part of it gently, or pour it from a spoon into the ear, and allow the liquid to remain in the canal a few minutes.

For simple *erythema*: Arnica, Aconite, or Gelseminum.

For abrasions, excoriations: Calendula, or Hydrastis.

For contusions: Arnica, Conium, Hamamelis.

For hæmorrhagia: Hamamelis, Erigeron (tincture).

The presence of foreign bodies in the ear often causes the most intense irritation of the nervous system, with fright, and in children, spasms even. To palliate this condition give Coffea, Aconite, Scutellaria, Cypripedium, Valerian, or Ambergris, internally, repeating the dose every few minutes. In the nervousness which remains after operations on the ear, the same remedies are indicated. In one case, of a child where the foreign body could not be immediately removed, the symptoms of nervous erethism indicated Morphine, and the 3d trituration was given, one grain every hour, with the happiest effects. Such may be the restlessness and irritation, that it may be necessary to place the patient under the influence of chloroform, while we extract or wash out the irritating substance.

ARTICLE XVII.—*Cures by one Remedy.* Read before the N. H. Homœopathic Medical Society at its Thirteenth Annual Meeting, held in Concord, June 21, 1865. By J. H. GALLINGER, M.D.

THE question as to the propriety of alternating homœopathic remedies, under any circumstances, is one that has attracted marked attention, and elicited much discussion from the thinking members of the profession. But however enthusiastic the advocates of an alternating practice may become in support of their views, it is an indisputable fact that we

are becoming too careless in our prescriptions, and too much indisposed to bestow the amount of study necessary for the proper selection of the appropriate remedy. How common it is, at the present day, for physicians of our school to prescribe three, or even four remedies at the same time, apparently indulging the belief (as the ancients did when they compounded their mixtures of two hundred ingredients) that surely one of the number must prove beneficial. And when we take a retrospective view of homœopathy, and compare the labor and anxiety of our fathers, in their efforts to make a proper selection, with the random practice of many of our physicians at the present time, the contrast is sufficiently striking to teach us an important and useful lesson. No guess-work was permitted to influence their choice—no considerations of convenience or profit were allowed to divert their minds, but every symptom, however minute, was carefully studied and compared, and the remedy determined upon only after the most searching investigation. But how different the present custom! How few of our number are in the habit of giving to their cases the necessary amount of study to enable them to prescribe with any degree of accuracy. And how many failures in practice may be directly traced to the indolence and carelessness of the physician in this respect. This is the experience of us all—at least of a majority of us—and it cannot be unprofitable to occasionally sound the alarm and point to the danger that lies in our path. More than once have we seen physicians of respectability and standing in our ranks prescribe Ac., Merc., and Nux for dysentery, in alternation; Ars., Nux., Podophyllin for diarrhœa; Ac., Bry., and Phos. for pneumonia, and so on *ad infinitum*, occasionally capping the climax by adding a fourth remedy to the list. And while we would confess to a little irregularity in this respect ourselves, we are constrained to ask, is this homœopathy? Is it a faithful carrying out of the great law of cure, upon which our fabric is built, or is it not rather a system of guess-work, unworthy the name of homœopathic practice? When a cure is effected in this way, how difficult it is—yea, impossible—to determine the precise honors due each drug—but, on the other hand, when a cure follows the administration

of a single remedy, how pleasing it is to see in the effect a dim picture at least of the curative powers of the agents—and this pleasure is in direct proportion to the amount of study bestowed upon the case. For ourselves we have always felt, since embracing homœopathy as a truth, that the nearer we come to prescribing a single remedy at a time, the nearer will we be to giving a practical application to the truthful simplicity of our fundamental law of cure; and although, for want of knowledge regarding the pathogenesis of the various drugs in our materia medica, we have many times found it necessary to alternate remedies, yet the conviction still rests upon our minds that it would be much better, both for ourselves and the cause, if we studied the materia medica more, and prescribed, so far as possible, a single remedy at a time. The day is fast approaching when the heresy of mixing medicines will be pressed upon our attention, and it behooves all those who have the interests of homœopathy truly at heart to adhere firmly to the established principles of our science. Let the speculations of the past and the fallacies of the present alike be rejected; let the mischievous errors that lazy practitioners and hair-brained theorists are attempting to impose upon us be carefully avoided; but at the same time let us strive to gain a new inspiration for the cause, and feel a deeper interest in the maintenance of the blessed truth upon which it rests.

If homœopathy is not a delusion—if “*similia similibus curantur*” is a great truth rather than a monstrous absurdity—then it is manifestly our duty, as homœopathic physicians, to rigidly adhere to the fundamental principles that underlie the system, and to carefully guard against the introduction of anything erroneous, or at variance with demonstrated facts into our practice. Without necessarily being Hahnemannists, let us be consistent homœopathists; without of necessity resorting to infinitesimal doses, let us beware lest we fall into the opposite practice; without restricting ourselves, in all cases, to the administration of a single remedy at a time, let us fortify ourselves against countenancing a routine practice of alternating remedies that has no higher claim to our confidence than the boasted experience of some indolent and empirical physician of our school. In short, let us regard our

materia medica as a treasure too valuable to be lightly dispensed with; and let us glean from its precious pages, by faithful, persevering investigation, a knowledge of its teachings, without which we can be at best but indifferent practitioners of a system that should command our best energies and our unremitting study.

In looking over our note-book for the past year we find that many of our best cures, both in acute and chronic cases, have been made by a single remedy, a few of which we will briefly relate:—

CASE I.—*Prolapsus Uteri Cured by Belladonna.*—During convalescence from diphtheria, patient overworked herself and brought on prolapsus. Complained of severe pain in the uterine region, extending to the small of the back; dragging sensation about the hips, with partial retention of urine; severe headache, chilliness, pain in stomach, &c. Patient was hysterical, and uttered loud cries.

Prescription.—Belladonna ϕ , three drops in twelve teaspoonsful of water, a teaspoonful every hour. After the first dose the intense pain rapidly disappeared, and in a short time patient was sleeping soundly, from which she awoke in the morning feeling usually well.

CASE II.—*Diarrhœa Cured by Nux.*—Mrs. M., aged forty-three, has been subject to diarrhœa for the past three years, the attacks lasting, under allopathic treatment, from one to three weeks. Is now suffering from an attack which commenced three days ago. Has severe pain in bowels and head, with extreme debility. Discharges frequent—thin and fœtid—with pain in epigastrium immediately before and during stool. Prescribed Nux 3d, six drops in twelve teaspoonsful of water, a teaspoonful to be taken every hour till better. Saw patient eight hours afterwards, and learned that she had not had an operation since taking the first spoonful of medicine. Head feels much better; pain has left the bowels; has had a refreshing sleep; skin is cool and moist. Discharged cured.

CASE III.—F. P., aged five years, had diarrhœa of a watery character, attended with burning pain. Arsenicum was prescribed, and the trouble immediately disappeared.

CASE IV.—Painless watery diarrhoea of three days standing. Cured by three powders of Arsenicum 4th.

CASE V.—*Hydrothorax Relieved by Arsenicum*.—Patient has suffered very much for years from what physicians have denominated hydrothorax. She has consulted physicians of all schools, except the homœopathic, but has never been benefitted to any extent. Expects to die very soon. Arsenicum (two doses daily) was prescribed, and at the expiration of a month she reported herself greatly improved, and is now, at the end of three years, enjoying better health than for a long time before.

CASE VI.—*Paralysis of Neck of Bladder Cured by Cantharis*.—A. T., aged, thirteen, has been subject to enuresis from early childhood. Urine is discharged involuntarily and with great frequency. A single dose of Cantharis relieved the trouble, and upon its recurrence some time afterward, it was permanently relieved by the same remedy.

CASE VII.—Chronic pain in right side, of thirteen years' standing. Entirely relieved by Bryonia, 3d.

CASE VIII.—*Amaurosis after Diphtheria*.—Cured by Gelseminum ϕ , half-drop doses every third hour. Another case of amaurosis, in which the Gelseminum failed, was wholly restored by the use of electro-magnetism.

CASE IX.—*Sick Headache*.—Has had it from childhood, but not so severely as recently.—During the past few months the attacks have been as frequent as twice or three times per week. The most striking peculiarity in the case is that the pain is almost wholly over the left eye. Coffea gave immediate relief and is now employed by the patient whenever a recurrence of the pain is experienced.

CASE X.—Was similar to the one just mentioned, except that the pain was experienced over the entire frontal region, and nausea was a more common accompaniment. Nux was prescribed, and the pain vanished.

CASE XI.—*Hysteralgia Cured by Macrotin*.—This case was treated allopathically for some time without benefit. The pain was excruciatingly sore, so much so that the patient uttered loud cries during its continuance. Regarding this disease as one of much importance, and one, too, that is fre-

quently confounded with other diseased conditions, we will take the liberty of quoting Dr. Bennet's remarks on the subject, premising them by saying that in every particular they agree with the case under consideration. "In real uterine neuralgia," says Dr. Bennet, "the pain is principally situated in the uterus itself, to which it is referred by the patient throughout the attack. This pain, generally speaking, comes on suddenly, without being preceded by any premonitory symptom, unless it be a slight numbness. A few minutes before and after the attack, the patient may be perfectly well and free from pain; whereas, during its existence, she is often rolling in agony on the bed or on the floor. Real neuralgia is essentially intermitting in its character, returning for a limited time, at stated intervals, during the twenty-four hours—sometimes oftener. They last from an hour or two to ten or twelve. An attack is composed of a series of paroxysms, each of which is followed by a period of comparative freedom, of variable duration. During the attack, pains are also felt in the lumbo-dorsal, ovarian, and other uterine regions; and there may be exquisite cutaneous sensibility of the abdominal region. All these pains, however, disappear, along with the uterine tormina, as soon as the attack ceases. The patient then rallies, and, in some cases, loses so completely all painful sensation, that were it not for the recollection of the past and the fear of the future, she would scarcely know there was anything amiss with her. On examining a patient who presents these symptoms, during the interval of the attack, the cervix and body of the uterus are sometimes found healthy and free from all morbid sensibility. Occasionally, however, some lesion is discovered, which is evidently the origin of the neuralgic symptoms; such as a fibrous tumor developed in the tissue of the uterus, or an ulcerated state of the cervix. In these cases we find the neuralgic attacks coexisting with the symptoms which are peculiar to these morbid states."

In the case under consideration there could be no mistake in the diagnosis, and remembering the relation that *Macrotin* bears to the uterus, and especially bearing in mind its virtues in the treatment of rheumatic and neuralgic affections, it was determined to give it a trial. Accordingly a powder of

th 2d dec. trituration was administered and repeated in two hours. The severity of the paroxysm was considerably mitigated and its duration shortened, and by continuing the use of the remedy three or four times daily, no more trouble was experienced. The cure was complete and permanent.

CASE XII.—So many cures of enteralgia by Colocynth have been reported that it may seem superfluous to add another to the list—yet when the most intense suffering is instantly relieved by a single dose of an attenuated remedy, it is certainly worthy of record. Was called in great haste to see a patient who was reported to be suffering extremely from pleurisy. Found him in great pain, tossing from one side of the bed to the other, uttering loud cries at each inspiration, the entire body being covered with perspiration. An examination of the case plainly showed that it was an attack of colic instead of pleurisy, and accordingly Colocynth 3d, was administered. Immediately after taking the medicine patient became quiet, and in less than five minutes was in a sound sleep. Directions were given to repeat the medicine if the pain returned, but upon calling in the morning we learned that patient slept quietly during the night, and awoke in the morning entirely free from suffering.

CASE XIII.—Patient has suffered for years from severe attacks of asthma, and has been treated both allopathically and homœopathically. Has taken Arsenicum, Ipecac., &c., without marked benefit. Prescribed Lobelia ϕ , in drop doses, which gave decided relief, and is now used whenever asthmatic symptoms threaten an attack.

CASE XIV.—*Prolapsus Ani cured by Hamamelis.*—Child has suffered more or less for two years. Prescribed two or three drops extract of Hamamelis four times daily, with injections of the same morning and night. In a few days relief was obtained, and the cure has proved permanent. The same remedy has been successfully used by us in two severe cases of hæmoptysis, and in several cases of hæmorrhoids, with the most gratifying results, and as an injection in menorrhagia and metrorrhagia, it many times acts like a charm. In short, from a limited use of the agent we can testify to its great merits in the treatment of all internal hæmorrhages, and trust

that it may receive proper attention from the physicians of our school.

These cases, hurriedly selected, will serve to illustrate and enforce our remarks on this subject. Although not *brilliant* cures, they were *gratifying* ones, inasmuch as they were effected by the agency of a single remedy. Would that such cures were more common, and the random, guess-work practice that we all indulge in to a greater or lesser extent, forever abandoned. Let us then endeavor to simplify our prescriptions by becoming more faithful students of the *materia medica*, that great storehouse of knowledge from which we should draw all necessary supplies to aid us in the successful discharge of our professional duties.

ARTICLE XVIII.—*Trichinasis.* By S. LILIENTHAL, M.D., of New-York.

DR. Bohler, of Plauen, has witnessed two epidemics of that disease, and published a work on that disease, "Die Trichinenkrankheit und die Behandlung derselben. Plauen, by Hoffmann, 1863." As pathognomonic symptoms he gives: sudden swelling of the face, especially the lids, not painful, except through its tension; fever with quick pulse and copious, often foul smelling perspiration; painfulness and difficulty of moving upper and lower extremities; muscles swollen and tense, painful to pressure or motion; semiflexion of the extremities even to immobility and highest sensitiveness; catarrh of stomach and bowels with red, slightly coated and dry tongue; œdema of the feet and legs, when the swelling of the face goes off; anasarca. He saw the most benefit from Arsenicum. Drinks recommended for trial: Camphor, Mercur., Sulph., Phos., Kreosot, Terebinthina. Dr. Bohler and his son in law, Dr. Kœnigsdorffer, found in most cases the swelling of the face as first symptom, even so, that in several cases he suspected patients right off, to be affected from trichinæ. For the first eight days after the use of the infected meat or sausages, the patients felt well enough; in the second week they complained of spasmodic drawing in abdomen, and

pains over all extremities; on fifteenth and sixteenth day, chilliness, and on the seventeenth they awoke with the characteristic swelling of the face; and then only the physician was consulted. Before trying the specific homœopathic remedies, he proposed to give Anthelminthics, to be followed by a laxative, in order to remove quickly any trichinæ which may be yet in the bowels, and thus to cut off their further immigration to muscles. He begins his treatment with Santonine Gr. v of 1st cent. tritura. (gr. v), then $\frac{1}{4}$, $\frac{1}{2}$, $\frac{1}{4}$ gr. in repeated doses for one or two days, followed by Infus. Sennæ. The examination of feces showed a large quantity of trichinæ. Dr. Anstensen, of Quedlinburg, gives the following case: Being called to his patient, he found him in bed, with swelled, red face, injected conjunctiva; oppression in chest; complaining of a peculiar drawing and painfulness in all extremities; pulse quickened and skin perspiring. Gastric symptoms were yet wanting. His wife suffering from a similar facial œdema, complained also of general malaise, but had no fever. The servant girl suffered from the same symptoms; and suspecting trichinæ from the eating of sausages, he ordered a saline mixture to every member of the family. The next day the eldest son got œdema faciei, but showed other symptoms in less degree, slept better, kept up his appetite, and could attend to business. A younger brother, who took also the laxative, escaped entirely. The servant girl, who refused the purgative, suffered the most. Of eleven persons who ate from that pork, one died, the wife of the butcher.

Now for the cure. In the first stage, when promptly diagnosed and where no diarrhœa has yet appeared, the only indication is, to kill the trichinæ as quickly as possible and to rid the bowels of them, therefore, Anthelminthics and purgatives. From Arsen. in small doses he has not seen much effect. He used also Kali-piconitricum in gr.j doses, till icterus showed itself, but the effect was doubtful.

Dr. C. Hering says, in the A. H. Z., July, 1864: Any one comparing the symptoms of trichinosis with our M. M., will think before all on Apis. There we have the characteristic facial œdema, especially of the eye-lids, even to hideousness, without redness and painfulness, or red and puffed up. Pho-

tophobia, reddened conjunctiva, watery secretion of the eye; swollen and tumefied abdomen, hoarseness and painfulness when talking; the great painfulness, especially to the touch and to the slightest impression; skin painful to the least touch; furuncles and glandular inflammation; falling off of the nails; general anasarca even to œdema of the thighs; only the spreading of the œdema from above downwards, instead of from below upwards we do not find in Apis. All slow poisonings, when they form œdema, begin from below. Although this symptom is mostly left unobserved, Hering considers it *the* symptom, and the remedy must have in it the contrary direction. But perhaps this is of less moment in trichinosis. We have also to consider that the muscular symptoms are not found in Apis, nor the red and painful tongue, which can scarcely be moved, nor the catarrhus ventriculi, or the diarrhœa produced by the smallest quantity of food. We must not put too much weight on the oppression of the chest, anxiety, faintness, the great debility, the typhoid symptoms even to delirium, oppression of the head to vertigo. We would, perhaps, mention its antidote and complementum, the *Natrum-muriaticum*, but only high, and for many cases *Lycopodium*, but also high. The reported deaths could perhaps have been obviated by it.

How would it be, to kill the trichinæ by *Tellurium*? for the use of purgatives is sheer nonsense. The peculiar garlic smell of it, after ever so small a dose of it, would give us a hint, especially as we know how all worms hate that smell.

Dr. Kafka believes also, that only in the second stage we find the pathognomonic symptoms of the emigration of the trichinæ from the bowels to the muscular flesh. J. Vogel gives the following interesting definition of the characteristic symptoms of trichinosis: "in the second stage at the beginning of the emigration we have a severe abdominal irritation; when hundred thousands of trichinæ perforate at once the gut, we find in animals, symptoms of enteritis and peritonitis; in man, only colicky pains, a diarrhœa more or less profuse and obstinate was observed, or stipsis; high fever. During the migration arise (by mechanical irritation) affections in the nerve-fibres, in the sensible, motor, and sympathetic; there-

fore painful sensations, analogous to rheumatic affections, also local disturbances of the circulation (irritation of the blood-vessels, reaction of irritated nerves). Thus we explain the facial œdema, as the muscles lie here under the skin without fascial covering. In the muscles the motor branches of the nerves get irritated, thus the muscular stiffness, the painfulness, especially in stretching, the debility. Special muscular disturbances are produced by the migration to certain muscular groups. Dyspnœa by the affection of the diaphragm, of the intercostal muscles; hoarseness by the affection of the laryngeal muscles; difficulty of eating, of chewing or speaking by the affection of their respective muscles; the fever consumes particles of the blood, favoring anæmia and hydræmia.

Keeping strictly before us this migration, we oppose to it inunctions of Unguentum-hydrarg. to the affected parts in warm rooms, and with the usual care and foresight: for we all know, that Mercury, thus incorporated in the organism, penetrates it most quickly, killing all parasites in it. Is the anamnesis right, that suspicious pork was consumed? were the patients for some days dyspeptic? do they suddenly complain of colic with diarrhœa and tenesmus, and pale swelled face with pains in the extremities, aggravated by extension, or with dyspnœa or difficulty of swallowing, chewing, or speaking? then rub portions of Unguent-hydr. on the abdomen, then the upper, then the lower extremities, or change to the sides of the thorax, or the neck; about one scruple to one-half drachm *pro dosi*, once or twice a day, and continue with the inunctions, till the patient's breath gets foul. As soon as thus the organism is sufficiently filled with the Mercury, we stop and give a warm bath. If the diarrhœa and all other symptoms improve, then we know that the trichinæ have died. Salivation even is better than a continual migration of the trichinæ.

Only in the third stage, where the sacking or capsuling of the trichinæ appears, showing itself by severe and painful diarrhœa, or by paralysis of the rectum and bladder, by a high degree of anæmia and anasarca, high fever, muscular pains, sometimes by gangrene of the dropsical genitals, or by decubitus with extreme debility, do we find from the totality

of the symptoms, indications for Arsenicum or Chininum-arsenicum, with strengthening meat diet and wine or beer.

A quick destruction of the trichinæ is the prime indication. So far experience has shown, that homœopathic dilutions are not able to destroy the acarus, or other worm in its different habitations.

ARTICLE XIX.—*Constipation of Ten Years' Standing Cured by Lachesis.* By CHAS. C. SMITH, M.D., Stamford, Conn.

LACHESIS is a remedy but little used by the profession,—some ascribe to it great curative properties, while others ignore it altogether, and assert that it is of little if any use as a medical agent.

I have generally found, however, that those practitioners who have been unfortunate in eliciting any satisfactory response from this drug in disease, invariably used the low potencies, the third or sixth, whereas had they used the thirtieth, it would have acted promptly and satisfactorily, as in the case I, herewith, present to the readers of the JOURNAL.

A young lady of a bilious-lymphatic temperament called at my office, and desired me to treat her for chronic constipation. Upon examination I discovered that she had been suffering in this way for about ten years, a greater part of that time being obliged to resort to daily injections of warm water to relieve her bowels. She complained but little of pain, but rather of a weight, fullness and pressure in her bowels, accompanied with a good deal of flatulency.

In regard to her stools, she stated they were natural in their appearance as a general thing, but they were never evacuated without the use of the warm water, which she had grown tired and weary of using.

Fortunately she was a person of great intelligence, and had sense enough to know that the use of purgatives would make her difficulty worse instead of better; and she, therefore, had nothing, whatever, to do with them, resorting solely to the use of the syringe, which undoubtedly kept her in a better condition to be cured when she met with the proper means of relief,

than if she had lived during that period upon "Brandreth's Pills," or Aloes and Gamboge in any other form.

I commenced the treatment with Nux and Bryonia 6, to be taken night and morning alternately, with instructions to drink a glass of cold water every night at bed-time.

I saw her about a week after this, and she stated that she was somewhat improved, having had two natural stools, but these, however, were several days apart and her great desire was to be, if possible, perfectly regular.

I repeated the medicines, and, in the same length of time, the result was as before.

She again received the same remedies, but this time in the third dilution, and yet, after due time, they seemed incapable of bringing about any further change for the better.

I now resorted to the next best indicated remedy, having found that those already used had only a limited action in the case, and would not go a step further.

This remedy was "Lachesis," which I gave in the thirtieth dilution, one drop in half a tumbler of water, a desert spoonful to be taken morning and night for four days, at the end of this time stopping all medicine.

In about ten days my patient called, and stated that she was decidedly improved, having had a natural evacuation regularly every other day after taking the second or third spoonful of **medicine**. I told her I would not give her another prescription at present, but desired to let what she had just taken, continue its action, and requested her to call in a week or ten days. The next visit my patient reported herself perfectly regular, having a stool every day without any trouble whatever, and she has laid aside the instrument, which had almost become a part of herself.

Two months have now elapsed and my patient continues perfectly well.

ARTICLE XX.—*Pathogenetic Effects of Opium.**

IN the *Journal of the Austrian Homœopathic Society*, Vol. I., p. 3, 1862, is a new proving of *Opium*, conducted under the superintendance of Dr. Eidherr. The history of the symptoms

* Brit. Jour. of Homœop.

observed day by day in each prover are minutely detailed, but our space will not allow us to reproduce these histories. We must, therefore, content ourselves with laying before the reader the gross results of all the provings as summed up at the end of the paper. Though Opium is one of the medicines of the first volume of Hahnemann's "Pure Materia Medica," it is one of the most imperfectly proved of the Hahnemannic medicines, and though the symptoms recorded by him are pretty numerous, amounting in all to 662, nearly four-fifths of them are taken from the writings of various authors, and these sources are, in many cases, of indifferent purity, as shown by Dr. Langheinz in our last volume (p. 17 seq.) We are, therefore, much pleased that the proving labors of the Austrian Homœopathic Society should have been directed to the perfecting of our knowledge of the pathogenetic effects of this most important medicinal substance. Without further preface we proceed to transcribe the symptoms observed.

REGISTER OF THE SYMPTOMS OF OPIUM.

Names of the Provers and their abbreviations.—Alb, *Ab.*; Bresslauer, *Br.*; Duditsch, *Dsch.*; Eidherr, *Er.*; Freud, *Fd.*; Jenitschek, *Jen.*; Jenitschek's son, *Jen. s.*; Schauer, *Schr.*; Stern, *Stn.*; Szontagh, *Szg.*; Tedesco, *Tco.*

All the above are medical men in the prime of life, except Duditsch, who is a medical student, and Jenitschek's son, a child of nine and a half years.

Further Abbreviations.—*Dil.*, Dilution; *Tr.*, Trituration; *M. T.*, Mother Tincture; *h.*, hour; *s. hs.*, several hours; *min.*, minute; *w. t.*, with the; *tkg.*, taking; *aft.*, after; *im.*, immediately; *r.*, right; *l.*, left.

MIND—Every attempt to *think continuously* was unsuccessful. *Er.*, $\frac{1}{2}$ h. aft. tkg. 1 dil.

Nevertheless his mental powers were so dull, that he did not know what he was doing. *Er.*, 35 min. aft. tkg. *M. T.*

His memory had lost its clearness, he could not follow a continuous subject of thought. *Er.*, 2 $\frac{1}{2}$ hs. aft. tkg. *M. T.*

The mind, which was at first active, had become slightly exhausted. *Er.*, 1 $\frac{1}{2}$ h. aft. tkg. *M. T.*

He was overpowered by sadness, lack of thought, and inability

to think, to such a degree that he felt unequal to any intellectual labor; and finally general prostration. Schr., s. hs. aft. tkg. M. T.

During his professional occupations, there occurred great forgetfulness, timidity, combined with a half-staggering excited state, so that he once ran in danger of being run over by a carriage. At another time he went right up to some horses that were coming along, and which he could have seen. Jen. s. hs. aft. tkg. 1 dil.

A certain vehemence in doing his business, also his thoughts flowed more rapidly, but their quality was not altered. Szg., w. t. M. T.

DISPOSITION.—*Cheerful humor*, and very acute hearing. Er., 25 min. aft. tkg. M. T.

During the day he was very cheerful and good humored. Jen., w. t. 1 dil.

10. *Irritation*.—Jen., 1 dil.

Humor very *bad*. Jen., 1 dil.

Lachrymose humor. Jen. S., M. T.

Depressed spirits and indisposition to work. Schr., 8 hs. aft. tkg. M. T.

Discomfort.—Stn., M. T.

Slight uneasiness. Schr., hs. aft. tkg. M. T.

HEAD.—Confusion of head. Dsch., 10 min. aft. tkg. t. dil.

The confusion of the head continues after eating, Dsch., 23 min. aft. tkg. t. dil.

Confusion of the whole head. Br., 1 h. aft. tkg. t. dil.

The head was confused on the l. side; this confusion extends towards the r. temple, where it remains. Br., $\frac{1}{4}$ h. aft. tkg. t. dil.

20. Confusion of head in r. frontal region, which is somewhat hot to the feel. Br., im. aft. tkg. t. dil.

Intolerable confusion of head, especially in frontal region. Schr., 6 hs. aft. tkg. t. M. T.

Confusion of head without pain. Stn., w. t. M. T.

Confusion of head as after taking alcoholic drinks. Stn., 1 h. aft. tkg. t. M. T.

Confusion of occiput coming on in the evening and lasting two hours. Stn., 10 min. aft. tkg. t. M. T.

Some hours after dinner there occurred a certain dulness and confusion of the head, which soon changed into an aching sensation spreading forwards on the orbits and backwards to the nape. Tco., s. hs. aft. tkg. t. M. T.

The head, especially in the frontal region, was much confused, with thickly furred tongue, insipid taste, redness of the conjunctiva palpebralis, increased secretion of tears, prostration and cross humor. Jen., t. day aft. tkg. t. M. T.

Slight confusion of the head with vertigo on looking r. or l. (Looking straight before him and bending the head forwards caused no vertigo.) Er., 25 min. aft. tkg. t. M. T.

Heaviness of head, especially of the forehead. Er., $\frac{1}{2}$ h. aft. tkg. 1 dil.

Vertigo. Er., aft. tkg. t. 1 dil.

30. Fulness of head with singing in ears and throbbing in the blood-vessels of the head, perceptible to the hearing and touch. Jen., im. aft. tkg. t. 1 dil.

The cigar to which he was accustomed, when he attempted to smoke it, caused vertigo, great nausea, inclination to vomit, cold sweat, which spreads all over the body, and trembling of the limbs. A glass of water instantly removed this state of things. Er., $3\frac{1}{2}$ hs. aft. tkg. t. 1 dil.

In the right frontal region aching stupifying pain. Dsch., 23 min. aft. tkg. t. dil.

After dinner he felt unwell, then came on aching pains in the forehead and occiput, with confusion of the head, staggering feeling, alteration of the taste, disinclination for tobacco, increased flow of saliva, slight nausea, sensation of water-brash, symptoms which lasted all the afternoon, and only gradually went off towards evening. Tco., s. hs. aft. tkg. t. 6 dil.

An oppressive headache lasting several hours after smoking an Italian cigar to which he was unaccustomed. Tco., w. t. 6 dil.

Aching pain in the forehead, that lasted several hours, but was followed by refreshing sleep. Tco., s. hs. aft. tkg. t. M. T.

In the afternoon hours there occurred an aching, sometimes throbbing, headache, that went from behind forwards through the median line. Jen., w. t. M. T.

Pressing sensation in the head. Er., 20 min. aft. tkg. t. 1' dil.

The head is painful in the temples, in which he has the sensation as if it was compressed. Er., 2½ hs. aft. tkg. t. M. T.

In the head the feeling as if it were in a *screw*. Movement removes this sensation. Br., ¼ h. aft. tkg. t. dil.

40. Intolerable headache; it was *boring*, alternating with occasional shooting, and extended from the forehead to the vertex. Jen., 2 days aft. tkg. t. 1 dil.

Very tiresome constant pain in the sagittal suture, something between boring and shooting. Schr., 6 hs. aft. tkg. t. M. T.

There occurred a drawing, tearing pain in a space the size of a crown piece in the occiput, about the posterior fontanelle, which, gradually increasing, lasted about 8 min., and suddenly disappeared, but returned again after 20 min., and spread from that part over the whole spine and lasted 6 min. Ab., 9¼ hs. aft. tkg. t. M. T.

All the afternoon constant headache. Tco., s. hs. aft. tkg. 6 dil.

Frontal headache occurring almost daily, sometimes more, sometimes less violent. Tco., w. t. M. T.

There occurred a moderate frontal headache, which was also warmer to the feel. Jen., ¼ h. aft. tkg. 1 dil.

He has the *feeling* in his head of unusual *Lightness*. Er., 15 min. aft. tkg. 1 dil.

Warm feeling going from the head to the r. forearm. Br., s. hs. aft. tkg. 1 dil.

FOREHEAD.—Aching pain in forehead. Jen. S., soon aft. tkg. 1 dil.

Aching pain in the forehead that lasted 1 to 1½ h., and then gradually went off, with forehead hot to the touch. Jen. S., ¼ h. aft. 1 dil.

50. In the forehead, shooting, throbbing pains, weight in the head on stooping forwards, feeling of a heavy body in it that swayed to and fro. Jen. S., w. t. M. T.

Whilst reading, a painful pressure in the r. frontal region with hot feeling, which goes off again, and instead thereof there occurs a pinching pain in the r. temple, as if something was pressing that part. Br., w. t. dil.

Flying pressure in r. temple, and canthus of r. eye. Br. w. t. M. T.

Pressure in the r. frontal protuberance. Br., a few min. aft. tkg. t. dil.

Pressure and slight gnawing over the forehead, with weight of the lids, which tend to close, especially the l. Br., w. t. dil.

Troublesome aching in the forehead. Dsch., 2 min. aft. tkg. t. dil.

Tension of the skin of the forehead; stroking it with the hand removes it. Br., 10 min. aft. tkg. t. dil.

Somewhat later a pain, *pressing from within outwards* in the forehead, that hindered him writing a letter, and after 20 min., was also felt behind in the occiput. Stroking it with the hand, and pressure, removes it. Br., w. t. dil.

After half an hour the pain again appeared in the forehead, and involved the whole r. side of the body by jerks down to the points of the toes. Br., w. t. dil.

Severe *shooting* in the l. side of the forehead, lasting long, and often penetrating into the brain. Dsch., 2 hs. aft. tkg. t. dil.

60. About half an h. after taking it the confusion of the head had changed into an asunder-pressing pain in the temples, especially in the forehead. Er., w. t. M. T.

EYES.—Slight *pressure* over the r. eye. Br., half an h. aft. tkg. t. dil.

Pressure over the r. eye, as from reading long. Br., im. aft. tkg. t. dil.

Compressive pain in l. eyeball, which will not go off by rubbing and moving. Br., w. t. dil.

Weight in the eyelids as though they were swelled. Szg., w. t. 1 dil.

Over the r. eye feeling of *numbness*. Br., w. t. dil.

Dry sensation in the r. eye. Dsch., 2 min. aft. tkg. t. dil.

In the afternoon during school-time, he was often obliged to open his eyes by force; he felt a certain dryness in them, and *as though dust was in the eyes*, he therefore pressed and rubbed his eyes very often. Jen. S., s. hs. aft. tkg. t. 1 dil.

When coming home from school, his father remarked that he opened and shut his eyes frequently. On asking the reason he was told the above. On examining the eyes, nothing was found but a *redness* of the conjunctiva palpebralis of

both eyes, and a considerable vascular injection of the conjunctiva of both bulbi. Jen. S., w. t. 1 dil.

In the eyes he observed a slight redness of the conjunctiva bulbi et palpebrarum, as also a slight swelling of the caruncula lachrymalis. Schr., 6 hs. aft. tkg. t. M. T.

70. *Weeping and warm feeling* in the eyes. Schr., 6 hs. aft. tkg. t. M. T.

Slight *spasms* in the r. external canthus. Br., w. t. dil.

Slight *dimness* of vision. Er., 20 min. aft. tkg. t. 1 dil.

Dimness of vision. Stn., 1 h. aft. tkg. t. M. T.

The vision more dim. Tco., several times aft. tkg. t. M. T.

When writing the letters seem to run together. Tco., several times aft. tkg. t. M. T.

Indistinct vision and hearing, as from slight intoxication. Szg., 1 h. aft. tkg. t. 1 dil.

Dimness of vision, as through a veil, lasting nearly 20 min. with dulness of hearing in l. ear, lasting 4 min. Ab., 2½ hs. aft. tkg. t. M. T.

The above dimness of vision came back again, and lasted just as long. Ab., 7½ hs. aft. tkg. t. M. T.

All objects appear smaller. Jen. S., w. t. M. T.

80. EARS.—Pressure in the external meatus. Szg., soon aft. tkg. t. 1 trit.

Itching in the meatus, first in the l., then in the r. Dsch., 10 min. aft. tkg. t. dil.

Slight *humming* in the ears. Szg., im. aft. tkg. t. M. T.

After a moderate breakfast of milk, with the pulse at 90, in the minute, *roaring* in the ears for 8 min. Szg., as above.

Towards evening, humming in the ears, lasting a few min. Szg., as above.

In the evening when sitting, loud roaring in the ears for 20 min. The pulse was at the same time normal, but became perceptibly quicker after the slightest movement. Szg., as above.

When speaking and whistling, disagreeable humming in ears. Szg., as above.

After continued vertigo there occurred a slight humming in the ears, like bees; with a stopped-up feeling in both ears and a perceptible diminution of hearing. Er., 25 min. aft. tkg. t. M. T.

CHEEKS.—*Redness* and *heat* of cheeks, with feeling of burning in them. Szg., w. t. 1 dil.

NOSE, MOUTH, and THROAT.—*Bitter, harsh taste* for two or three min., with sensation of scraping and contraction in the throat for the same space of time. Ab., im. aft. tkg. t. dil.

90. The same sensation only stronger and lasting longer. Ab., im. aft. tkg. M. T.

Out of the mouth and nose then came a yellow, viscid, mouldy-smelling mucus, without coughing or sneezing. Jen., M. T.

Scraping, scratching, rough feeling in the throat which annoyed him much. Tco., s. hs. aft. tkg. M. T.

Tongue furred, insipid taste, without derangement of the digestion. Jen., 2 days aft. tkg. 1 dil.

Tongue slightly furred. Schr., 9 hs. aft. tkg.

Unusual taste in the mouth all day. Tco., M. T.

Increased secretion of saliva, sweetish taste, and furred tongue. Jen., im. aft. tkg. 1 dil.

JAWS.—In the left lower jaw a transient *squeezing sensation*. Br., $\frac{1}{2}$ h. aft. tkg. M. T.

Pressure in the articulations of the jaw, and in the bones of the cheek; elevated temperature, and feeling of burning in them, as also in the lobe of the ears, with roaring in the ears; pulse of normal frequency. Szg., w. t. 1 dil.

Slight rapid trembling of the lower jaw for 5 min. Er., $\frac{1}{2}$ h. aft. tkg. 1 dil.

100. **ŒSOPHAGUS.**—When eating, each time he swallows, a spasms in the œsophagus. Szg., w. t. M. T.

When eating and drinking *difficulty of swallowing* on account of spasms in the œsophagus. Szg., w. t. 1 dil.

Spasms in the œsophagus during and after swallowing. Szg., soon aft. tkg. 1 dil.

When eating, there occurred a kind of spasms in the œsophagus, which rendered swallowing difficult, even of water. Szg., 3 hs. aft. tkg. M. T.

APPETITE.—About 11, A.M., he felt an emptiness in the stomach, and a feeling of hunger, unusual at such a time, which he did not satisfy, in order not to spoil his dinner. Although two hours later he ate much more than usual, he still retained

this empty feeling for two hours longer. During this time frequent eructations of air. Ab., 5½ hs. aft. tkg. M. T.

The following day the empty feeling in the stomach again occurred, which he sought to overcome by eating two soft-boiled eggs, a roll, and a glass of beer, but without the desired effect. At noon he ate a large meal, which removed the feeling of hunger, but not that of emptiness in the stomach, which only went off two hours later. Ab., w. t. M. T.

Feeling of hunger, which by a taking of food changed into a sensation of emptiness and aching in the stomach. Er., ¼ h. aft. tkg. 1 dil.

The appetite was very good, but after he had taken the meal, when he lay on the sofa, there came on a perceptible throbbing, and an actual visible rising and sinking of the full stomach, synchronous with the arterial pulse, so that it was intolerable to lie on his back and he had to get up and move about; this went off gradually after about half an hour or an hour. Jen., aft. tkg. 1 dil.

Appetite *bad*, chiefly for bread. Dsch., 23 min. aft. tkg.

Complete anorexia, food is so repugnant to him that he must leave it untasted. Str., aft. tkg. M. T.

110. THIRST.—Never increased.

STOMACH.—*Yawning*. Br., once im., another ¼ h. aft. tkg. t. dil.

All day long yawning, with passage of much flatus, and difficulty of breathing. Stu., w. t. M. T.

Frequent yawning. Er., ¼ h. aft. tkg. 1 dil.

Hiccup. Br., ¼ h. aft. tkg. t. dil.

Empty *eructation* and yawning. Br., ¾ h. aft. tkg. t. dil.

Frequent eructation. Dsch., 10 min. aft. tkg. t. dil.

Eructation as from Chamomile tea. Dsch., 20 min. aft. tkg. t. dil.

Eructation with bitter taste. Dsch., 10 min. aft. tkg. t. dil.

Eructation. Szg., soon aft. tkg. M. T.

120. Frequent rising of a bitter fluid. Dsch., 23 min. aft. tkg. t. dil.

Such dislike to the medicine, that the mere sight of it causes repugnance and disgust. Jen., towards the end of the proving.

Inclination to vomit, that went off after copious eructation. Szg., im. aft. tkg. M. T.

Empty feeling and sinking in the stomach, with flow of water into the mouth, frequent spitting, nausea, weakness, trembling of hands and feet, transient jerkings in the hands, cold sweat on the forehead, compression of head, and heaviness in the eyes, with pulse at 68. This state compelled him to lie down, and lasted till late at night. Cool air refreshed him for a minute. Stn., w. 20 drops M. T.

In the stomach a sensation of emptiness, which drinking one glass of water, all he had within reach, could not remove. This uncomfortable sensation only went off after breakfast, but then only for fifteen or twenty minutes; after which it returned, and, with small intermissions, lasted all day, though he frequently took some food. Er., 2½ hs. aft. tkg. M. T.

Empty (ödes), almost *aching sensation* in the stomach after eating. Schr., w. t. M. T.

There came on a stomach-ache that lasted for several hours. Tco., aft. tkg. 12 dil.

Constriction of the stomach. Jen. S., w. t. M. T.

Constantly increasing heat over the whole body, seemingly proceeding from the stomach, with moist skin. Er., ½ h. aft. tkg. 1 dil.

ABDOMEN.—Aching pain in the hypochondria, with nausea, and increased flow of saliva, lasting from 1½ to 2 hs. Jen. S., soon aft. tkg. t. M. T.

130. In the abdomen rumbling and moving about of wind. Dsch., ¼ h. aft. tkg. t. dil.

Gurgling, rumbling, and pinching in the bowels, without discharge of flatus. Jen. S., w. t. dil.

Rumbling in abdomen, with discharge of flatus. Br., w. t. dil.

Pinching in the belly. Dsch., 2 min. aft. tkg. t. dil.

Pinching all the afternoon. Dsch.

Nipping and pinching in the belly, and, almost all night, a hitherto unknown rattling discharge of inodorous flatus, with occasional emissions of air which lasted during the following day. Jen., s. hs. aft. tkg. M. T.

Fulness and *tension* in the belly without the discharge of flatus. Jen., soon aft. tkg. 1 dil.

Constant discharge of very fetid flatus. Schr., w. t. M. T.

After eating, discharge of much flatus. Szg., w. t. M. T.

ANUS.—Sensation as if the anus was suddenly spasmodically contracted. An effort to strain at stool diminished this troublesome feeling. Touching it externally caused a sharp burning pain; this lasted with equal severity for ten minutes, and went off gradually, but could be renewed at will by touching the part. The spasmodic constriction then gradually subsided. Er., $\frac{1}{2}$ h. aft. tkg. 1 dil.

140. In the anus he noticed a constant tickling, which, after $1\frac{1}{2}$ h., ended with itching there. Szg., $1\frac{1}{2}$ h. aft. tkg.

In the afternoon, and the following morning, aching pain in rectum, like hæmorrhoidal congestion, increased by walking and touching the anus. The stool was normal and bloodless. Szg., soon aft. tkg. M. T.

STOOL.—No stool. Stn., w. t. M. T.

Evacuation stopped. Stn., w. t. M. T.

Very scanty stool, with great effort. Jen., w. 1 dil.

Hard and unsatisfactory stool. Tco., 1st day aft. tkg. M. T.

Retention of the motion; it could only be passed with effort, although it was not hard, but rather clayey, tough, dark brown, and with a nasty putrid smell. Ab., w. t. M. T.

Continued constipation. Ab., w. t. M. T.

The bowels which used to be regular every day, were not moved for three successive days. Er., w. t. M. T.

The accustomed daily motion did not occur. Jen., w. t. 1 dil.

150. Not until evening did there occur a most copious, rather hard evacuation, which was not usually the case. Jen., w. t. 1 dil.

Complete constipation. Jen., w. t. 1 dil., and Jen. S., w. t. M. T.

Hard motion. Tco., 3d day aft. tkg. M. T.

At 12 o'clock at night, when going home, he felt a rattling and griping in the transverse colon; *sudden call to stool*, which could only be held back with great effort. The motion that he had was, as far as he could judge, a watery, copious stool, with much flatus, which came away rapidly, and with much noise, and was followed by a moderate burning in the rectum, that lasted some minutes. Ab., w. t. M. T.

At 8, A.M., there occurred a motion of *tough, clay-like consistency*, of yellowish-brown color, and putrid smell, which was followed at 2.30, P.M., by griping about the navel, preceding a second loose evacuation of the same color and smell; then frequent discharge of flatus till 5, P.M. Tension, and full feeling in the abdomen, especially in the epigastrium. Ab., w. t. M. T.

After dinner there occurred a second stool, and an hour later a third *fluid* evacuation. Stn.

Motion at the usual time, the first part hard, and passed with difficulty, the last part, however, diarrhœic. Stn.

The following morning, about 5, he was wakened up by a desire to go to stool; he had a copious, loose, dark-colored, almost inodorous motion, without pain. Stn.

A few hours afterwards a second diarrhœic motion without pain. Stn.

About midnight a fluid stool, without pain. Tco., w. t. 6 dil.

160. Every day 1 to 3 fluid, painless motions, of whitish color. Tco., w. t. dil.

Two fluid evacuations; one occurred at 9, P.M., the other about midnight, both times with moderate pinching in the abdomen. Tco., 2d day aft. tkg. 6 dil.

Very early in the morning a rather fluid, frothy, very copious stool, followed by great relief. Jen., w. t. M. T. for two successive days.

In the evening fluid stool. Jeu., s. hs. aft. tkg. M. T.

In the morning three fluid stools. Jen., w. t. M. T.

The fluid evacuation that occurred the following morning was combined with some burning in the anus. Jen., w. t. M. T.

GENITALS.—Strong erection of the penis without exciting cause. Dsch., 2 h. 20 min. aft. tkg. dil.

Frequent erections during sleep. Szg., M. T.

URINE.—*Increased* secretion of urine. Ab., M. T.

The increased secretion continued 22 days after the end of the proving. Ab., M. T.

170. Increased secretion of urine. Er., M. T.

Increased secretion of urine, with nothing abnormal in its character. Szg., soon aft. tkg. M. T.

Increased secretion of urine; though the bladder is full, difficulty in discharging the urine on account of the sphincter vesicæ. Even when it is flowing in a full stream it is sometimes interrupted (all day). Szg, 1 dil.

There occurred a sort of tenesmus vesicæ: at the commencement of the act of urinating he had to wait some time, on account of twitchings of the sphincter vesicæ, before the urine commenced to flow, it then, however, passed off in a full, uninterrupted stream. This was repeated all that day each time he passed water. Szg, M. T.

Spasm on urinating, that occurred every time during the day. Br., 20 hs. aft. tkg. dil.

The following two days painful contraction in the urethra, extending to the bladder, which went off after passing water. Br.

Hæmaturia, which lasted three days and then gradually went off, and changed into the unpleasant sensation of cramp-like contraction of the urethra, and only went off entirely after several days. Br., 4th day aft. tkg. dil.

The urine is strikingly *cloudy, dark-red colored and deeply saturated* with a yellowish-red, greasy sediment. Jen., 1 dil.

The urinary secretion much *increased*; the urine first passed very red, that passed last not so red. Jen., w. t. dil.

The urine of normal color, and very *peculiar smell*, like nothing that he can compare it with. Ab., M. T.

180. In the morning the urine, immediately after passing it, was like that of the previous day in point of color; after 4 h. it became cloudy and of a putrid odor. Ab., M. T.

RESPIRATORY ORGANS.—Waking in the morning with a *ticking in the larynx*, with, at the same time, dry, straining cough for 10 min. Ab., M. T.

Frequently recurring attacks of cough, which each time woke him out of his sleep, and so severe that they brought the tears into his eyes (only at night). Ab., M. T.

The breathing, otherwise always free, now rendered difficult, as if the pectoral muscles were stretched. Stn. M. T.

An unusual feeling of anxiety occurred; weight on the chest, during which he was compelled often to breathe deeply;

occasional gasping for breath. At the same time his clothes felt too tight for him, the skin was dry, hot, and its blood vessels filled with blood. Jen., M. T.

TRUNK.—At the point of insertion of the musculus cucul, there occurred an aching, cutting pain, which extended the whole breadth of the nape, the upper border of the spinous process, and the inner edge of both scapulæ to their apices. It was most intense in the neighborhood of the 4th cervical vertebræ, where it extends to the bottom of the back, is worse at every movement, and relieved by rest. Ab., M. T.

A feeling of heat alternating with cold along the spine. Er. $\frac{1}{2}$ h. aft. tkg. 1 dil.

UPPER EXTREMITIES.—About 6, P. M., he suddenly felt in the 2d joint of the r. finger a *drawing, tearing* pain, increased by motion, and relieved by rest. lasting about 10 min., then gradually diminishing and spreading over the wrist to the head of the radius, and continuing there till 8, P. M., Ab., M. T.

Tearing and drawing now in the r. and now in the l. forearm in the evening. Stn., 10 hs. aft. tkg. M. T.

In the r. wrist a *burning, shooting* pain, and in the dorsum of the hand, as also in the palm of the hand, some *pimples, varying in size from a lentil to a pea, with a red areola*, which turned into vesicles, but did not itch (on the evening of the same day 2 similar but somewhat smaller pimples were observed in the cheek, which were sensitive to pressure). Jen. S., w. t. M. T.

190. Near the wrist, on the flexor side of both forearms, there occurred *closely-set pimples the size of a hempseed, that itched severely*. Szg., w. t. dil.

On the l. little and ring finger he felt a *numbness*, extending from the second joint to the ends of the fingers, such as one feels when a limb has been a long time stretched, it lasted only about 4 minutes, and went off on rubbing with the other hand. Ab., w. t. M. T.

Numb feeling in the joint of the l. humerus to the finger joints, worst on the volar aspect of the hand, the thumb, and the little finger, lasting about 6 min., recurring after about 20 min., but weaker, and lasting only 4 min. Ab., 4 $\frac{1}{2}$ hs. aft. tkg. M. T.

LOWER EXTREMITIES.—On the outside of the r. thigh he felt a *drawing*. Dsch., 10 min. aft. tkg. dil.

A *cutting* pain, lasting about 10 min., in the flexor muscles of both thighs, extending into the hock. Ab., w. t. M. T.

There occurred a sudden, *lightning-like*, tearing pain on the outside of the r. knee-joint, which extended from the most external surface of the leg to the ankle, but went off again as rapidly as it appeared. Ab., M. T.

Heaviness and *weariness* in the legs; his gait, which was generally rapid and easy, became trailing, so that when he got home he was as tired as if he had taken a long walk. Ab., M. T.

From the anterior surface of the r. thigh to the knee, a *shudder*, that lasted but a few seconds, which after $\frac{1}{4}$ h. recurred in the nape, and spread over the back to the sacrum, but only lasted a few moments. Ab., 13 hs. aft. tkg. M. T.

Great *weariness* in the legs. Szg., im. aft. tkg. M. T.

Weariness in the knees and prostration of the whole body. Szg., im. aft. tkg. M. T.

200. In the lower extremities, besides the weary feeling in the muscles of the calves, a slight, constant, but troublesome twitching. Schr., M. T.

Soon after breakfast, on rising from his seat, weariness and heaviness in the legs, that lasted 12 hs. Ab., 2d day aft. tkg. M. T.

In the whole of the l. lower extremity, a long-continued *numb-feeling*, produced by sitting for a very short time. After this there occurred in the l. knee-joint a weak sensation. Dsch., 2 hs. aft. tkg. dil.

In the evening, after going to sleep, a *sudden jerk* through the whole body, which woke him out of sleep. Szg., im. aft. tkg. M. T.

In the evening there occurred, in the middle of the extensor side of the l. thigh, 2 *pimples* the size of peas, that *itched much*, and which only went off after a few days. Szg., 8d day aft. tak. M. T.

PULSE.—The pulse was somewhat altered. Er., 1 $\frac{1}{2}$ h. aft. tkg. M. T.

Acceleration of the large soft pulse by 14 beats. Szg., im. aft. M. T.

In the evening, acceleration of the pulse by 10 beats, at the same time roaring in the ears, heat and perspiration for 10 min. Szg., M. T.

SKIN.—The general integument was *hot, dry, and turgid*. Jen. S., 1 dil.

Increased temperature of the skin. Jen. S., 1 dil.

210. The color of the skin of the face becomes *yellowish*. Stn.

PERSPIRATION.—*Profuse sweat*. Er., $\frac{1}{4}$ h. aft. tkg. 1 dil.

Copious sweat an hour after falling asleep. Szg., 1 dil.

About midnight, copious sweat. Szg., 1 dil.

SLEEP.—*Sleepiness*. Szg., soon aft. tkg. M. T.; Er., 20 min. aft. tkg. 1 dil.

Unusual sleepiness. Jen., some hs. aft. tkg. 1 dil.

After a meal, great sleepiness. Schr., w. t. M. T.

Scarcely had he laid down (at noon) when he was seized with such sleepiness, that he could not resist giving in to it, whereupon he immediately fell asleep. Ab., s. hs. aft. tkg. M. T.

When sitting quietly at his desk, he was seized with sleepiness, so that he lay down on his bed, and after a sleep of 20 min. awoke quite refreshed. Er. $1\frac{1}{2}$ h. aft. tkg. M. T.

He was so overbowed with sleepiness that he could scarcely open his eyes. Er., in the evening, 35 min. aft. tkg. M. T.

220. Every movement he performed with a view to keep off sleep, became by degrees slower, until it came to such a point that he could not reach a glass of water that stood near him, though he made an effort to do so. Er., w. t. M. T.

He gradually fell asleep, and after about 2 hs. was awakened by some one crying for help in the street. After that he could not again go to sleep. Er., w. t. M. T.

Though his eyes were heavy he could not sleep. Stn., w. t. M. T.

Though he usually slept quietly and without waking, this night he was very restless, and constantly turned hither and thither. His sleep, which was frequently broken, was only a half sleep. Every noise in the neighboring bustling street he was aware of; he heard even the ringing of the door bell and the striking of the clocks, which was very tiresome for

him. Dreams of the most various sorts troubled him all night. Accustomed to early rising, he could not get up this morning at 6 o'clock, when he felt more tired than he did the previous evening on going to bed. The head was at the same time heavy and confused. A glass of water gradually woke him up completely. Stn., im. aft. tkg. 1 dil.

Dreams of small humming-birds, which continue after waking and falling asleep again. Ab., w. t. M. T.

SENSATIONS.—Slight *tired feeling* in the lower extremities. Schr., 6 hs. aft. tkg. M. T.

Fatigue in the arms and legs. Szg., soon aft. tkg. M. T.

Feeling of fatigue in the knees, thumb, elbows, and masticating muscles. Szg., soon aft. tkg. 1 dil.

Fatigue in the legs and forearms. Szg., soon after tkg. 1 dil.

Feeling of fatigue in the arms. Er., soon aft. tkg. 1 dil.

230. Unsteady gait, and soon tired. Er., soon aft. tkg. 1 dil.

Fatigue of the whole body. Er., 1½ hs. aft. tkg. M. T.

Prostration and fatigue were his constant companions all day long. Er., M. T.

His usual occupation tired him soon, and caused him to breathe deeply often. Br., w. t. dil.

He was seized with a feeling of *fear*, restlessness, heaviness in the limbs, general fatigue and confusion of head; a feeling of warmth streaming out from the stomach, and extending all over the body. Er., ¼ h. aft. tkg. 1 dil.

Feeling of stupefaction lasting ¼ an hour. Er., ¼ h. aft. tkg. 1 dil.

Somewhat *increased heat* over the whole body with slight sweat, and rare yawning. Er., 1½ h. aft. tkg. 1 dil.

Feeling of heat in the right half of the body. Br., w. t. dil.

Feeling of slight *intoxication*, which, however, does not prevent him thinking or working, for which he possesses more than usual aptitude. Szg., w. t. dil.

While taking the M. T. and 1 dil. he noticed that he could not bear *smoking cigars* so well as usual. Szg.

240. Dislike to tobacco smoke. Tco.

Loss of weight. Stn.

ARTICLE XXI.—*Arnica Montana in Dysentery and Intestinal Hæmorrhage.* By O. C. BRICKLEY, M.D., of York, Pa.

How anxiously we look for the arrival of our Medical Journals and late publications, expecting to receive information new to us, whereby we may be the better enabled to grapple and hold in check diseases, which, at times, (with all the advantages the law of *Similia* gives us) baffle our skill.

But how frequently the practitioner expresses himself as dissatisfied with late publications, finding therein, according to his views, nothing worthy of careful attention, because, forsooth, the remedies recommended in certain diseases, are such as he has had an acquaintance with from the earliest period of his professional career and for which he believes them only applicable in such cases as were marked out by the masters and pioneers of *our system of cure*, who, perhaps, had never recommended or applied them in affections to which the readers' attention may be attracted.

It is frequently the result, however, that by the repeated statements of experience and successes with remedies in diseases, to which we had not believed them to have been strictly homœopathic, according to our pathogenesis—that they are, finally, put to the test. I would, therefore, again call the attention of physicians to the use of *Arnica* in the diseases heading our article; we say again, for I first received the information in an article on dysentery, written by Dr. C. E. Toothaker in the "Philadelphia Journal of Homœopathy", Vol. 2d; which induced me to make a trial of it in the first favorable case, and, as an example of my experience, shall present two patients, who were promptly relieved by its agency.

CASE 1.—Mrs. H., aged about thirty-five years, of a nervous temperament, was seized, in the middle of night—without any known cause—with violent cutting and burning pain in the hypogastrium, mostly on the left side; the pains were of an intermitting character, ceasing at intervals of fifteen and twenty minutes and were attended with scanty, slimy, dark-colored, bloody stools, the inclination to evacuate the bowels only recurring every four or five hours: the tenesmus being severe at the time of passing stool. The usual remedies recommended in dysentery were given for forty-eight hours but with-

out affording any relief, whereupon I gave her Arnica 3, (10 pills, No. 3, dry) to be taken every two hours; from the time she had taken the second powder the pain in the abdomen, the tenesmus and discharges entirely disappeared and in twenty-four hours regained her wonted health.

CASE 2. A young man, aged about twenty-five, of a bilious temperament, was seized with a violent chill, which continued for six hours and was succeeded by a fever lasting some eight hours; the fever and chill returned every day towards evening; complained of a dull pain in the forehead and pain in his back and limbs; tongue coated yellow with bitter taste. Twenty-four hours from the first paroxysm of chill and fever commenced complaining of a dull, heavy pain in the left hypogastrium, which in a few hours, was followed by a copious discharge of dark, venous blood, amounting in quantity at a time to about a quart.

The discharge came on at intervals of about four hours, and which greatly relieved the patient of the pain in abdomen for an hour or two. The stools were unattended with tenesmus.

We diagnosed the case to be a congestion of the descending colon produced by a depressed capillary circulation of the liver. The most marked indication for the use of Arnica in dysentery and intestinal hæmorrhage, and by which I am governed, is the comparatively long intervals between the evacuations—namely, from four to six hours.

In this instance, we, at once, gave Arnica, 5 drops of the tinct., in half a pint of water, giving a teaspoonful every hour; after taking the third dose the chill and fever returned no more, as well as the almost instantaneous disappearance of morbid discharges.

In "Hull's Jahr, Repertory," by Snelling, page 518, Mercury and Colocynth are recommended as the principal remedies in dysentery, and that, if, after a favorable impression from these drugs, the disease remains stationary, Colchicum will awaken anew the susceptibility of the system to the above or other indicated remedies, we have since becoming acquainted with the virtues of Arnica in dysentery given it, when Mercury and Colocynth have failed or only brought about a partial cure, and prefer it to Colchicum to interpolate or follow the said remedies, we would say to those, who have not used this remedy in the diseases mentioned: try it.

(From the Medical Investigator.)

ARTICLE XXII.—*The General Physiology and Pathology of Infancy.* A Lecture delivered during the Summer Course for 1865, in Hahnemann Medical College, Chicago. By R. LUDLAM, M.D., Professor of Obstetrics, &c. Continued from page 85.

Parts Second and Third.

THE non-development of the brain in early infancy explains the negative character of the symptoms in case of disease. The perceptive faculty is not acute. It lacks education and training. When a child fails to define its sensations, the fault is not alone in the vocal organs, or its not possessing the gift of speech. The cerebral function is defective. In some cases the newly-born infant appears in a state of semi-anæsthesia. It will even undergo a severe surgical operation, as, for example, amputation of an arm, a leg, or a supernumerary member, without the usual signs of suffering.

This peculiar character of the symptoms in infantile diseases adds greatly to the difficulty of their correct diagnosis and treatment. I shall refer to this subject in my next lecture. In the present connection, it must suffice to assign this peculiarity chiefly to the immature development of the cerebral hemispheres. The little victim does not define his sensations for the simple reason that he cannot locate them for himself. If he suffers, the character and degree of the pain will be evinced by negative symptoms, which are as intelligible to the nurse or the physician as they are to the patient.

In early infancy the *spinal cord* is well developed. Its membranes, its anterior and posterior columns, its grey commissures, and its motor and sensory roots are readily distinguished by the anatomist. Indeed, he prefers to study them in the young rather than in the adult subject. The consistence of the neurine that enters into the composition of the cord lacks nothing. The number of nervous pairs that emerge from the spinal canal through the intervertebral foramina is complete. Their distribution is the same as in after-life. The only points of difference concern the physiology and pathology of this special and wonderful apparatus.

The sensory filaments are delicate and extremely susceptible to the action of excitants. This renders the various surfaces, with which almost every species of irritant is brought into contact, the principal media for the operation of disease-producing causes in the young infant. For this reason most infantile disorders are of concentric origin. The cause operates upon and from the peripheral nerves, or those of general sensibility, to produce the most perplexing and persistent results.

Take, for example, the alimentary mucous membrane. The contact of acrid, irritating, indigestible substances therewith may induce colic, constipation, diarrhœa, dysentery, cholera infantum, or convulsions. Some of these affections are peculiar to infancy, while the remainder are more frequently met with in this period than in adult life. The explanation of this fact must be sought for in the remarkable susceptibility of its nerves, rather than in any peculiarity in the structure of the digestive mucous membrane.

The same is true of the skin. Care should be taken to avoid, as much as possible, everything that may produce harmful consequences through it. A neglect of cleanliness, as of bathing, the wearing of filthy clothing, and careless exposure to draughts of cold air, are frequent causes of disease among young infants. Indiscriminate bathing in cold and warm water increases this susceptibility. Catarrhal affections frequently result. Some persons are possessed of a wicked propensity to plump children into cold water, when, in fact, few of them can withstand and react against such a manifest shock to their nervous system. A rapid sponging with cool, or even cold water, for a child of two and a half years or upwards, if it be strong and healthy, may do no harm; but a general bath therein would be mischievous and injurious. Weakly children should always be bathed in tepid, or lukewarm water.

The evil consequences of bad air, the deficient clothing of fashionable life, and confinement in a dark, uncomfortable nursery, admit of the same explanation. This delicate susceptibility of the integument is too frequently overlooked. It stands sentinel over the child's safety, and should not be disregarded.

The infant may be compared to a young and tender plant. Its sympathies and susceptibilities are so marked and characteristic that one should not forget them. The harmful contingencies that threaten its welfare must be anticipated and averted. We must comprehend the liability to disaster through its physiological peculiarities and susceptibilities.

Another distinguished feature of innervation in infants pertains to the circulatory system. At no subsequent age is the vascularity of the integument, the mucous membrane, and also of the parenchyma of the different viscera so marked and so liable to derangement. Local congestions are of frequent occurrence. The most trifling cause may impress the reflex nervous system, as applied to the circulatory apparatus, in such a manner as to induce an undue determination of blood to the brain, the lungs, or the bowels. Hence the relative frequency of inflammation; and hence also an explanation of the superior efficacy of Aconite and Belladonna, so generally and so unwittingly employed in the treatment of fevers and phlegmasiæ occurring in young children.

The physiology and pathology of the motor nervous system is illustrated in the facility and frequency with which the various convulsive affections are induced in this class of patients. Admitting the peculiar susceptibilities of the sensory filaments of which we have spoken, the inevitable conclusion would be that this system is counterbalanced by a corresponding delicacy of adjustment and impossibility of the motor fibrillæ. And such is really the case. The reflex muscular sympathies are well pronounced. The impressions of irritants conveyed to the spinal centre are not lost, but are reflected and returned through efferent conductors to the muscles, causing them to contract irregularly and spasmodically.

The presence of worms and indigestible substances in the primæ viæ and the process of dentition thus occasion convulsions.

Chorea, may arise from an irritability of the motor filaments, or of the muscular fibre, which, by a series of excentric phenomena, indicates that the will exercises a capricious control over the animal movements. The message is either improperly conducted, or abnormally received and imperfectly obeyed.

Dysentery and dysuria frequently are referable to a like cause.

The *ganglionic* nervous system is fully developed in the *fœtus in utero*. It is not subject to changes of progressive growth in extra-uterine life as is the brain proper; nor does its function appear to be characterized by any physiological peculiarities like that of the cerebro-spinal system. It secures a harmony of the organic actions precisely as in the adult.

The *respiratory apparatus* presents a few singularities which it is proper to notice in this connection. In the newly-born infant, the laryngo-tracheal mucous membrane is very vascular, so much so, that it is often erroneously supposed to be in a state of inflammation. This highly susceptible condition is the predisponent to what has been improperly styled "exudative inflammation." Although all mucous membranes possess this peculiar susceptibility in common, yet the lining membrane of the larynx and trachea furnishes us the best example thereof. Hence croupal deposits are most frequently found upon it.

The narrow dimensions of the larynx, and the glottis, which persist until the age of ten or twelve years, renders tumefaction of this mucous membrane, as reflected over the vocal organ, and deposits thereupon, eminently dangerous. They obstruct the gateway of the respiration, and prevent a free inspiration and expiration.

The liability to a harsh and stridulous cough, in those who are predisposed to croup, from exposure to vicissitudes of weather, is well known.

The spasmodic affections of the trachea which rarely occur in the adult, excepting in cases of hysteria, are by no means infrequent in infants and young children. Adults are exempt from true croup. The tendency of the diphtheritic deposit to invade the laryngeal and tracheal mucous membrane is more marked in this class of patients than in those of mature age. Congenital inflammation of the larynx and trachea is an exceedingly rare affection, but a considerable amount of mucus is likely to accumulate in this tract at birth.

The *lungs* are of a very delicate organization in the infant, and extremely liable to disease. They are sometimes diseased

at birth. Billard reports having observed "in three infants that died the first day after birth, a hepatization of the lungs, sufficiently advanced to cause the belief that if this hepatization had not occurred during intra-uterine life, it was, at least, developed during birth, or immediately after parturition."

It is probable that this author mistook the congenital atelectasis, or collapse of the lung, first noticed by Jörg, for the second stage of pneumonia. In the atelectasis, which may be congenital or acquired, some portion of the lung is collapsed, having never been penetrated by air. The usual expansion of the pulmonary vesicles has not taken place; the spongy tissue is not crepitant, and will sink in water, as in hepatization. There is a post-natal form of this affection that may result in an obliteration of the vesicular structure of the lung, even when that organ has once been inflated.

The delicate organization of the *alimentary mucous membrane* in infancy accounts in chief part for the liability of this class of patients to the various forms of aphthous inflammation. These affections are invariably connected with a depraved nutrition. As in the adult, the lesion may invade any portion of the entire digestive tract, or it may be limited. Not unfrequently it attacks successively different portions, from the mouth to the anus. When the immediate structural change depends upon the presence of a parasite, that parasite seems to act merely as an irritant. The general dyscrasia affords a congenial soil for its development. Beside the delicate texture of the alimentary mucous membrane, and the multifarious influences to which it is subjected in performing the labor of digestion, dentition is a contingent that increases its liability to disease. Attacks of gastro-enteritis are frequently referable to this indirect source of mischief. A great majority of the so-called bilious affections from which children of one year and upwards suffer originates in duodenitis. The inflammation extends from the duodenum along the common duct of the liver and the gall-bladder so as finally to disturb the hepatic function. Idiopathic hepatitis is even more rarely met with in infancy than among adults.

Cholera infantum, by some authorities regarded as of cerebral origin, is sure to involve this mucous membrane. Den-

tition is its chief predisponent. The nervous system becomes thereby extremely susceptible to causes that are calculated to derange the alimentary functions. The intestinal follicles are being rapidly developed, and readily take on diseased action. The exciting causes are found in the heated, impure, or stagnant atmosphere of the summer in our cities, a sudden check of perspiration, or the ill results of indigestible, insufficient, or unwholesome food. The same causes may give rise to the cholera morbus in the adult, but the two diseases, although similiar in many respects, are not identical. The "summer complaint" of children is more serious and fatal, because of the peculiarities and complications just named.

Similar complications are met with in infantile diarrhoea and dysentery. In the successful treatment of these affections, all these contingencies and peculiarities must be taken into account. No department of general practice is more difficult, and yet none more satisfactory, if the physician is laborious and earnest. In no other way are more lives sacrificed to ignorance and sloth than by inattention to those physiological minutiae.

In its conformation, the *stomach* of the young infant differs from that of the adult. It is more conical in shape, the cardiac and pyloric orifices are separated at greater distance—being found at either extremity of the organ, the two curvatures are modified, in fact almost reversed from what we find them in the adult, the lesser one being relatively the longer. In position, this viscus is perpendicular with the axis of the body, or nearly so, and not transverse, as in after-life.

Hence the very natural conclusion of Schultz that these facts account for the ease with which a child vomits. He found by experiment that in those animals which vomit readily, as, for example, the dog and the cat, the shape of the stomach corresponds with that of the young of our own species, in other words, it was almost cylindrical, while in the guinea-pig, the rabbit, the hare, and the horse, it resembled that of man. These latter animals cannot be made to vomit even by the most powerful emetics. The stomach of the infant is pouch-like, and resembles that of a carnivora; that of the adult is of a rounder shape, more like a retort, and similar to

that of the herbivora, in whom the digestive process is complicated and tedious.

There is little doubt but this *facile* emesis in the case of the infant serves a physiological purpose. When irritating and unwholesome substances have been swallowed, it dislodges and discharges them. When an excess of indigestible mucus has found its way from the respiratory tract into the stomach, this mucus may be cast out, and an attack of colic or diarrhoea, or perhaps an incurable enteritis, averted. The same is true of the introduction of villainous drugs into the stomach, and which are thus ejected and harmful consequences do not result.

The relative frequency of indication for Ipecacuanha and Tartar-emetic in many disorders of the digestive system in infants is thus accounted for. Their clinical value was long ago established. Their mode of operation is inexplicable to those who remain ignorant of the physiological peculiarities to which your attention has just been directed.

The *small intestines* are relatively about one-third longer in the young infant than in the adult. This affords increased facilities for digestion, which is really the predominant function in early infancy. At about the sixth month, or when dentition usually commences, all the glandular organs associated with the digestive apparatus begin to be developed. This process continues until the teeth are all cut, an arrangement that accommodates all these structures to their several duties. When they have acquired a completeness of organization, the intestine does not differ from that of the adult.

We have already spoken of the extreme sensibility of the intestinal mucous membrane in infancy. The delay in the development of its glandular apparatus likewise increases its susceptibility to disease. Improper food is the principal cause, directly or indirectly, of a majority of ills that afflict this class of patients. It has been proved by the experiments of Busch and others on the adult that albuminous substances are not wholly digested within the stomach, but that introduced into the small intestine, they may be dissolved and absorbed therefrom. This shows that intestinal digestion, although in a sense supplementary to, is in reality equally important

with gastric digestion. What is true in case of the adult is also true of the child. Indeed, it is a logical inference that the increased length of the small intestine in infancy gives it an increased functional importance.

The special pathology of enteric affections in infancy has an imperative claim upon your attention.

The chief characteristics of the *large intestines* in infancy, are the increased relative size of the cœcum, the undue length of the vermiform appendage, and the peculiar arrangement of the ileo-cœcal valve. The orifice guarded by the latter is very small. The valve closes tightly, and thus prevents the regurgitation of flatus into the ileum. This snugly fitting septum between the lesser and the greater bowel occasions suffering when it hinders the escape of gas from the ileum into the cœcum. Abdominal tympanitis may result from an incarceration of flatus in the small intestine, which is due to this cause alone. Hence, also, the frequency of colic in young infants. The orifice which should lead off the gas generated during gastro-intestinal digestion, and which is not larger than a crow-quill, will not permit its escape. The efficiency of the old-style carminatives depended upon their antispasmodic properties. They were more harmless than the modern "soothing syrups," because they did not contain narcotics that would stupify the nervous sensibilities, and perhaps stultify the little patient.

The valvulæ conniventes of both the small and the large intestines are but feebly developed in infancy. The mucous lining of the large bowel is also liable to inflammation, which may be idiopathic or secondary. In the catarrhal form of enteritis, the secretions being vitiated, the color and consistency of the stools will vary in different cases. In eleven autopsies of children who had died of cholera infantum, Dr. J. C. Smith proved that in all the cases there was well-marked intestinal inflammation. Two died after five days' illness, and yet in both, the descending colon presented the inflammatory lesion in a high degree. Dr. Ricordeau described a form of bowel affection to which infants are liable during the first fortnight after birth, under the name of "choleric form enteritis."

The comparative frequency of intestinal diseases in infancy

is illustrated by the fact recorded by Dr. Hauner, of the *Children's Hospital*, at Munich, that of 2577 children treated in his dispensary, more than 1000 suffered from diseases of the digestive organs, particularly from gastro-intestinal catarrh, caused by improper food. Of 196 deaths, as many as 124 were the result of atrophy.

Infantile marasmus is by no means a rare disease. It is most frequently met with in cities and large towns. This disease, which annually destroys so many children, depends upon a depraved cachexy, and is characterized by scrofulous or tuberculous degeneration of the mesenteric and lymphatic glands. The function of assimilation is at fault. These glands are especially liable to disease in early life in consequence of which, its victims die of atrophy and inanition.

As the *liver* is the first to be developed among the bodily organs of the foetus, so, in the infant, its size is disproportionate to that of the other abdominal viscera. In the foetus, according to Meckel, the proportion between the weight of the liver and that of the whole body is as 1 : 18, or 1 : 20; while in the adult it is as 1 : 35, or 1 : 36. Indeed, all the abdominal organs have a larger relative size in the infant than in the adult. At birth, the liver fills nearly one-third of the abdominal cavity. When, however, those changes, which are soon established in its circulation, occur, the development of the portal vein is checked, and the ductus venosus obliterated, the bulk of the organ is diminished, and it gradually assumes the size and shape proper to it in the adult. As one would naturally infer, these organic changes sometimes implicate the healthy performance of the hepatic function. Usually, however, the system adapts itself to the change, as in case of the removal of the thymus gland, and the obliteration of the ductus arteriosus.

The jaundice and superficial blotches or maculæ, which sometimes discolor the integument in young infants, are referable, in most cases, to digestive derangement. The function of the liver is involved, because of its being associated with the alimentary apparatus. An officious nurse has perhaps dosed the little innocent a few hours or days after birth with some pernicious, villainous tea, or indigestible aliment, and

the consequence is plainly to be seen. Excepting in cases arising from kindred causes, we are not aware that the liver is more liable to disease in the infant than it is in the adult.

The few peculiarities of the *heart* in infancy, to which I will direct your attention at this time, are the greater relative capacity of its left ventricle and of the aorta, the foramen ovale, and the ductus arteriosus.

The muscular parietes of the heart in the new-born child are of uniform thickness throughout, full in color, and of softer consistence than in the adult. The organ is relatively of larger size, but less powerful in the former than in the latter. As soon as the foramen ovale is closed, and the superfluous duct obliterated, the walls of the left ventricle become more fully developed. This compartment, connected with the systematic circulation, takes on a more decided and vigorous office. As the child grows, it is called upon to propel the column of blood to a greater distance. Its nutrition is active, its organic force a *sine qua non* of health.

Prior to the closure of the foramen ovale, which in the fœtus permits the auricles to communicate with each other, a mixture of arterial and venous blood is found in the general circulation. According to Billard, the period after birth at which the fœtal openings are completely closed, is found to vary from the age of one to that of eight days. These closures occur in the following order: first in the umbilical arteries, then in the umbilical vein; afterwards in the ductus arteriosus, and lastly in the foramen ovale.

Modifications in the cardiac physiology and pathology are a necessary consequence of the anatomical peculiarities just cited.

Jacquemier found the minimum pulsation of the heart of the new-born child to be 97, the maximum 156, and the medium 126.50. Billard says that the pulse of newly-born children does not in general exceed in frequency that of adults, but that it increases in ratio with the age of the child. Authorities differ upon this subject. M. Valleix's experiments led him to conclude that the average pulsation at the age of two to twenty-one days, was 87; at eleven months, 129; at fourteen months, 125; and at twenty months, 117.

The pulse of the infant, as a guide to organic disease, or as indicating the true condition of the nervous and circulatory systems, is less satisfactory and significant than in the adult. It has a prognostic, rather than a diagnostic value. Thus an unequal pulse in a young child is always an unfavorable symptom. It is not very common in young children, but it often occurs in diseases of the brain; and it is also an evidence of obstruction of the circulation, from effusion in the pericardium, or of congenital disease of the heart."

Cardiac congestion and cyanosis, as well as inflammatory lesions thereof, frequently result during the period in which the forms and peculiar mode of action of the heart are undergoing their proper changes. A little later, the child may have pericarditis—which is either rheumatic or post-scarlatinal—endocarditis, valvular disease, hypertrophy, dilatation or atrophy, although it is believed these latter affections are less frequently encountered among children than among adults.

ARTICLE XXIII.—*Kali-Bichromaticum.* By AD. LIPPE, M.D.

(From The Hahnemannian Monthly, No. 1.)

THIS valuable remedy was introduced into the practice of medicine twenty years ago; a large number of provings, both voluntary and involuntary, have been published; yet in comparison to the abundant material furnished, but a small number of cures by this remedy has been published. And in consideration that, since 1847, when Dr. Fr. H. Arneth's very complete and elaborate treatise appeared in the "Oesterreichische Zeitschrift", and the later rendition of it in the first volume of "The Hahnemannian Materia Medica," by Dr. John T. Drysdale, in 1852, who ostensibly incorporated Arneth's essay into his work; and also the publication of it in 1848, in the "Symptomen Codex," (Jahr's New Manual,) by Dr. C. Hempel;—but little has appeared in the journals on the therapeutical use of this medicine, I will endeavor to add my mite towards showing where *Kali-bichromaticum* may become the true curative remedy,—a diligent study of the remedy having enabled me to make frequent and satisfactory experiments in its therapeutic application. I will, at the end of this article, say a few words regarding its literature.

Kali-bichr. is often the only remedy in *morbilli* (measles), especially if the cough, expectoration, and the other catarrhal symptoms correspond with the characteristic symptoms of this medicine. The eruption is found, under Kali-bichromaticum, *vide* Dr. Drysdale's Essay, symptoms 315, "Solid eruption like measles." The catarrhal symptoms are found in Dr. D.'s Essay under symptoms 22 and 23,—(eyes) itching of the canthi. After smarting, itching, and watering frequently during the day and morning, agglutination during the previous days. (*Pulsatilla* has a similiar symptom, but the itching of the eyes compels the patient to rub the eyes incessantly; and if this symptom prevails, *Puls.* will quickly relieve it.) 1. Dr. D. gives as corresponding remedies, Bell., Cop., Guaj., Merc.,—Guaj. is new, —he has omitted *Aconit.*, *Pulsat.*, Ant. or Bry., Rhus, Sulph. &c.

The catarrhal symptoms of the nose are found in Dr. D.'s Essay, symptoms 49, considerable flow of water from the nose, subsequently becoming acrid, burning the upper lip and excoriating the nostrils. And in Dr. Arneth's Essay, symptoms 260, a small quantity of acrid mucus is discharged from the nose, which causes burning in the septum; 261, nose full of thick mucus; 262, profuse discharge of thick clear mucus from the nose; when this ceases, it is followed by pain from the occiput to the sinciput. These symptoms show the general applicability of Kali-bichromaticum in *morbilli*. We will now give some of the special characteristic indications for its use in the various forms and individual cases of this disease. We find, in Dr. Arneth's Essay, symptoms 277, stiff, green-colored masses of an offensive smell are discharged from the nose. Kali-bichr. differs in this respect from *Pulsatilla*, which has long-continued coryza, with blowing from the nose of yellowish-green mucus, smelling bad. The discharge of Kali-bichr. is more stiff, more compact, more green and offensive than that of *Pulsatilla*. In Dr. Arneth's proving (*Oesterreichische Zeitschrift*, vol. III., 1847, page 300,) we find that the soreness of the nostrils under Kali-bichr. consists in an ulceration, a formation of small, burning ulcers, first on the right side, later on the left side, within the nostrils. *Pulsatilla* has sore, ulcerated nostrils, *i. e.* the edges of the nostrils are ulcerated.

The most important indication for Kali-bichromatic. in measles is the croupy cough accompanying the disease. We find in Dr. Arneht's Essay, symptom 641, roughness in the larynx, with hoarseness. Symptom 642, suddenly in the evening great hoarseness and roughness of the voice. Symptom 643, rough, hoarse voice. Symptom 645, he is deprived of his voice. Symptom 697, loud rattling cough for five minutes at a time, with retching and *expectoration of tough mucus, so viscid that it can be drawn to the feet in strings.* Symptom 705, during sleep, wheezing and rattling in the chest, which can be heard at a distance. Symptom 717, expectoration of thick, yellow mucus. Pulsatilla has a similiar hoarseness but the expectoration consists of yellow, thick or greenish mucus, and the expectoration is only present during the morning or during the day. Another great difference exists between Kali-bichr. and Pulsat., not only in modifying their curative power in this disease, but in general; for Kali-bichr. has an aggravation of almost all its symptoms from cold,—open cold air,—while Pulsatilla has an amelioration from the same causes.

During the prevalence of epidemic measles, I have seen frequent occurrence of cases that, as soon as the eruption developed itself, a hoarse, croupy cough set in, which much distressed the patient; the nose became sore, small ulcers formed in the nostrils, and the discharge became at once tough, thick, viscid, stiff. The expectoration soon became stringy and tough, and detached with great difficulty; the patient was then generally much worse, than in the ordinary measles. Aconite, which corresponds with the slight, intolerable, hacking cough, preventing sleep and causing great restlessness, gave no relief, nor did Bry. or Phosph. control this cough; but Kali-bichr., which I always give in the 200th or a higher potency, promptly cured these cases; and the patients generally recovered fully without any other medicine.

Kali-bichr. is not unfrequently the true homœopathic remedy in croup—when the expectoration is tough, stringy, andropy. The indications from these characteristic symptoms are found under the morbid appearances, and also under the involuntary proving of one Emanuel, a workman in Kali-bichr., and related by Dr. Drysdale. As his symptoms will be found very instructive, they are given in full.

John Emanuel,* 46 years of age, of sanguine lymphatic temperament, but decrepit and wasted; soon after coming to the works, was seized with bronchitis, which continued in a chronic form for weeks. The cough was loud, violent, and rattling; it seemed to proceed from a small spot in the upper part of the abdomen, which was painful to the touch, generally commencing immediately on awaking † and after eating, preceding it, a sensation as if the stomach was swollen, nausea and palpitation of the heart continuing each time about five minutes, compelled to lie down and bend the body forward, accompanied with nausea and pain in the loins, so that he had to press these parts together with his hands. *The expectoration consists of mucus, which was so viscous that the strings were drawn down to the feet.* After the attack, he had pain in the forehead and giddiness, which almost made him stumble. In the evening, and when lying down, he was free from cough; but during sleep, the rattling and wheezing could be heard at a distance. At the same time, he complained of heaviness in the head, swelling in the region of the stomach, weak digestion, so that the stomach felt overloaded, from even the slightest food. Aversion to meat, and discomfort from eating it; constipation became habitual, and, finally, emaciation and great weakness, so that he was compelled to give up work. He completely recovered, under homœopathic treatment, in the course of three or four weeks after leaving the factory. The principal remedies were Nux vom. and Phosphor.

The workman Gallagher has reported a similar symptom. Dyspnœa, especially in the morning, with cough and expectoration of a white mucus, "*as tough as pitch,*" and which could be drawn out into strings. Whenever this ropy, stringy condition of the mucus prevails, Kali bichr. will be often the only curative remedy. ‡ While the presence of these symptoms may often lead us to give Kali bichr. in croup, as well as in diphtheria, or in bronchitis, there are other symptoms often present which will call our attention to this medicine. In February last, a very violent case of diphtheria, made worse by a

* These symptoms are a retranslation from the German, by Dr. Arneth.

† Similar to Lachesis, both have also "*headache when waking.*"

‡ In whooping-cough, when the mucus is abundant, threatening suffocation, white and stringy, Coccus-cacti is indicated.

relapse, from overheating and then running out in the cold air, in a child five years old, which had been convalescent under the action of Lachesis, was finally cured by Kali bichr. The symptoms indicating it were found under the provings of Dr. Marenzeller, and rendered by Dr. Arneth, symptom 130, "Violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head, and into the same side of the neck, which was painful to the touch, and the glands swollen." This symptom prevailed, *and had appeared last*; the swelling on the neck was larger than a goose-egg; it finally suppurated and discharged under the influence of Kali bichr., while all diphtheritic symptoms gradually improved, and the child fully recovered without any further medication.

In ozæna, we find Kali bichr. at times the curative remedy. In Dr. Arneth's essay, we find the following symptoms: Symptom 261, nose full of thick mucus. Symptom 262, profuse discharge of thick, clear mucus; if that ceases, he has pain going from the occiput to the forehead. Symptom 263, considerable discharge of mucus without having coryza. Symptom 278, *discharge from the nose of hard plugs, called by the workmen clinkers, elastic, like India-rubber.* Symptom 282, the pain in the nose at the junction of the cartilage. Symptom 277, discharge from the nose of hard, greenish-colored masses, sometimes of a disagreeable smell. All of these symptoms are often present in ozæna; and symptom 262 is very important, as the cessation of the discharge, especially when it is sudden, often causes violent headache, which has often been relieved at once by one dose of Kali bichr. 200, and the habitual discharge restored. A case of chronic ozæna was much improved, where the following symptom indicated Kali bichr.; this symptom promptly disappeared, and the chronic disease was also much lessened, *vide* Drysdale's essay, symptom 8. "Violent shooting pains from the root of the nose along the left* orbital arch to the external angle of the eye exactly, with dimness of sight, like a scale before the eye: *beginning in the*

* Left must be a clinical observation of Dr. D., and is confirmed by the above case.

*morning, it increases till noon, and gives way towards the evening."**

In the so-called dyspepsia, we find Kali bichr. often to be the proper medicine. The indications for its application in this form of disease, we find in symptom 479. After a meal, which had been enjoyed, a sensation as if digestion was impeded, and the food rested on the stomach like a heavy weight. Kali bichr. will relieve this symptom often. Nux vom. has something very similiar; but the difference between the two remedies is, that the heavy weight and pressure on the stomach is felt under Kali bichr. at once after a meal, while under Nux vom. sometimes one to three hours elapse before it is felt.

I was first induced to give Kali bichr. for the bad effects of over-indulgence in beer and other malt liquors, as well for the acute results as also for the chronic ailments of the habitual beer-drinkers, by the following symptoms, *vide* Dr. Arneth's essay, symptom 447: In the morning nausea and sensation of heaviness in the head and eyes. Symptom 450, Nausea when walking about. 489, Nausea and *vomiting of mucus*. 480, Occasional attacks of indigestion; loss of appetite, the food presses like a heavy weight; bad humor; suffering much from flatulency; *in the morning he feels confused, has nausea*, and sometimes vomits a clear fluid. A very frequent complaint of those who indulge habitually and freely in malt liquors, is a great weight in the pit of the stomach; flatulency, loss of appetite; and when they eat, the food oppresses them at once; nausea; confused feeling, especially in the morning, *and vomiting of mucus*. When these symptoms presented themselves Kali bichr. 200 has always cured promptly. Other results of the over-indulgence in malt liquors, especially ale, are diseases of the liver; they also often find their remedy in Kali bichr.

In many cases where the round ulcer of the stomach could readily be diagnosticated, Kali bichr. was an important re-

* In this case I had my attention called to Kali-bichr. first by the periodicity of the daily recurring paroxysms of pain always increasing from morning till 12, M. All the other symptoms also corresponding with Kali-bichr. The patient, a lady of forty-six years of age, received one dose of Kali-bichr., 200, and was soon relieved of the paroxysms; the discharge from the nose was also much diminished.

medy, provided its symptoms otherwise corresponded with those of the patient.

Kali bichr. is applicable in secondary syphilis, *vide* Dr. Arneth's essay, symptom 395. Long-continued erythematous blush of the fauces and soft palate, varying in hue from a dark to a bright red, occasionally of a copper color. Symptom 409. On the right side of the root of the uvula, an excavated sore, half the size of a split pea, with a reddish areola, and containing a yellow tenacious matter; fauces and palate presenting an erythematous blush. Symptom 408. Uvula and tonsils become red, swollen and painful, and finally ulcerate; this caused a surgeon to believe it to be syphilitic. Guided by these symptoms, I have administered Kali bichr. in the not unfrequent syphilitic ulceration of the throat, and also for that less frequent, but very dangerous ulcer which appears on the root of the uvula, and which sometimes destroys the uvula in less than three days, finally extending to the soft palate, where the destruction is rapid. It has also cured syphilitic ulcers of the tongue; the indication for its use has been taken from Dr. Arneth's essay, symptom 335, painful ulcer on the tongue, which lasted for weeks.

Clinical observations have shown that the stringy, tough condition of the mucus is not confined to the secretions and discharges from the respiratory organs; but by analogy it has been administered in and permanently cured fluor albus when the discharge was stringy and tough.

Kali bichr. is also beneficial in some forms of dysentery, *vide* Dr. Arneth's essay, symptom 574. Dysenteric attacks, with pains about the navel, and bloody evacuations. Symptoms 575. Shortly after dinner, sudden nausea, sensation of pressure in the region of the stomach; pricking, pinching pain about the liver; urging to vomit; rumbling in the lower abdomen; discharge of very offensive flatulency; violent pinching in the whole abdomen, cutting as if the abdomen was lacerated with knives in all directions; after a discharge of fæces of the usual consistency, seven to eight dysenteric discharges of brown, frothy water, with violent, painful pressing, urging and tenesmus in the anus: nausea; desire to vomit and pain in the abdomen. Symptom 576. For many years, towards the begin-

ning of summer, was subject to an attack of dysentery, lasting three weeks. Symptom 577. Frequent bloody alvine evacuations with gnawing pain in the navel region, followed by unsuccessful urgings; tongue smooth, red, becomes cracked. Symptom 578. Urging to stool; collection of water in the mouth and nausea; burning pain in the anus and erections continuing over half an hour. Symptom 579. Pressing in the anus and tenesmus in the sphincter ani.

Clinical experiences have verified these symptoms; some permanent cures have been made in cases of dysentery returning periodically every year in the early part of the summer, which attacks not only yielded at once to Kali bichr., but did not return the following years. The red, smooth, and cracked tongue in dysentery is characteristic of Kali bichr.

The ulcers for which Kali bichr. is most curative, are large, with a dark centre and overhanging edges.

There is no well proved remedy so inaccessible to the English reading homœopathician as Kali bichr., and it is very desirable to have a new edition of this valuable medicine, containing *all* the known symptoms, and the clinical observations already published; the number of which would be infinitely larger had we all the symptoms well arranged and in the reach of the practitioner.

The very elaborate work published by Dr. Arneth is by no means complete, and its use is rather difficult, the symptoms not being printed separately, but in current text, and only beginning a new line at every five or ten symptoms. The many inaccuracies in the quotations of the authorities and the abbreviations frequently misprinted, make it often next to impossible to find the original symptom without much loss of time; nor are his translations from the English into the German language correct: at times the sense of the symptoms is entirely changed, as, for instance, in the case of the workman James Slater, he translates from the British Journal, Vol. III, page CXCI, symptoms 90, "Tongue *smooth*, red, and cracked, with dysentery" thus "Zunge *weich*" (soft) (should be *glatt*.) The anomaly of a *soft*, red, cracked tongue is so great, that the attentive reader will at once compare the original proving and find the error.

In the English language we have two records of Kali bichr.; the first is the Essay by Dr. Drysdale, in the Hahnemannian *Materia Medica*, Vol. I.; and the second in Dr. Hempel's *Symptomen Codex*, (*Jahr's Manual*), Vol. I. Dr. Drysdale, who incorporated in his work the former publication on Kali bichr., in Vol. III. of the *British Journal*, says, in note 1, page 4:

"In selecting the groups of symptoms which compose the following *schema*, I have subjected the narrative of the experimenters to what may appear somewhat rigid criticism; and in the fear of incorporating any useless or doubtful symptoms, may have left out many that really belong to the drug, and which may turn out to be valuable. But I hold that it is better to reject many real symptoms than admit one false one, as one false symptom tends to vitiate the whole, by destroying our confidence in the rest. In most cases, I have not admitted any marked phenomena on the evidence of one experimenter, but only adopted such symptoms as agree in several.

"I have also omitted the greater part of the experiments of some persons, in consequence of insufficient information as to the constitution or habits of the prover, or from direct evidence of their doubtful character. Thus, the most formidable group of symptoms, including total blindness for a short time, is given by one experimenter; but as we have no information as to his constitution, and are told he had a headache before beginning to take the medicine, we cannot adopt his results till they are confirmed, as, for all I know, he may be subject to sick-headaches preceded by loss of sight, as in this case. The proving of Dr. Wachtel I have also taken the liberty to omit entirely. This gentleman took one dose of the twelfth dilution only; sixteen days thereafter, he had a tickling cough and spat up during the day, on the whole, about half a pound of bright-red blood; next day, he discovered a small fissure in the posterior wall of the pharynx, from which the blood had exuded.

"Further evidence is certainly required to establish any connection between these phenomena and the dose of Kali bichr. I have also omitted some of the symptoms of the excellent and indefatigable Professor Zlatorovich; as, on comparing them (especially those connected with hæmorrhoids, the flickering before the eye, and the hemicrania) with his own

symptoms, while under the influence of other and very dissimilar medicines, they were very much the same. It is certainly very much to be desired that each experimenter should hand in at the same time with his narrative, a critical analysis of it, pointing out or expunging those symptoms which, from knowledge of himself, he considers may be doubtful. Till that is done, we cannot attain to accuracy; for it is impossible for any one afterwards, at a distance of time and space, to subject the narrative to a sifting cross-examination, such as might be practicable on the spot; all that can be done is to omit in each what is not confirmed by the narrative of some other experimenter."

The somewhat rigid criticism, as Dr. Drysdale calls it, or, as it really appears, this arbitrary manner, in which he has sifted the rich material before him, does by no means excuse the great injury and injustice done to the public in general, the suffering patient, and the enquiring physician in particular, and also to the self-sacrificing investigator and prover.

Dr. Drysdale holds that it is better to reject many real symptoms than admit one false one. This assertion is erroneous from beginning to end. Is it not generally admitted to be better that nine guilty criminals should escape before risking the condemnation of one innocent person? We have no right to reject one solitary symptom without most excellent reasons; and that good reason can only exist when no cure has followed the administration of the remedy corresponding to the symptom or group of symptoms, not only once, but repeatedly, then may we reject that symptom or group of symptoms, and express a distrust as to the reliability of the "experimenter"—Fickel. By omitting one or more symptoms, we risk more than by admitting them; and we may positively prevent a cure. As, for instance, the symptom quoted above: "Violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head and the same side of the neck, which was painful to the touch and the glands swollen," enabled me (being so fortunate as to find it in Dr. Arneth's essay) to cure a desperate case of diphtheria. The reliability of this symptom, observed by one prover only, (Dr. Marenzeller,) and *arbitrarily* set aside by Dr. Drysdale, was again proved in another

case. In March last, I visited a young lady, thirteen years of age; she complained of a very sore throat, pain much increased by swallowing; the throat full of tough mucus, which she could neither swallow nor hawk up; she could not put her tongue out without much increasing the pains; had pain in the left side of the head; shooting pain in the left ear; the left side of the neck very painful to the touch and much swollen. The tonsils, especially the left one, much swollen and inflamed. One dose of Kali bichr. 200 (Lehrmann) cured her entirely in thirty-six hours. Since then she has enjoyed better health than ever before, so she and her parents stated to-day, (July 4th.) She has taken no medicine since; needing none.

Dr. Wachtel's proving has been omitted, because Dr. Drysdale deems it highly improbable, that one dose of the twelfth potency would cause any, and certainly not such, symptoms as Dr. Wachtel reports sixteen days thereafter.

The symptoms reported by Dr. Wachtel are nevertheless correct, and I have confirmation, at least, of those observed by him on the 25th and 28th of June. The latter being of much importance, has induced me to give Kali bichr. often, and with good results, when a discharge of acrid fluid took place through the posterior nares.

Professor Zlatorowich has also had the misfortune to have some of his symptoms rejected, because other remedies produced on him, while proving them, *similar* symptoms. Had they been the *same* symptoms, there might be an excuse for omitting them; but they being similar, the omission is an *arbitrary* proceeding. Our space is too limited at present to say more on this subject, but we shall do so before long.

To give the reader an idea of the *recklessness* with which this valuable drug (Kali bichr.) has been treated, and of the mischief thus produced, I will add here the *ear-symptoms* on record, and what Dr. Drysdale and Hempel have given under that organ.

Dr. Arneth gives, under "Ear," page 448, the following symptoms, to which I have added the last four symptoms, and the number under which they can be found in connection with other organs, and overlooked by him:

Light drawing behind the right ear.

Light superficial pain in the right side of the face, especially in the cheek-bone and towards the ear.

The same pain slightly in the left side of the face.

Slight drawing pain, now here and there, on the neck, beginning on the lower jaw and the os hyoides, later on the os ethmoidalis, extending behind the ear; of short duration.

5. Passing painful stitch in the right ear.

From time to time pressing headache, with stitches in the left ear and in the left parotid gland.

Single, quick passing but violent stitch in the left ear.

Stitches in the ear.

Violent stitches in the left ear, extending into the velum, into the same side of the head and neck, which was painful to the touch, and on which the glands were swollen.

10. He awoke by itching of the lobe of the right ear.

The right ear seemed closed; slight burning of the exterior ear.

Tearing in the exterior ear.

The external meatus, especially on the left side, is slightly sensitive and feels closed.

Dryness and burning in the right nostril, and from there a tensive drawing pain extends to the right meatus.

15. Slow, seemingly drawing stitch through the external meatus of the right ear.

At the entrance of the external meatus of the left ear, appears a swelling of a slightly inflammatory character; it was more irritating than painful, and disappeared again in four days.

While walking twice, a dull pain through the external meatus, extending into the internal right ear.

Slight stitches in the internal right ear.

Humming in the ear.

20. Slight headache, which develops itself generally in the forehead, and which is accompanied sometimes with humming and pain in the ear.

Flapping and singing in the ears.

Headache, accompanied by slight pressing pains in the eyes and violent tearing in both ears. 50.

Stitches, which extend to the ear from the right side of the head. 39.

Dull, drawing, tearing toothache on the left side, with very painful stitches in the upper and lower jaw, extending into the left ear, into the temple and neck. 310.

25. Pressing, stinging pain in the throat when swallowing and talking, extending into the ear. 398.

Here are *twenty-five* ear-symptoms.

Dr. Drysdale gives us *two*, viz. :—

Singing in the ear, which continued for three days incessantly.

A swelling of slightly inflammatory character in the external meatus of the left ear, which disappeared in four days without much pain.

Dr. Hempel gives two (other) symptoms :—

Awakened by itching of the lobe of the right ear.

Flapping and singing in the ear.

Further comments on the merits of the English rendition of this valuable drug are not necessary.

ARTICLE XXIV.—*Suggestions on the Use of Chelidonium-Majus in some cases of Typhoid Fever.* By S. M. CATE, M.D., of Salem, Mass.

In the months of August and September, 1857, a fever broke out in a country neighborhood, in Maine, which terminated fatally under allopathic treatment, in most, if not all of the first cases that occurred. In the hope of a better result from a different treatment, but without any knowledge of the merits of the homœopathic method, I was called by the friends of the parties to take charge of some five cases in two families. I saw some in the very beginning and others in the acute stage. Some notes that I took are lost, and I only give the best picture I can from memory ; thinking that the story will afford some material for illustrating the subject of this paper.

In some, perhaps all of the cases there was a premonitory stage. The fever commenced with mild gastric disturbance and a moderate degree of reaction, consisting in some cases

of one, and in others of two febrile paroxysms in twenty-four hours, coming on at irregular periods, and with remissions, but with no intermissions. During the fever, there was a feeling of faintness in some cases; dirty-white or brownish coat on the tongue with red tip and edges; and some inflammation of the pharynx and tonsils. The coat of the tongue grew blacker, teeth and lips became covered with sordes, and diphtheritic patches appeared in the throat. During the first few days of the fever, the pulse ranged from 70 to 90, but had a jerking, wiry feeling, out of proportion to the severity of the other symptoms. In the course of a week from the first attack, and in some cases at the very commencement, a diarrhœa would set in, of ordinary liquid fœcal discharges; but as the disease developed, the discharges became whitish or clay-colored, or in some cases like the color and consistence of loose discharges from a nursing infant. During the second and third weeks the discharges became involuntary, and left a stain on clothes as if bloody water were mixed with the fecal matter, and flowed off on the clothes, making a bloody stain extending beyond the fœcal deposit. In more than one case there was a troublesome epistaxis, and the discharges from the bowels showed a tendency to intestinal hæmorrhage.

The pulse would steadily grow quicker and jerking; mild delirium came on, at first with wakefulness, but soon followed by stupor: or in some cases a constant delirium, carpologia, &c. In some cases I recollect noticing sudamina but of petechiæ, I am not sure. My cases, though mild at first, and with such resemblance to the ordinary forms of typhoid fever that I had been accustomed to see go to a favorable termination under the ordinary treatment, as to give no particular anxiety, all went steadily worse till they were taken from my hands, some to die under allopathic and some under Thompsonian treatment during the active stage, and the balance of the sequelæ some months after. Of the others in the same neighborhood above spoken of, four died and one recovered under allopathic treatment.

I gave Acon., Bell., Bry., Rhus., Arsen., Acid-mur., Merc., Phos.-ac., Lach., Hyos., Hell.-n., Stram., Sulph., but all with no effect. There were no *post-mortem* examinations of any

of the cases. But the symptoms did not show that the fatal result came immediately from any one organic lesion, but rather from a depraved condition of the blood.

Before and since the unsuccessful treatment of these cases, I treated the usual number of cases of typhoid fever that falls to the lot of one in pretty full business, with the usual remedies and according to the well-marked indications laid down in our books (I do not mean according to Rapon on Typhoid fever, for Dr. Rapon's indications have never served me well), and with a very good measure of success.

The clue to lead me out of the difficulties connected with these cases have been beyond my reach, though I looked for it carefully. In the 79th No. of the British Journal of Homœopathy (for Jan., 1862) is an article on Rademacher's use of *Chelidonium-maj.* He says: "Late in the summer of the year 1827, a curious kind of fever commenced to show itself, which, after careful examination, during which I had to play longer than I liked the part of a hesitating and cautious experimenter, I discovered to be a primary affection of the internal structure of the liver. Now, as medical works treat more of affections of the convex and concave surface of the liver than of its internal structure, my readers may think it odd that I should pronounce this to be an affection of the interior of the liver; they might justly think that such subtle distinctions of morbid states came very ill from one who, like myself, pretended to be a pure experimental doctor.

"True it is, that if I were compelled to enumerate the signs that distinguish all cases of this hepatic affection from all other hepatic affections, I should be much embarrassed.

"Nature has drawn no very sharply defined limits betwixt the different morbid states of an organ. The internal liver-affection in its extreme character, in its most perfect form, can be very well distinguished both by the senses and the reason from the other morbid conditions of the liver. It is only when by inappreciable shades, it approaches to other morbid conditions that its distinctive signs become always more indistinct, and at last vanish altogether. The perfect form of the internal hepatic disease is distinguished by white, quite colorless fæces, as in jaundice, and by the complete absence

of all the other symptoms of jaundice. The skin is nad continues white, has not even a dirty appearance, and the urine is merely straw-colored as in healthy persons. This internal liver-affection in such a perfect form is rather rare; still some writers have described it. I have seen five cases of it in my life. But had it never been alluded to by medical authors, had I only seen a single case of it, still this one case would have sufficed to establish the reality of such a morbid condition as much as if I had seen a hundred, or more; and, considering the incontrovertible truth that nature produces innumerable degrees of one and the same morbid state, we should have been forced to take for granted innumerable degrees of such a disease.

“It is not necessary that a physician should possess any great experience in order to know that the disease of the liver, which in its most perfect form results in jaundice has innumerable degrees, some of which would not be called jaundice either by medical or non-medical persons. The very slightest degree of this morbid state, however, is accompanied by a golden color of urine, and the skin, especially that of the face, has a more or less dirty appearance. Now, as, in the cases above alluded to, the white face incontrovertibly proved that the bile ceased to be poured into the intestinal canal, so the absence of the slightest symptoms of jaundice proved just as incontrovertibly that there not only was no bile poured into the duodenum, but that the unknown organ whereby the bile is formed from the blood was itself diseased; that, in fact, there was no bile present, therefore none absorbed, deposited in the skin, or evacuated by the urine. So when I talk of an affection of the interior of the liver, the reader will be so good as only to regard this as a figurative expression, for I am free to confess that I know no more than any of my colleagues, in what particular part of the liver the actual bile-making organ is placed.

“Now to the fevers. They commenced with alternate rigor and heat, and this state continued a long time—often two or three days. The headache was moderate, and went off in the first days of its own accord; instead of it there always occurred a sensation of giddiness or staggering, to which those around them gave the name of madness or light-headedness. This

sensation, however, as is well known, often precedes bilious fevers and brain fevers. I remember only two patients who had violent, intolerable headache, such as occurs in brain fever. The pulse was moderately quick, just as it is in ordinary innocuous fevers; in very few cases was it irregular. The thirst varied in different cases, but was on the whole moderate; the tongue not furred, hardly showing in the centre a slight white coating. No pain or tension in the præcordial region. In very rare cases a slight pain in the hepatic region could be detected. Chest-affections were rare, and were only present in those cases where there was slight hepatic pain. Some patients were observed to sigh involuntarily. Bitter, sour, or foul taste, eructations, nausea, &c., were not present; and when, as very rarely happened, a patient complained of bitter taste, this symptom was removed in twenty-four hours by means of *Natron*, without its removal having the slightest modifying influence on the disease. The urine varied—in some it was yellowish and somewhat turbid, without being actually opaque; in others it was clear, and of a bright golden color, just as it is in slight affections of the biliary ducts; in others, again, it was pale straw-colored, as in healthy persons. In many cases, when they entered on convalescence, the urine became dark-yellow, as in decided affections of the biliary passages. However the urine might vary, it was never deficient in uric-acid.

“The muscular powers were little weakened even in advanced stages of the fever, and, with the exception of two patients, who could not raise themselves up in bed, most of them could not only do this without assistance, but with the aid of another hand could get out of bed. Indeed, there were many who could do this without any help.

“The skin was neither dry nor moist; in some there was an occasional out-breaking of perspiration, which, however, did no good. The complexion in some was quite unchanged; in others, it was dirty, as it is in some slight affections of the biliary ducts.

“The febrile paroxysms were irregular; they showed themselves in the patient's restlessness, and in the increased fulness of the pulse. The remissions were not marked by diminished quickness, but by diminished fulness of the pulse.]

“It is quite impossible to describe perfectly the course of the disease on account of its irregularity; it might last from three to twelve weeks. Most of the symptoms might occur either early or late; in short, there was something so changeable in its course, that the best thing I can do is to mention the symptoms that attended it one by one, noticing whether they occurred frequently or seldom, early or late. The symptoms were the following:—

“Subsultus tendinum was frequent, and often occurred during the first five days.

“Dryness of the tongue was frequent, but did not last; to-day the tongue might be dry, to-morrow moist, and the day following again dry, and so on. This symptom might occur in the first six days. I never saw the tongue constantly dry, and covered with a thick, dirty coating.

“Raving was very seldom constant; it occurred in the first eight days—indeed, in one young lady I observed the very first day a mental excitement bordering on mania. But the delirium was seldom continued. I could observe no regularity in its coming and going. In some few it was continued. In two cases it was attended by a constant desire to leave the bed; in many there was no delirium at all. In one female patient I observed, what is rare in acute diseases, not exactly raving, but great perplexity about religious subjects. This woman had never before troubled herself about religious difficulties, nor did she after her recovery.

“Diarrhœa was very frequent—indeed, so frequent that its absence must be looked on as an exception to the rule. It came on early; the disease often commenced with it; in some, though rare cases, it was a premonitory symptom of the disease; in most, it continued until the patient’s recovery. The fœces were generally bright-yellow, like babies’ motions; in some, however, they were of the normal brown color. I do not remember any case where they were grey or white.

“The most extraordinary symptom in this fever was the involuntary discharge of the fœces, which did not certainly occur in all who had diarrhœa, but in very many of them; nor was it a constant phenomenon among the latter, but occurred irregularly or on alternate days. I should not forget to men-

tion that the diarrhœa was unaccompanied by pain; the usual feeling in the abdomen before a stool, that every healthy person has, never preceded the evacuations. Drowsiness occurred in some patients earlier, in some, later; but was variable, like the delirium.

“Chest-affections were rare; cough rare, both in the course of the disease and during the convalescence.

“Pains in the abdomen occurred in many patients (but by no means in all) in the later periods of the disease, and were sometimes quite violent. These abdominal pains, however, are not characteristic of the fever I am describing; for, though I have not met with them in ordinary bilious fevers, I have often enough seen them occur in the later periods of other abdominal fevers.”

Rademacher then proceeds to enumerate the various remedies he tried unsuccessfully in this fever, and relates how he was led at last to the selection of *Chelidonium*. The administration of this drug, he considers, shortened the duration of the disease to one-third of its natural course. Thus it cured it in from fourteen to eighteen days; whereas, when left to nature, it required forty, sixty, eighty days, or even more for its cure. The doses he gave were one drachm of the tincture in eight oz. of water,—a spoonful every hour when there was no diarrhœa. If, on the contrary, diarrhœa was present, the strength of the medicine was diminished, a scruple only being administered.

I will now give some cases which may help to bring these remarks into a more practical form.

CASE I.—August 27th, 1862. I was called to Mrs. B., aged thirty-two. Seven months pregnant. Has been subject to a kind of diabetes for several years, and been under the care of several homœopathic physicians, who have been able to considerably palliate the difficulty. She has voided from one to two quarts of clear urine each night during the present pregnancy, which is much less than she passed before the disease was checked. I have not treated the diabetic trouble, and am not able to say whether the urine was saccharine or not.

For a week before I was called, she had had bleeding from the nose. The blood was rather dark and came from the left

nostrils drop by drop. If the nostril were plugged so that a clot formed, the blood would pass down the throat in the same manner, and continued day and night. Two days before I was called she had an attack of vomiting and diarrhœa similar to a kind of cholera-morbus then prevailing. She had loaded tongue; painful oppression at the stomach, some nausea, bowels had not moved for thirty-six hours; great restlessness; pulse about 100 and wiry.

℞. Arsen. 3d, Puls. 3d, in solution, alternately.

9 o'clock, P. M., no better.

℞. Arsen. and Vera., in solution alternately.

28th. Had a restless night, pain in the stomach increases; more restlessness; skin hot; pulse 110, more wiry and jerking. Membranes ruptured so that liquor amnii escaped, but no indications of labor. 9, A. M., ℞. Acon. and Arsen., alternately in solution.

9, P. M. The symptoms worse each afternoon; more pain in the stomach and liver; fever more severe. ℞. Bry., Nux., and Mercurius in succession. 29th, 9, A. M. The symptoms worse; the pulse more quick and wiry; distress in the stomach no better; face has a waxy and dingy look. Since the attack came on, the urine had been more than two quarts a day, of a yellowish or gold color, and frothy, especially soon after passing it.

From the first, the liver had been a little sensitive to pressure, and it was apparent that that organ was suffering more than any other, but also that whatever bile was secreted passed off. China and Puls. were given in the morning, but the fever came on so much in the evening, and the pain and soreness of the stomach and liver extended so much over the diaphragm and lower part of the left lung, that Acon., Bry., and Merc., were given in succession.

August 30th. Had a bad night; the bleeding from the nose has continued as described at first; all the symptoms grow steadily worse, the pulse especially, rising to 120, having a very alarming and jerking motion. No symptoms of labor, and no motion of the fœtus.

℞. Chelidonium-maj., tinct., ten drops in half a tumbler of water, a teaspoonful once an hour. 9, P. M. Bleeding from

the nose had ceased, the restlessness was less, the pains in the stomach and liver less, and the pulse had fallen some 10 beats, and on the whole it seemed as though the *Chelid.*, had had a favorable effect. But for some peculiar nervous symptoms, a few doses of *Lachesis* were given, and then the *Chelid.* continued.

Aug. 31st. The fever, pains in the stomach and liver and restlessness have all been better through the night, but some mild but irregular labor-pains have come on, for which she had *Puls.*, and *Chelid.*, in alternation. In the afternoon she was safely delivered of a dead child of about seven months gestation. After delivery, had *Secale* and *Puls.*, alternately to meet the then existing symptoms.

Sept. 1st. Voiding the urine difficult and painful. The flowing at the delivery was moderate, and all the labor symptoms went on favorably, but at 9, p. m., the bladder was found so distended that the urine (some three pints with a greenish-black look as though loaded with bile) was drawn with a catheter. *Canth.*, and *Puls.*, were given in alternation.

Sept 2d. More comfortable. Pulse now 90, and more soft and natural. *R.* *Chelid.*, *Puls.*, alternately.

On Sept. 3d, 4th, and 5th the symptoms were much the same, but gradually improving, except that the catheter had to be used each time the urine was voided. So *Chelid.* and *Canth.* were used. On Sept. 6th, *Copavia* 3d, and *Chelid.* ϕ were given. And Sept. 7th *Rhus-tox.* and *Chelid.* were given.

Sept. 8th. The liver symptoms being much better, and fever all gone. *Rhus-tox.* was given alone with the hope that the paralytic condition of the bladder might thus be helped.

Sept. 9th and 10th the same, except a powder of *Mercurius-dulcis* 1st, was given to move the bowels, now not moved for six days.

Sept. 12. All the symptoms favorable except the torpidity of the bowels, for which to have *Merc.-dulcis*; no other medicine.

Sept. 13. Patient has eaten some pears and peaches, overloaded her stomach, has vomited and has still pain in the stomach and bowels. *R.* *Ipec.* and *Puls.* alternately.

Sept. 14th. Easier this morning, but the bowels have not

been moved. Gave a spoonful of Castor-oil, and then Puls. and Chelid. alternately.

Sept. 15th and 16th. Symptoms better; but some pains about the shoulders, and peculiar feelings of discouragement induced the giving of Arsen. and Chelid.

Sept. 17, 18th, and 19th took Chelid. ϕ , with improvement of all the general symptoms. But on the 20th, though the tongue was clean, pulse 68, and most of the symptoms of disease gone, the inability to pass the urine continued, compelling the use of the catheter five or six times each twenty-four hours. To meet this difficulty, Puls. and Chelid. were given and continued to Oct. 1st. Then the bladder had regained its lost power in a good measure. But the medicines were still continued. One consideration that induced a further use of them may be found in the fact that from Sept. 9th to the 13th, when the Chelid. was discontinued, the symptoms of returning difficulty of the liver were so marked, that it was considered best to keep up the action of the medicine. Something of the profuse urine was supposed to arise from the presence in the blood of something that should have been removed therefrom by the liver, and which in its passage through irritated and over-stimulated the kidneys.

Under the use of these medicines the bladder gradually recovered its power, and the symptoms of derangement of the liver improved, till, on Oct. 4th, she was convalescent.

The chronic troubles will need further attention.

CASE II.—August 22d, 1862. Called to W., son of Mr. S. Patient a nervous boy of twelve years, had been weakly since he had whooping cough, two years ago. Especially for the past few months has had poor appetite, and partaken more than usual of pastries, sugar, milk, and dainties.

Had been ailing for several days, but with more daintiness than usual, had great appetite for sweet pears and cream toast, of which he had been eating largely. Brown coat on the middle of the tongue, but lip and edges red; pulse rather quick, but not full; skin hot; some pain in head and stomach, some vomiting.

R. Acon., and Ipec. alternately.

Aug. 23d. Patient's bowels had moved pretty freely during

the night, and he had vomited some. Fever about the same, though the pulse is more wiry, he has had some dribbling epistaxis in the night and at times in the day yesterday.

℞. China and Ipecac., alternately. Aug. 24th. Fever more developed; which from the first has come on with a paroxysm in the afternoon; no more vomiting, but the appearance of the tongue is no better, and the diarrhœa continues, but with all the symptoms of fever there is quite a craving for food; thinks he could eat cream-toast and other goodies.

℞. Nux-v. and Ipecac.

25th, 8, A. M. No better; the morbid craving for food continues with considerable pain in the stomach at times.

℞. Acon. and Cina.

9, P. M. No better; more restless and nervous. ℞. Arsen. and Cina, alternately.

26th. The only change is more irritability of the pulse. ℞. Bry. and Arsen. alternately.

27th. Much the same, only the lips begin to have slight sordes on them, and patient talks in the night, in a kind of half-sleep; sleeps too much in both the day and night. Fever still most in the afternoon. Pulse more irritable. ℞. Puls., and Bry., alternately.

28th. Symptoms much the same, except a pain at times in the right ischiatic nerve for a few minutes, for which he had Coloc. 1, a few doses, and then continue Puls. and Bry., as before.

29th, 8, A. M. The symptoms continue the same except a little more delirium and the sleepiness more persistent, and the pulse more wiry and jerking. Nose continues to bleed a little occasionally.

4, P. M. Dr. B. de Gersdorff saw him in consultation, and agreed with me in regarding it as a gastric fever of mild type, but verging towards a typhoid development; though there were neither petechiæ or sundamina as yet. But the action of the heart was so sharp and quick, out of proportion to the other symptoms that Spigelia was advised and given in alternation with Bryonia.

August 30th. No better; but all the symptoms rather worse, especially the pulse. The fatal cases first mentioned

in this paper began to be called rather vividly to mind by the symptoms presented by my patient, and *Chelid. tinct.* in solution was given, a dose each hour. On examination in the afternoon, some petechiæ were observed on the abdomen. For some days he had had one loose discharge a day.

Aug. 31st, 8, A. M. Better; less delirium in the night, and the pulse not so quick or wiry, bowels moved four or five times in the night, the discharges yellowish, as though containing considerable bile. A moderate sudamina over the chest and neck. At 9, P. M., the loose discharges continuing, *Rhus-tox.* 3, was selected to be given in alternation with the *Chelidonium tinct.*

From Sept. 2d to Sept. 9th inclusive, the patient had these remedies, and only these, and continued to improve in all respects. On the

10th he had only a little disturbance from indigestion, for which he had *China* and *Sulph.*

From Sept. 10th to the 19th the patient progressed favorably. On the 19th he had a ride of four miles, instead of one quarter of a mile, as ordered. After the ride, some difficulty in moving the legs was noticed. Besides this the left leg was somewhat swollen and sensitive to touch. The pulse was quickened, and had a little of the wiry feeling that was so noticeable during the first attack.

R. *Chelid. tinct.* in solution.

He improved steadily in all respects under the use of the *Chelid.*, till on the 29th he seemed to be again convalescent, and medicine was discontinued.

It will be seen that Rademacher, in the article above quoted attributes the disease which he describes to a derangement in the internal structure of the liver to distinguish it from disease of the peritoneal covering and capsule, and also from disease of the gall-bladder and gall-ducts. Some consideration of this subject will be made in the effort to reach an understanding of the pathology of his cases; and also something of the action of *Chelidonium* in the cases under consideration.

The chyme and chyle after being somewhat mixed and prepared for the circulation by the process of digestion in

the stomach, duodenum, pancreas, and other organs, enters the liver through the venæ portæ. As it enters the liver, a branch of the hepatic artery enters the venæ portæ thus mixing with its contents a portion of rich arterial blood just oxydized in its passage through the lungs. The contents of the venæ portæ thus mixed, pass toward the minute branches of the vessels, a portion reaching each lobule of the liver. The lobules of the liver, by their structure, help to mix the blood and chyme and chyle thus brought to them, so as to bring all the different elements together. When brought forward to this stage in the process, the blood passes before the mouths of the various vessels that are to take up their contents. Then that which was mixed before is brought into relations to be separated again. The very action of these liver lobules is to bring the blood, after it has been mixed, into such a condition that the various vessels may each suck up and appropriate such part of the blood as pertains to its function and life; thus the hepatic veins take up venous blood, and such parts of the chyme and chyle as are enough acted upon to enter the circulation; the biliary ducts take up the biliary and hard effete matters that are to be returned to the digestive organs for further action before entering the circulation, or to be expelled from the system.

But if, in any case, the force of the lobule is weakened so that it is lost or so impaired as to fail to separate the effete and partly digested matters from the general current, the blood, thus loaded with impurities, would pass on to be mixed with, and form a part of the general mass of the blood. In such a case, the weakness of the substance of the liver allows these matters to go the round of the circulation, constantly increasing the impurity of the blood, but not making an exhibition as of bile-pigment, because no change has taken place that has as yet determined these deliterous matters into bile.

In diseases of the bile-ducts, or of those portions of the liver that do not involve the process here described, the derangement is marked by the presence of the bile-pigment in the skin, urine, &c. But in this disease the changes are more subtle and more dangerous because they may proceed

for a considerable time, and lay the foundation for very serious difficulties before they are noticed. The citations from Rademacher and the cases given are illustrative of this. But other observations will strengthen this position.

A further consideration of the subject will show, that modifications of the process described will produce modified results. Thus the weakness of the lobule and substance of the liver may be, and perhaps, generally is, only partial, and the failure of force in some cases may be of one portion of the substance of the liver, and in other cases of some other portion of it. The variation would result in a different degree and kind of blood-poisoning according to the variation. This proves practically true. I have seen well-marked pneumonia, erysipelas, and rheumatics, produced by such a diseased action. Hæmorrhage from the nose was a well-marked symptom of the cases already given, and may result in other cases, as a more distinct feature of this diseased process, as well from the bowels, lungs, and other parts as the nose.

This article was written three years ago, since which time considerable observation has been made, and the results may be given in some future article.

ARTICLE XXV.—*On Resections of Different Joints.* By THEODOR LIEBOLD, M.D., of New-York.

1. RESECTION OF THE ELBOW JOINT.

THIS operation, which I performed four times in the U. S. A. General Hospital, at Point Lookout, Maryland, and of which I will give a short sketch in this JOURNAL, is one of the most successful and satisfactory in its results of all resections.

Historical Notices.—The first attempts, of which we have a record, towards a resection of the elbow joint, are from Bilguer, (Surgeon-General of Frederick II., of Prussia, during the seven years' war,) but this seems to have been only an incision necessary for the removal of the fractured olecranon. Partial resections were made by Wainman (complicated luxation,) and Görke, (gunshot fracture.) Park, in England, made the *Excisio totalis in articulo cubiti* on the dead and recom-

mended it for the living subject, but Moreau, Sr., was the first to execute it in the year 1794.

In the very elaborate work of Dr. Oscar Heyfelder, (*Operationslehre und Statistik der Resektionen. Wien, 1861*), where all cases published up to that date, in the medical literature of all civilized nations, are enumerated, I find the following notices in regard to resections of the elbow joint in consequence of gunshot fractures, that among a total of 440 cases, not less than 157 have been made on that account.

In regard to the results, Dr. Doutrélepoint gives in Professor v. Langenbeck's *Archiv für Klinische Chirurgie, Band 6, S. 88*, a summary of 353 cases, whose history was well known, from all causes, and shows that there followed: death 42 times, *i. e.*, 11.9 per cent.; amputation 15, *i. e.*, 4.2 per cent.; ankylosis 23, *i. e.*, 6.5 per cent.; more or less mobility 273, *i. e.*, 77.4 per cent. Certainly very favorable results.

Among the indications, inflammation of the joint and its consequences was the most frequent cause for the operation. In cases of gunshot fracture, it should be the rule to resect if the condition of the soft parts allow it in anyway, that is when the skin, at least in half the circumference of the joint, remains intact, and the Art. brachialis is not injured. If the operation is not made, the best result will be ankylosis, after a long and tedious illness; but, in the other case, we may give the patient, in three cases out of four, a useful joint. But very much depends on the method of operation and the consecutive treatment.

Mode of Operation.—Wherever the skin, a tendon, or muscle is cut across the line it has to stretch itself when relaxed, especially in a case like the elbow joint, the scar will always offer an impediment, the greater, the deeper. In the same way active contraction is hindered or entirely impossible. This explains sufficiently the small degree of mobility in cases which have been operated by a T or H-shaped incision, or still more improper, by an oval or half-moon-like incision. It is wonderful how prolific the inventive genius of surgeons has been in this line, either only to bring something new in connection with their names, or simply to facilitate the operation. I have heard this *criminal* excuse frequently in the hospital,

which never failed to excite my opposition. Already Park had shown that a single longitudinal incision was sufficient, but it remained for Professor von Langenbeck to show not only that it will be sufficient for all cases, only except the very rare ones where a large tumor exists, (I have seen him operate for ankylosis in full extension,) but also the precise location of the incision, to give the greatest security and facility. He divides the olecranon in three parts, and makes the incision at the junction of the inner (nearest to the Cond. int.) and middle third. This is not hair-splitting minuteness, but trial will show to each, that then we can safely dissect the imbedding tissue of the N. ulnaris out of the groove of the bone between Olec. and Cond. int., without injury or even seeing the nerve at all, and also is it nearest midway between the Condyles. Jæger in Erlangen was the first to recommend the preservation of the N. ulnaris, by dissecting it out carefully and keeping it aside during the operation, made necessary by the then universal mode of flap operation, introduced by Moreau, Sr. The N. ulnaris is for the use of the hand of the greatest account, not only the sense of touch of the 5th, and external two-thirds of 4th finger is lost, but also the partial or entire loss of contractibility of the M. opponens pollicis (adductor poll.), the Mm. interossei, lumbricales, the flexors of the 1st phalanx is the consequence of injury to the nerve. Writing, and all finer work is impossible; the palm can even become convex. From the Condyl. ext. two layers of muscles originate: the superficial comprising, Supinator longus, Extensor carpi radialis longus and brevis, Extensor digitorum communis, Extensor carpi ulnaris, Anconæus parvus; the deep layer, supinator brevis alone. From the Cond. int. originate, Pronator teres, flexor carpi ulnaris and radialis, flexor digitorum superficialis, and palmaris longus. Not only these muscles, but also those which insert themselves on the bones which have to be removed, like the triceps on the olecranon, must be cut off from their points of insertion, but notwithstanding this, they act afterwards fully and separately as before; this can only be explained on the ground that they adhere intimately to each other and to the different layers of fascia, like the triceps to the fascia antibrachii.

Method of Prof. B. von Langenbeck.—Incision commences two inches above the olecranon, cut at once down to the bone, and keep to it, that it don't need repetition, go over the olecranon (where see above;) whole cut 3 to 4 inches long. Dissect soft parts first towards Cond. ext.; keep close to the bone, but don't remove the periost. from the bone else new bone may afterwards be formed and ankylosis follow, N. ulnaris dare not be seen during the operation; avoid all cross-cuts over tendon of triceps, by dissecting it from olecranon, while dissecting the soft parts towards Cond. ext.; bring the arm then in strong flexion, (for ankylosis see afterwards,) divide the ligaments of the joint carefully, always keeping the point of the knife near to the bone, especially where N. ulnaris or Art. brachialis are to be found. Take humerus with the bone forceps, isolate it carefully where it is to be sawed off. M. brachialis int., which inserts itself at the Proc. coronoides, is to be cut off now, but so that it does not lose its connection with the fascia. Ulna and radius to be sawed off together, but radius finished first, on account of its mobility. How much there is to be removed, is different in every case, but if removed *too* little, flexion will afterwards be very difficult and painful, because the bones "catch"—especially the head of the radius; on the other side, if too much bone is removed, the new joint will lose all strength and "dangle" afterwards. If possible the cut through humerus should be made *through*, or immediately above or below the condyles; radius and ulna, just below the head of radius. When operated for ankylosis the humerus is first to be isolated just above condyles, and chain saw, or Phalangeal saw (stitch säge) used, whereafter resection of the bones of the forearm is easy.

After Treatment.—The wound is closed with iron sutures, and only the upper and lower corner left open for exit of secretion. I have also fastened it with strips of gauze and collodium. Where and whenever possible the Plaster of Paris bandage is to be applied, with an opening over the wound; it saves an immense amount of pain to the patient, by keeping the parts immovable; with tears one begged me to put a fresh one on, as the old one had been removed, as it was of a very inferior kind of material which broke very easily. As

soon as the wound is closed, which will be in from four to six weeks, *careful* passive movements have to be begun, and to be made regularly every day several times. This should not be left to the patient or a nurse, or the result will certainly not be good.

CASE I.—Private Jeremiah Wellover, 131st Pennsylvania Volunteers, twenty-two years of age, was wounded on the battle-field of Fredericksburg, Va., December 13, 1862, by a Minie ball, which, entering the posterior aspect of the left arm, shattered the olecranon and lodged just in front of the inner condyle. Arrived in hospital December 16, 1862. Ball cut out December 18. Joint much swollen and inflamed. Cold irrigation. Operation January 10, 1863, by Langenbeck's posterior longitudinal incision; the ulna and radius were sawed off just below the head of the latter, and the articular surface of the humerus immediately below the condyles. Only the head of the radius had escaped injury. Plaster of Paris splint in right angle, was removed February 16; external wound was healed February 28. First passive, then active movements, instituted with great care and perseverance, were crowned with such success, that three months after operation he could lift twenty-five pounds from floor to hip, the elbow being in the same line horizontal with shoulder joint. Pro and supination being entirely free. A few months later, after his discharge, I received a letter from him, stating that he was working at his old trade, coach-making, most of the time. I forgot to state, that either the bullet or a piece of the olecranon had injured the nerve, so that sensation and mobility was in a great degree lost in the 4th and 5th fingers immediately after being wounded. A curious phenomenon was, that where the sensibility was diminished, there the skin presented a scaly and dry appearance. I thought at the time it was very probable that the sensibility would return in from one to two years, as we see it in cases of neurectomia; but I have not learned yet whether this has happened in his case.

CASE II.—Private Julius Love, Co. K., 13th N. C. Cav., prisoner of war. Patient was wounded at Gettysburg, July 2, 1863, by a Minie ball passing through the left elbow joint. The ball entered in the middle of the arm, close to tendo

bicipitis, and made its exit through the middle of the olecranon. Some pieces of bone have come out. Patient came under my charge November 16, 1863. The arm was then much swollen, especially around the joint, but not as much as when he came to the hospital, October 4, 1863. Rest and cold irrigation soon diminished the swelling. From December 17 to the 24th he had an attack of Erysip-*traum.*, which was treated with Tr. Iod. ext. and cold water. February 11, 1864, patient had been allowed about fourteen days ago to get up, carrying the arm in a sling, but it became immediately worse, and at his urgent request, and as the wound would not heal, a resection of the elbow joint was made to-day. Operation the same as above. Part of the joint ankylosed, which could however be easily broken; sawed the humerus off just below condyles, cleansed (gauged) out the fovea supra trochlearis, which was the seat of the persisting necrosis; sawed off from radius one inch and ulna corresponding; no artery was to be tied; closed wound with five iron sutures; Chloroform acted very well; when still partly under its influence a Plaster of Paris bandage was made over the whole limb in nearly a right angle. February 12, cut a hole in the splint, where the wound is. Wound to be syringed out carefully three times a day, with tepid water, followed by a solution of permanganate disinfecting fluid (ʒj. ad. ʒxx.) March 4, removed splint; wound is healed all but two small spots. Shall get up and wear the arm in a sling; passive movements are entirely free; simple dressing.

March 17. Patient is exchanged to-day. Wound entirely healed. Passive movements free in every way and painless. Active movements from the long rest of the muscles, over three months, weak yet, but as he is an active and intelligent man; I have no doubt that he will follow strictly the minute directions given to him. Leaves with a thousand thanks.

CASE III.—Sergeant David Johnston, Co. K, 6th Ohio Cav., twenty-four years of age, was wounded May 9, 1864, on Sheridan's raid. Entered hospital May 16. Minie ball entered near Cond. int., left arm; fractured olecranon, exit one and a half inches below head of radius, near ulna. Patient, though healthy, has not a grain of fat to spare; muscles weak. The great inflammation was subdued by rest and cold irriga-

tion. Operation June 8, 1864. Removed one and a half inches of radius and corresponding part of ulna, nothing of humerus. Chloroform acted well. The ulna had been shattered longitudinally, and many small pieces driven into the soft parts. Skin is very soft and vulnerable; two-thirds of forearm inflamed on outside, from periostitis of ulna; expressed fear that it would slough eventually, and so it did, though only in considerable extent over the joint, which destroyed, however, the usefulness of the operation in regard to the mobility; as the tissue of scars has always the tendency to contract, and therefore leaves not sufficient room between the bones. The recovery lasted eight weeks, and many small scales of bones had to be extracted as they came near the surface. No Plaster of Paris splint.

CASE IV.—Private F. J. Criggen, Co. C, 3d N. Y. Vol., twenty-eight years of age; round iron ball, from shrapnell, struck left olecranon and lodged in arm May 14, 1864. Ball cut out June 1st. Operation June 28, 1864. I had not seen the patient before the operation; when I was called in consultation I proposed to operate immediately, as the poor fellow was then in a deplorable condition. Many abscesses around the joint and especially on upper arm; the olecranon fractured, and also both condyles of the humerus broken off; much inflammation of course. Single longitudinal incision; both condyles were found to be broken off, (not the slightest attempt at union,) and the sharp, protruding middle piece of the humerus was sawed off one and a half inches above the condyles, also the whole of the olecranon and articular face of the radius. The wound closed in middle with gauze straps and Collodium; no artery to be tied; chloroform acted well; arm put immediately in Plaster of Paris splint, at right angle.

July 16, 1864. Wound nearly healed; remove splint; commence motion.

June 1st, 1865. Patient has been employed in hospital; has a very strong and useful arm, notwithstanding the many deep scars from abscesses; flexion from straight to over right angle; pro and supination very good. He lifts a pail full of water like nothing, and carries it also.

Here we have three cases out of four with very good re-

sults as to utility of the new joint, and one unsatisfactory. In case III. and especially IV., there arose the serious question and found its advocates under the Medical Staff, amputation of the arm to save life.

Case II. had a conservative treatment of eight months, and at the end a wound, which broke open, and the joint inflamed always afresh from every little motion or no external cause at all; but the exciting cause, the necrosing bone had to be removed, or it would have taken eighteen months before nature could have thrown it off without help. The patient was, however, quite satisfied with his eight months' bed and bad experience.

41 East 15th St.

ARTICLE XXVI.—*Conservative Surgery and Homœopathy.*
Resection of the Tibia. By WM. TOD HELMUTH, M.D., of
 St. Louis, Mo.

THE blessings that result from properly applied conservative means in surgical science, can scarcely be appreciated by those who have not been fortunate enough to have had an opportunity of observing the extent and power of the great reparative process of nature, which frequently surprise even those who are in a measure conversant with them. Some years ago Mr. Ferguson wrote, that amputations were rarely resorted to in the King's College Hospital, as the success attendant upon the conservative means employed, and the advantages deduced therefrom in surgical operations, in the majority of instances preserved the limb for the patient—sometimes, to be sure, with a stiffened joint, and at others, perhaps, with a few inches of shortening—which inconveniences must certainly be considered of trifling import, compared to the entire loss of the limb itself.

The *homœopathic* surgeon who keeps himself well up to the times in the best known allopathic *conservative means*, and adds thereto the *homœopathic treatment* before, during and after surgical operations of any magnitude, has advantages that will yet be fully appreciated both by the public and the profession; but it may take some time for the superiority of

the treatment to be acknowledged, for many reasons—*i. e.*, because the majority of the large hospitals in cities and manufacturing towns are under allopathic treatment; because there are comparatively few homœopathists who give the study or practice of surgery the attention it deserves; because a majority of the laity—certainly in this country—believe that the homœopathists adjure surgical science, excepting, perhaps, the setting of a fracture or opening a simple abscess; and because, in many of the cities and towns, a case of surgery, when presented to a disciple of Hahnemann, is forthwith turned over to his neighbor, who is an *allopathic surgeon*.

Homœopathic surgeons would have been recognized in the army and navy of the United States had it not been for the above-named facts, and the time will come, and is near at hand, when the odium will be taken away from our school; but *the people* must in the meantime be given to understand that there *are* homœopathic surgeons, and that the statistics accurately and truthfully prepared by them are proved to present *better* results than those of the older system. So soon as this is done satisfactorily, the project may be set on foot and carried successfully; but until it is accomplished it is a useless expenditure of both labor and money to attempt to introduce into the army and navy of this country a system of medicine which is regarded by many as actually opposed to all operative procedure, and which idea is disseminated with the utmost diligence by the members of the old school of physic.

To illustrate the benefits of the system of Hahnemann combined with conservative surgery, I present to the readers of this JOURNAL a most interesting and, I may add without egotism, a most successful case of resection of the tibia.

At the beginning of my last term of service at the Good Samaritan Hospital, I was particularly struck with the miserable appearance of a lad named Francis Bandans, aged about fifteen years. The history of the case is briefly as follows: The boy (who, by the way, could not speak a word of English, making known his complaints and wants in broken French) had been employed by a Farmer, and was driving a truck, drawn by oxen, on which was a large piece of heavy timber;

by some unlucky accident, the lad fell between the wheel of the wagon and the stump of a tree, the former passing over his left leg, while his right leg was bruised severely by the fall. He was taken up as soon as assistance could be procured and the nearest Doctor (!) summoned. There was a severe compound fracture of both tibia and fibula, the ends of the bone protruding to the extent of an inch and three-quarters through the wound; the lower portion of the leg being at an acute angle, and the foot so entirely twisted from its position that it rested on the internal malleous and external edge of its plantar surface. What the doctor (!) did is not well ascertained, but no attempt was made at either setting the bones or replacing the foot, and the boy lay *five weeks* with the injury as described. Then worn out by his suffering and with profuse suppuration, he was brought in an open wagon to the hospital. Typhoid symptoms set in, and his condition was as follows: The broken bones had united, presenting a deformity which may be well imagined. The protruding ends of the tibia were covered with a crop of thick and dark-red granulations. There was a suppurating and offensive ulcer on the posterior portion of the right leg, occupying the whole belly of the gastrocnemius; another sore about the hip-joint, together with spasmodic rigid contraction of the toes and knee-joint. The patient was also very much emaciated, with a dry, brown, hard, tongue, pulse 130 beats to the minute, tympanitis, and all the well-marked symptoms of *typhus gravior*. To all appearances, with the extent and gravity of his injuries, the exhausting suppuration, the deprivation of proper nourishment, there were certainly data on which to be found a very bad prognosis.

The first medicine that was prescribed was *Arsenicum* in the 3d trit., about two grains once in three hours; while brandy and water three times per day, with occasional spoonful of beef essence, were carefully administered. The ulcer on the right leg was dressed with Calendula lotion, which was also applied over the protruding extremities of the fractured bones. It was some days before much improvement was noticed, but gradually the symptoms began to abate in their severity, excepting most excessive pain in the region of the

hip-joint; the most acute pain beginning at evening and lasting through the entire night. The screams of the poor boy were such that the other patients in the ward were unable to sleep. The application of compresses saturated with strong tincture of *Aconite* gave relief in time to this distressing symptom. The tympanitis was relieved by *Turpentine* in three to five-drop doses taken once in four hours, and the remaining symptoms combatted as they presented with *Bryonia*, *Rhus-tox.*, and *Sulph.* About this time a diarrhoea became very troublesome, but was successfully treated with *Phosphorus* and *Phosphoric-acid*. During this treatment stimulants were constantly given, and their good effect was very appreciable. At length the disease was overcome.

Any physician who has had opportunity of treating typhoid fever is well aware of the prostrated condition in which it leaves the patient, and can readily understand that with such a state of the constitution any severe surgical operation is incompatible. But the boy improved; the sores on his leg healed, the pain in the hip disappeared, the spasms of the flexor muscles passed away, but nature, as the process of reparation continued, also fastened even more tightly together the bones of the fractured leg, which, be it remembered, were united when the patient entered the house, and he had been in the hospital, up to the time of which I write, nearly six weeks.

As the danger to life passed, the deformed and misshapened limb began to claim the attention it deserved, and which it should have received when the injury was first inflicted.

My first impression, and I believe that of those who saw him, was that amputation must be resorted to, but upon reflection, I thought that resection might be practiced, and upon conversation with my friend, Dr. Walker (also a surgeon to the hospital,) it was agreed to attempt it.

On the second of March, being assisted by Dr. Vastine and Dr. Fellerer, and in the presence of several other medical gentlemen, having placed the boy upon the operating table, and brought him fully under the anæsthetic influence, I began the operation by dissecting from the protruding bones the mass of granulations; then beginning about five inches above

the site of fracture, I made a longitudinal incision along the spine of the tibia, and continued it three or four inches below the protruding bones; this incision was crossed at the centre by a second transverse cut, and the four flaps dissected up. Keeping the edge of the knife close to the bone, the aponeurosis of the *tibialis anticus* was divided, and the anterior tibial artery protected from injury. The ends of the bones were then sawn off, about two inches being taken away and the bony adhesions of the fibula, which had united firmly with the shin-bone were with considerable force, refractured. The foot was then twisted back again, placed in its position, and fixed securely in a splint, leaving a space of two inches between the divided extremities of the bones, from which the ends had been removed. During the operation the hæmorrhage was not important, but when I visited the patient in the evening, there had been so profuse a discharge of blood, that I feared the teeth of the saw had wounded the anterior tibial artery. All dressings were therefore removed, but I found the bleeding to arise from the medullary canal. Compresses wetted with a solution of the *liquor Ferri-persulphatis* were applied, which after two days arrested the hæmorrhage. On the 5th of March, Dr. Walker saw the patient with me, and recommended the use of bran dressings. Accordingly the limb was placed in a fracture-box extension, made to keep the leg the proper length, and bran packed closely around it. This bran dressing was of the most serviceable nature—the leg was never moved from its position; the wound could be cleansed readily and as often as was necessary, could be examined at any time, and could receive the benefits of the cold Calendula lotion, which was constantly applied. Moreover, as suppuration took place the pus was absorbed by the bran, which is formed into hard masses that were easily removed, and the place refilled with fresh material. On the 25th a sequestrum came away; on the 27th the leg was taken out of of the bran, the fracture-box cleansed, refilled, and reapplied as before. On April the fourth, the whole apparatus was dispensed with, a slight splint applied on the inside of the leg and held in situ by adhesive strips. The boy was soon about the house, has *a leg of the same length* as the other, and though

not quite so strong, there is every reason to believe, that with the perfect motion of the ankle which exists, the cure will ultimately be very perfect.

ARTICLE XXVII.—*Bright's Disease of the Kidney.—An Autopsy and its Results.* By J. H. GALLINGER, M.D., of Concord, N. H.

THIS indifferently understood, but serious malady deserves more attention at the hands of homœopathists than it has as yet received. Since Dr. Bright's discovery in relation to the peculiarities of the disease, allopathic physicians have applied themselves to its study with a zeal and an energy well worthy of praise and emulation; while, on the other hand, the homœopathic profession have seemed to imagine that they have had little, if anything, to do in this special field of professional investigation. Dr. Marcé's recent articles on the subject are, however, calculated to exert an influence for good upon the minds of our practitioners, and it is to be hoped that they may be the means of impressing upon them the necessity of paying more attention to the chemical conditions of the urine during the progress of chronic diseases, particularly those of an anomalous character. The tests for albuminous urine are so simple and easy that no physician should be excused for neglecting to employ them, especially when he has reason to suspect the existence of Bright's disease. It is only by industriously investigating the wide field of discovery opened to us by morbid anatomy and chemistry that we can hope to vie successfully with the allopathic profession in the treatment of those rare and peculiar affections that occasionally demand our attention; for while our means of cure are far superior to theirs, we will signally fail of accomplishing great results unless we fully understand the nature of the disease for which we are prescribing. Let us, then, while devoting ourselves assiduously to the study of the materia medica not forget that the sciences of pathology and chemistry have strong claims upon our attention, and that we cannot, in justice to ourselves, overlook their importance or slight their requirements.

The disease under consideration has been so fully and ably discussed by Dr. Marcy, that it is unnecessary for me to enter into an examination of either its nature or treatment. My principal purpose in this article is to give the results of a *post-mortem* examination of an anomalous case, the developments being of a somewhat peculiar nature, and pointing unmistakably to Bright's disease as the cause of death. And here I would remark that I think it of great importance that the peculiarities observed in autopsies should be reported for the benefit of the profession, so that the younger members especially may not be confounded when they meet with pathological changes different from what they have before noticed.

The case to which I allude was that of a gentleman, sixty-one years of age, who had been for years gradually failing in health, without, as far as I know, being under medical care. He became quite anæmic and debilitated, but did not complain of pain at any stage of the disease. For a considerable time previous to death, a diarrhœa was present, and dissolution was preceded by a condition of delirium. Shortly before death a homœopathic physician was called in attendance, but in consequence of the total absence of well-defined symptoms, it was impossible to correctly diagnose the disease. The diarrhœa was checked by Phosphoric-acid, without, however, exerting any favorable influence upon the general health. Indeed, it is quite probable that had the diarrhœa continued, death would not have taken place so soon as it did, that process having evidently served the purpose of eliminating the retained urinary secretions. The urine was not analyzed at any time, no especial trouble of the kidneys having been apprehended.

Upon examination, the lungs, liver, stomach, and bowels were found in an apparently healthy condition. The heart was somewhat enlarged, and a fatty deposit covered the surface of this organ. The spleen was likewise slightly increased in size, and of a friable nature. The chief difficulty was, however, found in the kidneys. The right kidney, when exposed to view, presented such marked evidences of disease that the physicians present were at once satisfied that the seat of the malady had been found. On the surface of this organ a cyst,

formed by the extension of the sheathing of the kidney, was discovered, filled with a thin, transparent fluid, the cysts containing about half an ounce of liquid. In other respects the surface of the organ presented a normal appearance. The left kidney was next examined, and was found in a similar condition, save that the cyst was much smaller than that on the right kidney. Upon puncturing the smaller cyst, the opening was found to communicate with the pelvis of the kidney, the substance of the organ having been absorbed and converted into liquid. A section of the kidney revealed a fatty deposit, covering about two-thirds of its interior. The blood-vessels were somewhat enlarged, but apart from this the substance of the organ beneath, and at the sides of the fat was quite natural in appearance. The weight of the kidney was $6\frac{1}{2}$ ounces.

The physicians present at the examination had never seen a similar case, the cyst being a development entirely new to them, and the organs were exhibited to several old practitioners of the allopathic school, but they all seemed ignorant of the character of this peculiar pathological change. The question then arose: "What is the nature of the malady?" The history of the case was very imperfect, yet the chronic anæmia, in connection with the cardiac and splenic complications, and the fatty deposit in the kidney, led me to consider it a case of Bright's disease, without regard to the peculiarity noticed on the surface of the organ. Several authors were consulted without finding any reference to the formation of cysts in Bright's disease, when an examination of "Watson's Practicè of Physic" gave a clear and concise solution of the problem that had puzzled me during several days. After a description of the disease, Prof. Watson says:

"In some rare cases the kidney is studded, both on its surface and throughout its interior with numerous small cysts or cells containing a thin, transparent liquid. *Sometimes we meet with one or two larger cysts of the same kind in this diseased state of the organ.*"

Here, then, was an accurate description of the peculiarity noticed, and this change being, so far as I know, peculiar to Bright's disease, it seemed conclusive of the correctness of

my first opinion, and the disease was therefore pronounced to have been chronic albuminuria.—It may be thought by those who enjoy the medical advantages that large cities afford, that too much stress has been laid upon a pathological condition that to them perhaps is quite familiar, and it is possible that some of the readers of the JOURNAL may be disposed to laugh at the perplexity that so simple an affair occasioned in the mind of your correspondent. But to such I have only to say that physicians in the country naturally look to the “bright and shining lights” of the larger cities for information on knotty medical questions, and that unless it is forthcoming from that direction, they are compelled to rely upon their own feeble resources. So much of the homœopathic literature as I had at command was searched in vain for the report of a similar case, and hence it has been communicated in the hope that it may be of practical service to (at least) the junior members of our profession, in their future researches in the field of pathological anatomy.

ARTICLE XXVIII.—*Report from the Homœopathic Infirmary, Philadelphia, Pa. May, 1865.* By BUSHROD W. JAMES, M.D., Surgeon in charge.

(Read at the Annual Meeting of the Am. Institute of Homœopathy, June, 1865.)

THIS institution was organized more than six years ago, when there was no Homœopathic Hospital in Philadelphia, and when there were but two public institutions in which the Homœopathic system was practically in operation, viz.: the Northern Home for Friendless Children, and the Homœopathic Medical College, through its Dispensary.

The main and chief design of the Infirmary is to afford a place where all kinds of surgical operations can be performed, and where all the varied forms of surgical and medical cases can have the benefits of homœopathic treatment.

The Infirmary is divided into three departments: 1. Surgical; 2. Medical; 3. Obstetrical. The first two of these are in successful operation, and the third will be established more permanently as soon as the finances of the institution will admit of it.

Thousands of prescriptions are annually given out to the patients that visit the medical department to obtain relief from their afflictions, while many hundreds of families have become believers in our system through its instrumentality.

The annual report for 1864 footed up the total work accomplished at that time; that about 10,000 patients had visited the Infirmary for medical and surgical advice, and that over 23,000 prescriptions had been put up for administration to applicants.

On Wednesdays and Saturdays one hour in the afternoon is appropriated as a clinic for surgical patients. Diseases of the eye and ear are also made the objects of attention on those occasions. In the future development of the institution I doubt not a special ward will be prepared for this class of diseases, so much neglected by Homœopathicians.

The Infirmary is yet in its infancy, but it is accomplishing a noble work in aiding the onward progress of medical reform, notwithstanding it is located in a city which is the acknowledged centre of allopathic education in America, and a "very stronghold" as regards allopathic hospitals, dispensaries, and other charities, and is obliged to contend against the prejudices of the people in favor of the old long-established institutions.

Forty years ago homœopathy commenced its pioneering work in our country, where allopathy had hitherto grown and prospered with undisputed sway. To-day its practitioners are numbered by thousands, and believers in its principles by hundreds of thousands. It is flourishing everywhere around us, and is penetrating the uttermost parts of the land, commanding the attention and admiration of the intelligent, the educated, the wealthy, men of influence and men of power, as well as those who are occupying the humbler walks of life. Its merits have been tested by all classes of society, and it is pronounced one of the greatest boons to man of modern times. It now has accorded to it a high and honorable position among the sciences of the world, and is recognized by legal enactments in our own country as well as in Europe. The bitter persecutions and denunciations that once so strangely opposed it are giving way to praises and acclamations of joy in its behalf.

Its unprecedented success in the private circles of life should be an incentive for its introduction into our public places. Why should the inmates of our prisons, alms-houses, public hospitals, and in fact all the institutions supported from the public fund, or by benevolent contributions and appropriated to charitable purposes not be allowed the benefit of homœopathic treatment, especially since it insures as much safety, if not more than the allopathic, in its results of management, and has the additional weighty advantage of using much milder means to the invalid, and has furthermore proved itself, wherever used, much more economical to the institution adopting it? Must the orphans and friendless children of our cities and those pitiable cases whom poverty crushes to the earth, and who seek a refuge from public view in the house of alms, be obliged to submit without redress to the nauseating doses, and bear the inflicting tortures of counter-irritation? The responsibility of this matter rests with the people and not with the homœopathic profession, for they are powerless to act. The people then owe it to these unfortunates, as well as a duty to themselves as believers in homœopathy, to use their utmost influence to change this state of things, or if it cannot be changed to do the next best thing, that is erect homœopathic hospitals and establish homœopathic dispensaries in all the cities and large towns throughout the land.

The Medical Officers of the Institution are :

CONSULTING STAFF.

C. Hering, M.D., D. James, M.D.,

R. Gardiner, M.D., J. Jeanes, M.D.,

F. Sims, M.D.

Surgeon—Bushrod W. James, M.D.

Obstetrician—D. R. Posey, M.D.

Medical Attendant—Pemberton Dudley, M.D.

ARTICLE XXIX.—*Synopsis of Medical and Surgical Reports of the "Northern Home for Friendless Children," in Philadelphia, while under Homœopathic treatment.* By BUSHROD W. JAMES, M.D., recently Surgeon to the Institution.

(Read before the American Institute of Homœopathy June, 1865.)

HAVING been professionally connected with this institution since the spring of 1857, when the system of Homœopathy

was introduced, until the latter part of October, 1864, when the Board of Managers saw proper to change the practice back to allopathic, I deem it a matter of interest to present in the shape of a report, a few of the facts connected with the matter, together with a statistical summary of the diseases treated while under homœopathic service, and likewise compare, from the annual reports of the "Northern Union," the rates of mortality during the existence of the institution, under the two systems of medicine.

The inmates are composed of neglected and friendless children, varying in age from one to twelve years, that have been gathered up through the instrumentality of humanitarians from all parts of our large city; taken in many instances from wretched hovels and from crowded tenement houses, and from unhealthy localities where destitution, neglect, contagious diseases, and in fact everything calculated to injure and enfeeble their constitutions surrounded them.

Recently, in addition to these who have been abandoned by their parents, or otherwise friendless, there have been admitted quite a number of soldiers and sailors' orphans, the managers having appropriated a special building to this object. These children are all included in the report.

The sanitary regulations of the Home are good: the rooms are kept freely ventilated and frequent ablutions, plenty of exercise, together with a nourishing dietetic fare are furnished the children after they enter.

The superintendent being a man of considerable experience in the management of such institutions, maintains the rules with unwavering strictness, and thus the incursions of the prevalent diseases of the city are met, and as far as can be, are warded off.

We have, with the exception of the few months in the latter part of our term of service, labored under the great disadvantage of having all the children, sick and healthy in the same building, thus compelling us to exercise the most rigid care when epidemics or contagious diseases entered the institution in order that the whole house might not become infected. During the homœopathic term of service it must be borne in mind that two fearful epidemics—the diphtheria and spotted fever—have passed over our city.

The usual visitations of scarlet fever, typhoid fever, dysentery, small pox, &c., have likewise existed, yet the reports will show a remarkable comparison in mortality under the two systems of practice. I frequently re-vaccinated the children and nurses, thus completely excluding the variola—not one case having occurred under our term.

Under the report of surgical cases will be found a large number of purulent ophthalmia cases. This was a contagious form of disease usually known by the name of Egyptian ophthalmia. The nurses and children were alike affected with it. In attacking a patient it commenced with a congestion of the conjunctival membrane, at the inner or outer canthus of one or both eyes, which soon extended from thence along the eyelids, generally the inferior lid first. This was accompanied with a sensation of itching, fullness and slight pricking at the canthi. On examining the eye at this incipient stage of the disease nothing could be seen but a great redness of the inside of the eye-lids on their being inverted. Soon, however, a few of the sclerotic arteries would be seen full and turgid, extending over the globe of the eye. This state is shortly followed by conjunctivitis, with a sensation as if the eye were filled with sand, and as if there were something immediately in front of the eye which the patient desired to push aside in order to allow of clearer vision, and on attempting to read, the letters appeared like a blurred line. Twenty-four or forty-eight hours later, photophobia would set in, and a thick secretion of a whitish or yellowish mucus and pus would supervene; the eyelids then become much tumified and there is a sensation of swelling in the globe of the eye, accompanied with an aching in the muscles of the eye. There does not seem to be much general disturbance of the system; the digestive, respiratory, and circulatory functions all remained in a normal condition.

In children of a serofulous diathesis, or a syphilitic taint, the ophthalmia assumed a most violent character, and not unfrequently these cases would assume a chronic form after the severe symptoms were removed and then most obstinately resist further treatment. Although some very unfavorable cases presented themselves for treatment while the disease was raging in the "Home," yet it is gratifying to know that not one

case of cataract, amaurosis, or total blindness occurred. Several cases of staphyloma and leucoma did however result, but by affecting only one eye, or by being only partial, did not entirely exclude vision.

The disease had been introduced into the "Home" through two children that had been inmates of an institution where it was prevailing. The ophthalmia did not display itself in them until after they were admitted, and it was not until after a number of the inmates had become infected with it that its true character was ascertained, and when the institution was thus once infected, it spread rapidly to a large majority of the children. The healthy inmates and also newly admitted children, although kept isolated from the invalids, in different apartments of the building, and prevented from having any contact with their towels or garments, would, nevertheless, become infected with the disease. Persons entering the Infirmary rooms and remaining a short time among the afflicted children, although they would not come in contact with them or with anything in the room, would be subject to an attack of the ophthalmia.

This would seem to indicate that some contagious matter or minute pus globules had impregnated the atmosphere of the rooms, and although they were freely and constantly ventilated and disinfectant means resorted to, yet the contaminating influence remained in force, in spite of the utmost vigilance for its removal for a long time, and although the disease seemed upon several occasions to have been eradicated, yet fresh cases would break out and do yet occur even since a separate building has been appropriated to the sick.

Homœopathy was introduced into the "Home," more as an experiment than otherwise. The believers in the allopathic system being in a majority in the Board of Managers. They, however, yielded to the desire of those who advocated the introduction of the homœopathic system, and consented to a trial of it, especially so as the allopathic school had been unfortunate in the management of an epidemic of measles in the "Home," from which several cases proved fatal. The result of the experiment can be seen in the summary below. It is a noticeable fact that since the re-introduction of allopathic

Surgical cases Treated in the Northern Home for Friendless Children during Homœopathic Service. BUSHROD W. JAMES, recently Surgeon to the Institute.

Name.	No. Treated.	No. Cured.	No. Relieved.
Abscess,	8	8	—
Anthrax,	1	1	—
Conical Cornea	2	1	1
Ectropion	4	3	1
Extraction of Tumors	2	2	—
Fracture of the Arm	2	2	—
“ “ “ Nose	2	2	—
“ “ “ Ribs	1	1	—
“ “ “ Clavicle	1	1	—
Hernia	1	1	—
Luxation of the Forearm	3	3	—
Ophthalmia, purulent or Egyptian, ...	561	541	20
Periostitis	2	2	—
Poisoning with Rhus-tox.	1	1	—
“ “ Stramonium	1	1	—
Syphilis	9	9	—
Wounds	7	7	—
Total treated	608	cured 566	22

much relieved.

None died.

Comparison of Homœopathic with Allopathic Medical Service in the Northern Home for Friendless Children, Philadelphia, Pa., to May 1, 1865. From the Annual Reports and Records of the Board of Managers.

Number of children admitted from the opening of the Home, Aug. 3, 1853 to May 1, 1854	47	Died. —
Admitted from May 1, 1854, to May 1, 1855,	70	—
“ “ “ “ 1855 “ “ “ 1856,	114	2
“ “ “ “ 1856 “ “ “ 1857,	125	5
Number in Home Nov. 1, 1864, when changed to Allopathic service	184	—
Admitted from Oct. 30, 1864, to May 1, 1865	254	9
Total inmates while under Allopathic service	794	16

Number of inmates when the Homœopathic Service commenced in the Spring of 1857,	80	Died.	—
Admitted from May 1, 1857 to May 1, 1858,	155	—	—
“ “ “ “ 1858 “ “ “ 1859,	192	1	1
“ “ “ “ 1859 “ “ “ 1860,	190	4	4
“ “ “ “ 1860 “ “ “ 1861,	178	2	2
“ “ “ “ 1861 “ “ “ 1862,	239	4	4
“ “ “ “ 1862 “ “ “ 1863,	225	—	—
“ “ “ “ 1863 “ “ “ 1864,	204	2	2
“ “ “ “ 1864 to Oct. 24, 1864,	136	3	3
Total No. inmates while under Hom. service	1599	16	16

SUMMARY.

Total No. of inmates while under Hom. service	1599	Deaths 16
“ “ “ “ “ “ Allo. service	794	Deaths 16

Majority of inmates under Homœopathic service	805	
Difference in mortality.....		—
Term of Homœopathic service.....		7½ years.
“ “ Allopathic “		4½ “

ARTICLE XXX.—*Pulsatilla Nuttalliana*. A Fragmentary Proving, by WM. H. BURT, M. D., of Lyons, Iowa, with Clinical Remarks by E. M. HALE, M. D., of Chicago.*

I have the pleasure of presenting the profession with the first proving of this new remedy. Although but a fragmentary one, it seems to be reliable, and will be an important guide to a proper use of the medicine. Many of the symptoms are quite suggestive, and it is interesting to note the points of resemblance between the American and European plant. Dr. Burt writes me that he was surprised at the great difference between the pathogenetic action of the two plants. He says he expected “more symptoms of the bowels from massive doses.” He was also surprised to get so many prominent symptoms from the *dilutions*, and admits that his scepticism gives way before the results of experiments made with the dilutions on his own person. Dr. Burt expected to get a proving on a woman, but was not able to accomplish that result.

The following clinical observations are not as full as I could desire, those physicians to whom I sent the remedy having failed to report cases cured. H.

Condition of the Prover before taking the Medicine.—In good health; good appetite; tongue clean; alvine evacuations normal—once a day in the morning. Since proving the *boletus*—my ankles are very weak, and pain me more or less every day, especially in the afternoon.

Proving made with the 4th decimal dilution, prepared from

* From the U. States Medical and Surgical Journal No. 1.

a tincture sent me by Professor Hale, of Chicago. The first two dilutions were prepared with pure alcohol—the last two with pure water. This was done to avoid any possible effects of alcohol.

First Experiment.—At 7 A. M., June 20th, one hour before breakfast, took f̄zj. 9 A. M.—For the last half hour have had a prickling-burning sensation in the centre of the epigastrium, with a feeling of headache. 10 A. M.—Burning sensation of the eye-lids, with slight headache; distress in the whole epigastrium, with *severe, cutting pains* passing through the stomach to the spine, lasting half an hour; drawing pains in the sartorius muscle (left) when walking. 1 P. M.—Sharp pains in the stomach every few moments for the last two hours, feeling as if needles were being pressed through the stomach; frequent pains in the wrists and fingers, lasting but a moment. 4 P. M.—Several times have had hard pains in the whole upper forehead, that would pass to the back of the head like a wave, affecting the whole brain. Sharp, neuralgic pains, passing from the hip joint down to the middle of the thigh, along the great ischiatic nerve. 10 P. M.—Frequent eructations of sour air, with a sad, gloomy state of mind; distress in the epigastrium.

21st.—Slept well; feeling well; took f̄zj. at 7 A. M. 8 A. M.—Slight frontal headache, *severe, sharp, cutting pains* in the epigastrium; hard, lumpy stool. 12 M.—A number of times have had a hard pain over the left eye, feeling as if a nail was being pressed into the forehead; a number of times have had sharp pains in the stomach; distress in the umbilicus. Smarting of the eye-lids. All the forenoon have had hard, drawing pains from the first to the second joint of the right middle finger. 9 P. M.—Sad and gloomy; very tired from a hard day's work.

22d.—Eye-lids agglutinated; yellowish coating along the centre of the tongue; flat taste in the mouth; natural stool; dull pains in the right ankle joint. 12 M.—Took f̄zj. 9 P. M.—Have had a slight, dull, frontal headache all day; smarting of the eyes with profuse flow of tears; for two hours after taking the medicine, had a constant fluttering noise in the right ear; drawing, cutting pains in the lower epigastrium all the afternoon; dull pains in the right hypochondrium, last-

ing ten minutes at a time; stiffness of the fingers, with dull pains in the ankles and toes; sharp pains in the first joint of the right forefinger.

23d.—Had a restless night, with severe frontal headache, caused by a sour stomach. (Severe thunder storm from 3 to 10 A. M.) For two hours, while in bed, had *severe* pain in the whole right knee, of a dull aching character; drawing pains in the right ankle; tongue coated yellow along the centre; flat, bitter taste; constant, dull pains in the whole abdomen; natural stool; hands hot and dry. 11 A. M.—Dull pain in the right temple; constant, dull distress in the lower part of the epigastrium. Took f̄z̄j. 9 P. M.—All the afternoon and evening have had constant distress in the lower part of the epigastrium; slight, drawing pains by spells in the fingers and toes; languid, with a gloomy state of the mind.

24th.—Hard, colicky pains after midnight in the epigastrium. 6 A. M.—Mushy stool, with hard pains in the epigastrium. 4 P. M.—A number of times through the day, had hard, cutting pains in the lower part of the epigastrium; smarting of the eyes. Took f̄z̄j. 9 P. M.—Dull headache; smarting of the eyes; hard, drawing pains along the right eustachian tube, for half an hour; dull distress in the lower epigastrium and umbilicus; drawing pains in the left metacarpal bones.

25th.—Profuse secretion of the mucus of the eyes through the night; severe pain in the lower portion of the epigastrium at 7 A. M., followed by a mushy stool. 9 P. M.—Have had constant distress in the lower part of the epigastrium all day, with flying pains in the head and feet.

26th.—Eye-lids agglutinated; soft stool at 6 A. M.; frequent spells of distress in the lower part of the stomach.

27th.—Severe pain in the umbilicus at 6 A. M.; with desire for stool; dark colored stool, covered slightly with mucus, followed by the same pains for half an hour; sharp, stabbing pains in the pectoralis major muscle for five minutes, followed by a burning distress where the pains were. 11 A. M.—Took f̄z̄j of the 2d. prepared in water from the 1st alcoholic dilution. 3 P. M.—For one hour after taking the medicine, was very chilly, with a constant inclination to yawn; severe dull frontal headache; smarting of the eyes; have had a number

of spells of severe distress in the epigastrium, with dull pains in the right hypochondrium; dull pains in the lumbar region; very languid and feverish. 10 P.M.—Slight headache; smarting of the eyes; face hot and flushed; all the evening and afternoon, have had a feeling as if I must go to stool immediately, with constant distress in the lower part of the epigastrium und umbilicus; hard, dry, dark, lumpy stool at 10 P.M.; dull pains in the right hypochondrium; dull distress in the testicles, with drawing pains along the left spermatic cord; have had frequent flying pains in the hands, feet, and toes; hands hot and dry; sharp drawing pains along the outside of the left knee, half-way down the leg; have been very sleepy all the afternoon.

28th.—Slept well; smarting of the eyes, with deep, dull pain in the orbits; tongue coated yellow along the centre; flat, rough taste in the mouth. The muscles of the arms ache and are quite stiff, (especially the flexors,) passed off in a short time after moving them; hands hot and dry; fingers stiff; flying pains in the ankles. 11 A.M.—Have hard, stitching pains in the left spermatic cord and testicle. Took f $\bar{3}$ j. 5 P.M.—Dull pains deep in the eyes, with smarting of the eyes; distress in the epigastrium. Three times have had hard, stitching pains in the left spermatic cord, lasting from five to ten minutes each time. Have a good deal of dull pain in the left hypochondrium. 9 P.M.—Smarting of the eyes all the evening; dull pains in the left hypochondrium. A number of times have had stitching, drawing pains along the left spermatic cord; twice have had dull pains in the testicles—more in the right one. Dull pains in the lumbar region.

29th.—Very languid to-day, with great depression of spirits; want to sleep all the time; dry, lumpy stool at 6 A.M. Slight secretion of mucus in the eyes; tongue coated yellow along the centre. 6 P.M.—Natural stool.

30th.—Feeling well. Slight agglutination of the eye-lids in the morning; bowels natural. There is an eruptiou breaking out on my ankles, that itches severely at night.

July 11th.—The eruption on my ankles has extended half way up to my knees, and several large blotches are on my back. The eruption is as large as a three cent piece, and from

that down to a fine eruption: the color is a dark red; it itches more or less all the time, but at night the itching is most intolerable. The eruption stands out from the skin very prominently, and is exceedingly hard. The last two days it is commencing to pass away. This eruption might not be an effect of the *Puls.*, but I never had anything like it before, and I shall attribute it to the *Puls.*, until it is proven otherwise.

Second Experiment.—My friend, Dr. Cole, of Janesville, Wisconsin, was so kind as to send me a small plant of the *Puls.-nutt.* I put it in two ounces of alcohol, and let it macerate sixteen days before using it. He says the *Puls.-nutt.* grows there on sandy hills, where vegetation is very limited.

11 A. M.—Took one quarter of an ounce. 12 M.—Sharp pains in the right temple; profuse secretion of tears, with dull pains in the eye-ball, extending to the malar bone; severe burning in the stomach. 5 P. M.—Have had a dull headache all the afternoon, in the upper part of the forehead, with paralysis of the eye-lids—almost impossible to keep my eyes open; dull pains in the eye-balls, and smarting of the lids, with increased secretion of tears. Feeling in the left ear as if it were closed. Constant distress in the epigastrium, with frequent hard, drawing pains in the left side, just below the stomach; rumbling in the bowels. Hands hot and dry, with stiffness of the fingers. 10 P. M.—Have all of the above symptoms, but the pain in the lower part of the epigastrium has been very severe all the evening. Feeling feverish, with great debility.

12th.—Slept soundly, but feeling very languid. Profuse secretion of mucus in the eyes; neuralgic pains in the eye-balls, while walking—more in the right. Constant distress in the epigastrium. 7 A. M.—Took half an ounce, and took my breakfast half an hour afterwards. 10 A. M.—The pains in the head and eyes are the same as they were yesterday, with frequent pains in the ears, of a drawing character, from the inside, outwards; feeling as if the ears were closed. Severe cutting pains in the lower part of the epigastrium and right hypochondrium; nausea, lasting about one minute, at two different times. Dull pains in the ankles. Great debility

hands hot; feeling feverish, but the pulse is not affected any. 12 M.—The pains are all the same, with frequent snapping noises in the ears. 8 P.M.—Same symptoms, but not so strongly marked.

13th.—Slept soundly. Large secretion of mucus in the eyes. Slight pains, by spells, in the epigastrium. 9 P.M.—Frequent drawing pains in the ears all day, with occasional sharp pains in the right temple and eyes. Frequent spells of dull, drawing pains in the epigastrium and right hypochondrium. 10 P.M.—Sharp, cutting pains in the umbilicus, followed by a natural stool, it being the first stool since I commenced the last proving.

14th.—Rough, flat taste in the mouth; frequent sharp pains in the right ear and temple. Dull pains, by spells, in the epigastrium. The eruption is all gone away. Natural stool at 9 P.M.

15th.—Feeling well. Natural stool at 8 A.M. (Rained all day.) My hands were dry and hot all day, but no rheumatic symptoms were noticed, except once, had drawing pains in the testicles.

Characteristic Peculiarities.—1. Constant distress, with frequent sharp pains in the lower part of the epigastrium.

2. Most of the pains are of a flying character, and of short duration.—(See *Bell.*—H.)

3. The pains are more in the daytime, and especially while sitting down.

4. Motion relieves most of the pains.

5. Eating mitigates the pains in the epigastrium. (See *Arnica.*—H.)

6. The eruption is greatly aggravated by warmth, and at night. (See *Mercurius*, &c.—H.)

Skin.—7. Eruptions on the back, legs, and ankles, of a dark bluish red color, attended through the day, with more or less itching, but at night, the itching is most intolerable. The eruption stands out prominently from the skin, and is from the size of a three-cent piece down to a fine miliarial eruption. Both sides of the legs were affected.

Clinical Remarks.—From this proving, we learn that its

effects are very similar to those of *Urticaria*; and I would urge my colleagues to make a trial of it in this most obstinate disease.—(Burt.)

Dr. Miller (allopath) has found it useful in many syphilitic eruptions, but does not describe their exact character and appearance.—H.

Sleep.—8. Great inclination to sleep in the day time.

9. Sleep soundly every night, but awake feeling unrefreshed, as if I had not slept.

Fever.—10. Pale, weak, with a feverish feeling, and great debility.

11. Chilliness over the whole body, with frequent yawning.

12. Hands hot and dry.

13. Face hot and flushed, with dull headache.

Moral Symptoms.—14. Gloomy state of mind, with eructations of sour air.

15. Sad and gloomy most of the time, while proving the dilutions.

Sensorium.—16. Confusion of the head, so that it was impossible to study.

Head.—17. A number of times had a hard pain in the upper portion of the forehead, that would pass to the back of the head, affecting the whole brain like a wave.

18. Feeling as if a nail were being pressed into the brain just above the left eye, a number of times.

19. Constant dull pain in the upper portion of the forehead.

20. Severe frontal headache all night, caused by a sour stomach.

21. Dull, heavy pains in the right temple.

22. Frequent sharp, cutting pains in both temples, but most in the right.

CLINICAL OBSERVATIONS.—Compare symptom 17, with a symptom of *Pulsatilla-nigricans*, viz: Headache arising from the nape of the neck and passing upwards. The headaches of *Puls.-nutt.* would seem to be both rheumatic and gastric, taking the form of hemicrania, "clavus hystericus," or from indigestion, in all of which it may prove useful. I have used this remedy in three cases of headache, one of which was cured by it. It was that of a lady in the country, whose case was described to me by the husband, as "sick-headache," commencing in the middle of the day, with intense pain in one side of the head and one eye, accompanied by chilliness, lowness of spirits, and finally vomiting. The vomiting usually relieved the pain—after which she could go to sleep. These paroxysms had occurred, usually, twice a week, for several

years. She took five drops of the 2d dilution three times a day for four weeks. After commencing the medicine, she had but two attacks of headache, the last paroxysm very light. It is now three months, and there has been no headache of any moment since.

Eyes.—23. Burning, smarting sensation in the eye-lids.

24. Increased secretion of tears.

25. Agglutination of the lids in the morning.

26. Severe, dull headache, with paralysis of the eye-lids.

27. Neuralgic pains in the eye-balls, while walking in the open air.

28. Dull pains in the eye-balls.

CLINICAL OBSERVATIONS.—Dr. Miller, of St. Paul, writes that he has cured several cases of opacity of the cornea, of long standing, in which the loss of sight was nearly complete. He used a decoction of the plant, but does not mention the dose, but says, "fʒ ij. were used in two weeks." This proving would indicate its usefulness in *catarrhal* and neuralgic affections of the eyes.
H.

Ears.—29. Fluttering noise in the right ear—first symptom of the ear.

30. Drawing pains in the ears, from within outwards.

31. Feeling as if the left ear were closed.

32. Snapping noises in the ears.

33. Frequent drawing pains in the ears, for several days.

34. Drawing pains along the right eustachian tube, to the internal ear.

Mouth.—35. Yellowish coating on the tongue along the centre.

36. Tongue coated slightly white.

37. Flat, bitter taste.

Gastric Symptoms.—38. Nausea at two different times, lasting but a minute at a time.

39. Eructations of sour air, with a gloomy state of mind.

40. Eructations of tasteless air.

Stomach.—41. Prickling, burning sensation in the pit of the stomach.

42. Severe cutting pains in the stomach, with feeling of distention of the whole abdomen, accompanied with dull headache.

43. Distress in the whole epigastrium, with *sharp, cutting pains in the stomach*, passing towards the spine, for half an hour.

44. Feeling as if fine needles were being pressed into the stomach.

45. Sharp, cutting pains in the stomach, all the evening, every few minutes.

CLINICAL OBSERVATIONS.—This remedy seems to cause eructations and acidity, with consequent headache—similar to its European analogue. In the few cases of indigestion in which I have used it, it has seemed to act as favorably. The pains all seem to be of a *sharp, pricking or cutting* character.—H.

Abdomen.—46. Drawing, cutting pains in the lower part of the epigastrium: constant symptom during the whole proving.

47. Constant distress in the lower part of the epigastrium: constant symptom.

48. Dull pains in the right hypochondrium, lasting ten minutes at a time.

49. Colicky pains in the epigastrium, after midnight.

50. Frequent hard, cutting pains in the lower part of the epigastrium, several days.

51. Sharp pains in the epigastrium and right hypochondrium.

52. Dull pains in the left hypochondrium.

53. Rumbling in the bowels.

Stool.—54. Hard, lumpy stools.

55. Mushy stools, succeeded by cutting pains in the epigastrium.

56. Severe cutting pains in the umbilicus, at 6 A. M., followed by a dark colored stool, slightly covered with mucus.

57. Desire for stool all the afternoon and evening, followed by dark, lumpy stool at 10 P. M.

58. Dry, lumpy stools.

59. Natural stool, after retention for three days.

60. Stools, preceded and followed by pains in the lower part of the epigastrium.

As Dr. Burt remarks, this remedy does not seem to irritate the intestinal canal to any marked degree. In another prover, however, it might act differently. In several cases of ordinary diarrhoea, in children and adults, of a catarrhal character, or from indigestion, the undue eructations have seemed to cease sooner under the administration of this remedy, than if left to themselves.—H.

Urine.—61. No particular effect upon the urinary organs.

Genital Organs of Men.—62. Dull distress in the testicles, with drawing pains along the left spermatic cord to the testicles.

63. Sharp, sticking pains in the left spermatic cord and testicles.¹

64. Dull pains in the testicles.

CLINICAL OBSERVATIONS.—It seems to cause pain in the testicles and spermatic cord, similar to those we have often cured with *Puls.*, and may form an equally valuable remedy in orchitis, or neuralgia of those organs.*

Dr. Burt has procured no symptoms resulting from its administration to women. Dr. Miller (allopath) writes that he has used it successfully in "leucorrhœa and irregular menstruation." I have sent the *lincture* to many of my colleagues, requesting them to use it in uterine diseases, but ~~no~~ reports have yet come in. I have used it in one case, with decided advantage.

A young lady, on a visit to this city, from Boston, who had previously been subject to retardation of the menses, postponing to three or four weeks beyond the normal time, applied to me for relief for the following symptoms: Constant chilliness, coldness of the hands and feet, loss of appetite, sour eructations, and nausea after meals, hemicrania, toothache, melancholy, and general *malaise*. The menses had been retarded two weeks beyond their proper time. She says the precursory symptoms of menstruation occurred while on the way to this city, at which time she caught a severe cold. No menstrual symptoms now.

This was a case in which any physician of our school would have prescribed the European *Pulsatilla*. I thought it a good opportunity to try the American plant. *Thirty* drops of the first dilution, were mixed with half a glass of water—a spoonful to be taken every two hours. After the *fourth* dose, the menses appeared, *without* the usual uterine pains, and with a permanent disappearance of all the above constitutional symptoms. I think this may fairly be set down as a curative result of the *Pulsatilla-nutt.* I have also prescribed it in several cases of catarrhal leucorrhœa, after-pains, dysmenorrhœa, with apparent good results.—H.

Chest.—65. Sharp, stabbing pains in the left pectoralis major muscle, for five minutes, followed by a burning sensation where the pains were.

Back.—66. Dull pains in the lumbar region, but not very severe.

67. Severe distress in the lumbar region, one afternoon during a rain storm.

Arms.—68. The flexor muscles of the arms ache severely, and are quite stiff. Passed off after exercising a half an hour.

69. Frequent flying pains in the wrists and fingers, during the whole proving.

70. Hard drawing pains from the first to the second joint of the right middle finger.

71. Stiffness of the fingers.

72. Drawing pains in the left metacarpal bones.

* Since the above was written, I have removed symptoms 62 and 63, which had lasted weeks, in a man subject to seminal emissions, with this remedy.—

73. Hands hot and dry. Constant symptom.

Legs.—74. Drawing pains in the left sartorius muscle, when walking.

75. Sharp, neuralgic pains passing from the hip-joint, down to the middle of the thigh, along the course of the ischiatic nerve.

76. Dull pains in the right ankle joint.

77. Frequent dull pains in both ankles.

78. Severe, dull pains in the right knee joint, for two hours in the morning, while in bed, during a rain storm.

79. Sharp, drawing pains along the outside of the left knee, passing half way down the leg. The rheumatic pains caused by *Puls.-nut.*, were not much affected by damp, rainy weather.

General Record of Medical Science.

1. Quarantine and Commerce.

Nor only New-York, but every commercial city, is interested in the statement that, at present, "sanitary and commercial interests are apparently antagonistic; and it is of vital importance that they should be harmonized." This assertion we find in a communication of Governor FENTON's, transmitting to the New-York Legislature a report of Commissioners of Quarantine appointed according to statute in 1864. So much importance attaches to the subject, and to the matter of the document itself, that we propose to devote some space to remarks upon it.

The history of quarantine illustrates singularly the confusion and disappointment which may follow the enactment of positive regulations upon a basis of uncertain knowledge and unsettled ideas. Only of late, for example, has there begun to be any appreciation of "the monstrous inconsistency and fatuity of quarantining vessels from distant ports, on the mere suspicion of infection, while from the frequently and unquestionably infected port of quarantine, we despatch vessels, crowded with passengers, to the most populous city in the country, six miles distant, every hour in the day."* But the most fatal absurdity has been, to maintain such a system as almost of necessity, to make of the quarantine ground an infected locality, an emanating centre of pestilence, when, of course, its whole intention was to diminish instead of intensifying the morbid influence.

Examples of this are familiar in New-York as well as elsewhere. In 1799, 1803, 1821-22, and 1848, the vicinity of vessels infected with

* Dr. WALSER, Deputy Health Officer, in Report of Commissioners of Quarantine to the N.-Y. Legislature, p. 87.

yellow fever to the shore, caused the extension of the disease to the inhabitants residing there. But in 1856, when some two hundred vessels accumulated in the bay, and were, according to regulation, detained together at quarantine for thirty days, both shores became infected, and more than six hundred persons were attacked with the fever, of whom more than one-half died. Can it be wondered that, when in 1858, a similar occurrence, though upon a less destructive scale, alarmed the inhabitants, they should be excited to violent opposition to the whole system of quarantine in their neighborhood, as shown by the subsequent burning of the Marine Hospital?

It is very satisfactory, therefore, to discern in the report of this commission, as we have been able to do before in the proceedings of the Quarantine and Sanitary Conventions, promise of definite principles, and practical regulations, which may essentially relieve these apprehensions, and bring commerce and public health, if not to a complete agreement, at least to an entirely amicable compromise. That some improvement has been already effected, the following passage from the report of Dr. Swinburne, Health Officer to the Commissioners above referred to, will show:

"Except 1856, no period has been fraught with more danger to the port and harbor of New-York from infection than 1864. Not only have the public at large, therefore, reason to render thanks to a merciful Providence for their successful preservation from disease, through the instrumentality of the regulations at Quarantine; but our merchants have also ample reason to congratulate themselves that these regulations have been enforced in such manner as to cause but slight disturbance to their commercial arrangements, when nearly every West-Indian and many of our domestic ports were seriously infected." P. 31.

What are those principles whose establishment is so hopeful? Space does not allow us to do more than indicate some of them most briefly. First;—is yellow fever personally contagious? An answer to this question is most cogently given, on an ample basis of undeniable facts, in the communication of Dr. Theodore Walser, attached to the Report of this Commission. Dr. Walser has long been connected with the quarantine department, and has made intelligent use of his opportunities. His statement is, that the records of quarantine hospitals everywhere establish the non-contagiousness of yellow fever from person to person; that the poison is *not* engendered in the bodies of the sick, so as to be by them communicated to the well. The true theory, or at least most probable hypothesis of its infection, long ago advocated by some authors upon the subject, is by Dr. Walser well supported, under the name of the "cryptogamic theory;" namely, that the specific cause of the disease is a germ or germs, probably a fungoid microphyte, requiring certain material and atmospheric conditions for its existence and propagation, and with them transportable; that such germs, brought from a distance by the persistence of those vital conditions, may meet with the same on a larger or smaller scale in a new locality, and thus be diffused, although always with limitations.

Secondly, *by what means* is the transportation of yellow fever possible? Dr. Walser says, only outside the sub-tropical region, by ships or their

contents. Thirdly, it is the ship only, or its cargo or baggage, or other *fomites*, which may thus act? On the same record, we find evidence for the conclusion, that *with great rarity only* does or can a cargo, or any part of it, or any clothing or other fomites, give rise even to the *most limited* local infection with this disease.

Fourthly, what are the tests by which the infection of a vessel may be ascertained? They are two; the occurrence of the disease on board during the voyage, too long after leaving any infected port to be ascribed to the latter; and, in the absence of this, the breaking out of the disease in persons brought into contact with the vessel in discharging its cargo and exposing its foulest parts. As to the first of these tests, it is an important contribution of the observations of Dr. Walser and his coadjutors, to have fixed the time of incubation of yellow fever, after exposure, at from five to seven days.

From these premises we find deduced, in the Report of the New-York Commission, as suggested by the Health Officer, Dr. Swinburne, very definite measures of prevention and security from infection, applicable anywhere, in regard not only to yellow fever, but also to typhus and small-pox.

Of the plan thus proposed, the most important part is, the erection of two warehouses, for the discharge of cargoes from vessels coming from infected ports; the one remote from the city, and as far as possible from any populated shore, for vessels known to be infected; the other more near and accessible, to receive cargoes from those not known upon arrival to be infected, but suspected only because of their having left infected ports. The former, only, require the usual prolonged detention and thorough purification at quarantine; their passengers, sick and well, being removed; for the sick, the floating hospital being recommended as, upon trial, having proved the best. A much shorter detention, for inspection merely, will suffice for those vessels which are only suspected of infection; of which as was above said, the discharge of their cargoes will afford a final and sufficient test. If no one thus exposed to the atmosphere of a vessel contracts disease from it, it may be safely admitted to *pratique*. As statistics show that vessels known to be infected form but a small per-centage of those arriving from infected ports, the nearer warehouse, for the latter class only, must be much the largest.

We hail the proposal and acceptance of these measures as a great step in the right direction of practical reform in quarantine. Although popular prejudice, slow to be disabused of the fear of contagion, especially so long as the medical profession is not yet entirely rid of it, may, for a time, interpose serious obstacles, we believe the time to be now not far distant, when the much needed harmony between quarantine and commerce may be obtained.—*Medical and Surgical Reporter*.

2. *The Cholera in Egypt. The Rise and Progress of the Cholera in Egypt.*

EGYPT, during the last three years, has experienced a series of misfortunes which would most probably have overwhelmed her, had it not been for the

great increase in the value and extent of her cotton crop. First came the inundation of the Nile; the embankments of the river and railway were washed away, the country swamped and devastated, villages wrecked, and valuable crops destroyed. Afterwards the murrain among the cattle robbed the fellahs of the means of cultivating and irrigating their fields, and worked mischief that it will take years, and cost the country millions of pounds sterling to repair. Now human life lies at the mercy of the dread and mysterious disease, cholera; it is decimating a population already too scanty, and robbing the country of the bone and sinew of which it stands so much in need.

The rumor was at first discredited, but its truth was soon made manifest by the departure of ships from the port with foul bills of health. The epidemic quickly spread, and cases came under the notice of every one. Its origin is attributed to several causes, chiefly, however, to the fact that the Mahmondich canal, on which the town is dependent for its supplies of water, had become stagnant and putrid. The canal is fed by the Nile, and the river having fallen unusually low this year, the flow of water into the canal was not sufficient to preserve it from stagnating; and, added to this, it was made the receptacle for carcasses of animals and filth of all kinds. The Arabs performed their ablutions in, and drank this poisonous water unfiltered. Among the villages on the banks of the canal the epidemic first broke out. By some it is supposed that the disease was introduced into the town by the Hadjes or pilgrims that passed through it, going to and coming from Mecca. These unfortunate people have died, like flies, in thousands, at Mecca and at the various towns on their route.

But, independent of these causes, there is to be found in the filthy condition of the town sufficient reason for the outbreak of the disease. In the Arab quarters and out-lying villages, the Arabs lie huddled together in hovels unfit for human habitation, and yet no attempt is made to improve their condition. Even the calmest and most courageous could not contemplate without a shudder the ravages that this enemy to the human race would probably make in this town. The over-crowded houses, the narrow, dirty streets and alleys, the absence of drainage, the combination of dirt, drunkenness and dissipation of the lowest European seaport with the more rude and beast-like filth of the native population, all pointed to disease and death. The lighted brand had been cast into the store of pitch and rosin.

Panic seized upon everybody, business was suspended, and a great portion of the European population prepared for departure. Suddenly the Viceroy disappeared from the country, took to his heels, if it is possible to imagine such an obese piece of humanity doing anything half so energetic. The flight soon became general, and every steamer that left the port was crowded with fugitives. The opulent chartered steamers at fancy prices for their own exclusive use, to avoid the danger of crowded vessels. The steamers reaped a rich harvest.—Malta, the Continent, the Syrian ports, and England, all received a share of the fugitives. It is estimated that not less than twenty-five to thirty thousand persons quitted Egypt. Cotton and love of money brought them here; cholera and fear of death drove them away.

The changed aspect of Alexandria may be imagined. The once crowded haunts of business are deserted, offices are closed, stores locked up; the cotton market almost unattended, save by a few of the most obstinate, of whom it might be said that "the ruling passion was strong in death." The dead and dying were hurried along the streets. The disease-stricken Arabs passed by, supported on donkeys; were taken to their homes, if their wretched mud hovels are worthy of the name, almost to a certainty to die. A continuous stream of Arab funeral processions marched on. The doleful chant of their priests, the loud wailing of the Arab women, the long line of mourners, the bier borne aloft on the shoulders of the men, and sometimes, when the deceased was a man of rank, the banners carried alongside the bier showed an outward respect and an inward sorrow for their dead.

A succession of funerals moved in another direction through the Rosetta Gate towards the christian cemeteries. Very rarely was there any pomp or ceremony; no well-plumed hearse went nodding stately on, often even decency scarce received its due. Hack carriages that a few days ago were filled with pleasant faces revelling in the joy of "a drive" have become impromptu hearses. One after another they roll along the road, each containing a white deal box, upon which the joiner has wasted no skill, and in many cases the lifeless inmate was accompanied to the grave by one, two, or three mourners, with cigars or pipes in their mouths. But a week ago this road was crowded by carriages filled with the beauty and fashion of the town—it is now abandoned to funeral processions.

Inside the town large bonfires were lighted at night at the corners of the streets and in the squares. During the day houses and shops remained closed, balconies unoccupied, the exchange unfrequented, save by an occasional visitor. It seemed as though the occupation of the busy denizens of commerce was gone; they had disappeared, and left the field to the clergymen, doctors, and undertakers.

The epidemic first broke out in Alexandria about the 10th of June, reached its climax about the first week in July, and since then, under the influence of a fresh, cool breeze from the north, has been gradually disappearing. Shortly after the disease manifested itself, the Sanitary Board adopted the unwise proceeding of issuing a false return of the number of deaths, with the object of allaying fear and alarm. This well-meant but foolish act added to the panic; for no sooner was it known that the official report was not to be relied upon, than the most exaggerated reports of the rate of mortality were circulated and believed. When the disease was raging with the greatest intensity the daily bulletin stated the deaths at two hundred and thirty per day, but they were generally supposed to have reached seven hundred. Probably this was an exaggeration, and a medium between the two reports would be nearer the truth. The number of deaths from cholera is now comparatively small, being only twenty to twenty-five per day. The total number of deaths up to the present time, according to the official report, have been three thousand five hundred, but general opinion estimates them variously at from five thousand to seven thousand, and the proportion of Europeans at about ten per-cent. of this number.

The flight of so many Europeans tended to ward off the severity of the visitation from them. Few well-fed and well-housed Europeans of regular habits of life have fallen victims; the lowest class—especially the Greeks—have been the principal sufferers. Unfortunately the epidemic spread among the shipping in the harbor. Many vessels lost several of their crews; and the sailors, by their indiscretions, rendered themselves peculiarly liable to its attacks.

Cholera still baffles the skill and experience of medicine. Three or four hours are sufficient to change the joyous healthy man into a corpse. Many Europeans by giving way to excessive fear brought the disease upon themselves, and many, when seized, exaggerated it from the same cause. Some, by the injudicious use of brandy and other supposed antidotes, disordered their systems and perished.

The fatalism of the Arabs displayed itself in these times. They showed little alarm and took no precautions. "If I am to die," they said, "I shall die, if I am to live I shall live. God is great, and does all things well." Some, however, whom intercourse with Europeans had made more worldly wise, whilst admitting the truth of the foregoing, showed that they also appreciated the truth of the maxim that "God helps those that help themselves," and accordingly took precautions to preserve their lives. Generally the Arabs refuse to take European medicine. They make little exertion to assist each other, and often died like dogs. They look upon the cholera as a visitation from an evil spirit. When it first shows itself in a village they gather together the children, provide them with pots and pans, and send them through the streets beating these pots and pans and shouting loudly, for the purpose of driving away this enemy of mankind.

In Cairo the epidemic has raged with great severity, as also in the villages. Infected villages are almost totally deserted by Europeans, and all business is for the present stopped. The Nile is now rising rapidly, and this may be expected to improve the health of the country generally.

Precautions Against Cholera.—Amongst the precautions against cholera recommended by the British government, are the following:—

Sources of water supply should be well examined. Those which are in any way tainted by animal or vegetable refuse; above all, those into which there is any leakage or filtration from sewers, drains, cesspools, or foul ditches, ought no longer to be drunk from. Especially where the disease is cholera, diarrhœa, or typhoid fever, it is essential that no foul water be drunk.

The washing and lime whitening of uncleanly premises, especially of such as are densely occupied, should be pressed with all practicable despatch.

Overcrowding should be prevented. Especially where disease has begun, the sick room should, as far as possible, be free from persons who are not of use or comfort to the patient.

Ample ventilation should be enforced. It should be seen that window-frames are made to open, and that windows are sufficiently opened. Especially where any kind of infected fever has begun, it is essential, both for patients and for persons who are about them, that the sick room and the sick house be constantly well traversed by streams of fresh air.

The cleanliest domestic habits should be enjoined. Refuse matters which have to be cast away should never be let linger within doors; and things which have to be disinfected or cleansed should always be disinfected or cleansed without delay.

Special precautions of cleanliness and disinfection are necessary with regard to infective matters discharged from the bodies of the sick. Among discharges which it is proper to treat as infective are those which come, in cases of small-pox, from the affected skin; in cases of cholera and typhoid fever, from the intestinal canal; in cases of diphtheria, from the nose and throat; likewise, in cases of any eruptive or other epidemic fever, the general exhalations of the sick. The caution which is necessary with regard to such matters must, of course, extend to whatever is imbued with them, so that bedding, clothing, towels, and other articles which have been in use by the sick do not become sources of mischief, either in the house to which they belong, or in houses to which they are conveyed. Moreover, in typhoid fever and cholera the evacuations should be regarded as capable of communicating an infectious quality to any night-soil with which they are mingled in privies, drains, or cesspools, and this danger is best guarded against by disinfecting them before they are thrown away; above all, they must never be cast where they can run or soak into sources of drinking water.

Processes of Disinfection.—N.B.—Artificial disinfectants cannot supply the place of cleanliness, ventilation, and drainage. Their use is for exceptional purposes. *The great natural disinfectant is fresh air, abundantly and uninterruptedly supplied.*

Recommendations by Professor Miller.—First—For purposes of artificial disinfection, the agents which most commonly prove useful are chloride of lime, quick lime, and Condy's manganic compounds. Metallic salts, especially perchloride of iron, sulphate of iron, and chloride of zinc, are, under some circumstances, applicable. In certain cases chlorine gas or sulphurous acid gas may advantageously be used, and in certain other cases, powdered charcoal or fresh earth.

Second—If perchloride of iron or chloride of zinc be used, the common concentrated solution may be diluted with eight or ten times its bulk of water. Sulphate of iron or chloride of lime may be used in the proportion of a pound to a gallon of water, taking care that the water completely dissolves the sulphate of iron, or has the chloride of lime thoroughly mixed with it. Condy's stronger fluid (red) may be diluted with fifty times its bulk of water. Where the matters requiring to be disinfected are matters having an offensive smell, the disinfectant should be used till this smell has entirely ceased.

Third—In the ordinary emptying of privies or cesspools use may be made of perchloride of iron or chloride of zinc, or of sulphate of iron; but where disease is present it is better to use chloride of lime or Condy's fluid. Where it is desirable to disinfect before throwing away the evacuations from the bowels of persons suffering from certain diseases, the disinfectant should be put into the night-stool or bed-pan when about to be used by the patient.

Fourth—Heaps of manure or other filth, if it be impossible or inexpedient to remove them, should be covered to the depth of two or three inches with a layer of freshly burnt vegetable charcoal in powder. Freshly burnt lime may be used in the same way, but is less effectual than charcoal. If neither charcoal nor lime be at hand, the filth should be covered with a layer some inches thick of clean, dry earth.

Fifth—Earth, near dwellings, if it has become offensive or foul by the soakage of decaying animal or vegetable matter, should be treated on the same plan.

Sixth—Drains and ditches are best treated with chloride of lime, or with Condy's fluid, or with perchloride of iron. A pound of good chloride of lime will generally well suffice to disinfect one thousand gallons of running sewage; but, of course, the quantity of disinfectant required will depend upon the amount of filth in the fluid to be disinfected.

Seventh—Linen and washing apparel requiring to be disinfected should without delay be set to soak in water containing per gallon about an ounce either of chloride of lime or of Condy's red fluid. The latter, as not being corrosive, is preferable. Or the articles in question may be plunged at once into boiling water, and afterwards, when at wash, be actually boiled in the washing water.

Eighth—Woollens, bedding, or clothing, which cannot be washed, may be disinfected by exposure for two or more hours, in chambers constructed for the purpose, to a temperature of two hundred and ten to two hundred and fifty degrees of Fahrenheit.

Ninth—For the disinfection of interior of houses, the ceilings and walls should be washed with quicklime water. The wood-work should be well cleansed with soap and water, and subsequently washed with a solution of chloride of lime, about two ounces to the gallon.

Tenth—A room no longer occupied may be disinfected by sulphurous acid gas or chlorine gas—the first by burning in the room an ounce or two of flour of sulphur in a pipkin; the second, by setting in the room a dish containing a quarter of a pound of finely powdered black oxide of manganese, over which is poured a half a pint of muriatic-acid, previously mixed with a quarter of a pint of water. In either case the doors, chimney and windows of the room must be kept carefully closed during the process, which lasts for several hours.

Reviews and Bibliographical Notices.

1. *The Hahnemannian Monthly*. Conducted and Published by the Faculty of the Homœopathic Medical College of Pennsylvania. No. 1, August, 1865, 8vo., pp. 48. Philadelphia: A. J. TAFEL, 48 North Ninth-street. London: HENRY TURNER & Co., 77 Fleet-st.

THE mission to which the founders of this new champion of the purest Hahnemannianism regard themselves as called is well set forth in their

introductory. Their views of pure homœopathy have been hitherto ably maintained by the *American Homœopathic Review*. But at a meeting held in Philadelphia "on the 3d of June of this year, it was considered important, inasmuch as the number of homœopaths and homœopathists was rapidly increasing," "to add another monthly paper, so that ample room could be secured for the discussion of all important questions of the day, and also in order to communicate to the whole medical world the experience of progressive medical treatment, the result of extended experiments, both in new remedies and in the cure of the sick." Under the "strict constructionist" principle, the faculty of the Pennsylvania College have issued this new exponent of unmixed Hahnemannian homœopathy, and thus announce the leading articles of their faith:

"It is evident, at the first glance, that the faculty holds homœopathy to be Hahnemannianism, as it is very evident also, that as Hahnemann called the new mode of healing, homœopathy, expressive of the principles which he had established as correct and reliable, no other system, however plausible or even superior it may appear, can claim that name, if the principles advocated by said system are not in accordance with, or are opposed to those taught and practiced by Hahnemann. It is, therefore, at once evident that the editors hold homœopathy and Hahnemannianism to be synonymous, and that their aim is to disseminate, advocate, and defend in their simplicity and purity the great homœopathic principles of the law of similars, the single remedy, and the dynamized medicines; while the theoretic explanations of the law of cure and of the practical rules advanced by Hahnemann, are left not only open to discussion, but to be amended, altered, or augmented in accordance with the new discoveries in the collateral sciences. It is further intended to communicate many remarks, explanations, and illustrations on and of our art, made in the course of lectures delivered at the Homœopathic Medical College of Pennsylvania, and which otherwise might not find their way to the distant busy practitioner, and thereby give the reader an additional interest in the pages of the JOURNAL."

The object of the *Hahnemannian Monthly* is further declared to be: "the development of the materia medica, by the publication of provings, and by recording the results of clinical experience with single remedies, in cases illustrative of the homœopathic law.

This programme promises well. We hope it can be carried out. We do not intend to be severe in criticism if it should hereafter be found easier to adhere to it literally in the lecture-room and editorial studio than in the sick-room. We have much faith in men who have faith in themselves and their science. The articles which have already appeared indicate the *animus* of the youthful, but well armed and mailed Hahnemannian.

No. 1. contains: Hahnemann's Three Rules, by C. Hering, M.D.; The Influence of the Tide on Parturition, by C. G. Kane, M.D.; Kali-bichromicum, by Ad. Lippe, M.D.; Forces and Forms of Life, by J. H. Frost M.D.; The New German Edition of the Organon; Editorial Announcement; Cayuga Medical Society, by C. M. Boyce, M.D.

No. 2. The Rule of Sides, by C. Hering, M.D.; Potencies, by B. Fincke,

M.D.; On the Alternation of Remedies, by Ad. Lippe, M.D.; Report of Cases, by C. Wesselhæft, M.D.; Letter from Dr. Fr. Mueller; Erratum; Proving of *Trombidium Muscæ Domesticæ*, by Joseph P. Harvey, M.D., American Institute of Homœopathy.

2. "*Persien. Das Land und seine Bewohner.*" *Persia. The Land and its Inhabitants.* Ethnographic Sketches by Dr. J. E. POLAK, late Body Physician to the Shah of Persia, and Professor at the Teheran School of Medicine. Leipzig. 1865.

THE observations and experiences of a physician intimately acquainted with the language and manners of an oriental nation not very well known to Americans, must possess a high interest in this day of revolutions and the reconstruction of nations. The present work is the result of researches, travels, and personal adventures by an intelligent observer who has had every opportunity to study Persian life and characteristics with the greatest minuteness; and he now gives the world a series of "ethnographic sketches," as full and accurate in details as they are truthful and picturesque in their scope and execution. The author proposes to make us acquainted with Persia and its people—"a nation whose glory, it is true, belongs to the remote past, but which has not yet grown old; but, on the contrary, seems destined to play an important part in the political and intellectual history of the future."

The Persian appears in these sketches nearly associated with various tribes and nations from whom he must be distinguished. We leave out for the present all notice of the Turcomans, Kurds, Arabs, Armenians, Chaldeans, Jews, Affghans, &c., and endeavor to glean out from many pages the outline features of the present descendants of the people who, 2300 years ago, were represented by such men as Cyrus, Darius, and Xerxes.

The Persian, though rather dark in complexion, is a true Caucasian. His hair is of a chesnut color, never curly; the beard well developed and thick. The head is oval; the forehead moderately high, flattened around the temples; the eyes are light brown,—exceptionally black,—large and shaded by long upper lids and by arched brows, connecting over the nose; the cheeks little fleshy, and without redness; the lips thin; the chin narrow. The neck is never long; the chest is broad; the hands and feet are exceedingly well shaped. He is generally of a little more than medium size; remarkably tall or small men are rare exceptions, and also corpulence, its opposite. His features are serious and calm, never keen or distorted. He avoids gesticulation, and rarely betrays his feelings or passions in his look or face. His gait is erect and fine; his walk graceful. He is exceedingly agile, and capable of extraordinary exertions; but when not stirred up to activity, slow and inclined to idleness. He walks little, hates standing, sits in the oriental way, is an excellent horseman, but also uses for riding the ass, the mule, and the camel. He accustoms himself to control

his sleep, so that he can dream away most of his time; or, when excited by war or the chase, he can pass whole days and nights in unremitting labor. He loves comfort, but is patient under all privations; he endures with equanimity heat and cold, hunger and thirst, bodily fatigue or external misfortunes. He loves luxury and exciting drinks, but is exceedingly temperate in his food.

The Persian has in all time been the model worshipper of riches, pomp, display, and beauty. Wealth *must* be acquired, but must be as profusely expended. He must and will have fine horses, carpets, music, dancing and one (or more) wives surpassing all other mortals in beauty. Poetry and theatrical entertainments possess for him the highest charms; but he prefers florid elegance of expression and rhythm to good sense or deep thought. Full of politeness and graceful compliments, even when addressing an enemy, he never refuses anything, though he knows at the time that the fulfilment of a promise is impossible. His ideality is the preponderating faculty of his mind; he is a natural actor and declaimer; always eloquent, plausible, hospitable, putting the best face on the outside, he cannot always fulfil his promises, and does not always expect to try. He would not willingly be cruel; but he promises too much, and must be often cruel in disappointing those who rely on him. To be profusely liberal he is obliged to be extortionate somewhere else. He is compassionate, affable, servile in the presence of superiors in power; but domineering over those beneath him in rank. The mere servant, his wife or children he treats with clemency. In war he is not brave, but enthusiastic when danger is small, and resigned and stoical in misfortune or death.

His patriotism reaches only to his family and tribe; he has little idea of *the love of country*. Parents and children love and defend each other, and for either to desert the other would be regarded as the highest crime; several families unite in acknowledging the supremacy of one chief. If he rises in power he raises them all; if he falls, he, like Wallenstein, carries down with him,

“All who are pledged and mortised to his fortune.”

Real and imaginary palaces of greatness grow up and fall to ruins rapidly among the Persians; and, when they are wrecked with the fortunes of some aspiring chief, some new “castle” on earth or “in the air” quickly takes their place. The protection of Nasser-ed-din, the reigning sovereign is relied on for present safety; while the Providence of Allah is trusted by the Persian for *all* the future. Misfortunes and blessings are equally *his* gifts; and all are intended for earthly good or for spiritual development in preparation for some higher mission of use hereafter. This article in the faith of the Persian is well stated by Ashjedi, one of the seven poets-laureate of Mahmoud:

“When Allah makes choice of a man to fulfil
The plans of his vast and inscrutable will,
Whate'er he attempts fails and withers before him,
And sorrow and trouble sit heavily o'er him.
For his noblest conceptions are grov'ling and vile,

And his loftiest thought prone to error and guile.
 But when pride is abased, and his spirit is taught
 That unsided humanity profiteth naught ;
 Then Allah comes forth in that sorrowful hour,
 Re-awakens his courage, and clothes him with power.
 The creature is powerless to help or sustain :
 'Tis Allah conceals, and 'tis Allah makes plain."

3. *A Vest-Pocket Medical Lexicon. Being a Dictionary of the Words, Terms, and Symbols of Medical Science. Collected from the best authorities, with the addition of New Words not before introduced into a Lexicon. With an Appendix.* By D. B. ST. JOHN ROOSA, M.D., Aural Surgeon to the New-York Eye and Ear Infirmary. New-York: Wm. Wood & Co., 61 Walker-st. 1865. pp. 268.

If we were to estimate the value of a book by its bulk, we should at once decide that there was a great falling off between the ponderous quarto volumes of PARR, which we in juvenile days turned to as *the* Medical Dictionary, and the modest 64mo. volume which announces itself under the above well-considered title. The "*Vest-Pocket*" Medical Dictionary, is indeed small enough to be carried in the vest-pocket, and sufficiently useful to entitle it to the space it will occupy. In the great world of medical literature it will respectably fill the field to which it asks admission. The author's claim is thus stated:

"This little dictionary is intended to serve as a pocket companion to the student attending medical lectures, but by no means as a substitute for the large works of the same kind. It has been prepared at the suggestion and request of a gentleman who has abundant facilities for knowing the wants of our students." "It has been the endeavor of the compiler to bring the definitions fully up to the present stage of medical knowledge, and to make them as short as was consistent with clearness of expression."

After examining the definitions, the orthography and pronunciation of a large number of words, the abbreviations and symbols, the table of elementary substances with their symbols and equivalents, and the brief but useful list of poisons and antidotes, we are satisfied that the labor undertaken by the author has been industriously, honestly, and skillfully performed.

4. *Physiology and Medical Jurisprudence. A Contribution to the Prospective Reformation of Several Erroneous Doctrines in relation to Human Reproduction.* By JOHN N. CASANOVA, C. M. D, Royal Coll., Phys. & Surg., &c., &c. London: Headland & Co., Princes-street, Hanover-square, W. 1865. 12mo., pp. 160.

A VOLUME of moderate size, devoted to the elucidation of philosophical truth, though rather pretentious in its claims to originality, is sure to receive the

attention of inquisitive physicians. The author of the present work has been for some years well known to our brethren abroad, we will give him at least that hospitable reception which an American audience has often granted to less deserving visitors.

The present work is dedicated, not to any illustrious patrons of science now living, but "to the *manes* of the learned colleagues, Drs. BARTLEY and FARR, the first medical men in England who wrote on "Medical Jurisprudence, who, in their initiative works," republished since 1787, "maintained a physiological, and therefore, a medico-legal truth, since forgotten and treated with contempt by the successive writers on the same subjects." "It is dedicated to them, not to recommend it to their protection and favor, for they are no longer of this world of sin; but to testify and confirm by logical reasoning, by comparative scientific investigation, by practical experiments, and, finally, by common sense, the truth which they so long ago advocated." "It is also addressed to the medical and judicial professions, as a contribution to the prospective reformation of several erroneous doctrines hitherto entertained in relation to physiology and medical jurisprudence."

The grand purpose of the work before us is to show that "Materialism has been, in medicine as well as philosophy, the dogmatic teaching of the age now closing;" and that the discoveries of *positive* facts have of late raised the former to the dignity of a *science of life*, and the latter to the rank of *spiritual* science. Vital dynamism shows that the mechanical, physical, and mental operations of the human body, are not the fundamental principles of *animal life*, but that they are its proper effects. The invisible, impalpable, and immaterial principle of *life*, capable of producing all these phenomena and a vast number more, is the fundamental basis of physiology, by whose laws this science must be regulated."

The author then proposes, at present, to amend the commonly accepted doctrines of physiology in the following important points of our knowledge, all of which involve interesting occurrences in the history of the female sex, in progressing from puberty to womanhood; and being imperfectly understood by the medical as well as the legal professions, they involve the questions most likely to become the subjects of judicial investigation:

- | | |
|--------------------------------|--------------------------------|
| 1st. Puberty, | 5th. Miscarriage and abortion, |
| 2d. Virginity and defloration, | 6th. Exoneration, |
| 3d. Conception, | 7th. Sterility. * |
| 4th. Gestation, | |

I. PUBERTY is defined to be the age at which the period of childhood ends and that of adolescence begins. It is divided into *physical* and *civil*. *Physical puberty* is reached when the female, whatever her age may be, is capable of conception and motherhood. The precise time of life at which physical puberty is evident, varies in different countries. Thus it is said that in the warmer parts of Asia, Africa, and Tropical America, females at or soon after the age of eight years have become mothers. Cases of *precocious* puberty are given by our author (pages 3 to 6.)

Civil Puberty.—"Is that state in which, by the laws of some nations, a female at the age of twelve years is considered to be mature, and may,

therefore, consent to or dissent from marriage. By the English laws a female at seven may be betrothed or given in marriage; at nine she is entitled to dower; at twelve to marry; at fourteen she is at the age of legal discretion, and may choose a guardian; at seventeen she may be an executrix, and at twenty-one she may dispose of herself and property."

Though such be the law in the *letter* the *intent* is somewhat different. Though the *civil* qualifications of puberty be acknowledged to exist at the age of twelve years, the *physical conditions* of true puberty "cannot be acknowledged before the menstrual discharge is periodically and fully established." The question, then, in "Medico-legal investigation, would be the age at which females are capable of conceiving and bearing a child; which question is to be determined by the conditions connected with menstruation and other phenomena proper to reproduction, such as the organic and mental development," &c., &c.

The process by which fecundation has been effected has been very generally supposed to consist in "the *immediate contact* of the spermatic cells or filaments, called *spermatozoa*, with the germ cells or germinal vesicle, or ovum," by which "contact the ovum is impregnated with the life-possessing and life-giving principle of the former." In answer to this, it is asserted, that "the filamentous bodies contained in the spermatic fluid, as exhibited under the microscope," have been called *spermatozoa*, "because those filaments resemble *animalcules*, and move like them, and that their *apparent* life is an *optical illusion only*," a life of *motion* caused by the *effects of light*.

In opposition to this superficial view the present author maintains that "fecundation is effected by the immediate conduct of the *Aura seminalis* with the ovum." By the term *aura* he understands "fine particles flowing from a body, such as odor, effluvia, or exhalation;" and he uses it to designate a life of action in its generic sense, for "nothing is absolutely lifeless, though many things are relatively so." "The spermatic aura, like all odorous particles emanating from different bodies, is possessed of life, be it animal or otherwise, a life of *action* if not of *feeling*—an *electro-magnetic life*, similar to the life of the world and to that of the other planetary bodies." The "so-called spermatozoa," says Dr. Carpenter, "have no more claim to a distinct animal character than have the ciliated epithelia of mucous membrane, which likewise continue in movement when separated from the body. They appear to be nothing else than cell-germs, furnished with a peculiar power of movement, by which they are enabled to make their way into situations where they may be received, cherished, and developed." (*Manual of Physiology and Physiological Anatomy*.)

It has been assumed "by most recent writers," that "the spermatic cells or filaments" have the property or power of "penetrating or piercing the *vitelline membrane*" when they come in contact with it, though there be not in the ovum any special foramen for their admission. The theory defended by the present author is thus presented:

"I believe that the phenomenon under consideration takes place by another, by a far more physiological action than the supposed mechanical penetration alluded to above, namely, by the peculiar *polarity* of the two

sexes; in which case the *vito-electro galvanic attractive* power effected from within, (which is inherent to the female as the positive pole of reproduction,) draws or attracts the *aura semitralis* to the ovarium; but not by penetrating from without an organized tissue of any kind, as has been supposed, for there is no such thing as a *self-acting* power in the so-called spermatic filaments capable of penetration. Wherever the seminal substance is deposited *sub-coitu*, there it will remain until its aura is drawn towards the ovum or ovarium, (as the case may be,) by the attractive power of the organism. If that power be inactive, or otherwise inert, for want of the stimulus characteristic to the sex whilst in health, or from any organic defect or pathological state, the aura, however prolific it may be, will not be called to the contact; there it will gradually vanish, and ultimately die away. In such a case, it is obvious that fecundation cannot possibly take place. But on the other hand, if the attractant subject be physically and morally sound, and all the physiological functions to be explained in the course of this work duly fulfilled, then the aura spermatica will positively be attracted; the contact effected, and fecundation completed.

"It is in the female that the physical and moral power of attracting and repelling the male exists, according to the peculiar state of her polarity; because she is the representative of the positive pole of reproduction, and because she is possessed of a 'system of absorbents whose special function consists in bringing the fecundating fluid into contact with the ova;' whereas the male, representing the negative pole, *has no power* of its own to act unless acted upon. The proof of this is to be found in the fact that fecundation will always take place when the female is sympathetic to the male, although the latter be antipathic to the former, and *vice versa*, it will not be effectual when the female is antipathic to the male, however sympathetic he may be to her. It will neither be produced when the two sexes are *too* sympathetic nor *too* antipathic to each other. This shows the pre-eminent power of the female, or positive pole, over the negative power of the male; just the opposite of the teachings of the past and present writers on the subject, namely, that "*conception does not depend on the consciousness or volition of the female.*" The repulsive power of the positive pole is as effective in rendering it effectual, particularly when there is a harmonious opposition between the two individuals. It is due to the existing antagonism already mentioned, that the two opposite powers attract each other, and to their similarity that they repulse each other also."

The bearing of the principles thus partially presented on sterility and medico-legal investigations is sufficiently apparent; and we might be interested in carrying the superstructure one *story higher*, on the basis laid down by our author, but for the want of space to do justice to it here. Of the other equally important points embraced in his treatise, we cannot speak at sufficient length to be useful. A work which can even claim to be based upon original observations has certainly a right to ask the attention of the profession, especially in this day of trials and explosions of old theories. Such attention the present work is likely to receive.

5. *Thoughts on the Future Civil Policy of America.* By JOHN WILLIAM DRAPER, M.D., LL.D., Professor of Chemistry and Physiology in the University of New-York. Harper & Brothers. 1865. 8vo., pp. 317.

A PHYSIOLOGICAL analysis of the influence of American institutions on the "intellectual development" of the future inhabitants of North America might constitute an appropriate subject for the exercise of the highest scientific knowledge and political sagacity; and in no profession but the medical would we look for those qualifications. The theme of the *future civil policy of America* is therefore an appropriate one for the pen of Dr. Draper, who has so recently explored a similar field in compiling his large work on the "Intellectual Development of Europe." In that work, published in 1863, and already reviewed in this JOURNAL, the author claims to have shown "that the historical progress of the nations of that Continent illustrated the fact that social advancement is as completely under the control of natural law as is the bodily growth of an individual." Having now become satisfied that the principles advocated in the former work, so useful in illustrating the progress of humanity in Europe, are equally applicable to America, he proposes in the present effort to work out the grand problem of our national destiny in accordance with these principles. It seems to be his purpose to enable us "to appreciate the workings of some of these natural laws in the case of America, to divine the future tendencies of the republic," and "to extract from the observations we make, rules for national conduct."

These general principles the author now proposes to illustrate by "selecting from many topics the four following: influence of climate, effects of immigration, political force of ideas, natural cause of national development, and, making these serve as a frame-work, for the convenient presentation of these principles."

Such is the outline, briefly sketched by the author himself, of the field of philosophical research into which he proposes to enter. The cardinal features of his scientific faith may be intelligible and acceptable to his more orthodox readers, but to us they are not satisfactory. We quote them at sufficient length, that the "manifest destiny" of the American Republic may become at least as tangible to our readers as that of Rome did to Æneas in the vision presented to him by his father. The following maxims of political philosophy are set forth with as much confidence as if they had already passed all the ordeals by which human wisdom can ever be tried:

"The historian, relying on the immutability of nature, may predict the inevitable course through which a nation must pass." (p. iv.)

"Without the Gulf-stream, Newton would never have written his 'Principia' nor Milton his 'Paradise Lost.'" (p. 25.)

"In individual life, in social life, in national life, everything is influenced by physical agents, and is therefore under the control of law." (p. 36.)

"The progress of human generations is shaped by the physical circumstances in which they live." (p. 66.)

"Physical circumstances control the deeds of men, as it may be said, in spite of themselves." (p. 80.)

"Man yields helplessly to the powers operating upon him." (p. 56.)

"His will is overridden, and forever kept in check." (p. 37.)

Materialism has long been the most popular creed among medical as well as natural philosophers; but we have scarcely anywhere read a more glaring declaration of it than appears in the following sentence: He says that if man "could attain to the truly philosophical point of view, rising high enough to see the whole world at a glance, his acutest vision would fail to discern the slightest indication of man, his free will, or his works." (p. 35.) We had long felt and acknowledged that human nature was weak at the best, and we had sought in the best attainable source for remedies for human pride and human vanity; but we had never before been told by a teacher who claimed to speak in the name of science how low, how contemptible a creature is man. Surely his powers have been over-rated.

Professor Draper appears to have written for the purpose of proving that a nation must have a history which is perfectly parallel with that of an individual man. As the individual grows from infancy, through manhood to old age, and then inevitably dies, at least soon after his "three-score-and-ten;" and that the certain death of each nation, like that of an individual, is marked out with equal precision by

"The ministers of *Fate*

Who fix the seal to deeds of future date;"

So it seems in Dr. Draper's view to be settled by inexorable destiny that no nation can last beyond a limited period, analogous in some measure to that of a single man. The proofs of the correctness of this hypothesis are summed up in a few solemn questions thus announced: "What does the inexorable hand of history write? Rome, Macedon, Persia, Assyria, Egypt, are all gone. * * * * How vain it is to close our eyes to the portentous lesson, to refuse to read what is written in the book of Destiny!"

We are not convinced that the author himself reads with infallible clearness these melancholy pages of the Book of Destiny. The analogy between an individual in all his changes from infancy to old age and death and a nation is a fanciful creation which has never been seen by close observers; and it cannot be traced out in the real history of any nation that has yet been seen on earth. Not one of these nations was anything more than a confused, disorderly attempt at organization; not one had an abstract existence; they consisted only of agglomerations of individuals held together by imperfectly established institutions; and they have all been ruled, for brief periods at a time, by individuals not so much stronger than the individuals who composed the masses, but who happened to be strong enough, with the aid of external circumstances to "self-shape their fortunes and subdue the fates" for a few months or years only. It is not true that history must *everlastingly* "repeat itself." We had moralizings enough over the "ruins" of "dead empires" long before either Dr. Draper or Volney thought of the subject. It was one of the best of these who, about a century ago, thus expressed the thought which has saddened the hearts of many philosophers since:

"I love these ancient ruins,
 We never gaze upon them but we set
 Our foot upon some reverend history.
 * * * * * But all things have an end :
 Churches and cities have, like men, diseases,
 And must have death as we have."

We have not room to follow our author through the labyrinth of arguments and illustrations by which he endeavors to establish the truth of the remarkable axioms of political philosophy which we have already transcribed. The conclusions he reaches are such as *we cannot accept*. We have candidly heard him on many points which we know to be important; but we are not yet convinced that "uniformity of climate makes people homogeneous;" "that they will necessarily think alike, and inevitably act alike." (See pages 58, 67, and 78.) The arguments by which we would endeavor to disprove the sweeping generalizations in which this work everywhere abounds would be lost upon our readers, for *they do not need them*.

6. *The United States Medical and Surgical Journal; a Quarterly Magazine of the Homœopathic Practice of Medicine and Medical Science in General.* Edited by GEO. E. SHIPMAN, M. D., Chicago, 147 Clark-street. New-York, Wm. Radde, 550 Pearl-st., also 105 Fourth Av.; 437 Broome-st. Phila., 635 Arch-st. Boston, 3 Beacon st. Cincinnati, Smith & Worthington. Detroit, Dr. E. A. Lodge. St. Louis, H. C. G. Luyties. Toronto, C. W., Dr. John Hall. London, Eng., Turner & Co.; Manchester, Turner & Co. 8vo., pp. 112.

THE first number of this excellent and promising Quarterly is received. Its origin and purpose are thus presented by the Publisher and the Committee of Publication:

"At the Annual Meeting of the Western Institute of Homœopathy, held in the City of St. Louis, Mo., May 19th, 1865, a committee of eight, consisting of one member from each of the States represented, was appointed, with reference to the publication of a Medical Journal under the auspices of the Institute. The committee reported favorably to the publication of a Quarterly Journal of Medicine and Surgery, with an Appendix, containing the transactions of the Institute." The Journal should contain about 112 pages octavo, each issue, printed on heavy book-paper, and the typographical execution of the best character. The able editor above-named was selected, and the co-operation of a large number of industrious and talented colleagues secured. Under such auspices the publication of the promised Quarterly has been commenced. The first number (that for October) has already been read by every reader of homœopathic periodicals. We need not attempt to express here the estimate they have individually formed of it.

We do not mistake the common sentiment and feelings of the American Homœopathic Medical Profession; for its members touch each other at all

points. Bound together by invisible magnetic bonds, which transmit from those *ganglial centres* of sympathy, the local medical associations, to every distant circle, the thoughts and words uttered in the closets or on the house-tops; the profession at large is stirred by every tidal wave of earnest discussion that breaks upon the shores of either of the widely separated oceans, or stirs the depths of the Lakes and Rivers of the Great Central Valley. The first Homœopathic Quarterly of the Central Valley of North America has now been received by its many readers, and the opinion that each has expressed of it, though well known to us, needs not to be embodied here in words, for it is already everywhere felt.

The general aspect and outside appearance of the *United States Medical and Surgical Journal* is indeed highly respectable. The paper, printing, and the two fine engravings in this number are excellent. Of the contents it is sufficient to name over the subjects and their authors.

Contents of No. 1. Original.—Practical Remarks on the Entero-colitis of Children, by Wm. H. Holcombe, M.D.; Fistula in Ano, by E. C. Franklin, M.D., St. Louis; A case of Fistula in Ano, and Suggestions concerning the Sphincter Tertius Muscle, by T. G. Comstock, M.D., St. Louis; Life, by T. P. Wilson, M.D., Cleveland, O.; On the Abuse of Local Treatment in Ulceration of the Os Uteri, by R. Ludlam, M.D., Chicago; A Medico-Botanical Study, by E. M. Hale, M.D., Chicago; Pulsatilla Nuttalliana, a Fragmentary Proving; with plates, by Wm. H. Burt, M.D., Lyons, Iowa; One of the Obstacles to the Progress of Homœopathy, by F. A. Lord, M.D., Sycamore, Ill.

Editorial Reviews: A Handbook of Uterine Therapeutics, by Edward John Tilt, M.D.

Selected Articles.—Homœopathy in France—Radical Change in Treatment—A New Rhetorical Figure—Chronic Poisoning by Tobacco.

Appendix.—Proceedings of the Western Institute of Homœopathy.

The animating spirit by which this youngest of the combatants in the medical arena is to be controlled must be learned from the Editorial Declaration of Principles. He says he will endeavor to impress upon it "a Hahnemannian character. He will seek to make it a journal of progress—upholding nothing false because it is old and has received the sanction of all past ages,—embracing nothing false, because it is new, however endorsed by great names, or bedecked with specious pretences; seeking to imitate Hahnemann in his patient but vigorous search for truth; in his casting off all trammels of caste and custom which could impede his progress, but not feeling at all bound to believe everything which he believed, or to do everything which he did. The Homœopathic School is not *done* yet—not ready to be fenced in and covered over—not ready to devise a bed on which every one must lie, nor set up a standard to which every one must conform. That which she demands—freedom of thought and action—she should be ready to grant, and welcome all as fellow-workers in the great labor of improving the science and art of medicine, who sincerely devote themselves to this holy purpose."

7. *Goullon's Homœopathic Pharmacopœia.* Published by
WILHELM BENSCH, Leipzig, at 1s. 6d. each Number.

NUMBERS ONE to eleven of this fine work have been received. It is designed to furnish the most extensive and complete illustrated *system of homœopathic medical botany* yet published. The botanical descriptions of medical plants (given in German) are extensive; and the three hundred fine and faithfully colored engravings are very accurate and beautiful. The author, DR. H. GOULLON, "*Grand Ducal Saxon, Geheimer Medicinal Rath Ritter,*" says his work is designed to facilitate the use of medicinal plants by physicians of every school, especially by homœopathists; to furnish the botanical description and pharmacœodynamical powers of the most valuable vegetable remedies, the places of growth, the parts employed, their mode of application, and the diseases in which they have been employed.

Miscellaneous Items.

Life Insurance for Homœopathists.

THE late movement in London, on the part of "The General Provident Assurance Company," establishing a "special section for persons treated by the homœopathic system, at a *lower rate of premium than that charged on other lives,*" has suggested, what it now seems surprising was never before thought of, the idea of organizing a company especially for the homœopathic profession and people.

While life insurance companies have made up tables showing the comparative number of deaths at various ages, and in various countries and latitudes, they have never till now gathered statistics showing the comparative mortality under different modes of medical treatment. The London Company referred to is the first to act upon such statistics, and to do justice to the practical superiority of a school of Medicine. The bearing and ultimate effects of this proper movement we can now hardly calculate. It will do more to demolish the heathenish old temple of Esculapius, and to rear in its place the repository of later discoveries and of modern science in medicine; to sweep away the humbugs that avarice and prejudice have fastened upon the people, and to spread the benefits of the true healing art, than all the governmental enactments and society organizations that have ever been made.

Acting upon the suggestion afforded by the London Company, some friends of homœopathy in Ohio, in concert with parties east and west, have obtained a perpetual charter for "The Hahnemannian Life Insurance Company, having its principal office at Cleveland. The capital stock is \$200,000, with authority to extend it to \$1,000,000—all secured in the best possible manner. This stock is taken by the most substantial capitalists in the country, and a board of directors is elected.

Policies of insurance are issued upon the lives of patrons of homœopathy

at *ten per-cent. below* the rates charged by other good companies upon ordinary lives. The full support of the profession should be accorded to this Company, as the benefits will be mutual, and not confined to the present generation. Its endorsement of homœopathy will be of the most enduring kind. Let us all give it in return our endorsement and support, as it will unquestionably meet the united opposition of all the schools of drugging.

A New Feature in Life Insurance.

WITHIN a few days past there has been organized a new Life Insurance Company, with its principal office in this city, having, beside the usual forms of the old companies, a special section to take risks upon the lives of patrons of homœopathy at ten per-cent. lower premium rates than upon other lives. The following extract from the *London Observer*, (England) will briefly explain the views and objects leading to the formation of this company:

HOMŒOPATHY AND LIFE ASSURANCE.—The directors of the London Life Assurance office—the “General Provident”—at its recent meeting, have placed on record their opinion, “that persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by disease, and when attacked recover more rapidly than those treated by any other system; that with respect to the more fatal classes of disease, the mortality under homœopathy is small in comparison with that of allopathy; that there are diseases not curable at all under the latter system which are perfectly curable under the former; finally, that the medicines prescribed by homœopathists do not injure the constitution, whereas those employed by allopaths not unfrequently entail the most serious, and in many instances fatal consequences.” The directors further propose to summon a meeting of the shareholders to lay before them the facts they have collected, and the decision to which they have arrived, namely, “to open a special section for persons treated by the homœopathic system, at a lower rate of premium than that charged on other lives.”

“The Hahnemannian Life Insurance Company” has been duly organized under a perpetual charter, with a present capital stock of \$200,000, and the privilege of increasing the same to \$1,000,000. It has a Board of fifteen Directors selected from among its heaviest stockholders, all gentlemen of the highest standing in Ohio, as business men and capitalists.

No life insurance company in this country has ever started upon a firmer foundation, or with brighter prospects. Although not local in its character or field of operations, our community will look upon its career with feelings of pride.

As to the new and peculiar feature of this Company in regard to kinds of medical practice, we cannot be expected to say much since we know so little of it. The statistics and tables, upon the figures of which, the ten per-cent. discount is made in favor of patrons of homœopathy are not before us. But we can see no reason why life insurance companies should not take into their calculations the *medical* causes that may tend to shorten or lengthen human life as well as those of *climate, business* or *habits*.

If the chances for the life, or as insurance men say, "the expectancy," is greater among the patrons of homœopathy, we can imagine no good reason for their being compelled to pay the higher rates, fixed for such as depend upon more hazardous modes of medical treatment.

For our own part we are glad to have sharp-eyed financiers look into these questions, that we may attain to some satisfactory knowledge of such occult and generally mystified arts as that of healing. Ultimately we may hope to learn with some good degree of certainty, what is best for us when sick, as we have, for the most part, already learned what ways and means are best for us when well. As yet we venture no opinions upon the new distinctions made in the subjects of insurance by "The Hahnemannian," but shall always endeavor to favor every effort, that in any wise promises to elicit knowledge and good for the human race.

Among the stockholders we notice such names as Hon. B. F. Wade, and other prominent men throughout the State.

Of the character and strength of this new company, however, we wish to speak in decided terms, to do which most effectually we present a list of its Board and officers:

H. M. Chapin, Mayor of Cleveland; Wm. Hewitt, Superintendent Union Line Express Co.; S. L. Mather, Cleveland Iron Mining Co.; D. P. Eells, Vice-President of the Commercial National Bank; J. P. Dake, President of the Dover Bay Grape and Wine Co.; S. R. Beckwith, S. F. Lester & Co., Cleveland; H. C. Blossom, Wm. Bingham & Co., Cleveland; Geo. Sprague, Geo. Sprague & Co., Cleveland; Wm. Edwards, Edwards, Townsend & Co., Cleveland; R. F. Paine, Attorney, of Paine & Wade, Cleveland; A. S. Sanford, Sanford and Hayward, Cleveland; W. A. Fisher, H. Garretson, & Co., Cleveland; W. D. McBride, Hussey & McBride, Cleveland; H. G. Cleveland, Cleveland, Brown & Co., Cleveland; James Barnett, Geo. Worthington & Co., Cleveland.

Officers—H. M. Chapin, President; Wm. Hewitt, Vice-President, S. S. Coe, Secretary; J. P. Dake, M.D., Actuary; S. R. Beckwith, General Agent; D. H. Beckwith, M.D., Medical Examiner; Payne & Wade, Attorneys.

Executive Committee—H. M. Chapin, S. L. Mather, D. P. Eells.—*Cleveland Herald*, Sept. 30th, 1865.

Veterinary Homœopathy.

To the Editor of the *Field*: SIR,—As your columns occasionally admit the narration of cures, on the homœopathic principle, I hope you may find the following particulars of a very hopeless case of a sick cow successfully so treated, of sufficient interest to command a place in your widely read journal. During my visits to a friend suffering from pulmonary hæmorrhage, near Iver, Bucks, I was asked if I could advise a neighboring farmer concerning the sudden illness of a valuable Guernsey cow, which had calved on the morning of the previous day (Sunday,) June 3d, 1865.

Independent of a great fondness for animals, the deep scientific interest and instruction attaching to the study of comparative pathology enlisted, without delay, my services on behalf of the poor animal. On being con-

ducted by a gentleman to the paddock where the cow stood with her calf by her side, I found the farmer, Mr. Goff, Mr. Lamb, (the owner of the cow,) the veterinary surgeon from Uxbridge, and an old farmer who had seen much illness in animals, all watching the case, the nature of which was a puzzle to all present. I was informed by Mr. Goff—a very intelligent man, who has, in the brief experience of this cow's illness, become, with moderate instruction, a wonderfully expert auscultator—that he left the animal apparently well when he went to church at eleven o'clock, but on his return, between one and two o'clock, P. M., he found her unable to walk without a shaking of her limbs and giving way of her joints, as if she would fall. Believing the illness to be milk fever, Aconite and Belladonna had been administered frequently, without no beneficial result. The cow could scarcely move a step without appearing as if she would fall. Her injected eyes had a glassy, dull expression of some serious illness. The milk was suppressed, neither had there been for some considerable time any signs of intestinal or urinary function. On applying my ear over the cow's ribs, I soon discovered her disease to be a severe attack of inflammation and congestion of the lungs. Her condition was of great danger, for which I recommended Phosphorus. Mr. Goff tended her all night, scrupulously giving the medicine every two hours. In the early morning, (Whit-Monday,) I was asked to look at the animal "before she died." On visiting her, in company with another gentleman, I found her lying on her right side under a shed, where she had been for some hours unable to rise. Her neck was stretched out, and on the left side of it there was a large globular swelling, such as may be observed in large fleshy muscles when drawn up in severe cramp. Her breathing was short; her eye-lids, when raised by the finger, remained in that position until they slowly and imperfectly recovered their former position. This was a marked proof of exhausted vitality, and the rapidity with which life was ebbing. While making a minute and careful examination into the state of her respiration, the cow gave a distressed moan, as if dying, when I observed a peculiar deep, fan-like motion of her nostrils, a characteristic symptom for the selection of *Lycopodium*, (sometimes called vegetable sulphur,) in the treatment of young persons suffering under inflammation of the lungs, and to which I called the attention of the profession and the public in the July number of the *Monthly Homœopathic Review*, 1863. Although years of study and observation had satisfied me that many of the severe attacks of diseases among animals yielded as rapidly to accurate homœopathic selections administered in an infinitesimal dose, as the like diseases in children, I must confess that I had very little hopes of a favorable result in this extreme case. Twelve globules—yes, twelve globules of *Lycopodium*, more attenuated and dynamized than the 200th dilution, were dissolved in a quart bottle of cold water, and a tablespoonful administered every half-hour. I left the apparently dying animal at half-past eight on the morning of Whit-Monday, Mr. Goff, Mr. Lamb, and other persons being present, promising to see her when I returned in the afternoon, if she were still alive. As the forenoon advanced, there being no visible improvement and her death being momentarily expected, a messenger was despatched to

Iver, for the butcher to come and kill her. Fortunately, it being Whit-Monday, the butchers were absent, holiday making. At last a slaughterer was found at Uxbridge, but his men were also otherwise engaged, so the poor cow was allowed time for the Lycopodium to work upon her disease, and to the astonishment of all who witnessed this apparently hopeless case, the cow rose up and stood firmly on her legs, at a few minutes before two, P.M. She walked without trembling, and gave satisfactory evidence that there was neither intestinal or urinary impediment in her case. I saw her at half-past six in the evening, when she was feeding, and there was scarcely a remnant of the peculiar action of the nostrils to be discovered. One gentleman who observed the symptom, remarked that he could never understand what that peculiar action meant, as he had often remarked to his bailiffs and servants when his cattle were dying with pneumonia, "How that beast sneers." This is really a very graphic expression of the symptom as it occurs in animals, and the hint may be of use to future observers. The Lycopodium was continued at longer intervals, for although great and marked relief had been afforded to oppressed organic life, it was not to be supposed that a grave lung disease had been thus suddenly cured! In fact, while I write (June 24th) the remnant of the crepitating *rals* characteristic of pneumonia may yet be heard by a capable auscultator in the posterior margin of the left lung. During the progress of the case the left posterior quarter of her udder became hard and tender and suppuration was dreaded. Blood instead of milk came from the teat, still a marked indication for Lycopodium, which I ordered to be continued, and the udder threatening also soon disappeared to the delight of Mr. Goff, who watched night and day most assiduously this truly marvellous case. * *

In answer to your Natal correspondent of last week, asking for information in regard to the sore mouths in sheep passing into "blue tongues" when they fall down, kick and die; I should recommend him to study out of a reliable *Materia Medica*, the action of Arsenic, Muratic-acid, Digitalis, and Sabadilla. Among the first two or three remedies he will probably find more corresponding to the whole disorder of the sheep, than he has yet observed. I am, Sir, yours faithfully,

D. WILSON, M. D.

Pathology and Physiology of Childhood. By the late JAMES PAUL, M.D., of Trenton, N. J.

THIS is a period when the greatest attention is required in supplying nutriment to aid nature in the great work of developing the body. The child is now deprived of the maternal secretion, and dependent on food prepared for its use by the hand of man—perhaps living in a city, and deprived of pure and wholesome milk from the cow. And we know there is a vast disproportion in the quality of milk when the cow is country-fed on the natural productions of the farm, and when city-fed on slops and grain, the refuse of the brewery.

It is at this age that the great proportion of bony substance is deposited; those of the extremities are lengthened, become more compact and stronger, and the substance of the teeth is deposited in the cells of gelatinous tissue.

How necessary is it, then, that this subject should receive the utmost attention of parents. It has hitherto been too much the custom to leave all this, as belonging entirely to nature—as a thing we had nothing to do with. We have been too much in the habit of considering that nature furnished her own materials, and man had nothing to do with her operation. The potter cannot fashion the bowl without the clay, neither can bone be formed without earth. No, my friends, nature must be supplied with the material, which, although offered in the most incongruous forms, she has the power of decomposing, selecting from, and supplying for the various purposes required; one portion, as we have already stated, to act as fuel in keeping up the temperature; another portion she selects to add to the flesh, the muscle, skin, and different tissues; and the earths which are held in solution, she carries away by vessels adapted for that purpose, and deposits them atom by atom, until they are so compressed, so strongly compacted together, as to become what we call *solid bone*; and all this so wonderfully wrought, that as we have seen, small tubes are left in the hard stony formations both of the bones and of the teeth, that nourishment may be supplied them, holding in solution the material of which they are composed, that the natural waste and decay may be replaced, and injuries repaired.

It is to this nutrition, and of the earthy matter of which the bones and teeth are composed, a deficiency of which is attended with results so deplorable, that I particularly wish to call your attention.

To what can we attribute the calamity which too often befalls the young? I allude to distorted spines, where the bones composing the spine, instead of forming a column, allowing the body to be erect and dignified, are zigzag in their course, causing one shoulder to bulge out, and the opposite side to bend or double upon itself. This deformity has been long understood to arise from a deficiency of *lime* in the composition of the bones of the vertebræ, allowing them to fall, press upon, and injure each other, destroying the beauty of the fabric, and the health and comfort of the individual.

Now let us take a glance at the inhabitants of two countries, natives of which are no strangers on this continent. I take them as examples, because the food of the *common people* of those countries, is well known to be of the most common kind. I allude to the natives of Scotland and Ireland—the principal food of one being *oatmeal*, and of the other, *potatoes*. We have heard a great deal of the famishing poor of those countries, and particularly of the latter—of the misery and wretchedness seen in every hovel; and there cannot be a doubt that famine walked through the land, when the blight and rot despoiled them of their potato crop, on which, for so long a period, they depended as the great article of food. Now, allowing all this—allowing, in the *best seasons*, the chief article of subsistence has been potatoes for breakfast, dinner, and supper; glad indeed many of them to get a little animal food once a week to dinner, or even far more seldom—I now ask, what number, in the thousands of emigrants from that country who yearly arrive at our ports, are there that show a constitution weak, fragile, and wanting in physical strength? Many, no doubt, arrive, worn down by disease and suffering, and in the last stage of debility; but let them recover from that state, and the robust frame and healthy consti-

ture will be again developed; the bones are strong, the teeth undecayed, and the muscular energy only wanting opportunity to display itself; in fact, when we wish to denote strength in woman, we use the familiar phrase, "strong as an Irish woman;" and all this from being reared on potatoes. But then, if we examine the analysis of the potatoes, we shall find contained in 100 parts of dry potatoes: Carbon, 41.1; Hydrogen, 5.8; Nitrogen and Oxygen, 45.1; Ashes, 5.0.

Here we see that potatoes not only contain the nutrient but the earthy constituents.*

But we have a stronger and more healthy race yet, from Scotland and the north of Ireland, who are generally descendants of the Scotch, and continue, in a great measure, the same means of rearing the young. Now, a principal, I will not say the principal food of the youth of Scotland, high and low, rich and poor, except in the larger cities, amongst those who class themselves as more refined and more civilized, but who number few in proportion, consists, for breakfast, at least, of oatmeal—that is, porridge and milk; and milk, potatoes, and wheaten, oaten, and peas bread, or *bannocks*, at other times of the day. Animal food amongst the poor is a rarity; a meat dinner on Sunday *only*, being common. Even, among the youth of the better class, butcher's meat, or animal food, is by no means a principal article of subsistence. And I would particularly remark that *Scotch oatmeal* (the oatmeal generally used throughout Scotland) is coarse, and contains much of the bran which invests the oat—containing, as it does, a large proportion of the earthy constituents required for the production of bone. Analysis of 100 parts of dried oats gives: Carbon, 50.7; Hydrogen, 6.4; Oxygen, 36.7; Nitrogen, 2.2; Ashes, 4.6.

I may here casually remark, that the advantage to be derived from this wholesome food has not escaped the observation of her majesty, Queen Victoria, who appears in the multiplicity of her public duties, not to lose sight of the equally sacred duties of a mother—and we hear of her son, the heir to the crown of Great Britain, being as fond of his oatmeal porridge as the meanest peasant child in Scotland.

I rather doubt, if parents generally have given to this subject the attention to which it is entitled. I trust, however, that those who have followed me thus far, may be impressed with its importance. We cannot shut our eyes to the complaint which so generally prevails, of decayed teeth—and a moment's reflection will call to mind the number of the young and beautiful who are prematurely hurried to the tomb, ere yet the bud has expanded

* According to a memorial presented to the French minister, on the proportions of nutriment of the means of living, by Dr. Glaser, we find potatoes taking no mean rank.

		NUTRITIVE ELEMENTS.	
100 lbs.	Wheat Bread	contains	30 lbs.
"	Flesh	"	21 lbs.
"	Fresh Beans	"	80 lbs.
"	Peas	"	88 lbs. } casein and starch.
"	Lentils	"	94 lbs. }
"	Potatoes	"	25 lbs. albumen, starch and sugar.
"	Carrots	"	14 lbs. }
"	Beets	"	8 lbs. } albumen with sugar.

into the full-developed flower. Nay, comparing the two countries, the statistics of life and death communicate to us the important fact, that while the greatest mortality shows itself in England in infancy and childhood, on this side of the Atlantic it is found at a more unture age.

Neither has the tendency of the physical organization of woman on this continent to degenerate, escaped the observation of one of our greatest medical philosophers in this country,* who regards this retrogression as a national calamity, and impresses upon his students the importance of the subject, and the propriety of their attention in attempting to arrest it; and he particularly specifies the great object to be gained in the use of bran-bread, made from unbolted flour. On this head, I shall have more to say hereafter.

With these observations, let us now direct our attention to what can be offered in remedy of this evil.

We have already stated, that in no country in the world are children more beautiful or more lovely—healthy in complexion, quick, smart, and intelligent—active, sprightly, and playful in their disposition. Now, in the period from infancy until the child becomes mature—let us, at all events, say until thirteen or fourteen years, and ever to a more advanced age—there is a continued growth—a continued deposition of organic and inorganic or earthy particles, which are required for the formation of bone, teeth, flesh, and every part of the human body. I have shown you that the essential ingredients for these several formations are all found in the milk of the mother; consequently, as long as the infant is deriving nourishment from the mother, she ought to partake of good, wholesome, nourishing food—that the blood, deriving these principles from the food, may be able to supply them in turn to the milk from which it is secreted. So long then, as the child is thus nourished, so long is it safe, and the rudiments or foundation of a robust frame is laid. And if we are to expect, in future life, the stalwart frame of man, or the enduring, firmly-knit, compact, and healthy physical constitution in woman, the organic and inorganic or earthy compounds of which that frame is composed must not be denied—nature must be supplied, or nature will fail.—*Dr. James Paul, N. J. Medical and Surgical Reporter.*

Statistics of Insanity.

DR. H. G. STEWART, of the Crichton Royal Institution, Dumfries, presents in the *Journal of Mental Science*, the following statistics as obtained by him from the insane of the above institution :

I. *Sex.* There were 16 per cent. more males than females under treatment. 2. The females recover more readily than the males. 3. The number of deaths in each sex is nearly equal.

II. *Domestic Condition.* 1. Most of the patients were single. 2. The highest proportion of recoveries was among the married, the next among the single, and the lowest among the widowed. 3. The smallest proportion of deaths was among the married, a higher among the single, and the highest

* Dr. Jackson, of Philadelphia.]

among the widowed. 4. The married with offspring had a much greater chance of recovery, and a much less chance of death than the married without offspring.

III. *Education.* 1. Those having a superior education recover less frequently than those whose minds are not so highly cultivated. 2. Those having moderate and indifferent educations have the best chance of recovery. 3. The highest mortality occurs among those whose education is indifferent.

IV. *Occupation.* 1. Members of the learned professions have much less chance of recovery than men in any other occupation. 2. Artisans have the largest proportion of recoveries amongst them, proprietors next, commercial men next, and architects, engineers, &c., next. 3. Death is more frequent among the members of the professions, and less so among the other classes. 4. Among the females, the fewest recoveries are among the affluent class, and the greatest in the commercial and artisan class. 5. The deaths among females are more frequent in the artisan and affluent than in the commercial class.

V. *Cause.* 1. The ascribed cause of insanity is much more frequently physical than moral. 2. Moral causes are more frequent among the females than the males. 3. Moral causes, both among males and females, produce an insanity more easily curable than physical causes. 4. Death in both sexes occurs more frequently among cases of mental disease produced by moral than by physical causes. 5. One-half of the cases were hereditary; and 12 per cent. of them were ascribed entirely to hereditary transmission. The cases produced by easily removable causes are the most curable.

VI. *Age at which the Insanity first appeared.* 1. The greatest number of first attacks occur between the ages of 20 and 30 years. 2. The highest per-centages of recoveries occur in those attacked at the climacteric period; namely, between the ages of 10 and 20, and 40 and 50 years. 3. The recoveries are next more frequent in those first attacked between 20 and 30; and as life advances (with the exception of those in the disorder mentioned in the preceding paragraph) the chances of recovery diminish. 4. The percentage of death is higher the greater the ages at the first appearance of the insanity.

VII. *Number of Attacks.* 1. 66 per cent. of the cases admitted are: first, 15 per cent.; second, 7 per cent.; third, and 9 per cent. frequent attacks. 2. By far the lowest proportion of recoveries takes place in those that suffer from the first attack; and those having a second or frequent attacks recover in a much higher proportion. 3. The proportion of deaths is higher in the first, and generally lower in the frequent attacks.

VIII. *Duration of Attack prior to Admission.* 1. The earlier the patient is placed under treatment the greater is his chance of recovery. 2. The number of deaths is fewer in those admitted soon after the appearance of insanity, than in those in which the disease has existed for longer periods.

IX. *Bodily Health.* 1. Nearly one-half of the cases had good bodily health; in 31 per cent. it was indifferent; and in 18 per cent. it was bad. 2. The recoveries were high among those having good; but highest in those

having indifferent; and lowest in those having bad health. 3. The deaths were lowest in the first class, intermediate in the second, and highest in the third.

X. *Age on Admission.* 1. The greatest number of patients admitted are between the ages of 20 and 50. 2. Most recoveries take place in those whose age is between 15 and 20, and 45 and 55, the two climateric periods. (See heading VI.) 3. The proportion of deaths steadily increases in proportion to age.

XI. *Form of Mental Disorder.* 1. Mania was the most frequent form of mental alienation; next melancholy, next monomania, and next dementia. 2. After dipsomania, melancholy was the most curable, and after it mania and monomania. 3. The deaths were more frequent in fatuity and dementia, less so in monomania; and in mania and melancholia they were in the lowest proportion.

XII. *Duration of Attack.* 1. The greatest number of attacks of mental disease last for less than one year. 2. The longer the attack the fewer the recoveries. 3. The longer the attack the greater become the proportion of deaths.

XIII. *Duration of Residence in the Asylum.* 1. The mass of cases remain less than one year in the asylum. 2. Such cases are the most curable. 3. More than one-half of those cases that remain only for a month die; and in those remaining six months the mortality reaches its minimum, and thereafter, in the longer period of residence, on the whole, increasing.

Lethargy.

THE following case occurred in Indiana, and is well remembered by many citizens of that State. Mrs. U—, a middle-aged woman, in apparently good general health, and mother of six children, the youngest of whom was about two years old. In the course of some years she had paroxysms of a lethargic state, and was considered insane for two or three weeks at a time. In the fall of 1834 her husband saw the symptoms of another attack approaching in the same manner as on former occasions. The lady said she was "going away alone again," and told her children they must "be good while she was gone." The husband observing the approach of the abnormal condition, thought it might last some days or weeks, and urged her to change her clothes. She made the attempt, but before she had fairly commenced the feeling of sleep overpowered her. She closed her eyes and said, "In the name of the Lord I lie down." And there she slept for eleven months, during which time there was no perceptible change in her appearance, except a gradual and progressive emaciation. It was not certain that she was fully conscious at any time. A few of the neighboring physicians prescribed for her; but it was said no medicine had any effect. After exhausting the patience of the neighbors, the husband devoted himself to watching night after night by her bedside. It was only once in every forty-eight hours that food could be forced into her mouth; then, at midnight, she would swallow a spoonful or two. It was also said that she took something additional once in every eight days. When she

first lay down she was in apparent robust health and moderately fleshy; but the quantity of food taken was too small to maintain this state, and she was gradually reduced in flesh. It was considered that she was starving slowly to death. Late in the summer of 1835 she was reduced to a mere skeleton. The eyes were closed, but were constantly in agitation, and the balls so drawn that the pupil could scarcely be discovered between the edges of the lids, and she still did not appear like a person asleep. Before she died she partly opened her eyes and struck at some imaginary object before her; she then spoke a single profane word in German, in a passionate manner. This she repeated, as was said, about a thousand times. She had been known as a moral and religious woman, but the husband, who believed her bewitched, was confirmed in his opinion by the manner of her death. She continued to repeat the one word constantly as long as she had breath, whispering at last so low that it could no longer be heard. After death it was seen that the flesh had almost entirely wasted away, and what remained was so fragile in texture that large pieces fell off easily from the side on which she lay.

Carbolic-Acid—Phenic-Acid.

THIS is one of the constituents of *coal-tar*, and is probably the true antiseptic agent which has performed all the wonders reported of the disinfection of putrid substances and offensive localities by *coal-tar*.

Carbolic-Acid (*Acide Phénique* of the French) is colorless, and crystallizes in tables or long rhomboidal needles; it melts at about 100° Fahrenheit, and slowly volatilizes at common temperatures. It is soluble in water, and liquifies with exposure to humidity. It is very soluble in alcohol, ether, and acetic-acid; also in glycerine, the fixed and volatile oils, and the fatty matters, though these last modify its properties.

It is found that a solution of carbolic-acid containing only two or three per-cent. of the pure acid is useful as a disinfectant, and for other purposes. Dr. Lemaire's solution, which he calls "*Eau phéniquée saturée*," contains five per-cent. of the crystallized acid. This solution is a certain poison to all parasitic animals and vegetables of the lower grades. It arrests and prevents all spontaneous fermentations.

This power of destroying vitality in the lower orders of organized animalculæ and fungic or cryptogamic vegetables leads to the application of carbolic-acid in fluid form in all places and conditions where fermentations or putrefactions are commencing, being fatal to the organized living products on which these conditions depend. Whereas the true *chemical* fermentations, governed only by chemical laws, as the sinapic, benzoic, glucosic, pectic, and fatty fermentations are not affected by it.

Uses of Carbolic-Acid in Horticulture.—It has the power of destroying all kinds of vegetable parasites which infest trees and plants; and of preserving all kinds of food from mould and insects.

To preserve grain, animal jellies, bread, biscuit, &c. Rub the interior of tin cases with a layer of carbolic-acid, or even place within them an open bottle of the acid. The matters thus preserved have at first the disagreeable

odor of the acid, but this is soon dissipated by exposure to the air. Thus was rescued a collection of 1500 entomological specimens (colöptera) at the Museum from mould. Tin tubes containing the acid were placed in the cases. Ink is preserved from mould by the addition of one-thousandth part of the acid.

Animal Parasites.—Ants and their eggs are destroyed by an application of a solution of one per-cent.; but this must not touch the plant. Bugs are destroyed by a solution of five per-cent., which leaves no mark on the furniture. Worms and larvæ in wood are killed by the same; and all insects are also kept away from dead animals and vegetables, as grain in barns, &c.

Disinfection of Unhealthy Localities.—Chloride of lime, sulphate of iron, charcoal, powders containing coal-tar, are the best articles in common use. But carbolic-acid has many advantages over these. It can be obtained cheaply; it injures nothing, evaporates rapidly, has no deleterious action on health. Charcoal absorbs putrid gases. Chlorine acts by decomposing hydro-sulphuret of ammonia, throws down sulphur, and combines with the ammonia. The acids act by depriving these gases of their bases. But carbolic-acid acts not on the putrid gases, but by killing the living germs developed in the process of putrefaction and carried along by the gases, and by killing these germs it stops putrefaction; thus it strikes at the cause instead of the effect.

Medical Uses of Carbolic-Acid.—Two cases, says Dr. Lemairc, of glanders are reported to have been cured by the external and internal use of carbolic-acid. Even the actual cautery in the hands of M. Renault had failed to prevent the disease in any of the thirteen horses he had inoculated with glanders.

The ill effects from the emanations from crowded living animals, as in prisons, hospitals, barracks, &c., have been prevented by carbolic-acid. The milk of lime prepared and saturated with carbolicised water is merely sprinkled on the ground, and the walls and curtains moistened with the water containing one-half per-cent of sulphate of zinc.

Animal Parasites on the Human Body.—The principal of these offensive creatures are lice, fleas, harvest bugs, and the *sarcoptes* or *acarus* of the itch. The whole of these may be treated by a lotion of carbolic-acid water, one part to one hundred, applied to the part infested with a sponge.

Fleas—(Pulex-Vulgaris).—Carbolic-acid is so offensive to these hateful insects that they will not remain in any place where the odor of it is perceptible.

Pulex-Penetrans—Chigo.—This formidable insect, so much dreaded by the negroes in the Southern States and West Indies, is more effectively conquered by this agent than any other. The female gets under the skin of the heels and toe nails, and grows to the size of a pea by the development of a membranous sac containing eggs. The animal should be immediately extracted or dangerous ulcers will ensue; and portions of the pulex are liable to be broken off and left within. The best remedy is his destruction, by touching the site of the intruder with a drop of the alcoholized acid. The animal dies and is easily extracted. To prevent their ap-

proach, impregnate the stockings or insides of the shoes with the saturated solution in water.

Itch.—Dr. Jules Lemaire says he cured this disease by three washings with the carbolic lotion. Some of his cases were the most severe he had ever seen. The acetic-acid solution was used; it left the skin somewhat red, and it produced some slight smarting when applied.

To prevent the disease being renewed by contact with the infected clothing, rub slightly with a brush impregnated with the acid the insides of the clothea. The smallest quantity is sufficient to destroy the remaining animals and their eggs. The patients may wear them again without restoring the disease.

Vegetable Parasites—Fungi.—More than thirty years ago Schœnlein discovered that the cutaneous disease *favus* consisted in the growth of a fungus which he called *Oidium*. Other authors have confirmed this view not only as applying to this disease, but to nearly all other chronic cutaneous affections. For all of these, after a due employment of internal antipsoric remedies, Carbolic-acid, locally applied as above directed, has been proved to be the most effective remedy.

Laryngeal Catarrh.

This is a disease prevalent among actors, singers, and performers on wind instruments.

Diagnosis.—Pharyngoscopy. Different modes of examining the pharynx have been devised by which the diseased part may be presented more or less distinctly to the eye. We have Lahrson's mouth-mirror, the Laryngoscope, aid may also be given by the common spatula, the palatometer, plessimeter, and the stethoscope. Dr. Kleinert prefers to examine the pharynx and neighboring parts by directing the patient to "push his tongue down with his own finger, and pronounce 'a' with his mouth opened to the utmost, and for a deep inspection, bringing on retching by tickling the palate." But it is only by close investigation of the symptoms according to the method of Hahnemann that the diagnosis is certain.

All the symptoms that can be elicited by the patient must first be collected, remembering that the laryngeal malady is very commonly complicated with hypochondriasis or hysteria, a pensive disposition which leads to imagine the existence of any symptom they are asked about.

Ocular inspection comes next in importance. A "relaxed or unequal state of the velum pendulum palati, elongated uvula, projecting tonsils, elongated lymphatic glands looking like a string of coral beads, a gorged venous plexus on the posterior walls of the pharynx," when present, are not alone evidence of serious disease, as many have exhibited them for years without much inconvenience. There may be seen red spots on the side of the epiglottis by pressing down the tongue. When œdema of the glottis exists there is "a strange swelling, a kind of pad around the upper opening of the larynx; the membranous fold between the thyroid and arytnoid cartilages is far thicker and firmer than usual; the touch is excessively painful. In acute laryngitis, pressure between the thyroid and

ericoid cartilages, or even between the cricoid cartilage and the hyoid bone, causes pretty severe pain, which provokes marked cough. In tracheitis, pressure on the sides of the trachea also produces pretty severe pain.

Cause.—Artists violate the requirements of health of the respiratory organs by their constant departure from natural usage in their mode of breathing. The "physiologically normal rule of human breathing, viz., three short and eighteen long breaths per minute, is quite out of the question. Long-sustaining of the tone, with swells and dying away, in singing and playing wind instruments—the delivery of long extended paragraphs of poetry or prose, which do not permit taking breath—compulsory artificial heaving of the chest during the exhibition of dumb excited action—the avoiding of speaking when drawing in the breath—the drying up of the mucous membrane—all these induce more or less turgescence of these noble organs, and with it, a considerable febrile condition."

2. The body in general, but especially the thoracic organs, form the material instrumental sounding-board of the impinging volumes of tone. H. Lauvergne, of France, collected in the hospitals of all parts of the world an extensive series of operations on life and death, which he published in his work, "The Last Hours and Death in all Classes of Human Society." In the chapter on Artists, he attributes the mental affections, especially melancholy and phthisis among artists to the origin here indicated. Amongst wind instruments he regards the key-bugle as the most pernicious, next to this, the stringed instrument called the violincello.

3. The body, especially the thoracic organs and the cerebellum, form a species of psychological sounding board; music comes from the heart and penetrates into the heart, ennobling the rudest and elevating the most depressed; on those whose only resource in life consists in the power and range of the voice, the influence of music exerts powerful, enduring, and even destructive effects which to the rest of our race are little known.

Laryngeal disease has increased among artists from the time that they have been required by the great works of musical composers to extend the range and power of musical performance beyond what had ever before been required. The great operas of Mozart, the composing of which consumed his own life increased in popularity after his death in 1792. Other great composers have followed with works which "demanded the widest range of voice, with the most fabulous dexterity in uttering the words." In our time, says Dr. Kleinert, the concert pitch has, in consequence of a different construction of the wind instruments (oboe, clarinet, horn), been raised by nearly a whole note; therefore "our composers demand the same compass to the same amount of words, and, furthermore, they exact from every voice greater strain of vocal power in relation to the volume of tone produced by more massive instrumentality, the same in relation to the longer duration of their pieces and greater variety of expression."

TREATMENT.—Dr. Kleinert gives a case of a lady aged twenty-four; a choleric excitable Hungarian. She suffered at first from fits of laughing and crying for a half-hour or hour, coming on four to six times a week, with other spasmodic and moral symptoms which were removed by a few doses

of Hyoscymus. At the end of fourteen months she complained of hoarseness of long standing, which allopathic treatment had failed to cure, and bad musical instructions from an invalid singer, had been exerting her powers in characters and pieces far beyond the range of her voice. Catarrh had seized upon the "exhausted muscular parts, the excited nerves and relaxed mucous membranes of the larynx." In addition there were a "gastric affection which, during severe straining and retention of the breath in singing and playing, results from the fact that the diaphragm, stomach, and abdominal muscles are forced into the deepest depressions, and to a long continuance in this unnatural position; an affection which manifests itself through gastric derangements, and mostly also draws into the strongest sympathy the branches of the *par vagum* that supply the larynx. To all this were added still the previous fits of crying, along with the clearest traces of laryngitis, brought on by the unfortunate coincidence that the grand rehearsal of an extremely trying piece of execution long expected, fell out at the time when she was from different causes not prepared for it. She has now fever, restless nights, troubled with dreams and exhausted respirations.

Cuprum 6, eight drops in two ounces of water; a teaspoonful every three hours, assuaged the gastric sufferings entirely in twenty hours. The larynx was less sensitive to pressure; the rough, husky cough was repeated at longer intervals; yet the husky voice, the suspicious signs of laryngitis spasmodica, the febrile reaction, and the fits of crying were little if at all relieved. Brom. 2, eight drops to two ounces of water; give every three hours alternating with a few doses of Aconite in the evening. Under this treatment, though with a good diet, the fever had subsided next morning; the cough was loosening; the breathing was free and without wheezing; night perspiration less. Hysterical crying more controllable. Voice improved. Larynx still feels swollen and enlarged. The remedies were continued.

Next day at noon there was only slight tickling in the larynx, cough improved, crying fits more rare. Conium and Aconite morning and evening alternately, removed the remaining symptoms; and this lady who had not been able to sing for more than five weeks, was able to resume her position on the stage.

In a case of a concert singer from Prague with fever, hoarseness and cough, voice breaking down on trying to sing; chill and shivering, followed by perspiration, pulse accelerated, chest heaving, with frequent sighs, feelings depressed. "Ordered at half past 9, A. M., Causticum 9, two drops, and at 3, P. M., she was waked from sleep to take the Causticum again; rest, silence and repetition of the medicine at 6, P. M. Aconite 6, two doses during the evening. The night was passed with little fever. Ordered to stay in bed the forenoon following; and take Selenium 6, at 9, A. M., and 3, P. M. "In the evening she sang to the astonishment of the orchestra, knew how to separate well the fictitious and real hoarseness, and had already prepared herself for supernumerary work, with a voice as clear as a bell; at first trembling slightly from anxiety, but afterwards strong and pure."

Mydriasis and Paralysis of Accommodation permanently Cured by the use of Calabar Bean. By P. D. KEYSER, M.D.
Surgeon to the Philadelphia Ophthalmic Dispensary.

It is the confirmed opinion of all observers, that the Calabar bean acts powerfully on the accommodation of the eye, and is antagonistic to atropine, by having the power of contracting the pupil. It has been shown by Mr. C. J. Workman, that in its action the accommodation seems to be affected before the iris; and that the effect lasts longer on the iris than on the ciliary muscle. But that seldom permanent good can be expected from its use, as he mentions but one case where there seemed to be permanency of improvement; and in that case he writes only sixteen days after the extract was applied.

I have two cases of really permanent cure from its use to report:

March 6th, 1865. Cornelia M., aged nine years, came with her sister, whom I was treating for phlyctenular conjunctivitis, to the Philadelphia Eye Dispensary, and upon entering the room, I noticed that the pupil of her right eye was very much dilated. Upon examination, I saw a small scar upon the outer edge of the cornea, and found complete paralysis of accommodation. The patient was a smart active girl, and answered readily and promptly all questions I put to her. I learned from her mother and sister, that when she was an infant, a fork was accidentally run in the outer side of the cornea, but without touching the lens, and that the pupil has remained dilated ever since, with loss of accommodation, now nearly eight years.

I put a small square of the celebrated gelatine made by Allen & Hanbury, of London, in the eye.

March 8th. Pupil somewhat smaller, and accommodation improved. A small square of the gelatine again put in.

March 10th. Pupil the same size as the left eye, and accommodation perfect. Put another square in.

Returned, March 15th, with pupil and accommodation perfect.

I have seen the patient almost weekly ever since, and pupil and accommodation are still perfect, now, seven months after the application of the extract.

Another interesting case is that of Mrs. C. U., aged 41 years, who came under my care at the Eye Dispensary, February 3, 1865, with paralysis of the oculo-motor nerve.

When the patient presented herself for treatment, the upper lid of the left eye was hanging down, and the outer caruncle considerably lower than that of the other side, (perfect ptosis.) Upon endeavoring to open the eye, a slight upward movement of the eye-lid remained, caused by the musculus orbicularis palpebrarum, which is governed by the facial nerve, relaxing itself still more. Upon raising the paralyzed lid, the pupil was found dilated, the cornea turned well outward, and, on looking toward the right side, it could not be brought to the centre of the palpebral fissure, showing paralysis of the internal rectus muscle. On attempting to look upward, not the least movement was perceptible, showing paralysis of the

superior rectus and inferior oblique muscles. On looking downward, the superior oblique muscle, which is governed by the N. trochlearis, alone acted, making a slight rotation around the visual axis, rather than a downward movement. Accommodation was paralyzed. There was considerable tenderness of the skin around the eye.

The whole affection came on suddenly about a month before. She went to bed well, and, on rising the next morning, found it was impossible to open the eye. From the history of the patient no syphilitic affection could be discovered.

The diagnosis was that of a rheumatic affection.

She was ordered a teaspoonful of *vinum ergotæ* three times daily, and to rub around the eye *veratri salve*—10 gr. : ʒi.

Feb. 15th. Can raise the lid half-way. The tenderness of the skin has disappeared.

Feb. 28th. Can open the eye full three-fourths. Has regained power enough in the internal rectus to draw the cornea to the middle of the palpebral fissure; pupil still dilated, and accommodation imperfect; put a small square of the calabarized gelatine in the eye.

March 17th. Can open the eye full, and move the ball in every direction, but still not perfect command over the recti muscles. Pupil smaller, and accommodation much better. Put a slip of the gelatine in.

April 1st. Has complete power over the muscles of the lids and ball. Pupil still some little dilated. A slip of the gelatine again put in.

April 15th. Eye perfect. Has full power over all the muscles. Pupil normal, and accommodation good.

I saw the patient every few weeks, up to August, when I lost sight of her. When last seen, was on the street, and the eye was still perfect; pupil and accommodation normal.

It will be seen that these are two marked cases, and from the success arrived at, that permanent good, not only may be expected, but can be had by the use of the Calabar bean in some cases of dilatation of the pupil and paralysis of accommodation. (*Med. Surg. Reporter.*)

Homœopathic Treatment of Ophthalmia; being short Notes of Dispensary Cases. By Dr. MORGAN, Islington.

Conjunctivitis. *Definition.*—Inflammation of the mucous membrane (conjunctivitis) of the eye is of frequent occurrence, both in its primary and secondary forms; for there are few inflammatory diseases of the other tissues of that delicate organ in which it is not also present in a greater or less degree. The symptoms of conjunctivitis are increased vascularity, (blood-shot eye,) pain, heat, a sensation as of sand, or of some foreign substance in the eye, intolerance of light with sharp lancinating pains and frequent flow of tears. A patient so affected is under the necessity of keeping the eye-lids closed, and has some difficulty in raising them, not only from the pain suffered, but also from the degree of fullness and swelling with which the disease is accompanied.

The *causes* of conjunctivitis are numerous; among which may be enumerated chemical and mechanical irritants of every kind; exposure of the eyes to cold air, intense light or heat; it may also be caused by derangement of the digestive functions, &c.

CASE I.—Feb. 24th, 1855. Mrs. G., aged 44. She has been ill for five days. Supposed cause atmospheric changes; has great redness of the right eye, with pain in the eye and temple of the same side; has profuse lachrymation and gritty feeling in the eye; pus accumulates in the inner angle of the eye; her catamenia are normal, and her general health tolerably good. To take Bell. 3 every four hours.

28th. She is much improved. There is less pain in the eye and temple; the conjunctiva is less gorged; there has been no further accumulation of pus, but the lachrymation has increased. To take Euphrasia 6 every four hours, and a lotion of the same applied to the eye.

March 5th. She continued to improve. To go on with the Euphrasia.

12th. Is much improved; the eye is nearly well; but she now complains of rheumatic pains in chest, back, and thighs. To take Rhus-tox. 6 every six hours.

26th. She is better in all respects. To take Sulph. 12 for ten days, when she was discharged cured.

CASE II.—April 30th, 1856. S. S., aged seven years, a school girl. She has been ill for a week. Supposed cause atmospheric changes. She has redness, smarting, a gritty feeling and lachrymation of the right eye; the lids are glued together after a night's sleep; her appetite is bad; the bowels are regular; she has always been a delicate child. To take Bell. 8 every four hours.

May 5th. She is very much improved in all respects. Continue Bell. once a day for a week.

12th. She is nearly well. To take Sulph. 6 for a week, when she was discharged cured.

CASE III.—March 24, 1856. S. E., aged 12 years, has been ill two days. Supposed cause, sitting near an open window. She has suffused redness of right eye, lachrymation, pricking pains, with a feeling as if there was sand in the eye; the pain extends to the temple and adjacent structures. She has rigors and heats; her face is flushed and she is thirsty. To take Bell. 8 every three hours.

26th. There is no change in the symptoms, and the disease has invaded the left eye. She has, in addition, mistiness of sight, and excessive sensitiveness of the eyes to the glare of the fire or of the light. To take Bell. and Merc.-sol., in alternation, every three hours.

31st. Is improving in all respects. Continued Bell. and Merc.-sol.

April 5th. She continues to improve. To take Sulph. 12 every night for a week, when she was discharged cured.

CASE IV.—Sept. 1st, 1857. A. B., aged 11 years, a school girl, has been ill for five days. She has inflammation of left eye; scalding tears and aching pains round the eye; the pain is aggravated by moving the eye; has a

pain in the head, and is feverish; the bowels are regular. To take Bell. 6 every four hours.

4th. There is less inflammation and less pain. Continued Bell.

8th. She is not so well, and has increased redness of the eye; the sight is dim; she has spasmodic closing of the eye, increased lachrymation and nightly agglutination. To take Hep.-s. 12 every four hours.

15th. Is very much improved. Continued Hep.-s.

18th. Still improving. To continue the same medicine for another week, when she was discharged cured.

CASE V.—Oct. 18th, 1855. Mrs. S., aged 45. She has been ill fourteen days, and attributes the cause to exposure to cold. She complains of throbbing pains in both temples; profuse scalding lachrymation; the conjunctivæ of both eyes are in a highly congested condition; the lids are glued together after sleep; her bowels are regular; her pulse small and frequent; she has a giddy headache, and the eye-lids are swollen. To take Acon. 3 every four hours.

21st. She is better; there is less throbbing of the temples; the conjunctivæ are less gorged; the swelling of the lids has considerably diminished, but the headache is more severe. To take Bell. 6 every four hours.

25th. She continues to improve, and is able to bear the light with but little inconvenience; the lids are reduced to their natural size; the lids still glue together after sleep, and there is considerable lachrymation. To take Merc.-sol. 6 every morning.

28th. Continues to improve. Repeated Merc.-sol.

30th. She is nearly well. To take Sulph. for a week, when she was discharged cured.

Strumous Ophthalmia. Definition.—Strumous or scrofulous ophthalmia is a disease which attacks children from the period of weaning till eight or ten years of age, and sometimes even to the period of puberty. The symptoms differ materially from those which represent simple conjunctivitis. There is but slight and partial redness of one or both eyes. Sometimes the vascularity is confined to the eye-lids, and in the form of groups of enlarged vessels run from the circumference of the eye to the margin of the cornea, where they terminate in small pustules, which break and form minute ulcers. There is great intolerance of light; the eye-lids are spasmodically closed, and the operator has great difficulty in opening them sufficiently wide to obtain a good view of the seat of disease. When this is done, or whenever the eye is exposed to the light, a flood of scalding tears trickle down the cheek, which after a time so inflame and irritate the parts, as to give rise to a disease of an *eczematous* nature.

The constitutional symptoms of those affected with this form of ophthalmia are similar to those present in other forms of scrofula; such as eruptions on the head, face, and behind the ears; enlargement of the cervical glands, general debility, disordered bowels and tumid abdomen.

CASE VI.—*Strumous Ophthalmia.* August 8th, 1855. M. Cole, aged two years, has had sore eyes for the last twelve months, and has been under

allopathic treatment. She has ulceration of the edges of the eye-lids; there is but slight and partial redness of the eyes, but two or three large vessels run from the circumference to the edge of the cornea, where they terminate in two ulcers on the right, and one on the left eye; there is great intolerance of light; there is a discharge of pus in the morning; she has *crusta lactea* on both cheeks; her stomach is large; her bowels are regular; her appetite bad. To take Bell. 6 at night and Ars. 6 in the morning. To apply glycerine to the cheeks and edges of the lids at night; a generous diet, half a teaspoonful of cod-liver oil twice a day, and a salt-water bath every morning.

13th. There is a decided improvement in all the symptoms, and she already bears the light better. To continue the same treatment.

20th. She is not so well; there is increased sensitiveness to light, and there is increased pain. To take Merc.-sol. 6 night and morning.

27th. She is better. To continue the Merc.-sol.

Sept. 10th. She is very much improved in all respects. To go on with the Merc.-sol.

Oct. 6th. Is still improving. Continue Merc.

15th. Is nearly well. Continue Merc.

31st. Still progressing favorably. To take Hep.-s. for ten days, when she was discharged cured.

CASE VII.—*Strumous Ophthalmia*. April 23, 1855. M. C., aged seven years, of a scrofulous constitution. He has been ill for three months, and under allopathic treatment the greater part of the time. There is great intolerance of light; the lids are firmly closed; there is great difficulty in opening them; the edges of left lids are ulcerated; he has headache; he has two ulcers on right cornea, into which run two large tortuous blood-vessels; he has frequent accumulation of pus in both eyes; he has enlargement of cervical glands; his appetite is bad, and his bowels torpid. To take Merc.-sol. 6 night and morning.

30th. He is better and the headache is relieved. Continue Merc.-sol.

May 7th. He continues to improve. To take Calc.-c. 12.

21st. Still improving. Continue Calc.-c.

28th. Is going on well. Calc.-carb.

June 4th. Is very much improved; the ulcers are healed both on the cornea and edge of lids; the cervical glands are much reduced in size; his appetite is much improved, and the bowels regular. To take Hep. s. 12 for another fortnight, when he was discharged cured.

CASE VIII.—*Strumous Ophthalmia*. July 3d, 1857. E. N., aged four years, has been ill two months with whooping-cough and sore eyes. The cough is better. He has ulcers on corneæ of both eyes; there is considerable redness of conjunctiva, and there are large vessels which run in a straight course from the circumference to the edge of the corneæ. He cannot look on the light; he closes his eye-lids firmly; he has very little appetite; his motions are unhealthy-looking; he wets the bed almost nightly.

To take Bell. 6 night and morning for two weeks, when he was again brought to the dispensary, very much improved. To take Bell. 12 for another fortnight, when he was dismissed cured.

Ophthalmia Tarsi. Definition.—Ophthalmia tarsi is an inflammation of the edge of the eye-lids, with obstruction of or disordered secretion of the meibomian glands, so that the eye-lids stick together and become encrusted with inspissated mucus during sleep. It may be acute, when it is attended with great pain and soreness: but in general it is chronic, attended with violent itching, and is obstinate of cure. It generally attacks weakly, strumous constitutions, with disordered digestive organs. It sometimes leads to ulceration of the eye-lids and loss of the lashes, as the following case illustrates:

Oct. 12th, 1859. Mrs. J., aged 37, a charwoman. She had been troubled with sore eyes from a child, and had been under many doctors. She has now total loss of the eye-lashes of both eyes, save one here and there sticking out in a straight direction; the meibomian glands are much enlarged, and frequently suppurate; the edge of the eye-lids are of a bright red, and look raw. She is excessively nervous, and has frequent headaches; her appetite is bad; her bowels costive; her urine scanty and loaded with lithates. To take Bell. 6 night and morning.

22d. She was seen by Mr. Charles Cutmore, who made the following remarks in the case-book: *The bowels are still confined; the eyes are the same; she has a discharge from the nostrils; she is nervous and excited.* To take Nux.-vom. 6.

Nov. 9th. *She feels much better; there is much improvement in the appearance of the eyes.* To take Sulph.

16th. She is much improved since I last saw her. Continue Sulph.

26th. She continues to improve. The meibomian glands throw out a more normal secretion; the lids look healthier, and do not glue together so much at night; the appetite is improved; the bowels are moved daily; and she is less nervous. To continue Sulph.

Dec. 10th. She continues to improve in all respects; new eye-lashes sprout out. To continue the Sulph.

Jan. 7th, 1860. She continues to improve. To take Calc. 12 for twelve days, when she was discharged cured.

CASE II.—Sept. 25th, 1857. Mrs. G., aged 36. Has had ophthalmia tarsi for the last eighteen months. The meibomian glands are much enlarged, and frequently suppurate; the edges of the eye-lids are bright red; the cervical glands are enlarged; and her general health is out of order.

To take Calc.-c. 30 every night, Sulph. 12 every morning, for a month when she was discharged cured. (*Monthly Hom. Rev., July, 1865.*)

Epidemics.

An epidemic (from the Greek *επι*, upon, and *δημος*, people) is an infectious or contagious disease, which attacks many people at the same time

and in the same country, "rages for a certain time, and then gradually diminishes and disappears, to return again at periods more remote." A true epidemic is *temporary* in its character, whereas *endemics* are permanent, and confined to certain limited districts.

The history of epidemics involves that of our race; and no people has escaped the ravages of the pestilences that have walked among them in darkness or wasted their numbers at noon-day. Though a detailed history of all the epidemics that have afflicted the world would require a larger space than can here be allotted to the subject, a few practical lessons can be gleaned by exploring the records of the past. With this object the vast range of history has been transversed by many writers. Some of these, as Webster, Schnurrer, and others, have sought out the great *physical* phenomena, as earthquakes, volcanoes, comets, famines, and floods, which have preceded or accompanied the plagues for the purpose of discovering the connection of these physical phenomena with the mysterious causes of disease. Others have elaborately examined the habits and customs of the people among whom the pestilence has originated; or, ascending still higher, they have noted the vast changes in the physical world as well as the minute incidents which diversify man's private life; the changes of empires, the migration of nations, the shifting of customs, and the versatility of fashions have furnished materials from which the theorist has endeavored to analyze the causes of epidemics and the mode of their propagation.

The most destructive epidemics known to the ancients were generally described under the name of *plagues* (*pestis*). They appear to have been common from the most ancient times, particularly where a numerous population was crowded together in warm climates. These were sometimes *epidemic*, at other times merely *contagious*. The first plague at Rome was in the year 738 B.C., only about fourteen years from the founding of the city. (Plutarch). Another occurred in 645 B.C. In 430 or 431 B.C., which was the second year of the Peloponessian war, Athens was besieged by the Spartans, and a large number of the inhabitants of Attica had fled into the city. The crowded state of the population produced corruption of the air and deficiency of provisions; just then the plague which had already ravaged Ethiopia, Lydia, Egypt, Persia, Italy, and Lemnos, commenced at Athens. Fear, anxiety, and want increased the deadly powers of the pestilence which rapidly diminished the population. (Thucydides). At the same time the plague was at its greatest height at Rome.

In 415 B.C., an epidemic commenced in Sicily at the time of the invasion by the Athenian army. The disease was considered a new one, and has been supposed to be that since known as influenza.

In 393, B.C., when the Gauls had taken the city of Rome and were besieging the capitol, the plague broke out among the Gauls as well as the Romans, and continued some years. Ten years after the disease returned; and, again in 367, B.C., at which time Quintius Curtius is said to have leaped into the chasm that had opened in the forum, which immediately closed over him to show that his act of self-devotion was accepted by the

gods. In 331, B.C., another pestilence appeared at Rome, which was so exclusively confined to men that they accused the women of causing it; and 270 matrons were tried for sorcery and put to death. Fifty-five years after this, or 276, B.C., the plague appeared at Rome, which was so fatal to women and domestic animals that the Romans thought the human race as well as all the tribes of the animal kingdom were about to perish. In 322, B.C., a remarkable epidemic broke out in the army of Alexander the Great, at the time of his invasion of Bactria, of which tetanus was the most striking feature. On reaching the banks of the Indus, his army was assailed by a severe cutaneous disease which has been supposed to be small-pox. If so, it was the first instance of that disease mentioned in history. The plague, as it appeared in that remote period is amply described by Thucydides, the Greek historian. It was described by Josephus as he saw it at Jerusalem, when it was besieged by the Romans, A.D. 72. In the year 77, A.D., it appeared at Rome in the reign of Vespasian. In the time of Marcus Aurelius (A.D. 170) it raged over almost all Europe and Asia. It prevailed extensively again in the reign of Commodus (in 189); and in 262, during the reign of Gallienus, it was so fatal at Rome that five thousand persons died daily. From that time, the plague has always continued to exist in Italy, Greece, Asia, and Africa, and raged particularly in the populous cities. In Constantinople it has often been peculiarly fatal. In the reign of Justinian, in 544, the number of the dying was so great that one thousand grave-diggers found constant employment, and saw the unburied dead increasing on their hands. (*Bascome's History of Epidemics.*) It was about this time that a new pestilence of terrible malignity first appeared in the world.

Hitherto the Greek and Roman physicians had known nothing of small-pox. The first notice of a disease that in any respect resembles it occurs in Procopius' "De Bello Persico," (lib. II., Ch. 22). This author says a dreadful pestilence began at Pelusium, in Egypt, about the year 544, and spread rapidly towards Alexandria on one side and Palestine on the other. Bruce, the first modern traveller in Abyssinia, attempted to prove that small-pox was first known in that country in 522. It is at least certain that within a few years after the date given by Procopius, it became common on the borders of the Red Sea, and measles and small-pox were introduced in England in 572; but the latter not completely described till Rhazes, of Persia, devoted his attention to it, A.D. 900. Soon after that date the new scourge of the human family travelled towards the western parts of Asia, and then into Europe, reaching England about the close of the ninth century. From that time forward small-pox appears to have been a common disease in Europe; and no sooner was the new continent of America discovered than the fatal infectious diseases of the Old World were transplanted to the New. Small-pox was transplanted to America in 1527, and has been common in all civilized countries since that time. It was formerly more fatal than it has been in the present, or even the last century. In 1667, Sydenham reformed the treatment by introducing a mild, cooling regimen, with fresh air and changes of linen, all of which had been hitherto prohibited

About the year 1700 the benefits of inoculation were discovered at Constantinople; and Lady Mary Wortley Montague, having seen its effects in rendering the disease more mild, soon [after, made it known in] England. Its advantages were confined to the rich till the Small-pox Hospital was established in 1746. In 1798 Dr. Jenner announced the great discovery of vaccination.

Of the other epidemics of modern times, the most remarkable occurred during the middle ages. "The black-death" of the fourteenth century commenced in China in 1346; and, advancing rapidly westward, it desolated Asia, Africa, and Europe, sweeping off one-fourth of the inhabitants of three continents in four years. In England the mortality was doubled. In London, fifty thousand persons were buried in one grave-yard. In Norway it was equally fatal. In Venice, 100,000 died; in Lubec, 90,000. In Spain, two-thirds of the inhabitants died; and in all Asia the number of deaths was computed at twenty millions! (*Webster on Epidemics*). In China, where the epidemic commenced, long-continued droughts had parched the earth, and were followed by storms and inundations. Mountains fell in, clefts were opened in the earth, more than 400,000 people were drowned in the floods. It seemed that some profound impulse had been communicated in the depths of the earth in the year 1333, and for twenty-six years in uninterrupted succession, the surface of the earth was shaken, extending as far as Western Europe. Pestilent vapors issued from the deep rents in the ground, or exhaled from the surface of the vast marshes caused by the inundations; plants and animals perished from the effects of heat; the destructive earthquakes destroyed vast numbers of men; strange meteors appeared in the air and terrified whole nations; the order of the seasons seemed inverted, the crops failed, and the horrors of famine were added to those caused by the pestilence. In China thirteen millions of the inhabitants died. India was nearly depopulated; throughout Tartary, Mesopotamia, Syria, and Armenia, the dead bodies lay scattered over the ground. In Caramania none were left alive.

"It seemed the general air,
From pole to pole, from Atlas to the East,
Was then at eamity with human blood."

In every part of the civilized world the people were terrified, and each individual looked forward to speedy death. The wickedest men promised to forsake their vices and atone for all the past, if only permitted to live. Hypocrisy, illusion, and bigotry were everywhere conspicuous. A new sect called the Flagellant Brotherhood, set out to preach to the people and offer up prayers for their protection. The Christians charged the Jews with poisoning the people; and, through the tortures of the rack, they caused many to confess crimes of which they were innocent. When the disease had become universal, says Hecker, "the hearts of all the inhabitants became closed to feelings of humanity. They fled from the sick and all that belonged to them, hoping by these means to save themselves." Others shut themselves up in their dwellings, avoiding all intercourse with persons beyond

their own households; and, by avoiding the appalling intelligence which others were continually receiving, they endeavored to keep up perpetual cheerfulness and hope in the minds of the small circle within; others wandered from one tavern to another, feasting without moderation or restraint, "avoiding all contact with the sick, abandoning their houses and property to chance, like men whose death-knell had been tolled." (*Hecker, Epidemics of Middle Ages, p. 47.*) Men avoided the sight of others who might have the disease; as the eyes were believed to have the power of communicating contagion at a distance; they shone with a strange lustre; they appeared distorted, and the ancient belief still prevailed that the sight might be the bearer of a demoniacal enchantment.

A few years after the ravages of the black-death of the fourteenth century had ceased, a strange epidemic appeared in Germany, called chorea St. Vitii, from the muscular agitations, screaming and foaming of those affected by it; and it seemed to be propagated over Europe by sympathy or irritation, merely from sight. In 1374 assemblages of men and women were seen at Aix-la-Chapelle, forming themselves into circles, hand in hand, dancing for hours together, in wild delirium till they fell to the ground in a state of exhaustion, groaning as if in the agonies of death. During the paroxysm the abdomen became tympanitic, and tight bandages were required to relieve it. During the dance they neither saw nor heard, but were haunted by visions and wild fancies. In many an epileptic paroxysm preceded the dancing fit. When the dancing mania had risen to an alarming height, the clergy attempted to exorcise the demon who thus possessed the people; the people defied the authority of the clergy and threatened them with destruction. The origin of the epidemic could not be traced, but it was believed to be connected with certain ancient festivals in honor of St. John the Baptist.

In the treatment of epidemic St. Vitus' Dance, the most successful physician was Paracelsus. In those most frequent cases caused by sensual irritation, he directed the patients to be deprived of their liberty, placed in solitary confinement, and made to sit in an uncomfortable posture until misery brought them to their senses, and to a feeling of penitence. In some cases he employed corporeal punishment and immersion in cold water. In a higher form of the disease he employed some form of highly attenuated medicines which he called "Quintessences," which have been supposed to possess some of the powers of medicines prepared upon homœopathic principles. (*Hecker, Teste—Mater. Med. Introduc.*) With the sixteenth century the epidemic dancing mania passed away; and St. Vitus' Dance is now only seen in sporadic cases.

The next epidemic of importance in Europe was the "sweating sickness," which was confined entirely to England. It was in 1485, immediately after the Battle of Bosworth that a violent inflammatory fever, with premonitory rigors and subsequent prostration, oppression, headache, stupor, and profuse perspiration commenced. When Henry VII. had just reached London, the malady burst forth, and the Lord Mayor and sixteen Aldermen died within the first week. The attack was so violent that the disease reached its

height in twelve or twenty-four hours; and scarcely one in a hundred recovered. Within five weeks it finished its course in the Metropolis, and then spread to the country, where it was equally fatal. The physicians could do nothing for the sick, and their wisest men, as Linacre, left no account of it in their writings. The people merely abstained from food and from strong medicines; they applied moderate heat and drank mild fluids. On the first day of the next year a violent tempest from the east purified the atmosphere and swept the epidemic from the country. In 1506, the epidemic sweating sickness, called by Hecker "*a spirit of the mist*," which hovered amid the dark clouds, again appeared in England. It was a time when great revolutions were taking place in Europe. Printing had begun to dispel the clouds of ignorance; the discovery of America had awakened the drowsy energies of men; the circumnavigation of Africa had opened the way to gold and diamonds of the Indies; standing armies had been established to support civil order, as well as to tyrannize over men; and syphilis, a new and mysterious plague, had spread so rapidly over all Europe that its origin baffled all research, though it seemed to spread from Spain in 1494, and was thought to come from America. The sweating sickness in its second visitation was entirely "left to the curative powers of nature; no powerful medicines were employed," and the number of fatal cases was but small. No medical histories of the disease were written. At the same time many different forms of malignant disease prevailed on the continent, and the petechial fever was raging in Italy.

The third visitation of the sweating epidemic occurred in London in 1517, during the reign of Henry VIII. It was so rapid in its course that the first shivering with which the attack commenced was regarded as the warning of certain death. Many who were well at noon were numbered among the dead the same evening; and men were terror-stricken with the thought of being hurried away from the full enjoyment of life without preparation or any hope of recovery. The city was then crowded with the poor, and the number of deaths among them were appalling; but wealth could not furnish exemption from attack, as no means were ever discovered of averting the disease. It subsided in September, and was followed by the plague, which spread over England without going to Scotland or Ireland.

In 1528-29 occurred the fourth visitation of the sweating epidemic. It commenced in London near the end of May, and spread rapidly over the country. In France the malady broke out immediately after the disasters before Naples. As soon as the general features of the disease as it appeared in different countries could be compared, it was considered as certain that "it was one and the same cause of disease which called forth the poisonous pestilence in the French camp before Naples, the putrid fever among the youth in France, and the sweating sickness in England; and that the varying nature of these diseases depended only on the conditions of the soil and the qualities of the atmosphere in the countries which were visited." (Hecker, p. 240.)

When the pestilence appeared in Germany the alarm of the people bordered

on despair. The minds of men were paralyzed with terror. The opinion was diffused among the people that, inasmuch as the disease seemed to consist in a profuse and long-continued perspiration it could only be cured by exciting perspiration. This course, if carried only to a reasonable limit, was judicious; but the excitement ran so high that delusion and absurdity usurped the place of reason; and persons who had the disease, and those who only feared it, were covered with feathers and furs in bed; the stoves were heated to the utmost; the doors and windows were closed to prevent all access of fresh air; strong and heavy persons were placed on top of the bed, and the patient was so oppressed that he could neither move hand nor foot. "In this rehearsal of hell," says the historian, the patient "being in an agonizing sweat, gave up the ghost, when, perhaps, if his too officious relatives had manifested a little discretion he might have been saved without difficulty." (*Epidemics of the Middle Ages*, p. 258.) A single physician who possessed sufficient discrimination to see that excessive perspiration and heat could only produce disastrous results, opposed this barbarous treatment; and, running from house to house, he dragged the smothering patients from the beds of torture with his own hands.

Glycerine.

Pharmacology—Chemical Statistics.—Pure Glycerine is a colorless, inodorous, oleaginous, saccharine, and perfectly neutral liquid; the officinal Glycerine of the French Pharmacopœia contains about 12 per-cent. of water, and marks 28° of the areometer, when anhydrous it marks 31°. Exposed to the air it absorbs half its weight in water. Anhydrous, it is a thick uncrystallizable syrup, soluble in all proportions in water and in alcohol, but insoluble in ether. It is not susceptible of fermentation by itself or without the addition of yeast. Either an acid or alkaline reaction with litmus and turmeric papers shows the article to be impure. The commercial glycerines differ greatly in their properties on account of numerous impurities. A rancid odor attests the presence of volatile fat acids. Lime is precipitated by the oxalate of ammonia, or forms the deposit seen when glycerine containing it is dissolved in an equal volume of water with 1 per cent. of sulphuric acid.

Metallic oxides are precipitated by the sulphhydrate of ammonia. Sulphuric acid and the sulphates are detected by the soluble salts of barium; sugar or honey by a white granular deposit, on adding a drop of sulph.-ac. Glucose, by a dark color on boiling in a test tube with caustic potash.

Demarquay observes, that organic tissues become transparent and reveal their structure under the action of glycerine, not only the normal muscular and areolar tissues, but the amorphous substances of fleshy tumors. Glycerine thus effects an intimate anatomical analysis which aids in histological dissection. Robin has availed himself of this in his study of osteoplasts, to reveal the elemental structure of bone.

When the contact of glycerine with blood has been prolonged, its globules gradually become thinner without change of form, then lose their color and are finally dissolved. Pus globules are first contracted to half their size and then part with coloring matter and become transparent outlines,—epithelial cells.

The antiseptic virtues of glycerine were established before the Société de Biologie, in January, 1856, by MM. Demarquay and Luton. Butcher's meat, well soaked in glycerine, will afterwards remain for years quite fresh, moist and natural in appearance. Dead bodies injected with glycerine, in cold weather, keep from one to two months.

Surgical Applications.—The efficacy of glycerine in hospital gangrene is questioned by Mr. Davasse and others, on the ground that the epidemic at St. Louis, in which it was signalized, was not properly the "*pouvriture d'hospital*," but diphtheritic merely. M. Demarquay replies by describing his cases thus: The suppurating surface, becoming painful, exhibits a gray pultaceous mass, while the pus becomes fetid and ichorous, the area of the lesion enlarging and deepening, with irritative fever and general distress. Such are the cases in which glycerine dressings immediately arrested putrefaction, caused the elimination of sloughs, and cleansed and made healthy the suppurating surface.

Mr. Devasse records that very thick and adherent false membranes having been developed for several days on the abraded surface of an old blister, the application of glycerine completely cleansed it within twenty-four hours.

Possessing the unctious properties of lard, butter and oily bodies in general, glycerine, besides, has the advantage of being more diffusible and more absorbent, more penetrating and solvent; of preventing, by its hygrometric properties, concretions and adhesions; of either preventing or correcting the putrid decomposition of liquids exhaled from purulent foci; of softening and detaching pultaceous products; of moderating excessive suppuration and exuberant granulation.

Glycerine, even pure, in external application, may give some pain, either by the nature of the wound from whose tissues it extracts water, or by the idiosyncrasy of the subject. It may then be diluted with water or with the infusion of flaxseed or of mallows. In other cases it may serve as the vehicle of Arnica, of Iodine, or of Tannin, &c., and give greater efficacy to injections of purulent foci, or sinuous ulcerations, aided by methodical compression of serous cysts, or diseased mucous surfaces.

These general data apply in detail to ulcers, tuberculous abscesses, burns, suppurating chancres and bubos, ulcerations of the neck of the uterus, stercoraceous fistulas, &c.

For the organs of sense; to dissolving hardened wax in the ears and restoring the natural humidity of the meatus. (*Waksely. Yeardsley.*)

For the palliation of xerophthalmia, in lubricating the cornea; as a palliative in granular croup, when the pharyngeal membrane is reddened and dry. (*Taylor & Bowman. Debout.*)

Diluted with water as a gargle, for pultaceous angina, when the plastic exudations are tough, aided by some dynamized mercurial internally.

To soften the false membranes or diphtheritic products of croup, Mr. Mayer, of Wilkesbarre, Pa., applies glycerine as far back as possible in the pharynx, either with a brush or sponge, at the end of a whalebone. After each application the dry and harsh cough is replaced by a humid and marrowy sound, announcing the softening of false membranes. This favorable modification lasts several hours, the glycerine is then applied. He was led to this by its happy effect in detaching adhesive crusts from the nasal fossæ.

Anthrax: Demarquay, Pertus, Chalut, Bertel, praise glycerine which they insert on pledgets of lint after making incisions, then put on a poultice moistened with glycerine.

Dr. Daude, of Bourdeaux, reports in the *Union Medicale*, successes in arresting dysentery with glycerine, employed as injection twice a day, 80 grammes* to 150 gr. decoction of marsh mallow, and internally by spoonfuls from hour to hour, diluted with water, flavored with orange-flower water. Among numerous experiments none attribute to glycerine unpleasant effects. Its prolonged use with healthy persons seems to fatten them.

Mr. Devasse, in the *Art Medicale*, November, 1858, gives seven observations, which we condense as follows:

1. Difficult convalescence from severe typhoid fever, in a child aged nine years. Congestive gastro enteritis; marasmus; cod-liver oil, with a relapse of gastro enteritis. Glycerine, in cold beef-tea, a dessert spoonful, first once, then twice a day, completely re-established his health in two months.

2. Chronic diarrhoea in a child, aged 26 months, of very weak constitution after difficult dentition; restless at night, with starts and screams, hectic on the cheeks; hygienic cares avail nothing; stools four to eight per diem, liquid, yellow and henteric, consecutive on swallowing the least food of any sort. Belly tympanitic, appetite good; waking at night in fright repeatedly, the face flushed, with hot and dry surface of limbs, clammy and fetid sweat of back, head and neck. No actual suffering from dentition or from rachitism; no sensible alteration of heart or lungs; no benefit from drugs or cod-liver oil. An elder child of the same parents had just died of tuberculous meningitis after symptoms analogous. Prescribed Camomilla 6 during eight days; after a week's interval, Bell. 30. Now the babe rested at night, but diarrhoea continued: Rheum, Merc.-dulc., Calc., Silix., Phos.-ac., Ars. and Carb.-veg. failed to help it. At last I had recourse to glycerine, a teaspoonful every morning, in half a glass of sweetened water. The little girl liked it and threw on it. The stools gradually became natural and were quite so after the lapse of a month. No relapse, but after the second month the glycerine was refused. More than a year has since passed and the child enjoys very fair health.

3. General muscular atrophy; most on left side, effect of rachitism; anæ-

* We shall not take the trouble to render grammes into English weights whenever we mention them, as with a substance like glycerine exact measurements are not of the highest importance. A French gramme is in grains 15.44 243.

mia. Mlle. B., aged eighteen years, tall, frail, with vertebral deviation, ancient coxalgia, amenia, leaden complexion; exists only by force of art. The great alteratives, iron, cod-liver oil, &c., allopathic and homoeopathic resources, gymnastics, salt baths and sea-bathing have been successively administered to little or no purpose. Cod-liver oil caused nausea and pains in the stomach. I instituted glycerine. Her weight, which had long been stationary at 52 lbs., increased 7 lbs. in two months, and 17 lbs. in the year. The improvement has been aided by a journey to the Pyrennees, by the waters and baths of Bagnères de Luchon, and during some weeks by frictions of Phosphoretted oil, besides preparations of iron. But the glycerine gave the initiative.

4. Debility, emaciation, contracted chest, nervous irritability. A little sickly boy, aged eleven, continually persecuted by cod-liver oil. I find on examination neither tuberculization nor rachitism, nor lesions of the digestive organs. R. Pure glycerine, a dessert spoonful every morning in a cup of cold milk. The child drinks his medicine without knowing it. In a month he gains 5 lbs., in two months 8 lbs., with a healthier complexion. The improvement continues.

5. A case resembling the last, but aggravated by poverty and prolonged diarrhoea; digestion very feeble, skin flabby, morale prostrate, aged ten, weighs 36 lbs. Prescription as above. Amelioration evident from the first week, and continues.

6. Diabetes after confinement, twice within one year, with divers puerperal accidents. Falling away from 130 lbs. to 96 lbs.; breasts atrophied; loss of breath by the least movement; sight impaired; headache; palpitations; little appetite; dryness of the pharynx; continual thirst; augmented flux of urine, clear and yielding sugar. Placing her on a diet of roast meat, nearly raw, with *échaudés*, a kind of gluten puff, for bread, I prescribed Arsenious-acid, in very small doses, with satisfactory amendment, during two months; but in weight, she gained only 4 lbs. Then suppressing the Arsenic, I gave glycerine, in sweetened water, two tablespoonfuls every day. In two months she had gained 36 lbs., and kept it with fair health. A year elapsed since I was called in, has confirmed the cure. The glycerine here was aided by a good diet, iron, and then quinine.

7. A woman, aged 28, extenuated with suffering, fatigue and privation. No help from Iodine, Iodide of Iron, Quinine and Cod-liver oil. No fever or fixed pain in the side. Cough incessant, dry, stridulous, paroxysmal. Expiration prolonged under right clavicle, respiratory murmur; enfeebled behind and above; sibilant rhonchus between the shoulders, with sharp metallic ring during the cough. To the left, in the supra-spinous fossa, dry parchment-like friction under large surface. These lesions of the bronchia, left pleura and lungs, gave the presumption of incipient tubercles, with a dry circumscribed pleurisy, probably of long standing. R. Glycerine, a tablespoonful, in milk. In six weeks the cough was mitigated, and she was gaining flesh. A journey of several weeks then obliged me to lose sight of the patient, and the treatment was interrupted. I could only have expected

palliation. Misery is stronger than glycerine, and no real help can be given to the poor in their actual condition.

M. le Dr. Morpain published a note on the surgical employment of glycerine, in the *Gazette Hebdomadaire*, December 7, 1855, from which we extract the following cases observed at l'hospice de St. Louis :

Obs. VIII.—Amputation of the right breast ; cerate dressings ; erysipelatous flush around the wound ; glycerine, prompt dissipation of this impending danger. During three weeks of glycerine dressings the wound has preserved a cleanly and healthy aspect, the more remarkable as it has not once been washed.

Obs. IX.—Young man ; foot burned by molten metal ; suppuration daily, less since the glycerine dressing. Wound looks perfectly healthy.

Obs. X. Young man, with extensive burn of right leg and foot ; the eschars have dropped ; the wounds are covered with pultaceous matter and the general health suffers much. Lemon-juice, concentrated Nitric-acid, and the actual cautery have been tried in vain. Glycerine being employed, the wounds assumed a healthier aspect from the very next day, and the amelioration progresses uninterruptedly.

Obs. XI.—Disarticulation of the arm ; the pus burrows around the stump. Injections of glycerine during twenty days have put an end to the suppuration.

Obs. XII.—Deep abscesses in the thigh from lesion of the femur ; exhaustive suppuration. Notably diminishing during the last ten days since glycerine injections have been made.

The greater comfort of patients under glycerine dressings is remarkable.

Burns.—The pain disappears in proportion as glycerine penetrates the injured surface, which it relaxes with moisture, superinducing its characteristic sensation of freshness. Inflammation is thus in a great measure obviated. (*Demarquay.*) Though not a drug poison, glycerine observes a certain courtesy towards the homœopathic law. Applied to a healthy surface divested of its cuticle, it occasions a slight burning sensation ; applied to a burned surface, equally raw, it converts this sensation into one of coolness and ease. Afterwards, by stimulating the animal vitality of granulations, it controls their negative exuberance. L.

Ulcers, Common or Specific.—Glycerine prepares the cure of ulcers by stimulating the atonic or soothing the irritable ; it removes complications, inflammatory or phagedenic ; fungosities, eczema, callous edges—the indurations of infecting chancres included. It coöperates with the compressive bandage, or serves as a vehicle for special medications. (*Demarquay.*)

New-York Homœopathic Dispensary, 109 West 34th-street.

THE Trustees of the New-York Homœopathic Dispensary, in submitting their Annual Report for the year 1864, take great pleasure in stating that the prosperity of the Institution, and its success, as regards the amount of

good it is accomplishing, have been great, and are increasing in a rapid ratio. The Dispensary has been in operation only four years and seven months. How much it has done, and with what rapidity its sphere of usefulness has increased in this short space of time, may be seen from the following statement.

From May 23th, 1860, to January 1st, 1861, (a period of seven months,) there were treated,	- - - - -	1,080 patients.
During the year 1861,	- - - - -	2,504 "
" " 1862,	- - - - -	6,563 "¶
" " 1863,	- - - - -	7,257 "
" " 1864,	- - - - -	8,650 "
Total since its establishment,		26,098 "
Increase during 1864,		1,393 "

Classification of Patients Treated during the Year ending Dec. 31, 1864.

Department of Diseases of Women and Children,	- - - - -	1,041
" " Head and Abdomen,	- - - - -	2,533
" " Surgery,	- - - - -	1,036
" Diseases of Chest and Throat,	- - - - -	1,960
" " Skin,	- - - - -	664
" " Eye and Ear,	- - - - -	302
" Vaccinations,	- - - - -	461

Whole number of cases treated in the Visiting Department, 853;
two hundred of which are included in the above classification,
leaving a balance of - - - - - 653

Sum total,	- - - - -	8,650
Males,	- - - - - 2,990	Minors, - - - - - 3,805
Females,	- - - - - 5,660	Adults, - - - - - 4,843

Natives of the United States,	5,356	Natives of Germany,	- - -	1,121
" Great Britain,	2,152	" other countries,	- - -	21

Died, 19; sent to Hospitals, 7.

First Annual Report of the New-York Woman's Infirmiry Association, Washington Heights.

The First Annual Report of this Institution is received. From the report of the Resident Physician, Dr. J. W. Mitchell, we make the following extract:

But four months since, having labored under many disadvantages in the establishment of a new Institution, in times of great financial disorder, we opened an Infirmiry for the treatment of suffering Women.

For its success we are largely indebted to the perseverance and untiring earnestness of a few ladies, together with the Incorporators and first Board of Managers.

In the brief time which has elapsed since the Infirmary was opened for patients, there cannot be much to record.

The fact that we have already treated one hundred and twenty cases, one-fourth of which are in-door patients, shows the necessity which existed for such an Institution.

Of these, three in-door and ten out-door patients are still under treatment. One in-door patient is about to be dismissed cured; one is a chronic case of long standing, greatly improved; and the third is improving slowly.

We have had a large proportion of charity cases. In the out-door cases the improvement is slower, owing to the inability of the physician to control the diet, exercise and rest of the patient.

There are several applications for admission, part of which are accepted.

Five Points House of Industry. By B. F. JOSLIN, M.D.,
New-York.

THE cases of sickness include not only the sickness occurring among the persons residing in the Five Points House of Industry, but a considerable number, in addition, brought from the miserable localities of the neighborhood, for the purpose of affording them the advantages of the better accommodation and care of *our Hospital*. In some instances cases of an extreme and necessarily fatal character were thus introduced, so adding to our average mortality: in a number of cases we have good reason to believe lives were saved by the change.

It is to be remarked, that of the 33 which were sent from the House to Bellevue Hospital, many were *adult* inmates, for whose care in sickness we could not well provide. About the only *children* sent away were occasional cases of Varioloid; so many persons visiting the house, it was not considered advisable, for reputation's sake, to have such cases on hand. It is worthy of note, that only 15 cases of Varioloid have occurred in the period of four years, among a community more than ordinarily exposed to its contagious influence; but the full explanation is believed to be found in the degree to which vaccination has been practised, no less than 1,578 persons having been vaccinated within the four years alluded to.

It will be observed that 184 cases of typhus fever occurred, 13 of which were sent to Hospital, leaving 171 as the number treated in the House; of these two died, both adults—one, Mr. Harper, an assistant, and the other, Mr. Barlow, the superintendent, worn out with several years of most faithful, self-denying labor.

We report 249 cases of ophthalmia: 2 sent to Hospital, leaving 247 as treated in the House. Besides these quite a number of mild cases were treated and not registered; but, of the whole number but a single eye has been lost: this patient subsequently died of marasmus.

Of measles we have treated 43 cases, and of scarlet fever 6 cases, with one death from each. When the scarlet fever cases occurred we gave the children of the House each a daily dose of Belladonna as a prophylactic;

the result was apparently satisfactory, as shown by the moderate number of cases.

Of injuries we report 69 cases treated, comprising cases of fracture, bruises and cuts.

Of the eruptions reported, a considerable number were cases of scabies.

23 cases of croup are reported, 3 of which proved fatal.

Of the *fatal* cases not previously alluded to, 4 were from marasmus, and 2 from cholera infantum; 1 from acute hydrocephalus, 1 from convulsions, 1 from pneumonia, 1 from congestion of the lungs, 1 from phthisis, 1 from tuberculosis, and 1 from dropsy—in all 20 deaths.

The prescriptions amounted to 6,008. I have made, within four years and two months, 559 visits to the House. Within the latter two years of the above period I have been assisted by Dr. G. L. Freeman, who has resided in the House a considerable portion of the time.—*American Hom. Review.*

Medical Colleges.

WHETHER the authorities of some of the ALLOPATHIC COLLEGES find it difficult to obtain students willing to accept their teachings at the zero rate of *nothing* for a full course of lectures, or whether they are actuated by that far-seeing philanthropy which teaches "free education as the chief defence of nations," the "*free school*?" system of instruction is gaining. In the medical department of the University of Michigan, the charge for tuition has long been "merely nominal;" the Miami Medical College now defies competition by issuing a circular in which it declares that it has "determined to make *no charge for lectures.*" The HOMŒOPATHIC MEDICAL COLLEGES are again in the field with full power to compete with their old-school rivals in everything else; but they have not yet proposed to "work for nothing and find themselves." What they *do* propose to do may be learned from the circulars and announcements they have issued. We notice such as are at present before us.

HOMŒOPATHIC [MEDICAL COLLEGE OF PENNSYLVANIA.—The eighteenth annual announcement of this eldest of Homœopathic Medical Colleges is received. The Board of Trustees give notice that they have recently obtained from the State Legislature "a new and more liberal charter, including a charter for the Hospital," and that the organization under the new charter "promises stability, prosperity, and permanency." Some new arrangements, and a re-organization of the Faculty have been perfected; and the Faculty unite in expressing "the conviction that the success of homœopathy is entirely dependent on the inculcation and adoption of the principles taught and promulgated by its founder, Hahnemann." "They congratulate all the friends of true homœopathy throughout the country on the final and firm establishment of this school."

The following medical colleges are also in successful operation:

Cleveland Homœopathic College; New-York Homœopathic Medical College; Homœopathic Medical College of Missouri, St. Louis; New-York

Medical College for Women; New-York Female College of Physicians and Surgeons.

Sixth Annual Announcement of the Hahnemann Medical College, Chicago, Ill.

THE Board of Trustees of the *Hahnemann Medical College* take great pleasure in issuing their Sixth Annual Announcement.

While they would congratulate the friends of the College upon its prosperity and usefulness, they desire also to call attention to its increased claims to the confidence and support of the general profession. The faculty having been re-organized, and the number of chairs increased from seven to fourteen, the course of instruction will be more comprehensive and thorough than heretofore. In perfecting these changes the design has been to place this College in the front rank of the educational institutions of our country.

The faculty is composed of a corps of earnest and competent teachers, a majority of whom are already favorably known as such to the profession. These gentlemen are a unit, and in their efforts to build up and develop this excellent school will be harmonious and zealous in the best and broadest senses.

It will be remarked that the course of studies adopted embraces a wider range of sciences than is usually taught in the Homœopathic medical colleges of America. The curriculum includes the following branches:

Practice of Medicine; Obstetrics and the Diseases of Women; Principles and Practice of Surgery; General and Descriptive Anatomy; Special Pathology and Diagnosis; Pathology and Therapeutics of Infancy and Childhood; Elementary and Animal Chemistry and Toxicology; Physiology and Hygiene; General Pathology and Principles of Medicine; *Materia Medica* and Medical Botany; Military Surgery, Fractures and Dislocations; Clinical Surgery; Surgical and Pathological Anatomy and Post-mortem Examinations; Medical Jurisprudence and Insanity.

The Trustees of the Hahnemann College, desirous of giving such a form to this institution as will ultimately place it in the very first rank of medical colleges, have made such an arrangement of the chairs as will conduce more to the progress of the student than any other now existing.

¶ Having divided each session into two terms, they have aimed to place the elementary chairs in the first term and the practical in the second. Ordinarily, the student becomes confused in the multiplicity of subjects, elementary and practical, to which he is introduced. It is not usually until his second course of lectures that the various subjects begin to assume order in his mind.

In the Hahnemann College he does not listen to discussions of the treatment of diseased organs until he has learned what and where these organs are, nor will he be expected to understand abnormal actions before learning the normal.

Aware also of the great progress of medicine, both in the extension of previously existing sciences and in the development of new, they have so re-organized the school as to represent this progress.

The numerous recent additions to Surgery render it impossible to do justice to this important subject in a single chair. They have therefore adopted the chair of Military Surgery, Fractures and Dislocations. They aim, if possible, to render the Homœopathist more thoroughly versed than his antiquarian brother in the scientific and operative, as well as the therapeutical sphere of this most important branch of medicine. And they thus leave for the diseases of the eye and ear, and for operations in general, time which is indispensable for thorough teaching.

They have also, with a view to relieving the chair of anatomy of some of the numerous details which pertain to it, as well as to preparing the student for a more ready appreciation of the teachings of practical surgery, assigned the anatomy of those regions which more immediately concern the surgeon to a special chair.

They have made provisions for instructing the student by the same chair, in the ravages which disease makes in the organs of the body, and how he shall proceed to look for them after death.

Not the least important of the improvements which they have made is to be found in the establishment of a chair of Special Pathology and Diagnosis. While the therapeutics of an antiquarian course are comparatively meagre, as well as vague and speculative, they constitute in a Homœopathic course, by far the greater, as they do the most important part. The special pathology of this chair of practice pertains to the relations between the symptoms of disease and drug-pathogenesis. It becomes necessary, therefore, to establish a chair the special pathology of which shall be comparative and diagnostic.

Nor have they failed to recognize the claims of General Pathology, a science which, though of comparatively recent date, has so risen in importance that it is now indispensable to the well-educated physician.

While cases of insanity may occur in the ordinary practice of the physician, and while he may be summoned to testify in courts of law relative to those cases, not a word is said on the subject in our medical colleges. To remedy this signal deficiency the Trustees have appended this subject to Medical Jurisprudence, with which it so naturally associates itself.

It has been the reproach of physicians that intelligent laymen are sometimes better versed than they in Hygiene. The Trustees have aimed to correct this by attaching Hygiene to Physiology, its natural congener.

With an arrangement thus complete and with an able corps of teachers, the Trustees of the Hahnemann College would commend the advantages offered by this institution to the careful consideration of the Homœopathic faculty.

Among other considerations, interesting to the practitioner who desires to refresh his memory, is that he will be able to accomplish this in a half session; or, if his desire is to renew his acquaintance with those elementary details which so readily slip from the memory, he can elect the former half of the course.

For the elucidation of these various and most important branches fourteen different chairs have been constituted. The course to be pursued by the several members of the faculty in their lectures is indicated in the circular.

Nitrous Oxyd as an Anæsthetic.

The Medical and Surgical Reporter (Phila. Aug. 5, 1865) says "there seems to be a disposition to return to the original anæsthetic nitrous oxyd," and publishes the following case: "It was lately employed by DR. CARNOCHAN, of New-York, in the amputation of a cancerous breast. The patient was in delicate health, and Dr. C. preferred the use of nitrous-oxyd to any of the other anæsthetics in her case.

DR. COLTON administered the gas, and by alternating it with atmospheric air, the lady was kept in a gentle sleep, and entirely insensible to pain. The time occupied by the operation was sixteen minutes, and forty gallons of the gas were used. Not a muscle moved during the anæsthetic sleep—the breathing appeared easy and natural—and the pulse remained full and strong. There was no nausea or sickness; and on waking the patient appeared as fresh as when waking from a natural sleep. DR. COLTON stated that he believed he could have kept the lady asleep two hours as easily as sixteen minutes. DR. CARNOCHAN expressed himself highly pleased with the operation of the gas, as also did DR. MARCY, who was present."

We have just received from DR. B. W. James, of Philadelphia, brief notes of the following important case: A patient at the *Philadelphia Homœopathic Infirmary* was suffering from a carcinomatous tumor of the parotid region, involving the parotid gland. Dr. James having determined to try the anæsthetic powers of nitrous oxyd-gas in surgical practice, tested it first on himself. Finding the effects satisfactory, he employed it in removing the tumor of the parotid region, and found the anæsthesia complete without the slightest injury to the patient. Full details of the operation may be expected in our next Number.

A PROTEST VERSUS "A PROTEST" in No LIII., page 140, of the *North American Journal of Homœopathy.*

On a recent tour through England and the European Continent I also wandered to the shrine of Father Hahnemann, at Cöthen; I visited his humble dwelling, walked through his diminutive garden, and sat down in the little cosy arbor under which he composed most of his writings, and took a twig of ivy to transplant to my transatlantic home, which, for more than half a century ago, has also become a home for the teachings of the great master. Afterwards I resolved to make a visit to Dr. Lutzze's sanitary establishment, also at Cöthen, though very much prejudiced, and in Leipzig even forewarned against him. But I most truthfully confess, that I never before have met with a more agreeable and astonishing surprise; the building,

externally as well as internally, of noble style and finish, with very judicious arrangements and all the modern improved conveniences, would do honor to any of the European capitals; in his public clinic and through his private correspondence, the doctor, assisted by a well-selected and regulated corps of secretaries and medical aids, treats over 100,000 individuals annually, which would appear incredible, had I not, with my own eyes, witnessed the daily progress of the journals, in which every case is posted with the most scrupulous exactness. Altogether (not to trespass too much on the space of this JOURNAL) I became convinced: that Dr. Lutze represents homœopathy, on the very spot where its illustrious founder at best enjoyed only a mere pitiable tolerance and obscure notoriety, with a splendor and practical success, which vindicates the triumph of the cause in a manner thus far unparalleled; as a living monument to the manes of the great master by one of his most devoted and enthusiastic disciples. That such a man should have made himself liable to the grave accusations published in the "Allgemeine Homœopathische Zeitung," thus nullifying by one base act all he had done and attained for homœopathy, seemed to me too painful to believe; and I therefore boldly asked the doctor for a full explanation of the subject. The following facts are the result of this explanation: The assertion that "the paragraphs 272-274, in the 5th edition (of the Organon) are omitted, and spurious and false ones have been inserted in their place," is most audaciously false and without any foundation whatever, said paragraphs appearing in this 6th edition on pages 264-285 *verbatim et literatim*. The documents authorizing the insertion of paragraph 274 b., are in Hahnemann's own hand-writing in Dr. Lutze's possession, and open to everybody's inspection, and being myself perfectly acquainted with Hahnemann's autography, I declare these documents beyond all doubt as genuine.

Now, by no means wishing to appear as a champion for the "Doppelmittel," and very much doubting the expediency of the insertion of paragraph 274 b. in the 6th edition of the Organon; I simply protest against the unfounded accusations published in the "Allgemeine Homœopathische Zeitung" against a man who has done and is doing more for the propagation of homœopathy than any living individual, and say: do not tarnish the honor of one of the brightest representatives of homœopathy! That the worthy Faculty of the Homœopathic Medical College of Pennsylvania should have fallen into the snare of republishing and thereby endorsing said accusations, is not to be wondered at: for never before has falsehood more boldly been asserted in "modern journalism" than at this instance; but nevertheless it is to be hoped, that after a faithful examination of the facts, the Faculty will honor the truth, do justice to Lutze and *faire l'amende honorable*.

New-York, October 30th, 1865.

GEO. LINGEN, M.D.

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Original and Translated Papers.

ARTICLE XXXI.—*On Epilepsy: its Connection with Diseases of the Teeth.* By T. H. WILLIAMS, Esq., L.R.C.S.I., Liverpool.

(Brit. Jour. Hom.)

THE disease on which I am about to make a few observations is scarcely less terrible than those of the same class—tetanus or hydrophobia. Though not attended with the same immediate and urgent peril to life as the others, yet it leads to more misery and distress, and is the cause of perpetual anxiety—I mean epilepsy. The object of my choosing this subject for my paper is to give one exciting cause of this malady which I hope may prove interesting, and which I believe is not generally known; and before enumerating this particular exciting cause, I will briefly allude to the time of life and the conjectures of the cause of the fits as laid down by the various authorities. Epilepsy is undoubtedly a *brain* affection, as there is always loss of consciousness during the fits; and as the brain and spinal cord are most intimately connected, though physiologically distinct, this disease gives us a good example of their distinct nature, for when the latter is acting in a most disorderly manner as well as in an energetic way, you have the former influence entirely suspended.

Dr. Marshall Hall's theory of all convulsive diseases being diseases of the spinal cord cannot properly be applied to the convulsions of epilepsy. It is true that in all convulsive diseases the cord is concerned, but that is also the case in any voluntary movement whatever. In tetanus there is no loss of consciousness, and therefore its convulsions are solely acted upon by the spinal cord, and it is consequently a pure spinal-cord disease. In epilepsy the brain is acted upon, and in some cases there is no convulsion at all.

Dr. Bright thinks that the most common periods for the first attack of epilepsy are about the age of seven or eight years, and often later, in a few cases after sixty. But the fits may occur at any age, and the convulsions of young children not unfrequently end in the disease. In fact in nearly every case where you can trace the disease backwards, you will find they have had infantile convulsions. The actual cause of epilepsy is mere conjecture. If we want to know the morbid anatomy of this disease we look for a post-mortem examination of those who have been subject to the fits. What do we find? In many cases nothing whatever to account for death. In some there is, perhaps, a small spiculum of bone projecting from the skull, and in others a small scrofulous tubercle, &c. As M. Foville, a good authority, informs us, we find the membranes, the brain, and the cerebellum are all gorged with blood; but then he goes on to say that this is to be ascribed to the mode of death, that we see the same appearances in persons that have died of any form of apnoea, that they are not peculiar to epilepsy, and only point out the way in which it proved fatal, but do not explain the attack. The most common alterations met with in the brain, are induration of the white matter, which frequently presents a dull appearance, besides the hardening a general injection of the white matter, and in some a marked enlargement of the blood-vessels. The consistence of the white matter is diminished in many cases, it is soft, but still the blood-vessels are enlarged. All over the white matter in the brain these changes are seen, the gray matter is found on its surface here and there patched with rose-colored spots and generally of a different consistence, and often the membranes will stick to the substance of the

brain. Such is the post-mortem appearance of those who have died of epilepsy, and as the same changes are met with in insanity complicated with paralysis, it shows the connection of the two diseases, but leaves us only to conjecture the true state of the nervous mass on which the fits of epilepsy depend. There is no doubt that epilepsy is hereditary. Malformation of the cranium is often a cause as well as a scrofulous diathesis, and these two are likely to be handed down from parent to child; but the disease may be propagated when the body, to all appearance is quite perfect and natural. Among the exciting causes of epilepsy, fright is the foremost, and severe mental emotion is sure to produce the fits where there is a predisposition to the disease, and this alone would show it is not a spinal-cord affection.

Great pain may also act as an exciting cause, also the repulsion of eruptions on the head and cessation of habitual discharges, &c.

But now I come to the exciting cause which has originated this paper—I mean pressure of an exostosed fang of an inferior molar or wisdom tooth on the inferior dental nerve. And in order to show how this excitement may be produced, it will be necessary for me (though very briefly) to enter into the anatomy of the nerve and its connection with the brain.

The inferior maxillary nerve is the largest branch of the fifth pair. After its passage from the ganglion, through the foramen ovale, it divides into two branches—the external and internal. It is with the inferior or internal branch we have to treat, it being the sensitive portion. This nerve gives off the auricular, the inferior dental, and the gustatory nerves. The inferior dental separates from the lingual, and after sending off some small branches, enters the canal in the lower jaw and supplies each tooth with soft delicate twigs. So we have through this branch direct communication with the large nerve itself and so with the brain. It is a well-known fact that if the whole or any part of the nervous system be predisposed to any especial disease, irritation applied to any set of nerves may induce that disease, the degree of this irritation being wholly insufficient to excite the sympathetic malady where there has been no predisposition; therefore diseases of

the teeth will produce epilepsy if there is a predisposition to this disease. Illustrations of this may be met with in the works of Hunter, Tomes, Bell, Ashburner, and other writers on diseases of the teeth. And I now proceed to give authenticated cases where epilepsy has been actually cured by the removal of a fang which caused pressure on the inferior dental nerve, which pressure kept up irritation and caused the fits.

CASE I.—A child, aged three and a half years, who was brought to a friend of mine to have a tooth extracted. His father (a clergyman in one of the midland counties) said he was afflicted with epilepsy from the age of twelve months, the frequency of the fits ranged from six to eight per day. The tooth caused such great pain that this was the father's reason for wishing to have it removed. At this age—viz., three and a half years, the child could neither speak nor walk. It was observed on examination that the teeth were crowded, which is most unusual during first dentition. Some of them overlapped, and in addition some were much decayed, and, as we shall see hereafter, the state of the mouth aggravated the malady. The tooth was extracted. At the end of three months he was again brought, when the satisfactory intelligence was communicated that the fits had entirely disappeared during that period, until the last week, when they again made their appearance.

The corresponding tooth on the other side was then removed and the child was relieved for the same period. Upon the recurrence of the attacks, a lower molar tooth was removed, which was decayed, and no fit occurred for some weeks, when another took place accompanied by a severe attack of toothache in the opposite tooth to that last extracted. This was then taken out, and no fit occurred for some months. He now could walk and talk sufficiently distinct for those who were constantly with him to understand him, and the thumb of the left hand which had become contracted and drawn into the palm, became more relaxed. The parents were delighted with the improvement, and began to hope it was permanent, when their fondest wishes were prostrated by his having another relapse. Upon examination of the mouth, although then not

more than four years of age, the gum was large and turgid, as though a large molar was pushing its way through at least two and a half years before its time.

The gum was divided by a lancet, and the symptoms abated. They returned in a month after the gum had healed. It was again divided from time to time until the tooth emerged from the gum; from this time no fit occurred, and after a lengthened period the patient was lost sight of. In this case we have clearly an exciting cause for the fits, namely, pressure on the nerve, and as each tooth was removed, the symptoms ceased.

CASE II.—A gentleman in a respectable position of life was seized with epilepsy after having a set of false teeth made, and occasioned not only alarm, but great distress to his family.

They naturally concluded that the teeth had some connection with the fits, and had his mouth examined by Mr. Snape, of Liverpool, the dental surgeon to whom I am indebted for this case. He found that several exostosed stumps had not been extracted, and the false teeth were worn over them, which, of course, caused much pressure on the stumps, and consequently on the nerve.

The stumps were removed and the fits ceased.

CASE III.—A clerk fell down twice in the street, attacked with epilepsy. He was conveyed home, and the next day, owing to severe pain in an inferior molar, he was brought to the same dental surgeon to have it removed. After its extraction, he had no more recurrence of the fits. The fangs were greatly exostosed. In the last two cases there was no predisposition to the disease.

CASE IV.—MR. Tomes relates the following in his book on "Diseases of the Teeth."

A farm-laborer from Windsor, was admitted into the Middlesex Hospital, suffering from epilepsy. The usual remedies were tried for some time without benefit; when, at last his mouth was examined, and several of the lower molar teeth were found decayed, and of some of these the fangs only remained. He did not complain of pain in the teeth or in the jaw. The decayed teeth were removed, and the fangs of each were found to be bulbous and enlarged from exostosis.

During eighteen months after the removal of the teeth he had not one single fit, though for many weeks previous to the operation he had two or three per day.

CASE V.—Mr. Tomes also relates the case of a policeman who was afflicted with fits of epilepsy. The common remedies failed to do good, and when the mouth was examined, an inferior wisdom tooth was much decayed. This was removed, and the fits abated. Although convulsions or epilepsy are more common previous to second dentition, yet the cases just related show that even first attacks occur in a later period of life; and I wish to impress on you the necessity of carefully examining the mouth if we meet with cases of epilepsy occurring after second dentition, and when our remedies have failed to lessen the fits, and see whether or not mechanical pressure, such as that of a tooth, is not the sole cause of the malady. For, as I have previously stated, in nearly every case of epilepsy the fits can be traced backwards to infantile convulsions.

All spasms originate from irritation applied to nerves.

These nerves may be derived from the cutaneous surface, and proceed through the cerebrum to the internal structure of the alimentary canal, or may associate themselves with other nerves in the brain going to perform their functions among other vital organs; and as the fifth pair are so allied to the great sympathetic, why not suppose that spasm may occur on irritation applied to the inferior dental nerve?

CASE VI.—Dr. Ashburner was called to see a groom in London. The man was early in the morning endeavoring to mount the box of a break and with the reins in his hand, fell down in a fit of epilepsy. Fortunately a medical man was near at hand. He was properly treated and consciousness soon returned, but it was found he was paralytic on the left side, and under the same care he was quite restored in a few days; but though he understood all that passed around him he could only answer yes or no to questions put to him. It was observed that he had a supernumerary incisor tooth which appeared to crowd his mouth. Every tooth was tightly wedged against its neighbor. On looking into his mouth there was found to be sad decay of the double teeth. Seven

of these were removed under the idea that they might be acting as irritants to the nerve of the jaw. At the next visit the patient was found to be recovering the use of his speech. Several months after the man was perfectly well and had no return of the fits. In this case it is quite clear that the fits and partial paralysis were due to pressure on the nerve.

Having thus related cases where, beyond doubt, epilepsy has been caused through pressure of the fangs of the teeth on the dental nerve, I will, in conclusion, invite attention to the fact that when we fail under medicinal treatment to subdue this fearful disease, let us not hesitate to examine the mouth, and see if there is cause to believe that pressure may be keeping up the fits. In many cases of epilepsy that I have treated under *Belladonna*, *Cuprum-aceticum*, *Cuprum-metallicum*, *Zinc*, and other medicines, I have reduced the fits from three and four per day to one and two per month, and more than probable if the mouth had been made the subject of observation, mechanical pressure might have been perceived, which, when removed, would have ended in complete recovery.

ARTICLE XXXII.—*Alternation of Remedies.* By CARROLL DUNHAM, M.D., New-York.

(Amer. Hem. Review.)

BEFORE proceeding further in the discussion of the subject of alternation, let us briefly recapitulate the positions already taken.

1. We have assumed that the propriety of alternation can be *argued about* only by those who regard the practice of medicine as an art based upon scientific principles, by reference to which it is to be regulated and exercised. We have not considered it possible to discuss the question with those who make their practice a series of repetitions of individual experiences, without the intervention of general principles based on and inferred from a large number of individual instances.

No discussion can be sustained with this class of practitioners, for the reason that argument involves, in its very

nature, an appeal to principle and the exercise of reason. When, consequently, an advocate of alternation objects to our condemnation of his method, that *he* regards the subject from a *practical* point of view, while *we* persist in ignoring the *practical*, and in looking only at the question as one of *science*, we feel driven to the conclusion that, if excluded from the ground of *scientific principle*, we have no ground left on which to stand for the discussion of this or of *any* question of medical practice; and further than this we have nothing to say.

2. We have stated our belief that many writers have defended, under the name of ALTERNATION, modes of practice which are, in our opinion, not properly called alternation, and which certainly are not open to the objections that we entertain to what *we* have defined as ALTERNATION, properly so called.

3. Defining alternation, as we understand it, we have taken occasion to state the requirements of a sound homœopathic prescription, requirements which cannot be met by the process of alternation.

We come now, in conclusion, to consider certain statements of principles by which alternation, as we define it, has been sought to be justified and defended.

Dr. Coe (AM. HOM. REV., Vol., V., p. 447), states: "It is an established principle in homœopathy, demonstrated by drug proving and clinical experience, that each drug has its own specific sphere and manner of action, hence that each remedy acts in a particular manner upon a particular organ or tissue, or upon a particular set of organs or tissues. Another recognized principle in homœopathy is that attenuated remedies act on the system only by virtue of their homœopathicity to the disease by which the system is at the time affected; hence they are inert when taken by persons in health." [One of our best provings of Natr.-mur. on the healthy was made by Dr. Wurmb with the 30th decimal dilution!] * * *

"But, supposing I find no single remedy that will complete the picture [corresponding to the picture of the disease]; some part is still defective, it either wants a head, a body, or a limb, what am I to do? What I do is this; I finish out the picture

with something that will complete it. If the head symptoms are unmistakably Aconite symptoms, and nothing else, and the symptoms of the lower limbs unmistakably Rhus symptoms, and nothing else,* I can finish my picture in no other way, nor can any one else. * * * But the single remedy objector says, one of my medicines will modify the action of the other in such a manner that I cannot rely upon their doing what their pathogenesis would indicate. I think he is mistaken. If attenuated medicines only act homœopathically, as we all hold, only *act upon those organs and tissues* which are affected by disease in a manner similar to the drug affection, then my Aconite, Bryonia, and Rhus each goes to its own place, and performs its own office, without interfering or being interfered with by the others."

Dr. Drysdale appears to agree with Dr. Coe, for he says (*Annals of British Hom. Society*, xvii. 375): "There are, therefore, no *a priori* physiological grounds for doubting that two medicines, whose physiological spheres are sufficiently dissimilar, can display their effects without interference, when given at intervals. Let us apply this to the treatment of complication in disease, and by this we may chiefly understand those symptoms or morbid states that are not necessarily dependent on one common proximate cause, but are connected merely by their happening to co-exist in the same individual." [We protest against this cool assumption that two or more "morbid states may co-exist in the same individual," connected merely by their accidental co-existence!] "After exposure to cold we may be attacked with inflammation of the nasal, tracheal, or bronchial mucous membrane, or parenchyma of the lungs or the pleura, or the parietes of the chest, or the liver, or peritoneum, &c., according to the specific susceptibility of the tissues attacked; and each of these diseases may exist separately, and be attended with the appropriate

* Humano capiti cervicem pictor equinam
Jungere si velit, et varias inducere plumas
Undique collatis membris, ut turpiter atrum
Desinat in piscem mulier formosa superne,
Spectatum admissi risum teneatis, amici?

Horat. Epist. ad Pisones.

essential and sympathetic symptoms of the case. In such cases we ought properly to rely on one medicine, which may be reasonably expected to meet the specific susceptibility of the part primarily affected. But, on the other hand, from exposure to the same cause, inflammation may be set up in several of those tissues at the same time, and thus several trains of morbid symptoms set up that have no necessary [would the author have better expressed his real meaning if he had said, '*pathologico-anatomical?*'] connection, except that of occurring in the same individual. In that case, how can any one medicine be homœopathic to the case which does not show its specific relation to all those *different tissues* in health? * * *

“Dr. Cate also brings forward inflammation of the mucous coat of the colon. When it extends to the peritoneal coat of the gut, he gives Merc.-corr. in alternation with Sulphur, corresponding to their specific action on their (these) different tissues. Also in inflammation of the membranes of the brain, threatening effusion, he finds Bryonia, alternated with Hellebore, more efficacious than either singly. But this is already recognized in homœopathy, without stepping into the doubtful regions of pathology.”

In discussing these statements, we desire to use great moderation of expression, conceding freely that they involve questions of pathology and pathogenesis, of which our knowledge is only, and perhaps can be only proximate, and concerning which, instead of *absolute* FACTS, we have only PROBABILITIES.

Among those who discuss questions of medical philosophy may be distinguished two characters of mind, corresponding to similar classes among intellectual philosophers—the analytic and the synthetic.

The tendency of the one class is to divide an independent group of phenomena, such as a sick man or a drug proving presents, into elements each one of which it inclines to regard as independent of the others. To the researches of this character of mind we owe our knowledge of histology, both physiological and pathological, and much else that is of inestimable value in medical science. The same disposition being carried

into clinical investigation, the symptoms of the sick man have been analyzed into the perversions of function of the various organs, and the alterations of the different tissues of the body, as well as the formation of tissues not found in the healthy body. As a result, we have the precious sciences of pathology and pathological anatomy.

Based, as these analyses are, upon material changes of structure and of product, the danger to which those who engage in them are liable in this: that having their attention exclusively directed to material changes, or to visible and tangible results of material changes, they overlook two points to which it is equally important that observation should be directed.

1st. That inasmuch as healthy tissue exists, and healthy functions are performed, by virtue of an imponderable force, called, for lack of a better name, "VITAL FORCE," and which is inherent in each tissue, and gives to it its specific properties, there must have been a *change in this force preceding every material change.*

2d. That this force, though it seem to impart to each tissue and organ a susceptibility to stimulus peculiar to that tissue, yet so pervades and vivifies the *entire* organism, as to give rise to what is known as *sympathy*—a property of living organisms, by virtue of which there results, from the serious modifications of any function or alteration of any tissue, a corresponding and definite modification of most if not all of the functions of the body, and an alteration of at least many of the tissues. It is by virtue of this property that each individual man is a *living unit*, and not a collection of independent monads, which merely chance to co-exist in one human form.

No physical research can detect this vital force, nor reveal the nature or *modus operandi* of this function of *sympathy*, and hence it happens that those whose minds incline to rest upon the data of physical analysis are prone to over-look them, or, even though they admit them in their philosophy, yet to practically ignore or under-estimate them. From this tendency results a disposition to regard the proximate cause of disease, that is to say, the material change of tissue and

product, as the *essence* of the disease, forgetting the modification of vital force, which must have preceded and been the occasion of this proximate cause—and a further disposition to look upon the alteration of *function* and *tissue* of each *organ* or *system* of the body as a *separate* disease, thus easily admitting the idea of the co-existence of several independent diseases and of complicating diseases without number.

From the stand-point of this class of mind it is not easy to perceive the mutual relations and inter-dependencies of apparently remote groups of symptoms—such, for example, as *ulceration* of the *cervix-uteri* and *chronic conjunctivitis*, which, if they co-exist in any patient, would be likely to be regarded as independent diseases, and to be treated by independent courses of medication; whereas, in fact, they are so intimately connected that they are best treated by a single remedy.

Nothing is further from our purpose than to make light of pathology, which, as *an aid in the investigation of diseases*, is of inestimable value. It is evident, however, that Hahnemann was right in warning his disciples against making it the *basis of medical practice*. Its investigations cannot, in the nature of things, go beyond *material* changes. Yet disease begins in *dynamic* changes; and the connections of different groups of symptoms are *dynamic*, and beyond the reach of physical research.

And then, even where the subject is material and amenable to physical research, to base the prescription upon a determination of the *organ* or *tissue* affected by the drug and by the disease, is to go backward from the certainty afforded by a *comparison* of the *symptoms* to the *uncertainty* of a *double hypothesis*. For, as in the cases supposed by Dr. Drysdale, we have first to assume that the symptoms produced on the healthy subject by Merc.-corr. and by Sulph. respectively, show that the one of these drugs acts especially on the mucous membrane of the colon, and the other on the serous covering of it; and, secondly, we must assume that, in the patient before us, the inflammation which began in the mucous membrane has extended to the serous membrane; and on this double assumption our alternation is to be based and defended. Suppose, that in its progress from within outwards, the dis-

ease also affected the muscular coat—should we give Nuxvomica also? or the glands likewise? Shall we give a fourth remedy, say Rhus? Then the *vascular* system of the gut is probably simultaneously affected—would this call for Hamamelis, or for Aconite for the *arteries* and Hamamelis for the *veins*? Here we should have six remedies to be alternated, the selection of each being based upon its “*specific relation to the tissue*” affected, &c., &c. Now, what is all this but a revival of the old method, against which Hahnemann so earnestly protested, of prescribing upon the basis of a hypothesis of the nature and seat of the disease—an utter throwing overboard of the whole system of inductive philosophy, as so logically and so successfully applied to medical practice by Hahnemann? .

It may be worth our while to dwell for a few moments longer on this very important branch of the subject, for it is a point on which very many practitioners have gone astray. Indeed, we have seen an attempt to reconstruct our entire *materia medica pura*, on the basis of the specific action of the drugs respectively upon certain organs and tissues of the body—almost all symptoms not anatomically explicable being excluded (the so-called “*American Mat. Med.*”)

The statement of a “*general principle*,” which we quoted, viz., “it is an established principle in homœopathy, demonstrated by drug proving and clinical experience, that each drug has its own specific sphere and manner of action, hence (*I*) that each remedy acts in a particular manner upon a particular organ or tissue, or upon a particular set of organs and tissues,” contains, it seems to us, a fallacy. While we admit, of course, that each drug has its own specific sphere and manner of action, it does not seem to us that this is equivalent to saying that each drug acts in its peculiar way on “a particular organ or tissue, or a particular set of organs and tissues,” leaving—(for *this* is *implied* in the statement, as the rest of the article from which we quote shows)—leaving the other organs and tissues of the body *wholly unaffected* by the action of the drug or disease, as the case may be. Yet it is necessary to assume this fallacy, in order to justify the practice of alternation.

On the contrary, we have never met with, and we do not

believe in, the possible existence of a case of sickness in which, as adduced by Dr. Coe, the *head* could be affected in one way so as to unmistakably call for Aconite, and yet no other organ of the body show Aconite symptoms; while at the same time the chest presented exclusively Bryonia symptoms, and the extremities Rhus symptoms. The uniform tendency of our own practical experience goes to satisfy us that, if any concrete case should present clear, characteristic Aconite symptoms in *any portion of the body*, then not only would symptoms of disease be found in most of the other important organs or systems, but that such systems would present more or less well-defined characteristics of Aconite: or even should they not present characteristics which we recognize as those of Aconite, the symptoms would nevertheless speedily disappear under the use of Aconite, if that drug were clearly indicated by characteristic symptoms in the other organs. So abundantly has our experience confirmed this view, that if we find clear characteristics of any drug in the symptoms of any organ of the body, no matter what symptoms may be presented by other parts of the body, and no matter how little these latter symptoms may seem to indicate this same drug, we never dream of alternating remedies. We are confident that a remedy, which is clearly indicated by characteristic symptoms, though they be but few in number, will cover the whole case, and will remove the entire disease. Nor do we, as is assumed by the alternators, expect to accomplish by "*succession*" what they aim to effect by alternation. We so thoroughly believe in the unity of disease as to be confident, that, in however many organs and tissues morbid symptoms may present themselves, they still spring from and depend upon one and the same unknown and inscrutable cause, just as the multifarious symptoms of a drug-proving depend upon the one cause, viz., the drug; and that though the characteristic symptoms which furnish the indication for the remedy may be observed only in the symptoms of *one* organ or system, yet the symptoms of all the rest of the body will be equally controlled by the action of this remedy. It is remarkable, however, to how great an extent, if we observe carefully and intelligently, we may recognize, in the various groups of symptoms affecting the

various organs of the patient, the characteristic mode of action, and the *conditions* of that remedy, the characteristic indications for which we find in some one organ alone of the patient!

2. The tendency of the second of the class of minds into which we divided medical philosophy is to synthesis. They are, perhaps, in danger of under-estimating those material changes of tissue which are the proximate cause of disease, because they are intent upon observing and tracing out that perversion of the vital force, which must have preceded and induced all the organic and material changes which the case presents, and which perversion they regard as *essentially* the disease itself. They study this perversion in its various manifestations, viz., the symptoms. They do not seek to analyze these groups of symptoms, for the purpose of forming a theory respecting the tissues affected, so as to select a remedy which affects, as they suppose, identical tissues, and in the same way. They do not thus admit *hypothesis* into their method. They study the groups of symptoms to get at their peculiarities and conditions. Profoundly impressed with the intimate connection of all parts of the body, through the all-pervading vital force (whatever it may be), and with the fact, observed every day, that change of function in one part of the body speedily brings about corresponding changes in almost every other part, they seek, by the light of one group of symptoms, to find in the patient other and corresponding groups. In these investigations physiology and pathology, which teach the relations and mutual dependencies of different organs, are of inestimable value, enabling the student to find in remote organs parallel groups of symptoms; the characteristic which determines his choice of a remedy being often in an organ very remote from that to which his attention was first called as being the seat of disease. Having thus been led, by his philosophy, to collect the various groups of symptoms presented by the entire body, as constituting one single disease, the practitioner surveys this collection in search of the characteristic symptom or group of symptoms which shall point to his remedy. Ninety of the symptoms might be found among many remedies, ten, perhaps,

may be peculiar to, and characteristic of, a single drug. *This* he selects, without hesitation, as his remedy for the entire malady of that patient.

Suppose the patient to have taken cold, and to present, in consequence, a malady which, anatomically, is made up of a pneumonia and hepatitis. It is all well enough, and doubtless important for the purpose of diagnosis and prognosis, to make this pathologico-anatomical analysis of the case. But when we come to regard the case from the stand-point of therapeutics, we are not surely to follow the plan which Dr. Drysdale seems to sanction, viz., to look among the drugs which are shown by provings to act on the tissues of the lung, and select the best from among them, and then to look among remedies which act on the tissues of the liver, and select the best from among these remedies, and to alternate the two thus selected. What if, as would be likely in such a case, the pleura, likewise, were inflamed? Should we have a third remedy? Or the kidneys also? Should we have a fourth? "*Quousque tandem—?*"

On the contrary, we should collect the various groups of symptoms, as well those from which the pathologist infers that the lung is affected, as those from which he infers that the tissue of the liver is affected. All other symptoms likewise would be gathered. We should examine these symptoms, in the manner so often described, for the purpose of finding in them the peculiar characteristics of some particular drug. In thus dealing with the case, we should have this advantage over the pathologist, that whereas *his* inference may lead him astray, since the lung tissue *may* not be affected, as he thinks it is—and likewise the tissue of the *liver*—we, on the other hand, taking into account only the obvious symptoms, avoid at least one very patent source of fallacy. Our own experience has altogether misled us if we do not find, in the case supposed, that if the lung symptoms give us characteristic indications for a remedy, the liver symptoms not only will not *contradict this* indication by affording one for some other remedy, but they will *corroborate* the indication, so as to give us no pretext for alternating.

But another case is supposed, viz., that a pneumonia is

present, and a remedy has been well selected for it, and now a hepatitis supervenes to complicate the case. Here, we are told, is a new disease, which can have nothing to do with the previously existing pneumonia, and which *must* require a distinct treatment, in the way of alternation. This is in no way different from the complication of a burn, of which we have already spoken. If the complication is serious enough to produce constitutional symptoms (as a hepatitis would surely be), it would always (or our observation has uniformly deceived us) modify all existing symptoms. For example, a severe burn would give a typhoid character to an existing pneumonia. We must then make a new collection of the symptoms, and proceed as before to select a remedy.

Under any other plan—if we are to select our remedy according to correspondence of known drug-action and disease-action upon the *tissues* of the body—not only are we liable to errors already pointed out, but our scope is wonderfully restricted. How could we find remedies for changes of structure, such as we can never expect to see in drug-provings, such as cancer and heterologous growths of all kinds? How, for affections which do not depend on or involve any definite known change of tissue, as intermittent fever, epilepsy, hysteria, and the host of chronic ailments?

ARTICLE XXXIII.—*Erysipelas.* By F. A. LORD, M.D., of Sycamore, De Kalb Co., Ill.

(Med. Investigator.)

MY DEAR INVESTIGATOR: *Erysipelas* prevailed to a considerable extent in this region in the latter part of the winter and spring of 1864. The type was in general severe, and proved fatal in numerous instances, under allopathic treatment. Several of our most prominent citizens fell victims to its malignity.

I find on my list of patients, during that time, twenty well-marked cases, of which, (thinking it may be of interest to some of your readers,) I will give an account; without, however, claiming anything very remarkable in the cases themselves, or in the treatment.

All the cases, except nine, occurred in women upwards of

forty years old. Of the nine, three were women considerably under that age; three were middle-aged men; one an old man, and two were children.

In one of the women the right leg was affected from the thigh to the ankle, particularly about the knee and calf of the leg, with the variety styled *œdematodes*. In another woman, upwards of fifty years of age, the external manifestation of the disease commenced on the left breast and extended, by a band about five inches broad, under the arm and across the back, to the right shoulder blade. This was a most perfect specimen of the vesicular variety of erysipelas, the vesicles being very uniform in size, and distributed over the inflamed surface, averaging about the size of the half of a small pea. In one of the children the disease showed itself first in the perineum, and spread over the scrotum and anus, and about half of the nates on either side. The rest were all cases of either simple or vesicular erysipelas, or of both together, of the face, generally involving also some portion of the scalp. One case, however, of an old lady, presented all the varieties of simple vesicular, and phlegmonous erysipelas, on different portions of the face, head, and neck. The disease extended also down in front to the breast, involving about half the surface of one of the mammæ. This case I did not see until two physicians, an allopath and an eclectic, had given her up to die. The whole head and neck were enormously swollen, so that the features were not all distinguishable. No amount of manipulation could enable me to see the eyeballs. The nose was buried between the tumefied cheeks. The jaws could not be separated, and large abscesses were forming on either side in the submaxillary region. Of course, articulation was impossible, and deglutition, except of a few drops of liquid at a time. Respiration was also so much obstructed that she seemed in danger of suffocation. The lips and face were of a livid purplish hue—altogether a most hideous spectacle. One case terminated in abscess of the scalp, directly on the vertex. Two were followed by considerable, and one by entire loss of the hair. In the other cases there was nothing remarkable. The redness and swelling generally commenced on the nose, or one of the cheeks, and rapidly spread to the surrounding

parts. The extension of the inflammation was generally arrested in the course of the first and second days, and then rapidly subsided; and I recollect but one case where it continued to spread after the third day of treatment.

The premonitory symptoms were lassitude, pain in the head, back, and limbs, anorexia, white or yellowish coated tongue, and in some cases neuralgic pains darting through the face and side of the head. In several cases I was called on to prescribe for neuralgia of the face, and in a day or two after, was sent for to find the patient down with erysipelas. The pains complained of during the progress of the disease, in addition to the burning and stinging heat of the inflamed surfaces, were principally pains in the head and back. The fever was of an asthenic type—the bowels constipated, but becoming regular or somewhat relaxed, after specific treatment was commenced. Delirium occurred in no case that I treated. Slight wandering and muttering in sleep were not uncommon. The throat was somewhat affected in all.

The treatment in all the cases was Belladonna and Rhus., of each of which I put two or three drops of the second decimal tincture in a tea-cup two-thirds full of water, and directed teaspoonful-doses to be given alternately at intervals of an hour until the pains abated and the local inflammation ceased to spread; then lengthening the intervals to two or three hours. Externally I used in all these cases, a teaspoonful of tincture of Belladonna in a large bowl of soft water, to be applied by means of cloths wet in the wash, and frequently renewed. I found some advantage, I think, in putting a lump of ice in the bowl, the cold being very grateful to the patients. When abscesses appeared to be forming, warm fomentations or poultices were substituted. In the phlegmonous case I used Apis 3d dec., in rotation with the Belladonna and Rhus, and the improvement was rapid and really wonderful, considering the apparent hopelessness of the case, when it came into my hands. In the œdematous variety, Arsenicum was used with good effect.

I have great faith in the external application of the Belladonna. These cases were the first in which I had used it, and I am confident it was a powerful adjuvant in reducing the ex-

ternal inflammation, and preventing its spreading. The effects of this application upon the inflammation were less marked in the œdematous cases; but in this it was very agreeable to the patient, and seemed to allay the pain which streaked up and down the limb, reaching even to the hip and pelvis. The average duration of the cases was five or six days. No case was on my hands longer than a week, except those in which abscesses formed, requiring to be opened, and occupying some time in discharging and the subsequent healing. This last process was evidently hastened by injections of dilute *Calendula*. The only case it will be recollected, however, which I treated from the beginning, in which abscess formed, was the one where it formed in the scalp. All the cases recovered favorably, and much better than any cases in allopathic hands, of which I had any knowledge, several of which lasted from four to six weeks. The allopathic treatment consisted of (to use their own language,) "tonics" and "stimulants," with "laxatives," and the local application of nitrate of silver and Iodine.

ARTICLE XXXIV.—*Homœopathy in Europe.*

(*Med. Investigator.*)

WE are most happy to lay before our readers the following communication from Prof. A. E. Small:

MR. EDITOR: Knowing that a great interest is felt in the spread of homœopathy in Great Britain and other countries of Europe, I take this opportunity of furnishing your readers with such information as I have obtained during a brief visit abroad.

It may be stated in general terms that homœopathy is surely, though slowly, gaining favor in England, Scotland, Ireland, and France. In Liverpool there are eight registered physicians and surgeons, enjoying an extensive patronage, two excellent pharmacies, a large dispensary in Hardman-street, open every day for the reception of patients, from 8 until 10 o'clock in the morning. This is a charitable institution that has already dispensed its advantages to about 35,000 patients. In urgent cases, patients are visited at their own homes. The

class of persons who patronize homœopathy is by no means unworthy of consideration, being among the most intelligent, wealthy, and honorable in this part of England. I was informed by Messrs. Thompson & Kappee that admirers and patrons of homœopathic practice multiplied much faster than good and reliable homœopathic physicians to counsel them, and that as a consequence, the retail trade of the chemists to laymen was very greatly enhanced. Conversions among the old school doctors are of rare occurrence in England, because so many obstacles are thrown in the way by the obligations imposed upon them. Nevertheless, many have risen above the trammels of the old school faith and practice, having broken the fetters that bound them. Among these are the physicians of the Liverpool Dispensary.

We also visited a dispensary in Glasgow, under the management of Drs. J. and S. Cockburn. There are several physicians of our school in this city, doing a fine business. There are two excellent chemists or pharmacutists. The spread of homœopathy is by no means rapid, and yet it is all the while gaining in public favor.

In Edinburgh there are also several hom. physicians, among whom is Prof. Henderson, of Edinburgh University. He still retains his chair in that time-honored institution, notwithstanding it is so often denied by the allopathists of this country. In this city there is also a large, well-managed dispensary, under the care of Dr. A. Lynschinski. Mr. Pottage, 99 Paine-street, has a fine pharmacy, and is himself an excellent chemist. Dr. McDonald, member of Royal College of Physicians and professor of civic and natural history in the University of St. Andrews, is enrolled among the converts to homœopathy.

In Great Britain, the practice of homœopathy is rapidly coming into public favor. There were but seventy physicians of the homœopathic school in the United Kingdom in 1843, and now there are nearly five hundred. In London there are ninety-three, of these eighty are registered in accordance with an Act of Parliament, consequently homœopathic practice has a legal recognition in England. In London there is a capacious homœopathic hospital in Great Ormond-street it is

under the supervision of J. Rutherford Russell, M.D., aided by competent co-laborers in the institution.

There are also well-sustained hospitals at Bath, Birmingham, Manchester, and Doncaster. There are dispensaries for the treatment of the poor in Brighton, Bury, and West Suffolk, Birmingham, Cambridge, Cheltenham, Exeter, Guilford, Hastings, Leamington, Manchester, Salford, Newcastle, North Wilts, Plymouth, Devon, and Cornwall, Reading, Richmond, Taunton, Tunbridge Wells, Wolverhampton, and Stafford. All appear to be in a flourishing condition and well supported by free contributions. Besides these there is a lung infirmary at Manchester, and a sanitarium for children at Southport, near Liverpool. Homœopathic chemists are found in nearly all the principal towns in England. There are eighteen pharmacies in London, each doing a fine business. For the want of a sufficient number of well educated and talented physicians, domestic practice in preference to allopathy becomes a necessary resort, and this accounts for the amount of active trade of the pharmacies.

One of the most important documents bearing on the statistics of homœopathic practice was ordered to be printed by the House of Commons on the 21st of May, 1855. The report had reference to the management of Asiatic cholera under the rival systems. Dr. McLoughlin, the medical inspector of the General Board of Health, was appointed by the English government to inspect *all* hospitals in 1854. The doctor proved both loyal to his government and loyal to truth. His report was as follows:

Deaths under homœopathic treatment, (Asiatic cholera),	- - - - -	16.4 per-ct.
Deaths under allopathic treatment, (Asiatic cholera),	- - - - -	59.2 per-ct.

This report is rendered interesting to homœopathic practitioners because Dr. Paris, President of the Royal College of Physicians, and other members of the Medical Council, behaved unscrupulously when they found the statistics "dead against" old physic. Great fear seems to have taken possession of them, for they *suppressed the statistics from the homœopathic hospital*. This Dr. McLoughlin was an impartial inspector, him-

self an allopath. Lord Ebury, one of the Vice-Presidents, and Chairman of the Hospital Board, moved for the *suppressed* returns—the motion was agreed to by Parliament, when the above truth was elicited.

ARTICLE XXXV.—*Boletus-Laricis in Intermittent Fever.*

By WM. H. BURT, M.D., of Lyons, Iowa.

(Med. Investigator.)

CASE 9, intermittent fever: Type Quotidiana Duplex. In a large lymphatic woman; weight about 180 lbs.; aged thirty-nine. Nov. 4th. For the last five weeks has had the ague. At first it was a simple quotidian. Took Quinine, which broke it for four days, when it returned; took Quinine in massive doses, which checked it for one week. It returned two weeks since, in the form of a double quotidian. The chill comes on every day, at 10, A. M., and 5, P. M.

The chill lasts from one to two hours each time; hands and feet get icy cold, chills run up and down the spine, with severe pains in the head, back, and limbs; followed by high fever for three hours, and then profuse sweat. Tongue furred whitish-yellow, with large fissures in the tongue; flat, bitter taste; has had no appetite for five weeks; craves cold water all the time; bowels rather costive; has nausea during every chill, but no vomiting; very weak, can only sit up about one hour in the morning; great depression of spirits, cries during the whole examination; face very much jaundiced. Treatment: Ars. 2, every two hours, for three days. It produced constant nausea, and lessened the chills but aggravated the fever. I then determined to try the *Boletus* 1st, two grs. every two hours. Took two doses when the chills came on, she then ceased to take the medicine until 5, P. M. Took three doses, and then fell asleep. 8th. Says she is feeling a little better, continued treatment: 10, A. M., commenced to have a severe diarrhoea, an effect of the medicine; discontinued the powders until 5, P. M. The fever did not come on until 3, P. M.; had no chill; fever lasted three hours; perspired profusely all night; slept well for the first time in a number of weeks. 9th. Feel-

ing much better. Fever came on at 4, P. M., had no chill; fever lasted four hours; nausea all the evening; sweat all night. 10th. Feeling quite well. Had no more fever, but had night sweats for a week after. Convalescence was very slow; notwithstanding she had no more fever, it was three weeks before she felt perfectly well.

This case demonstrates the fact to us, that the *Boletus* is superior to our *greatest remedial* agents in the case of intermittents. I believe if I had not been acquainted with the therapeutic properties of the *Boletus*, I would have been compelled to treat this lady every few weeks for two or three months with our usual remedies.

CASE 10.—Intermittent fever: Type quotidian. Nov. 1st, Mrs. B., aged fifty-six. Temperament, nervous. Three weeks since had an abscess in her left ear, which made her quite sick for a week. Since then has had a fever every afternoon and night; feels chilly whenever she moves; walking produces nausea; does not perspire any; tongue coated white; loss of appetite; bowels loose; very restless at night, cannot sleep any; getting very weak, keeps her bed most of the time. Gave *Boletus-Laricis Americanæ*. Had the fever but one day after.

CASE 11.—Intermittent fever: Type quotidian. Nov. 11, Miss. E., aged twenty-six. Nervous hysterical temperament. For the last three weeks has been feeling weak and languid; bowels very costive; stools almost white; urine very scanty and high colored; no appetite; face, white of the eyes, and whole body could not be more yellow, I never saw a worse case of Jaundice. One week since had a chill at noon, followed by high fever and profuse perspiration at night; since then, the chill has come on every day, lasting about one hour each time; each day the chill is a little earlier; head and back (dorsal region), and all her bones ache severely, day and night; great disposition to yawn; wants to drink a great deal of water during the chill; nausea and vomiting during the chill. The chill is followed by high fever all day and profuse sour perspiration all night that turns her linen very yellow; tongue coated thickly yellow; bitter taste; perfect loss of appetite; cannot bear the least pressure over the stomach or liver; a

full inspiration produces sharp pains in the region of the right lobe of the liver, feeling as if she had been pounded all over; very weak, has to keep her bed all the time: extremely nervous, has one or two spells of laughing and crying every day. Treatment: Gave Boletus 1st, two grs. every two hours; commenced taking the medicine at 7, A. M.; noon, the paroxysm came on as usual. 12th. Says she did not sleep any, but had her inevitable laughing and and crying fit; had no chill or fever to-day. 13th, says she is feeling better; slept a little, but sweat profusely all night; her linen is very yellow. 14th, feeling much better; tongue is commencing to clean off; has a little appetite; sweat profusely all night; that great soreness is about gone; can bear quite hard pressure over the stomach and liver; sat up for four hours to-day. I continued the same remedy every four hours for ten days, for the jaundice, when she thought she was well, but her bowels still remained costive; the night sweats remaining five nights after the fever left. The fourteenth day she awoke with a headache, and feeling quite bad; 2, P. M., she had a chill for half an hour, with violent nausea and vomiting, followed by high fever for three hours; the vomiting continued every few minutes during the chill and fever; sweat at night; I gave the Boletus again; next day had a slight paroxysm in the afternoon, followed by perspiration at night; she became quite yellow again; continued the remedy for seven days, when she was discharged cured; having had but the two paroxysms the second time.

This case shows us the great power that the Boletus has over functional diseases of the liver. The hepatic cells had become so much exhausted from the effects of the paludal malaria that they could not perform their functions, which was plainly shown by the retention of biliary matters in the blood and congestion of the liver.

CASE 12. Intermittent fever: Type quotidian. Nov. 24, Jennie, aged eight. Nervous temperament. Five days since, in the morning, complained of great pain in the stomach, followed by headache and fever all day; since then has had slight chills followed by high fever every day; the paroxysm comes on every day a little later, now the chills commence

at 4, P. M., last about half an hour, followed by high fever all night, but no perspiration; wants to drink a good deal of water during the fever; loss of appetite; tongue not coated; bowels regular; very weak and pale; keeps her bed most of the time, and complains most bitterly of her head and stomach hurting her. Gave *Boletus* 2, every two hours. 25th, had a slight paroxysm, which was the last. Convalescence was very rapid.

CASE 13. Intermittent fever: Type quotidian. Dec. 10, Mr. D. aged thirty-five. Sanguine temperament. Five days since had a severe chill at 11, A. M., lasting three hours, with violent pains in the head, back, and limbs, followed by high fever that lasted all night, with bitter taste in the mouth, loss of appetite, &c., next day the chill came on at 10, A. M., with same symptoms; was away from home and had to walk ten miles to get home; it rained, and he received a thorough wetting; the third day, in addition to his ague, he was attacked with pneumonia, which added greatly to his sufferings. I found the right lung slightly inflamed with a constant dry cough; a full inspiration, producing sharp pain in the right side, showing that the pleura was also affected; when the chill and fever came on, the cough was very much aggravated. The inflammation kept up the fever all the time, consequently he did not perspire any; during the night he could not sleep any, but was very delirious, mind wandering constantly; bowels costive. Treatment: Gave Phos. and *Boletus* in alternation every hour. 11. Had a slight chill and fever in the afternoon. 12. Feeling much better, had no chill or fever today, but his cough is very troublesome. Gave Bry. and Phos. for four days, when he was discharged, a convalescent.

CASE 14. Intermittent fever: Type quotidian. Little Flora, aged eight months. Dec. 13. Was called in the night to see her, and found the following symptoms: Has not been feeling well for two weeks; is cutting her two upper incisors; has had a severe diarrhoea; last night had quite a hard fever all night, but appeared quite bright through the day. 6, P. M., Commenced to have fever with very rapid respiration, and a frequent hacking cough. 11, P. M., Pulse 140, hard and full; has had one hard spasm, lasting about ten minutes; has constant twitching of the muscles of the mouth and arms; ap-

pears stupid; I diagnosed congestion of the lungs, aggravated by teething; gave Aconite through the night. 14th. Appears much better, but slight fever, coughs a great deal; gave Bell.; night the fever became very high again; constant twitching of the muscles of the face and arms; respiration exceedingly rapid; bowels very loose. Gave Verat.-vir. 15th. Slept but little through the night, but now, 8, A. M., sleeping quietly; does not cough any; fever very slight; I began to suspect that it was intermittent fever the child had, and urged her mother to watch her closely, to see if she had a chill. I put her on half grs. doses of Boletus 1st, every two hours. 16th. Had a comfortable day, but 6, P. M., fever came on again and appeared as hard as usual. Morning I found her in a profuse perspiration; the first time she had been discovered in a sweat since she was sick; continued the Boletus through the day; had no fever. 18th. Appears quite well; continued the Boletus every three hours for two days, when she was discharged cured.

ARTICLE XXXVI.—*Ipecacuanha: A Pharmacological Study.*

By RICHARD HUGHES, M.R.C.S. L.R.C.P. Ed. (Exam.)

(Brit. Jour. Hom.)

THE proving of a medicine upon the healthy body is, even within the limits of pharmacology, only a means to an end. That end is, first, to ascertain what organs, and what functions of organs are affected by the drug in question; and secondly, to define the peculiar kind of morbid modification induced by it therein.

Since pathogenesis, then, is not an end, but a means, it follows that it is at least not impossible to reach the end by other means. One of these other means is the *usus in morbis*. I am not speaking now of the direct therapeutic value of practical experience, but of its bearing upon the science of pharmacology. If it be observed that a certain drug uniformly exacts a curative influence upon a well-defined type of disease, and if that influence is not to be accounted for by any physical or chemical properties of the drug, we say that the remedy is "specific." To a pharmacologist of the old school, "specific"

means incomprehensible; and his use of the term indicates that his knowledge has terminated in ignorance at this point. But we find him also using the word "specific" to express that special affinity for certain parts, and special action upon certain processes of the organism which is manifested by all medicines, however introduced into the system. He might fairly extend this meaning of the term into the province of therapeutics; and when a remedy acts "specifically," infer that the cure depends upon the affinity of the drug for the organ whose structure or function is affected. To such an inference, homœopathy adds another, viz., that the kind of morbid action present in the disease cured is that which is characteristic of the pathogenetic influence of the medicine.

If, then, we know that a definite morbid condition has been over and over again removed by a given drug incapable of exerting any mechanical or chemical influence upon it, we are justified in inferring, that the drug in question acts by special affinity upon the parts involved in the disease, and in a similar manner. Thus, we know that Belladonna causes heat, dryness, and redness of the throat; and we infer that it acts specifically upon the mucous membrane of the fauces, and after the manner known as inflammatory irritation. But if, prior to such knowledge, a number of cases had been put on record in which Belladonna had cured an inflamed throat so characterized, we should have been justified in drawing the same inference as that which now results from our pathogenetic experience.

I believe this to be the true way in which conclusions may be so drawn *ex usu in morbis* as to claim for themselves a place in a pure materia medica. Perhaps the grounds for the inference are rather less certain than those of pathogenetic experiment; but the danger of mistaking the *post hoc* for the *propter hoc* obtains in both modes of investigation. The greatest satisfaction will be felt when, from both kinds of experience, pathogenetic and therapeutic, the same testimony arises; when the one supplies the gaps of the other with facts which point to the same conclusion.

I propose to illustrate these principles by a study of Ipecacuanha; a drug in many respects peculiarly fitted to the purpose.

Reviewing first our pathogenetic knowledge, we find, that when Ipecacuanha is introduced in any quantity into the stomach, it excites very decided vomiting. That it produces this effect by specific action appears from vomiting being set up when the drug is introduced through other channels into the system. Again, it would seem that the primary emetic impression is made upon the mucous membrane of the stomach, for a slight but decided irritation of this tissue is always present when a large quantity of the drug has been introduced into the organism. Lastly, the excitation which results in the complex process, known as vomiting, is conveyed to the nervous centre through the vagi, for, when these nerves are divided, no gastric irritation produced by Ipecacuanha or any other drug will have an emetic effect.

The action of Ipecacuanha in this sphere may accordingly be thus defined: a moderate inflammatory irritation of a mucous surface, resulting, through a reflex excitation conveyed by the incident nerves of the part, in vigorous muscular action of an expulsive character. The curative action of Ipecacuanha in this sphere is of a precisely similar nature. It is of little value when the mucous membrane itself is solely in fault, and the persistent nausea is a more prominent symptom than the occasional vomiting (Pulsatilla, Antimonium-crudum). It does little or nothing for the vomiting of true gastritis (Arsenicum), or for the sympathetic sickness of cancer, phthisis, diphtheria, and such like diseases, where the stomach is not primarily affected (Kreasote). But it is almost certainly curative in gastric cases where, without any serious affection of the mucous membrane, there is frequent retching and vomiting.

The following case will illustrate its action in affections of this kind. Being taken from the records of our dispensary, the notes of the case are necessarily brief and fragmentary.

“August 19th, 1864.—Mrs. F—, aged thirty-nine. Lost her appetite nine months ago, without assignable cause; then followed vomiting of all food, with great debility. The bowels are much relaxed; the catamenia regular. Finding also some smarting of the eyes, I suspected that arsenical influence might be at work here, and desired her to bring me some of

her wall-paper, which was green. In the mean time I prescribed—

“Ipecacuanha, 1st dilution, a drop three times a day for six days.

“Aug. 26th.—The vomiting has ceased, and she feels much better. (I had examined the green paper, and found it non-arsenical.) Repeat.

“Sept. 2d.—No vomiting; gaining strength. Continue.

“She took the Ipecacuanha for a fortnight more; and then Sacch.-lact. for three weeks, that I might keep her under observation. The symptoms all subsided; and she became quite well.”

Turning now to the respiratory organs, we find a group of symptoms produced by Ipecacuanha, which, though somewhat idiosyncratic, are yet sufficiently common to be regarded as characteristic of the drug. There are many persons who cannot remain in a room where Ipecacuanha is being powdered without feeling its influence upon their respiratory organs. Sometimes the ophthalmic and nasal membranes are most affected, the eyes are reddened, smart, and water, there is copious defluxion from the nose, with incessant sneezing. More commonly, the influence is felt lower down; there is extreme dyspnoea, wheezing, and cough, ending in profuse mucous expectoration.

It is evident that our former definition of the action of Ipecacuanha will hold good here also. Again we have a moderate inflammatory irritation of a mucous surface connected with muscular efforts of an expulsive character; and these latter quite disproportionate to the amount of mucous irritation, and pointing to an involvement of the extremities of the incident nerves in the morbid process. In the same direction point all the results of clinical experience. I do not know if Ipecacuanha has been much used in *hay-fever*. It is a malady unknown in Brighton; but it ought to be exceedingly useful against this complaint; and also in ordinary catarrhs where excessive sneezing is the prominent symptom. In *whooping-cough*, however, it is a remedy of tried value; and whooping-cough realizes precisely the morbid condition characteristic of our drug. That there is some catarrhal irritation of the air

passages is certain; but the violent expulsive effort of the cough is out of all proportion thereto. An almost identical account may be given of asthma, for which disease Ipecacuanha has a high reputation as a remedy. The kind of asthma for which Ipecacuanha should be curative is that connected with bronchial or gastric irritation. Lastly, we have Teste's high commendation of Ipecacuanha, in alternation with Bryonia, in the treatment of *croup*. Croup, as is shown by Dr. Elb in his excellent paper in the tenth volume of this Journal, is truly a "neuro-phlogosis." There is a spasmodic as well as an inflammatory element in it. Since the Bryonia, according to the researches of Dr. Curie, is capable of setting up membranous inflammation of the respiratory tract, its share in Teste's prescription must be the extinguishing of the phlogosis, leaving to Ipecacuanha the dealing with the characteristic neurosis.

We often meet with cases in which a spasmodic cough with mucous expectoration is accompanied with retching and mucous vomiting. In such cases Ipecacuanha is doubly, and if dyspnoea be added, trebly indicated; and will rarely fail to render essential service. The following case will exhibit its power to relieve, though the permanency of the cure cannot yet be asserted.

"November 15th, 1864.—Elizabeth S—, aged thirty-eight. Has suffered for some time with cough, accompanied by retching; there is much mucous expectoration, and considerable dyspnoea.

"Ipecacuanha, 12th, 6th, and 3d, dilutions, in succession, of each a drop three times a day, for two days.

"22d.—There is much less retching. Repeat, in the third decimal dilution, for six days.

"29th.—Continues better, but has an attack of lumbago. Rhus 3, four times a day.

"December 6th.—The lumbago well, and the cough with its accompanying symptoms nearly gone."

Ipecacuanha has a high allopathic reputation in the treatment of dysentery. Hahnemann, as is well known, objects to its being considered a remedy for this disease, since its pathogenic action is limited to the production of simple diarrhoea.

But it is impossible to suppose that the "radix anti-dysenterica" has obtained its reputation upon no ground whatever, while its mode of action, when curative, can hardly be chemical or physical, or other than dynamic. And when we consider what dysentery is, we find that one of its most characteristic symptoms is identical with that for which in other parts of the body *Ipecacuanha* has been seen to be the remedy. I speak of the *tenesmus*. This is a violent and recurring expulsive action, not necessarily proportionate to the amount of irritation present on the mucous surface. When such muscular actions are known as cough or vomiting, the indication for *Ipecacuanha* is plain. It is no less so, even in the absence of pathogenetic analogy, when it is called *tenesmus* and takes place at the lower bowel. Only here, as in croup, the amount of mucous irritation is generally too great to be overcome by *Ipecacuanha* alone. As there *Teste* alternates it with *Bryonia*, so here it usually requires to be supplemented by *Mercurius-corrosivus*.

There is another element in dysentery which *Hahnemann* himself admits may be overcome by *Ipecacuanha*—"It is capable," he says, "of diminishing the quantity of blood." The power of *Ipecacuanha* over hæmorrhage is very curious, but undoubted. In intestinal hæmorrhage I have hardly ever known it fail; and in hæmoptysis, menorrhagia, and hæmatemesis, it holds a high rank as a remedy. I know of nothing in the pathogenesis of the drug which shows it to be homœopathic to these maladies; nor does the curative action seem to bear any relation to that already described as characteristic of the drug. So that while the practical fact remains for our edification, the theoretical explanation is at present impossible.

I have found most benefit from *Ipecacuanha* in the dilutions from the first to the third (decimal). In doses of one or two drops of the mother tincture it is an excellent and harmless way of restoring an absent appetite.

ARTICLE XXXVII.—*Medical Reform and Medical Monopoly in the Army.* Delivered by T. P. WILSON, M.D., Professor of Anatomy and Physiology, Cleveland Homœopathic College.

CIVILIZATION touches with her magic wand every department of human society. Every nation blessed with her presence feels her genial and vivifying influence in its sciences, in its arts, and in its religion. War, though largely composed of a barbaric element, is a great promoter of true civilization. Water tossed by tempests may be turbid for awhile, but it cannot stagnate. Trees shaken by the winds may look ruffled for a time, but they take deeper root, and shoot out stronger branches, and bear better fruit. So, out of the contesting elements of this great national conflict, will inevitably spring some of the grandest developments of human progress. Only yesterday we had no navy, and to-day our monitors are models for the world; and they stand ready, either singly or combined, to sink the vast and costly fleet of armed vessels of the whole world. We never had a standing army, (except once on the Potomac,) yet to-day the measured tread of our veteran legions wakes a thrill of terror in the hearts of transatlantic thrones.

No man can doubt, that out of this magnificent yet melancholy war, the American people will rise ere long, more intelligent and invincible than they have been in the past. Indeed, we may truthfully say, that our success in fighting the battles of our country, will be the measure of our future glory; and our power to overcome our enemies will depend solely upon the extent to which we bring the elements of our civilization to bear in aid of the contest. A new order of things demands new and better agencies; and we must tax to the utmost our intelligence, and our abilities, to create new means. To go to war with the plans and instruments of revolutionary times, is so absurd that no man for a moment harbors the thought of it. And yet that we are guilty of just this crime, (for such I may call it,) it is the purpose of this article to show.

Our war for the Union demands principally of our civilization the highest possible development of two of its great elements, namely: *Mechanical ingenuity* and *medical skill*. The

army we have put into the field asks of the Government, as before all other needs, that it thoroughly arms the well, and successfully treats the sick. Every soldier knows that in every war the world ever saw, ten fall by the effects of disease where one is slain on the battle field. And he more fears the hospital than the attack of the enemy. And when the patriotic soldier brings the offering of himself to the altar of his country, he only asks that his guns may be rifled, and his boats iron clad; and he will stand up unflinchingly to the assault, until victory or death is won. And he couples to that modest request the earnest prayer, that the sanitary regulations of the camp; and the medical treatment of the hospitals, shall, correspondingly with the instruments of war that he uses, be the result of the most enlightened efforts and teachings of our boasted civilization.

Now let me ask every candid mind to contemplate the record of the transactions of the medical department of our army for the past three years. When the war first broke out, the adherents of the allopathic school of medicine were in possession of every official position on the medical staff. And it is well known to the public how they at once barred the door, and suffered under no pretext whatever, the admission of adherents of other medical schools. No matter how well qualified a candidate might be, if he did not hold a diploma from an allopathic college, and continue to swear by the god of cathartics, and the god of diuretics, and the god of antiphlogistics, if he would not bow down and worship Opium, and Calomel, and the lancet, he was, without judge or jury, set aside. Thus arrogating to themselves all medical wisdom, and assuming with unblushing effrontery all medical responsibilities, they have enjoyed full control of the medical and sanitary departments of the great Union army. And the record that has been made by their army surgeons during the past three years is a lasting inheritance that no school of medicine could for a moment stand under, except one whose mortality list runs back for more than a thousand years. Ask of the feeble convalescent soldiers that are to be found along all our streets, how well the medical department has answered their need. You will find multitudes of them, thoroughly disgusted with the treatment they have

been subjected to. And they have escaped the hated hospital, and sought their homes, in order that they might get within reach of something more humane and scientific than the nauseating compounds they have been forced from day to day to swallow. Not only so, but a number of able-bodied men stand ready to-day to enlist in their country's service, if they could only feel themselves safe in hours of sickness—if they did not dread more the attack of the surgeon than the attack of disease.

It is indeed a melancholy fact, that while the best mechanical skill that our civilization possesses, has been made tributary to the production of the best instruments of war, the best medical skill and science of the country have been privileged to contribute but a moiety of good, for the benefit of our suffering soldiery. We speak now, not of any surgical practice, but of medical treatment proper. And we do fearlessly affirm, that much of our army hospital practice shows no advance beyond fifty years ago. Men who strut about camp with the cabalistic M. S. upon their shoulder straps, are using the same agencies, upon the same general plan that were used in the days of the Revolution. True, our civilization has developed vastly better medical agencies, but they are not allowed to be brought in and applied. At one time, the General-in-Chief of our army ask for their introduction. Almost all the officers of a whole brigade in the West have petitioned for them, but they have been flatly refused; and we stand to-day with no advance, except in isolated cases.

Just why one school of medicine should assume to monopolize this department, none but the partizans of that school can see. Are the soldiers, when at home, all the patrons of allopathy? Do allopaths pay all the taxes of the country? Are there any peculiar guarantees to the allopathic school in the constitution or laws of the country? Such questions as these are being pressed home upon the Government; and we rejoice to know that the sufferings in our army are creating in the public mind a strong reactionary tide towards a more refined and successful method of medical practice for the army as well as for the people.

It might be well under a monarchy to say, that the govern-

ment is carrying on a war; but in a republic like ours, it is the people who are the authors and agents of war. The Government is but the machinery the people use. The executive, legislative, and judicial branches of the Government are but the agents, controlled, not by their own impulses, but by the constituency they represent. It is the people who set on foot and maintain all governmental transactions, whether they be peaceful or warlike. It is the great mass of individuals composing the citizens of the nation who, in this war, lay down the only true plans of conducting the campaigns. And it is they who furnish not only the plans, but the means, in rich and countless abundance. Having done this much, they hesitate not for a moment to assume the garb and office of a soldier, and go forth armed upon the battle field, to see that the plans are properly executed, and the means not prodigally wasted. War is emphatically the people's work; and that it may be swiftly and successfully terminated, every department of science and art is thrown open to competition. Quickened by a laudable ambition to excel their fellows, and benefit their country, every man deems it the highest joy to contribute the best of his possessions to the great cause of war; and the Government, as the voice of the people, says to the citizens, "the prize-lists are open, gentlemen. If you want promotion, get it by heroic action on the field of battle. If you want lasting renown, seek it in victory or death at the cannon's mouth. And if you cannot fight, perhaps you can invent. And if you will make the best iron clad boats, we will use them. If you will make the best muskets, rifles, and pistols, you shall have our orders for the same. If you can invent a better article of light artillery, or siege gun, or a more destructive ball or shell, you shall have our unlimited patronage." Now it is under just such a stimulus as this that the American people have achieved the work of a century in a year. Breaking down the conservative barriers of the past, they have stepped boldly forward upon a new field, and by new and untried agencies, have placed themselves far in advance of the nations of the old world.

Now if this freedom of competition had prevailed as a rule in every department of the army, then certainly no men, or

class of men, could possibly in justice complain if they found themselves wanting in success and patronage. But it is our painful duty to declare, that while the largest liberty and the most valuable privileges have been extended to competitors in rank and file, and in shop and field, yet in the medical department the most bigoted and arrogant system of monopoly has prevailed, to the lasting injury of our army, and disgrace of our country.

If it be true that this war is of, and by, and for the people, then no class of persons can, on any just grounds, be excluded from bringing their sacrifice to the common altar of the country, and making there an offering of the means and the fruits of their abilities for the good of all. The medical arm of the service is unquestionably a most important agent in carrying on the war. And to the end that it may be fully developed and applied, the medical profession of the country is called upon to come forward and render efficient service. A knowledge of surgical art, and an ability to treat disease, is all the army and the people require; and men of that stamp are to be found in every section of the country, men who, by years of devotion to their profession, have achieved great professional excellence, and in many cases enviable renown. And they are by no means the graduates of any one medical college, or any one class of colleges. The homœopathic, eclectic, and allopathic colleges, chartered alike under the laws of various states, have each sent out their representative men, and they are found everywhere wielding the scalpel, and applying their remedies, with more or less success. In every community they have been placed side by side, they have commanded an equal patronage. Or, in other words, the allopathic physicians have found themselves under the necessity of yielding a large portion of their practice into the hands of the ardent and successful adherents of the homœopathic and eclectic schools. Now these are the men whose services are of incalculable value to our army. The various communities in which they practice, have sent large delegations to the camp, and they say to the patriotic physician, "come, give us your aid, for our needs in the hospital are as great as in camp or field."

Look, now, at the shameless arrogance of one of these medical schools. The representatives of that school seize at once upon every official position, and then issue an edict making an outlaw of every medical man in the country, except the men of their peculiar faith; and so far no man, not supposed to be an allopathist, has been allowed to hold a commission on the medical staff. The wants of the army have been great. Many a poor soldier, wounded in action, has laid three days with his wounds undressed, maggots have taken possession of the wounds long before the surgeon. Thousands in the hospital have suffered more than death, over and again, for want of competent medical and surgical treatment, not because the men were not to be found who were willing and able to meet this want, but because a medical dog-in-the-manger policy ruled the day. Men who were not allopaths, no matter how well qualified, were refused the privilege of working, even gratuitously, for the suffering soldiers. And then these men, guilty of this great crime, not daring to meet the responsibility of such acts, have basely charged it upon the Government. They have sought to escape the just indignation of an intelligent public by the plea of legal right, when no such legal right existed. Thus has an ignoble partizan spirit stood up, and for mere selfish ends monopolized the duties and received the rewards of the medical department of the army. And this they have done, though they stood between the soldier and his needed good, between the country and its welfare.

How long such an unwarranted medical monopoly shall curse the army, we surely do not know, but we hopefully pray that our Government, in answer to the many petitions and prayers of the people, will soon give the representatives of the several medical schools of the land equal rights and privileges in the army. For surely the Government should not be behind the people in accepting the benefit of a true medical reform.

ARTICLE XXXVIII.—*Morphine in Heroic Doses.* By DR.
GROMEL.

(American Homœopathic Observer.)

DURING the afternoon of the 15th of January, 1864, a Mrs. Catharine Gardiner, a widow, aged thirty-eight, living in Bridge-street, called on me, and, after stating the following history, asked my assistance. She said that in October, 1864, she had an attack of *gastritis*, induced by she knew not what. Vomiting and pain were excessive, and seemed to baffle all the efforts of the physician in attendance to even palliate her sufferings, until he, as usual in such an emergency, had recourse to Morphine. This agent quieting her, the physician continued its prescription for several days, until she, ascertaining that it was the sole remedy given her, discharged him and procured the salt herself. Four or five days elapsed, when she, though much enfeebled, was enabled to leave her bed; but she soon found that if she discontinued the Morphine the pain in the stomach soon returned with vomiting. Thus it ran on until weeks lengthened into months, and months into years! The pain in the stomach was hushed, but anomalous aches in body and limbs was nature's growing protest and warning. Larger daily quantities became necessary, until nine or ten grains per day became the usual dose for over eight years.

Believing that she was gifted in a pre-eminent degree with the spirit of exaggeration, I called on her druggist, Mr. Ernest Burgess, doing business on Fourth-street, in Logansport, Indiana, and who attested the truth of the history. Her menses had disappeared now about seven years. She essayed many times to crush the habit, but the consequence of breaking away from it appeared so hazardous, that she dared not persist, especially as her "regular" physicians warned her of unknown dangers resulting. Her fear of consequences, it would appear, was drowned in apprehensions of a rise in the cost of the drug, for at the first intimation of such an event she called on me. On review, the diagnosis seemed clear,—the prognosis not quite so transparent. Her thin, dark, nervous face turned towards me, assured me much trial and perplexity

in the management of the case. Not despairing, and with her promise of implicit obedience, I assumed the case. Believing that a remedy which would have been homœopathic to the original disease, and which was now lying smothered and only half controlled, ready to flash out when that control ceased, was the remedy indicated. I exhibited *Arsenicum alb. 2d*, a powder every two hours, and bade her take two-thirds of the usual dose, or seven grains of Morphine per day. On the 17th she returned, looking badly, complaining of pain in the stomach, "and all over." Repeated the same prescription, and bade her take one-half the daily quantity of Morphine. Saw her again on the 20th, when she came in only to tell me that she had returned to the old habit, not being able to endure the pain, which was not confined to the stomach alone, but which darted through every joint and along the limbs. Thirst was also excessive. Still desiring a "cure," I determined to precipitate matters and risk the consequences. Requesting her to give up the Morphine at once, *Arsenicum 2d* and *Bry. 2d* was given to her to be taken in alternation every hour. The *Bryonia* was for the symptoms she spoke of as occurring last. The object in taking away the Morphine at once was to get her confined to her bed, where she might be held manageable, and the resulting changes treated. About 10 o'clock next day she sent a messenger with word that she was dying. Found her in high fever, pulse strong and full; violent vomiting of greenish matter; face dark red; knees drawn up; cramps in calves of leg and in both arms; stomach and whole abdomen tender even on pressure of bed clothes. The tongue was coated white in centre, with sharply defined margins at the red edges. She prayed and begged for some Morphine, "just a little on the tongue," which was refused. Same prescription in water, two teaspoonsful every twenty minutes, in alternation. Called in the evening and found the patient worse, delirium supervening, but continued same remedies. On 22d, patient no better, tongue dry and brownish, vomiting ceased, conjunctival congested, still delirious, bowels tympanitic. No changes of remedies. Added hot fomentations. Two dejections from bowels for first time since taken to her bed.

Wakened after midnight by the disagreeable message that she was very much worse. Hurried around to see, and found her, as I thought, rapidly sinking. Visions of the inutility of trying experiments arose before me, and I saw the propriety of "letting well enough alone." My patient had just recovered from a chill, and the cold perspiration stood upon her brow in large beads! Consciousness had returned, the limbs were relaxed, and pain much lessened. The pulse, as may be supposed, was rapid and weak, and would at times intermit. The pallid, pinched face, and general expression of the case was not a happy one. Watched her for a few minutes and could scarcely put aside the temptation to return to the Morphine, a vial of which I had already drawn from my pocket. Determined that the treatment should not halt at this stage, I gave her four drops of the 1st of Camphor—for the above symptoms—in a teaspoonful of water, in alternation with three drops of the German tincture of Aconite, 3d dilution,—I scarcely knew why—in a teaspoonful of water, remedies alternated every fifteen minutes. In an hour and a half signs of a decided reaction commencing, I quitted her for the night, ordering three-quarters to an hour's interval between the administration of the remedies, as the patient improved.

23d. This morning my patient is doing beautifully. No vomiting, no cramps, not much tenderness of abdomen, but little fever; pains much easier; has a short, hacking, irritative cough—just such as *Sticta* would remove—and is lying on her left side and the saliva is running from her mouth in a perfect stream. The basin into which it flowed—an ordinary tin wash basin—was a little more than filled during the next twenty-four hours. Gave her my congratulations and *Mercurius-vivus* 2d, a powder every hour. Offered her some Morphine next day, but she was extremely disgusted at its mere mention. On the 26th she sat up a portion of the day, but was quite feeble for some days longer. Within six weeks after her menses returned, and within six months married and moved away, forgetting to pay my bill.

ARTICLE XXXIX.—*Problem in Organic Life.* By F. VAN-
DERBURGH, M.D.

THE centre *is* as the circumference of its relations.

This problem holds equally good in inorganic matter as in organic life. The sun, with all its satellites, is the centre of the circumference of its relations. If in *organic life* we elevate the vital forces of the reproductive organs to their standard relations with the stomach and the two hemispheres of the brain, we have in these three focal centres the standing animus of the whole being. The stomach, with its eccentric axes and rotary force, (which an emetico-cathartic, proves to be centrifugal in both directions), is the radiating centre of these two vital forces, receiving their reflex actions in return, and at the point of equilibrium the primary force is receiving as many sensations from its two satellites as it sends off from its own centre.

Here we may take our stand-point in organic life, as this *centre* so is the circumference of its relations.

This statement is so simple that it may be carried in the mind of any physician, and used at the bed-side of his patients. But as all these points differ in their rates of motion, it requires to be studied to be understood.

A slight morbid condition of the stomach may be in direct relation with a reflex action of the reproductive organs in both sections, and a passive abnormal condition of the stomach may be attended with a congestion of the brain.

This little problem was read before the Medical Society in the city of New-York two years ago. It has been a guiding-star in my practice for many years, and I recommend it to young beginners who are just assuming the gravest responsibilities of human life.

ARTICLE XL.—*Uterine Polypus.* By Dr. DRUMMOND.

(Hom. Observer.)

MRS. J——, the wife of a clergyman, came under treatment in the spring of last year. For many months she had suffered from severe and repeated hæmorrhage from the uterus. Sh

had been married nine years, and had had two children, the youngest aged six; since then she had not been pregnant. The discharge first occurred at intervals of two or three weeks, and was regarded as a simple irregularity of the menstrual period, and for which no advice was sought. Feeling, however, weakened by the repeated drain, she placed herself under medical treatment, and took Quinine and iron during the intervals, and Sulphuric-acid and Opium when the floodings recurred. She persisted in this treatment for some months, but she derived no benefit from it, the floodings became more frequent, of longer duration, and of a more alarming character. By the advice of her friends, she determined to try homœopathy, and she placed herself under my care. I found her exceedingly feeble, weak, fluttering pulse, anæmic appearance; tongue, gums, and lips pale and almost bloodless; palpitation after the slightest effort, and a flow of blood occurring, with pain in the loins and hips, every two or three days. She would not consent to be examined, and I gave her *Sabina* and *Ruta* alternately every two hours. These medicines for a time appeared to restrain the hæmorrhage, but it recurred during the next fortnight, and was not affected by them. *Crocus* and *Secale* were then ordered, but without avail. I very decidedly pointed out to her the necessity of an examination, and she allowed me to make one. I found the os uteri dilated, and embracing a fleshy substance, which I at once believed to be a polypus, and I determined the next day to make a more minute examination, and, if possible, remove the growth. In the meantime I ordered her to take an infusion of a drachm of *Secale* in eight ounces of water, in ounce-doses every two hours. The next morning I found she had suffered severely all night with pains which she compared to those of labor, and which had been attended by gushes of hæmorrhage, leaving her very much exhausted and faint. I placed her in the ordinary position on the left side, introduced the speculum, and found that a polypus about the size of a walnut, and hanging by a small pedicle from the interior of the cervix, had descended into the vagina. I seized this with forceps without difficulty, and by a few twists broke the pedicle, and removed it. She suffered no pain, and was

not conscious that I was doing anything beyond making an examination. For a few days she complained of bearing-down pains, and during this period she remained in bed, and took *Platina* and *Sepia*. The hæmorrhage never recurred; she rapidly regained health and strength, and has since continued in the full enjoyment of health.

REMARKS.—This case is reported to show how very easily the source of a very serious disease may be removed, when its cause is accurately determined. There is nothing marvelous about it; the operation could have been performed by the youngest tyro in medicine, and yet a continued cause of ill-health and suffering was removed by the procedure. To a specialist in uterine therapeutics the case offers no interesting feature, but perhaps a young practitioner who is baffled with a case of uterine hæmorrhage, which does not yield to treatment, may be induced to use the speculum, and may find the cause of his non-success.

ARTICLE XLI.—*Cerebro-Spinal Meningitis in Germany.*

ANOTHER epidemic of a more severe character than the Russian relapsing fever, has visited some parts of Germany, in the form of cerebro-spinal meningitis. We derive the following account of this disease from a contemporary:—"Epidemic cerebro-spinal meningitis first appeared in Geneva in 1805. A somewhat more extended epidemic occurred from 1837 to 1842, in the south of France, and another also in France from 1846 to 1849. It then appeared in certain places in Southern Italy and Sicily, where it was called "tifo apoplettico;" in Algiers, in the United States, in Gibraltar, in Denmark, and Sweden, and in some workhouses in Dublin, Belfast, and Edinburgh (1846). In 1859 it again broke out in Norway, and in 1860 amongst the Dutch troops stationed at Arnheim. At present we have rather alarming accounts of it from the eastern provinces of Prussia, and also from Hesse, Brunswick, and Hanover. The average mortality is from 50 to 60 per cent., and death is preceded by terrible sufferings.

The disease consists of purulent inflammation of the pia

mater of the brain and spinal cord. In some cases there are premonitory symptoms, such as vertigo, headache, weakness, stiffness in the muscles of the neck, and occasional chills; but in others the disease begins quite suddenly with delirium and convulsions, and death ensues within twenty-four hours. In the majority of cases, however, the symptoms are as follows:—A severe rigor set in towards night, followed by intense heat; the patients complain of severe headache, and vomit freely. Then there is a feeling of tension in the nape of the neck, great restlessness, tremor, especially of the extremities, and considerable hyperæsthesia of the skin, so that the merest touch makes the patients scream. They have the appearance of drunken men, with glazed eyes, reddened conjunctiva, contracted pupils; the pulse is sometimes accelerated, sometimes normal. After this condition has lasted for a few hours, tetanic spasms of the trapezius and other muscles of the nape of the neck set in, the head being sometimes placed in a right angle to the trunk. Tetanic convulsions of the extremities occasionally follow, accompanied with delirium, which is succeeded by sopor and coma. The vomiting continues, and in the intervals of consciousness the patients complain of violent pain in the head and stomach.

This stage of the distemper generally lasts from twenty-four to thirty-six hours, and is succeeded by one of depression and prostration. The patients do not answer questions, are lying on the back in a state of torpor, the extremities tremble, the pulse is very much retarded, the skin cool, the face pale, the pupils dilated; tetanus in the muscles of the neck and back continues, and eruptions of various kinds take place on the skin. Sometimes these resemble measles, at other times scarlet rash, or erysipelas, and herpes, the latter being chiefly observed in the face. The coma increases, there is ptosis, strabismus, paraplegia, intermittent pulse, and death closes the scene.

In other cases there seems to be rapid absorption of the effusion, and the patients quickly recover. Again, in others, all the symptoms gradually vanish, and convalescence sets in which is, however, very protracted. Secondary diseases are not unfrequently observed during the course of the distemper.

viz., catarrh of the intestinal mucous membrane, pleurisy, pericarditis, parotitis, and inflammations of the eye. During the time of the epidemic many people suffer from symptoms resembling those of the first stage of the disorder; but if carefully treated, they fall into a profuse perspiration and recover. The mild form has the same relation to the more severe one as the English cholera to Asiatic cholera.

The *post-mortem* appearances are as follows:—The sinuses of the dura mater contain a very large quantity of blood, and sometimes coagula of fibrine; the arachnoid is dry and turbid; the pia mater covered with a purulent effusion which is occasionally tinged with blood. The quantity of this effusion is sometimes so considerable that the arachnoid and pia are altogether disconnected; in the cerebrum it is chiefly found on the base, about the pons, the optic nerves, and the medulla oblongata; in the spinal cord chiefly about the dorsal and lumbar swelling. The brain is generally swollen or dry; sometimes there are small foci of softening. The changes in the other organs are not constant. There may be appearances of pleurisy and pericarditis, swelling of all the intestinal glands, hyperæmia of the liver and spleen. In the cavities of the large joints, accumulations of purulent matter have not unfrequently been discovered.

The disease seems to be quite independent of soil and climate, but is certainly most severe where there is dirt, overcrowding, bad air and water. There can be no doubt about the existence of an actual contagion, for in those epidemics which occurred in France, the distemper generally stuck to certain regiments, which, when dislocated, carried it with them to other places. Evacuation of ill-ventilated barracks has occasionally checked the spreading of the complaint amongst the military. In some former epidemics the military have suffered most, and amongst them, privates were more frequently affected than officers. Last year there were fourteen cases among the privates of the Alexander regiment, and the 2d regiment of Guards in this city (Berlin). In the epidemic which is at present observed in Hanover, Brunswick, and Hesse, it seems chiefly children and young people who suffer. In Einbeck, a small place in Hanover, not less than

eighty children, and only five adults, have been affected since January last. The mortality was there 33 per-cent."—*Medical Times and Gazette*, vol. i., 1865, p. 402.

ARTICLE XLII.—*Observations on some of the Effects of the Application of the Calabar "Ordeal Bean" to the Eye.*

By JOHN W. OGLE, M.D., Assistant Physician and Lecturer on Pathology at St. George's Hospital.

As the observations first of all made by Dr. Fraser, and extended by Dr. Robertson, on the effects of the Calabar "ordeal" bean upon the eye will no doubt attract (and most deservedly so) very considerable attention, I have thought it might prove of interest to place on record the results of some of the experiments which I have been induced to make with the same agent. In the present communication, I will notice only the results which I found to be produced by its application upon the *pupil* of the eye, not wishing to interpolate any mention of such effects upon the power of vision, and "the accommodation of the eye," as were manifested at the same time.

I was, in the first place, naturally wishful to determine for myself the fact that the healthy and active pupil of the eye could be made, at will, to contract by the application of this agent; and the following experiments were therefore instituted at the onset:*

EXPERIMENT I.—A young woman, aged twenty-four; the sight of whose right eye was so far impaired that she could only distinguish light from darkness. The left pupil was of

* I have had four preparations of the Calabar bean made for me by Messrs. Bullock and Reynolds. First, a watery solution of a spirituous extract, of which one minim was equivalent to two grains of the bean (No. 1); secondly, a similar but stronger solution, in which one minim was equivalent to four grains of the bean (No. 2); thirdly, a strong, spirituous extract, of which fifteen grains were equivalent to four hundred grains of the beans (No. 3). In the use of the former two, I dropped the solution, by means of a camel's-hair brush, between the eyelids; the latter (the extract) I used by first moistening it with water, and then smearing it over the inner surface of the lower lid. The fourth preparation of the bean which I have had made is saturated with a solution, analogous to the atropine paper of Mr. Streatfield. This Calabar bean paper I have not yet tried, or made use of.

the ordinary size, and moderately active; the right one was very sluggish under the action of light, and much larger than its fellow.

I applied a single drop of my weakest solution (No. 1) of the Calabar bean between the eyelids of the right eye at 1.25, P. M. I found at 1.55, that the pupil, which before had been considerably larger than that of the other eye, had become so contracted that it was only of about half the size of the other one. How long it remained so contracted, I am unable to say.

EXPERIMENT II.—A woman, aged fifty-one, with both pupils equal, acting but sluggishly under light, and both of them smaller than natural and healthy pupils generally are. I applied one drop of my No. 1 Calabar bean solution between the lids of the right eye at 1.40, P. M.; and at 1.55, the pupil was only half as large as that of the other eye.

EXPERIMENT III.—A man, aged fifty-three, paraplegic; with the pupils of both eyes equal, of moderate size, acting well under light. I applied one drop of my No. 1 solution between the lids of the right eye at 1.32, P. M. No visible change in the left pupil was perceptible at 1.40. It had become slightly contracted at 1.55; and it was contracted to half the size of its fellow at 1.58. It was less than half as large as its fellow at 2 P. M.; and at 2.5 this pupil was only about equal to a pin's head in size, the pupil of the other eye having become larger than it previously had been.

Wishing to ascertain how long the contraction of the pupil produced by the Calabar bean would remain, when no means were used for again dilating it, I made the following observation:—

EXPERIMENT IV.—A boy, aged five years and nine months, strumous, with both pupils equal, both very large and mobile under the action of light. I applied a single drop of the weakest solution (No 1) of the bean between the lids of the right eye at 1.42, P. M. No visible change in the pupil had occurred at 1.50. At 1.62, the pupil had contracted to the size of a pin's head. I saw the boy again at 10.30, P. M., and found that the pupil was very contracted, but not to so great a degree as at the hour previously mentioned. On the following morning, at 10.30, A. M., I again examined the boy's eyes,

and found that the pupil was still contracted, but only to a slight degree, and was almost as large as the pupil of the other eye.

Having thus added a proof, and as I think a satisfactory one, that we have a ready means in the Calabar-bean of expeditiously, and with tolerable, but not very great permanence, contracting the pupil, I made the following experiments, with a view of proving its power of effecting contraction of the pupil which had been previously decidedly dilated by Atropine. This I was particularly desirous of doing, inasmuch as I have constantly felt the want of the means of contracting the pupil, after I have had it widened by Atropine or Belladonna for the purpose of ascertaining by the ophthalmoscope the state of the deep vessels of the eye in cases of albuminuria, supposed disease of the intracranial parts, &c.

EXPERIMENT V.—The same patient as in the case of Experiment No. ii., with naturally small pupils. Between the eye-ball and the lower lid, I introduced a portion of Mr. Streatfield's "Atropine paper," equal to half a drop of the two-grains-to-the-ounce solution (*i. e.*, half of one of the squares) at 12.53, P. M. At 1.12, the pupil was fully dilated. At 1.31, I applied a little of the strong extract of the bean (which I have before spoken of as No. 3). At 1.40, no contraction of the pupil had been produced, and I then applied some more of the strong extract. At 2, there was still no change in the pupil; but at 3.20, the pupil had become reduced to the same size as its fellow. Whether, and to what extent, it became still further contracted, I had no opportunity of judging.

EXPERIMENT VI.—A man, aged thirty-six, with both pupils equal, of natural size, acting well to light. I applied between the lids of the right eye one drop of the Atropine solution (two grains to an ounce) at 12.7, P. M. At 12.30, the pupil was fully dilated, and I then smeared a little of the moistened extract of the bean on the lower lid. At 1.15, I found that the pupil was beginning to contract. At 1.30, as I found that contraction was not progressing at all quickly, I again applied some of the extract. At 2, the pupil was reduced in size to that of the opposite eye. I had no opportunity of ascertaining whether it contracted still further.

EXPERIMENT VII.—A man, aged thirty-six, whose pupils were of moderate size and equal, and acting well to light. I applied half a drop of the same Atropine solution as in the former case, at 12.7, between the lids of the right eye. At 1.15, the pupil was beginning to contract; and at 2, the pupil was of the same size as its fellow. How long it so remained I know not.

EXPERIMENT VIII.—A man, aged forty, with pupils equal, of moderate size, and acting well to light. I applied half a drop of the above used Atropine solution at 12.10, P. M. At 12.30, the pupil was fully dilated. I then smeared on the lid some of the extract of the bean; and at 2, the pupil was so far contracted as to be almost but not quite as small as its fellow.

EXPERIMENT IX.—A strumous boy, aged nineteen, with pupils equal, of moderate size, and acting well under light. I applied one drop of a solution of Atropine of the strength of two-thirds of a grain to an ounce of water between the lids of the left eye, at 12.16, P. M. At 12.47, the pupil was considerably, but not fully dilated, and at 12.58 it was fully dilated; I then smeared on some of the extract of the bean. At 1.25, the pupil had not become at all altered, and I then applied more of the extract. At 1.45, both pupils were equal.

EXPERIMENT X.—A young man with pupils equal, moderately large, and acting well under light. I applied one drop of the Atropine solution (two-thirds of a grain to an ounce) at 12.30, P. M. At 12.47, the pupil was beginning to dilate, and at 1.25 it had become much dilated. I then applied some of the extract of the bean over the inner surface of the lower lid, and at 2.38 both pupils were quite equal again.

I was now anxious to know if it would be easy, by means of the Calabar-bean, to control the pupil which had been for some time left in a state of dilatation produced by Atropine, and for this purpose made the following observations:—

EXPERIMENT XI.—A middle-aged man, with pupils equal, moderate as to size, and acting well under light. I applied one drop of the Atropine solution (two grains to an ounce) between the lids of the eye at 1, P. M. At 1.30, the pupil was fully dilated. At the end of a week, I found that the pupil was still very greatly dilated; and at 1.5, P. M. I applied some

of the extract of the bean. At 1.20 the pupil was contracted to the size of a pin's head. I then applied one drop of the Atropine solution (two grains to the ounce) between the lids, and at 2.31 both pupils were again equal.

EXPERIMENT XII.—A middle-aged woman, with pupils active, equal, of ordinary size. The pupil of one eye was widely dilated with one drop of the Atropine solution (two grains to an ounce); and, after the lapse of a week, the pupil was found to be still freely dilated, though not so widely as in the week previously. At 1.15, P. M., some of the extract was applied between the eyelids. At 1.20, the pupil was contracted to the size of a pin's head.

EXPERIMENT XIII.—A middle-aged woman, with pupils of equal size, larger than usual, and active. I fully dilated the pupil of the left eye with one drop of the stronger solution of Atropine (two grains to an ounce). At the end of a week, the pupil of this eye was still about one-third more dilated than its fellow. At 1, P. M., I applied some of the extract of Calabar-bean on the inner surface of the lower lid. After the lapse of only *twenty minutes*, the pupil of this eye had become reduced in size to that of a pin's head. Possibly this effect was produced much earlier, but I was unable to ascertain how much sooner it had followed the application of the extract, as the patient had left me and did not return earlier.

The following experiments show how readily the pupil, after being contracted by the Calabar-bean, becomes again dilated on the application of the Atropine solution:—

EXPERIMENT XIV.—A young woman, the same as mentioned in Observation No. 1, had the stronger aqueous solution of the bean, before described as No. 2, applied between the lids of the right eye at 1.53, P. M. I did not see her until 2.20, when I found the pupil of this eye reduced to the size of a pin's head. At 2.30, I applied one drop of the Atropine solution (two grains to an ounce). At 2.43, no alteration of the pupil had followed; but at 2.50, the pupil had become much dilated; and at 3.5, still more dilated. At the end of a week, the pupils were found to be equal in size.

EXPERIMENT XV.—A woman, of middle age, with pupils equal, moderate in size, but rather inactive on application of

light, having the arcus senilis in both eyes. Between the lids of the left eye, a drop of the weaker solution of the bean (No. 1), which was now some days old, was applied at 12.56, P. M. At 1.12, no change had occurred; and a drop of the stronger solution (No. 2), which was more recently made, was applied. At 1.16, the pupil was slightly contracted; and at 1.36, very much so. At 1.40, I applied one drop of the stronger portion of Atropine, two grains to an ounce; and at 2.10, the pupil was becoming decidedly larger in size. At 2.15, it had attained the same size as its fellow.

In one or two other experiments, which I need not detail, I found that contraction of the pupil which had been dilated by Atropine did not at all, or only very partially follow the application of the Calabar-bean solution. In some cases this might be explained by the fact of the iris having been at a previous occasion the subject of disease, and the muscular fibres having thus become altered in character; but I am inclined to think that it was owing to greater disproportion having existed between the strength or quantity of the solutions of Atropine and Calabar-bean which were used. It appeared to me that some of the Calabar solution, which was a simple watery one, was decidedly weaker in action after having been made some time.

It may then be gathered from the above experiments, that we have in the Calabar-bean a ready and effective agent for producing contraction of the natural pupil; and also of neutralizing the effect on the pupil produced by the application of Atropine or Belladonna to the eye (which generally remain for a great length of time, and frequently prove a subject of much complaint, by the resulting interference with vision and disfigurement—or, as some would say, the improvement—of countenance). A little trouble and attention will be required in adjusting the strength of the Calabar-bean solution on the one hand, and the Atropine solution on the other; but when the proportionate strength of the two antagonizing solutions has been determined as nearly as possible, making allowance for individual differences as regards the relative strength of the sphincters and dilators of the iris, dilatation for ophthalmoscopic and other purposes may be at any time resorted to

with the certainty of a speedy return of the pupil to its natural state.—*British Medical Journal*, June 13, 1863.

ARTICLE XLIII.—*The External Ear and its Diseases.* By
E. M. HALE, M.D., Prof. of Materia Medica in Hahnemann
Medical College, Chicago.

ANATOMICAL OBSERVATIONS.—The external ear, comprising all parts of the organ external to the meatus, is placed between the articulation of the lower jaw and the mastoid process, and consists of a basis of resilient cartilage, covered by common integuments, the two being connected by firm cellular tissue. On the outer surface of the ear, the integuments are so firmly attached to the cartilage that it is difficult to draw them apart, or even to move the one upon the other. The skin of the ear is so abundantly supplied with blood-vessels, that a dried specimen, mentioned by *Toynbee*, injected with size and vermilion, has, at first sight, the appearance of a mass of coloring matter, which, upon minute examination, was found to depend upon its vessels that form a very dense network throughout every part. The *lobule* of the ear consists of a fold of integuments, which contains cellular tissue and a small quantity of adipose matter, the cartilage presents several depressions and elevations; it forms the *concha*, the large concavity looking outward and forwards, and bounded in front by the triangular projection called the *tragus*, which looks obliquely inward and backwards, facing the concha. Posteriorly, and slightly inferior to the *tragus*, is the *an i-tragus*. Extending upward from the latter is the *anti-helix*, which forms the rounded curved projection of the outer ear, and divides above and in front into two branches; of which the inferior and more prominent terminates under the helix, by which it is concealed, while the superior branch is very rounded, and seems as if it were the continuation of the anti-helix. Between the two branches is a fossa, called the fossa innominata. The *helix* is the curved ridge which forms the posterior and superior boundary to the ear. Above the *tragus* the helix usually consists of a flat band of cartilage, the inner

surface being applied against the superior branch of the anti-helix and the superior part of the concha. This arrangement of the helix covers a portion of the integuments beneath it from view and from contact with the air. This portion ought to be carefully cleansed and dried, especially in children. In some persons the helix is absent, and in certain cases of malformation there is no cartilage to the external ear.

(The above description of the external ear is from *Toynbee*. The *frontispiece* illustrated after the manner of *Gray*.)

Use of the External Ear.—It is generally supposed that the external ear is of material service to the organ of hearing; collecting the sonorous vibrations, and conducting them to the meatus. This would certainly seem to be its use in the lower animals, who have the power of moving the ears. (It is alleged that some men have this power.) But some authors, as Itard, Hennen, and Toynbee, consider the external ear of no particular value to the hearing; others, however, as Haller and Cooper, think its loss causes the hearing to be less acute. That it *has* its uses none should doubt; the *extent* of such use is not settled.

MALFORMATIONS.—Sometimes the *tragus* is pressed backwards and inwards so as to close the meatus; in such cases the patient must habitually wear a silver tube, or have a portion of the *tragus* excised.

The *cartilage* of the external ear may be absent, and sometimes, indeed, there is no vestige of either meatus or auricle. Cooper cites the case of a child wholly destitute of external ears, and in whom no meatus auditorii were visible. The child “could hear a great deal, although the sense was certainly dull and imperfect.”

DISEASES OF THE EXTERNAL EAR.

ERYSIPELAS.—It is quite unnecessary to state that acute erysipelas of the ear is to be treated the same as when it attacks different portions of the body. It may be said to attack the ear and face oftener, however, than other portions. We know of no remedy which causes an erysipelas of the ear alone; although in Hull's *Jahr*, *Pulsatilla* and *Mephites* are mentioned, but upon rather unsound data.

Acute erysipelas calls for the use of *Apis* and *Belladonna*. (Phlegmonous) or *Rhus-tox.*, rad. and *vernix*. *Euphorbia-off.* (vesicular.)

Chronic erysipelas of the external ear deserves particular attention on account of its frequency, and the discomfort it produces. It may originate in the acute form of the disease, and remain for many years. By degrees the auricle becomes hypertrophied and hardened, the meatus not unfrequently being closed, and the ear loses its natural form, its surface being exceedingly tender. This affection generally occurs in females beyond the middle period of life. It is generally attended with much constitutional debility.

The *treatment* consists in the internal administration of *Arsenicum*, *Petroleum*, *Graphites*, *Hepar-sulphur*, *Hydrastis-canad.*, and *Ferrum*. The two latter are not homœopathic to the local disease, but will aid in removing the constitutional debility upon which it depends. *Toynbee* advises a solution of *Arg.-nitratas*, 2 grs. to one ounce, to be applied to the ear. I have in one case used a glycerole of *Arnica** with good result; another case was much benefitted by an application of *Turpentine* and *Glycerine*.† In cases which appear to have originated from the effects of freezing, *Turpentine* is particularly efficacious. Applications of *Aconite-water*, twenty drops to half an ounce will often palliate the pain and itching.

Arsenicum, when the ear is hard, hot, covered with a burning, scaly eruption.

Hepar-sulphur, when the ear is hypertrophied; the eruption pustular, with intense itching—worse at night.

Graphites, when the general health is bad; the eruption is vesicular, and spreads slowly.

Petroleum, if the ear is very sensitive, the surface tender, and liable to be aggravated by the least exposure or irritation.

Clematis, *Lachesis*, *Rhus*, *Sulphur*, and *Stillingia* may be indicated in certain forms of disease, not so much by the local, as by the constitutional symptoms and conditions.

Chronic eczema, like *erysipelas*, is most frequently found

* ℞. Tincture *Arnica* ʒi.
Glycerine ʒx.

† ℞. Oleum *Terebinth* one-tenth dil. ʒi.
Glycerine ʒi.

in females beyond forty years of age, in whom there is some constitutional debility; it is, however, met with in children. It is generally accompanied by extreme irritation of the auricle, which is of a deep red color, and often very smooth and shining. Scales of epidermis are seen adhering to some of the parts, and from others a thin discharge exudes. In some cases, especially in adults, the dermis is hypertrophied, and the auricle loses its natural aspect. If neglected, it is liable to extend into the meatus, the dermoid layer of which becomes red and sensitive, and sometimes tumefied, although not unfrequently no tumefaction is apparent; the dermoid layer of the meatus throws out a discharge very similar to that found on the external ear, and sometimes the epidermis collects in quantities so large as to obstruct the canal and give rise to those symptoms of pressure on the membrana tympani, which will be more particularly alluded to under the diseases of the meatus.

Treatment.—Frequent ablutions with warm water, castile soap-water, or pure glycerine-soap, should be thoroughly practiced, especially in the early stages of the affection. When the skin is very sensitive, *Toynbee* advises that it should be protected from the air by oiled silk, or very thin vulcanized India rubber. *Wilde* recommends a solution of gutta-percha in chloroform to be painted over the surface several times until a complete coat has been formed, which is to be removed from day to day, as often as it peels off. I cannot recommend these applications, and prefer in most cases to use the glyceroles of those remedies which are indicated homœopathically. The Glycerine is sufficiently air-proof, while the specific remedy will act when locally applied. The glyceroles which will be found most useful, are those of Arnica, Aconite, Petroleum, Turpentine, Rhus, Gelseminum and Hydrastis. •

The head should be kept cool, and the ears, instead of being covered with layers of warm material, should be freely exposed, and soft pillows avoided. The meatus should be frequently syringed with tepid water, for the purpose of removing the dead cuticle and discharge, and soothing the irritable dermoid membrane. The introduction of ear-picks and other foreign bodies into the meatus to allay the itching,

must be avoided. Tepid injections of very weak Aconite-water will allay the itching better.

The remedies indicated for internal administration to combat the constitutional or psoric taint, are Arsenicum, Croton-tig., Clematis, Dulcamara, Mercurius, Petroleum, Rhus-tox., vernix, and radicans, and Sulphur. In children, these remedies, as well as other antipsorics, will have to be used thoroughly; and when there is a tendency to glandular enlargement, such medicines as Conium, Stillingia, Merc.-iod., Kali-hyd., and Calc.-hypophos. will have to be used; and often sea or country air will be advantageously recommended.

How to Examine the Ear.

“Whoever does not know how to examine the ear, should not attempt a diagnosis of its affections; if he does not know what is the matter with the patient, he has no conception of what is to be done against the disease. (*Trottsch—Dis. of Ear.*)

The physician who attempts to diagnose and treat affections of the lungs and heart must understand the various methods of examination of those organs. If he does not, his diagnosis degenerates into mere guess-work, and his treatment into charlatanism. So is it with diseases of the ear. Very few physicians understand anything of the methods in use by really scientific aurists, for a thorough and correct examination of the auditory canal and membrani tympani. This is one of the most prominent reasons why physicians pay so little regard to diseases of the organ of hearing, and are so unsuccessful when they attempt their treatment. Physicians are generally glad when they are rid of an ear patient. They generally advise syringing the ear; give Pulsatilla, Mercurius, or Sulphur, and if these do not happen to cure the patient, he is comforted with the intimation that, “very little can be done for chronic diseases of the ear.” The consequence is that he seeks some one of the many pseudo-aurists, who impose themselves upon the public, for it is an undeniable fact that there are few if any scientific aurists in this country.

This ignorance of the means of diagnosis, and proper treat-

ment of diseases of the ear, brings our beneficent system into some disrepute, and lowers the physician himself somewhat in the estimation of the public. Every physician should understand some of the more common methods of examination of the ear. For this reason the following directions are quoted from *Troltsch*:

“Without any assisting means one can see only the opening of the auditory canal. If we pull the tragus a little forward, while at the same time we draw the concha backward, we widen the hole of entrance, and we are able to examine the first part of the passage. We are not able in this manner to look any deeper unless the canal is abnormally wide, which is very seldom the case. Generally the auditory canal is too narrow to allow sufficient light to fall upon the deeper part, and upon the *membrana tympani*. The canal does not run in a straight line, but it is angularly curved, and there are also little hairs in the way, which grow from the side of the long part. If we wish to see the tympanum, the deepest lying part, we must *remove* all these hindrances, in a word, we must sufficiently illuminate the back-ground, change the crooked line of the canal to a straight one, and push the little hairs to one side. All these requirements we can in the simplest and best way attain, if we place a coniform tube in the passage, an ‘ear speculum’, and, when prevented from the use of sunlight, by means of a mirror, see into the deepest part.”

Troltsch prefers the tubular, unopening specula to any other in use, they are generally termed “Wilde’s ear specula.” They are silver tubes, or blunted cones. The different sizes are generally used according to the size of the canal to be examined; these rest in each other, and can be conveniently carried in the vest pocket. Each speculum is about one and a half inches long, the greater opening three-quarters of an inch in diameter—the lesser, four lines. They should be very thinly and lightly constructed, and the lesser opening well rounded off, so that in placing it in the auditory canal no abrasion or wound may be made. In order to use these the auricle is drawn somewhat backward and upward, and after the curvature of the canal is overcome, with the other hand, the speculum, by a gentle motion, is placed so far in

as is possible without violence. When the instrument is in place, the second hand is unnecessary, and the thumb, while the index and middle finger hold the upper part of the cartilage, is turned under the outer opening of the speculum, care should be taken not to press open the covering of the canal, and occasion pain. In order to prevent this, leave the instrument to itself, except to move it gently, so as to bring the different parts of the canal and membrana tympani in the field of vision. If we draw the speculum slowly out, we can see each part of the canal exactly.

Troeltsch advises us not to depend upon sunlight illumination, for if we do we put ourselves and our patients to many inconveniences. Nor does he approve of any of the illuminating apparatus which have been invented. He says: "If we take a sufficiently large and strong concave mirror, and throw by means of it a strong stream of ordinary daylight upon the ear, we can see the parts clearly, to the minutest portion, which with the naked eye is impossible, and this method sweeps away all the evils attending the other ones. The mirror must be of five to six degrees focal distance, and not less than $2\frac{3}{4}$ to 3 inches in diameter. Metal mirrors are not so good as glass, and it is most convenient if they are perforated in the centre, or the quicksilver covering can be removed at this point. The use of the reflector enables you to turn the ear away from the window, the patient being between the window and the surgeon. We can examine adults more easily in the standing position; in the case of children, the little patient is placed upon a high stool, so as to be parallel with the physician.

Since the ear lies in the middle of the head, we do well to lower it a little, or place it slightly to one side, in order that no portion of the mirror be shadowed. We very soon learn how to place the mirror and the patient, so that we have the very best point of illumination. If we give the mirror a very slight motion to one side or the other we quickly find the best relative position of the deepest part. White or gray clouds afford the best light. Sunlight thrown directly into the ear is too dazzling, and excites at the same time a distinct feeling of heat in the membrana tympani."

The other instruments in use among aural surgeons are Itard's bi-valve speculum; Kramer's valvular-handled speculum; the different specula of Wilde, Toynbee, Gruber, Arlt, and latest, the illuminating apparatus of Hutchinson.

Another instrument is necessary in the examination of the ear, to remove scales of epidermis, cerumen, and other hindrances, which, at the insertion or moving of the speculum, lie before the opening and thus prevent a full view. It is also useful for the removal of foreign bodies from the ear, under other circumstances. For these purposes the *angular* forceps is the best, for we can use it without putting our head into the light. Since we may easily do damage to the walls of the canal, we must be careful not to use any force, and guard the patient against moving his head during the operation.

ARTICLE XLIV.—*Re-Amputation at the Right Shoulder Joint in consequence of Extensive Necrosis of the Humerus and Neuromatous condition of the Stump.* By Dr. C. H. VON TAGEN, late Surgeon in Charge 1st Div. Artillery, 5th Corps, Army of the Potomac; assisted by Dr. G. R. Starkey, Philadelphia, Oct. 30th, 1865.

I was called with Dr. Starkey in consultation to see W—W—, Lt., Company C, 71st Pa. Vol., who was wounded in the Battle of the Wilderness, Va., May, 1864, immediately above the wrist-joint. After suffering severely, and fruitless attempts had been made to save the limb, amputation had to be resorted to, and was performed at the lower-third of the humerus, by a physician in this city, unknown to the writer. From all accounts the bone was perfectly healthy at the point selected for amputation, this took place the following July. At the time of our visit, Oct. 9th, 1865, the stump presented the following appearance. The round or convex portion had a hard tense appearance, and to the touch felt not unlike cartilage, evidently caused from a sparsity of integument in the flaps. Several large fistulous openings exist on the anterior aspect of the stump. Upon introducing the probe, it passed quite readily, almost its entire length (six inches)

towards the shoulder-joint, not between the integuments and bone, but between two layers of bone up into the cancellated structure. Upon etherizing the patient, and cutting down to examine the bone, a large opening was found penetrating to the medullary canal and corresponding to the largest sinus, from whence flowed large quantities of thin and extremely offensive discharges. By continuing my exploration further up, towards the shoulder, extensive exostosis could be readily felt through the integuments, and a further probing revealed such to be the case. The muscular tissue of the part had been, to a considerable extent, absorbed, the power of motion in the stump was very limited, proving that extensive adhesions had been set up between the remaining disintegrated muscular tissue and diseased bone. The patient has been suffering intense pains of a neuralgic character, at times intermittent in severity, but scarce ever absent, for a period of fifteen months. The nervous system, in consequence, is much depressed, but the patient still presents a good constitution, although bearing evident traces of having suffered greatly. The result of our consultation was, that to alleviate the patient's condition, in fact to save life, which was apparently ebbing away through pain and exhausting discharges, amputation was our "dernier resource," but it became a question as to whether the head of the bone could be saved, the only object in view, of course, being to obtain as much rotundity as possible for the shoulder. We concluded to amputate on the following day, Oct. 10th, and be guided by the condition of the parts as the operation progressed; and the kind of operation selected was a modification of Lisfranc's, the difference being that the knife was introduced horizontally instead of obliquely in making the superior flap, and from before backwards, instead of the reverse, as in Lisfranc's method. Upon making the upper flap and securing the arteries, which in this instance were unusually large and numerous, an examination of the articulation was made, and it was jointly decided that the head of the bone must necessarily be involved, I accordingly proceeded to disarticulate, thus removing entirely and effectually the diseased mass. The next step in the operation was to make the lower flap, the hæmor-

rhage being ably controlled by Dr. Starkey at the axillary artery, and as an additional precaution, an assistant at the subclavian artery. An anomaly was found to exist at the brachial artery, high up in the shape of a bifurcation, immediately above the point where the superior profunda is usually given off. After completing the operation and allowing time sufficient for the cut surfaces to glaze over, we dressed the case in the usual manner. The patient did well until forty-eight hours had elapsed, when pyemic symptoms made their appearance. The stump discharged a dark, grumous sanies, rather scant in quantity, and very offensive, the patient complained of chills and thirst, occurring irregularly (three to four in the twenty-four hours). Skin felt hot and pungent; pulse quick and feeble; face pale, dull, and waxen hue; tongue dry and coated brown, all of which symptoms were effectually put to flight in the ensuing forty-eight hours by means of a generous and nutritious diet, together with porter, milk punch, &c., in addition to which the Hypo-sulphite of Soda was administered every fourth hour in tablespoonful-doses of a solution of two grains to an ounce of water. I will here take occasion to trespass upon the patience of my reader in calling attention to the efficacy of this remedy in pyemic affections. If timely administered it will, together with a good and nutritious diet, effectually check that so much to be dreaded scourge of surgery, the twin affection to gangrene. In my own experience of over three years in active field and hospital service in the army of the Potomac, I *have* had abundant evidence of its efficacy in pyemia, and have never failed to check its ravages when administered before the icteric tint extends to the conjunctiva, sordes collect and low delirium is established, and even in such cases I have known numbers recover perfectly. On the fourth day after the operation, Oct. 14th, the stump presented a greatly improved condition, with union apparently taking place in three-fourths of its extent, and with so little suppuration that it might almost be termed "union by the first intention." I almost forgot to state that it is my invariable custom to introduce a tent or pledget of lint at the most dependent portion of the wound in all operations of magnitude, where suppuration appears to be inevitable, for

the purpose of giving free exit to all accumulations of pus, and I have never yet, in the hundreds of amputations and other operations which it has been my lot to perform throughout the late war, had occasion to regret doing so, and particularly is this the case in resections; as I shall hereafter have occasion to dwell more minutely on this point, it being my intention to publish an article on Resections, I shall make no further remarks here on the subject. Oct. 22d. The patient is now moving about the house, the wound is almost entirely healed, and since the 15th inst., no untoward symptom whatever has manifested itself. His sufferings throughout have been trifling compared to his condition previous to this, and subsequent to the former operation, to use the patient's own words, "he feels like a new man."

Post Operation of the Stump.—The end of the stump I carefully dissected, and found the cicatrix very dense, and the skin drawn quite tensely. The median, ulnar, and internal cutaneous nerves are involved and very much thickened, particularly the median, which presents an irregular, knotty appearance for some four to five inches above the lower end of the stump, the thickening increasing from above downwards. The neurilema of these nerves are so identified with the nerve substance to the same extent, as not to be separated except by the most careful and delicate dissection. Attached to the end of all these nerves is a dense neuromatous growth as large as a man's fist, which explains at once the cause of such prolonged intense suffering. And now the question naturally arises, what has been the cause of so destructive a condition of the humerus; if the bone, as has been asserted, was healthy at the time of the first amputation, might it not have been caused by the means of extensive irritation and consequent inflammation produced through the nerve structures of the part being bound down, vice-like, in the cicatricial tissue, owing to scantiness of flap, the fault of the former operator? This inflammation may have been transmitted through the periosteum from the nerves affected; extensive periostitis produced through the nerve substance ensuing, and eventually the compact structure, and finally the cancellated structure becoming involved.

A strange fact in connection with the examination of the bone is that at the end where it had been sawed off, it presents the same smooth appearance as it did the day it was cut, at the time of the former operation. No effort whatever appears to have been made by nature to round it off. For a space of about an inch this part of the bone presents a denuded, ivory-like appearance; and upon tracing it up beneath the exostosis, it forms a sequestrum some five inches in length, which is quite moveable. Upon making a longitudinal incision through the bone, the cancellated and compact structures are involved its entire length in extensive necrosis and exostosis, confirming at once the previous diagnosis, and proving the wisdom of its complete removal. The writer will here take occasion to remark that the number and calibre of arteries requiring ligation, as before stated, were unusually numerous and large, numbering fourteen in all. These remarks are intended, for the benefit of my inexperienced reader. I have never yet observed, in any of the standard works on Surgery this subject specified or dwelt upon in treating upon Amputations or removal of diseased parts, such as are herein depicted. The vessels, if any are mentioned as requiring the ligature at this point, are the brachial and superior profunda of this vessel, the anterior and posterior circumflex, and possibly the acromial branch of the thoracica acromialis. So large in calibre had many of the minor branches become, which, in a normal condition, would merely have required torsion with the spring forceps, that the ligature had to be resorted to. The cause of this change is mainly due to the previous tumefaction and congestion of the parts, up to within a couple of weeks prior to the period of the last operation, and which had been subdued by means of the usual homœopathic remedies in the hands of Dr. Starkey. To the uninitiated, such a state of affairs would at least prove embarrassing, but it will be found invariably the case, that where a part has undergone so extensive disintegration, and the soft parts have been tumefied and congested, the young operator may expect to find a larger number of vessels to ligate than he had any previous idea of, from theoretical knowledge alone. A common fault with many operators has

been repeatedly observed by the writer during the late war in the question of amputation, and that has been a neglect to make ample allowance, in forming the flaps, for absorption, shrinkage, &c., also to excise short off the nerve tissues, either of which are inexcusable oversights that may lead to serious complications which will inevitably end in failure, and rebound to the mortification of the operator, as in this instance, and may possibly end disastrously to the patient. It has fallen to the lot of the writer during the past three years to tinker and patch faulty operations of this character in at least fifty instances. Let then no such *charges* be justly laid at the door of any homœopathic surgeon; such gross and palpable errors as these richly merit the severest rebuke and condemnation of both the public and profession. The idea that homœopaths are not surgeons is almost universal; the argument has been repeatedly advanced and urged by our opponents as one of their most potent weapons against our school. It is in the province of every true lover of the system, both in and out of the profession, to aid in building up and encouraging surgical ability wherever found in our ranks. Let not then the fair name and world-wide fame of homœopathy be tarnished, and let those who seek to make surgery their speciality, see to it that they do nothing to cause her to blush. As far as my humble self is concerned, it shall be my constant aim and effort to render myself worthy of the name of "homœopathic surgeon."

Oct. 25th. The patient informs the writer to-day for the first time, that shortly after receiving his wound, he underwent the operation for resection of the forearm, with a view to save the limb, but owing to a want of proper diet and attention, the result proved a most signal failure, both of which are essential to success in this method of operation.

Oct. 28th. To-day, eighteen days after the operation, the patient is sufficiently advanced in convalescence to venture out; the weather being fine, he is permitted to take a short stroll in the open air.

Oct. 31st. The wound is united firmly, and presents a fine appearance, one small opening is still kept dilated, inten-

tionally, by means of a tent, so as to drain off effectually the pus, which probably amounts at this date to one-half drachm daily.

ARTICLE XLV.—*Resection of Joints and Bones.* By Dr. CHAS. H. VON TAGEN, of Philadelphia, Pa., late Surgeon in Charge 1st Division Artillery, 5th Corps, Army of Potomac.

BUT little attention appears to have been called to this method of operating in our country, and not until the late war was upon us in full blast, did it excite the attention of any considerable number of army or civil surgeons. The operation of resection at one period of the war became a perfect mania to such an extent, that the writer has known in many instances, surgeons, "*self-styled*," undertake to resect, without any knowledge whatever, real or apparent, of the proper method, and he might even add the anatomy of the parts. In almost every case in which a bone had been broken or fractured, without any regard to the extent of the injury, condition of the patient or part, resection was indiscriminately attempted. From such surgery let us ever pray, "kind Providence to defend us.

Not only is it a wanton sacrifice of human life, but it brings down odium and disgrace upon our profession. It also defeats the ends and aims of progress in the art. For the danger and skill does not alone consist in the operation; that done, the task is but just begun, and too often the patient is turned over to the tender mercy of an inexperienced assistant or dresser. The after-treatment requires far more skill and judgment to carry the case safely through, and to guard against the attendant evils which constantly threaten operations of this nature. Is it to be wondered at then, that such "*charlatanry*" should result in anything short of large mortalities? So great was the percentage of loss in our army during '62 and '63 from resections badly performed, that the operation was interdicted by a general order issued from the Surgeon General's office, except in special cases, which promised well, and over which a due consultation had been held by at least five surgeons, in which a majority of votes were required to decide. In fact cases of malpractice were so common previous to the

first Battle of Fredricksburg, and it was found so difficult to trace them back to the operators, that the same order, if not, a subsequent one, had embodied in it the following instructions :

It is required of each Corps Medical Director the appointing of a staff of operating surgeons of known ability for each separate corps, and that a sufficient number of clerks be detailed, as well as competent assistants, the latter to aid the operator, the former to keep a record in writing of the nature of injury, character of operation, together with the name, rank, and command of operator. The same order required, "as if to make assurance doubly sure," that each specimen or part removed should be packed in cans provided for the purpose, and forwarded to Washington, together with the name, rank, and command of the patient. Thus it can be readily seen how each operation could be traced home. The writer need hardly add that a most wholesome reformation was the result, for by these means, all the bunglers in surgery were forced to the background, while those who possessed experience or had the faculty of being expert operators, stood a fair and open chance to display their ability. The writer of this had the honor of being appointed on the operating staff of the 5th Army Corps. To the surgeons then of this country is the merit justly due of having, to any considerable extent, introduced into military surgery the operation of resection. This method, it appears, was first performed in 1758 by Wainman, of Shripton, England, although Miller, in his Principles of Surgery, gives the credit to Mr. White, of Manchester, near the end of the last century. As he gives us no particular data, and inasmuch as the period referred to by Miller is much later, the honor appears to be due the first-named gentleman.

The first case of Wenman's was a compound dislocation of the elbow-joint, in which the ends of the articulating bones were removed. Afterwards, White, Bent, and Orred followed in compound dislocation of the humerus, but whether at the shoulder or elbow-joint is not specified. In 1762, Falkin, of Norwich, resected the knee for disease of that joint; and in 1775 Justamond dissected out and removed the olecranon and two inches of the ulna for diseased elbow-joint. Mr. Park,

in 1782, issued the first distinct publication on the subject, the object of which was to show that in some affections of the knee and other joints wherein amputation had been previously deemed indispensable, surgery possessed still another resource; Complete removal and extirpation of the articulation. In 1782, the Moreaus, of France, resected the ankle-joint, and some years subsequently, the head of the humerus and knee-joint. The new practice, however, gained but few adherents and made but few converts; had it not been for the Moreaus, it would, in all probability, have passed into oblivion.

In 1805, Mr. Park, in another publication, expresses his mortification that resection had not met with the encouragement and success in England that it deserved. Twenty-five years later, the operation was again brought prominently before the profession, and this second revival is no doubt due to the Edinburgh surgeons, chiefly Liston and Syme. Since then it has gained in favor, and now constitutes an important resource in the department of surgery known as "conservative surgery." The following are the principal claims of resection, particularly of articulations.

1st. It is a substitute for amputation in cases where the joints are very extensively involved, where the pain and discharge threatens to wear the patient out unless it be remedied. Here the patient may secure a useful limb by the sacrifice of the diseased part.

2d. In some cases where amputations would not be justifiable resection may be performed with a view to hasten cure and thus afford relief, and lengthen out the existence of the patient.

3d. Resection may be done in cases in which amputation is not practicable. For instance, where the hip-joint and temporo-maxillary articulations are diseased.

4th. As a substitute for other and less efficient treatment with a view to restore utility to the limb or joint, as in permanent or osseous ankylosis of the elbow-joint or faulty ankylosis of the knee-joint.

5th. Resection may be required in severe compound dislocations and fractures extending into joints, especially in gunshot fractures, as the writer can abundantly testify to from his own personal experience in numerous instances.

As a general rule, resections are required more for organic diseases of articular ends of the bones than for simple disorganization of a joint; but when a patient is of a strumous diathesis, or the bones are very extensively involved, we can scarcely look for recovery of the limb to such an extent as to prove useful to the patient. The following rules may be taken as a guide for successful results in resection.

1st. That the disease be not too extensive, in order that removal would not entail so great an amount of mutilation of the limb as to render its use to the patient less than an artificial one would; especially should this precaution be observed in regard to the lower extremities.

The writer calls to mind just at this moment an operation that he witnessed on the peninsula, just after the battle of Fair Oaks, in which four and a half inches, at least, were resected from the tibia and fibula of both legs. Such extremes as this are neither justifiable nor humane. The writer was at the time well satisfied that both limbs might have with ordinary care and skill, been saved and restored to usefulness, whereas in less than ten days subsequently, the patient was compelled to undergo synchronous amputation, in one instance above and the other below the knee in consequence of gangrene, and in less than one week later, after this double amputation, the patient died a martyr to ignorance and bungling surgery. The writer could cite many such instances which came under his own personal observation, particularly throughout the peninsular campaign under McClellan. "God alone knows how many loyal, brave, and true hearts have gone to their silent homes, ruthlessly sacrificed through the incompetency of such base and criminal experimentalists." The writer could go on and fill page after page in relating cases similar to the foregoing, but this one he thinks will suffice. While he would not deter any from a legitimate and reasonable degree of experimenting, he will ever raise his voice against such rash and unwarranted butchery as the foregoing case illustrates. Let all such deeds of manslaughter, the deeds of our heroic brethren remain peculiar to them, and ever stand an enduring monument of warning, and let us resolve firmly and steadfastly never to become surgeons unless we can acquit ourselves with

credit and honor to our "alma mater." Homœopathy had far better be void of surgeons altogether than foist such specimens upon a confiding public, and have her fair name and world-wide fame blasted or blighted with surgery, "God save the mark," as this case illustrates.

2*d.* Diseases for which resections are practiced should be allowed to become chronic before an operation is undertaken; and there are two reasons for this precaution. The first is, in the acute stage of disorganization of a joint it is not always possible to say, however unfavorable the case may promise, that ankylosis, either partial or complete, may not result, so that the limb might prove as useful as if resection had been performed. Second, if the joint be resected while active disease be going on, inflammation followed by diffused suppuration of the cancellated structure of the bone is apt to ensue,—a condition much to be dreaded, for it is likely to be followed by pyemia or phlebitis, possibly both. Cases of death by pyemia have been reported resulting from a disobedience and disregard of the latter precaution.

3*d.* The integuments about a joint should be in a sufficiently healthy condition. There are two morbid conditions liable to occur in the soft parts, which may interfere with the success of resection. First. They may be so emaciated and traversed with sinuses and fistulous openings, and so adherent to the bones that insufficient coverings would be left to envelop the exposed parts. Second. Long-continued existence of strumous disease about joints and bones would be likely to give rise to deposits of lowly organized plastic matter about the articulation. This material is incapable of healthy organization, and slowly proceeds to suppuration; and furthermore, sinuses form, and the integument covering them become discolored, livid, and doughy; while the soft parts adjoining the seat of disease degenerate into a strumous condition, which prevents, not only the formation of a false joint of osseous ankylosis, but also of the healing process from setting up in the wound; and thus it leads inevitably to the ultimate amputation of the limb, which the system, passing through a siege consequent upon the foregoing condition, would be illy prepared to undergo.

4*th.* The state of the patient's constitution necessarily should

influence the operator very materially in his decision whether to amputate or resect. Should the patient prove decidedly strumous or phthisical, there will be but little ground upon which to base a favorable prognosis. A slight and undeveloped degree of either should not however prove a bar to resection, all things otherwise being equal. It has in many instances been observed that the general health has improved manifestly and shortly after the removal of a diseased and sloughing mass. The writer can bear testimony to the truth of this remark in numerous instances coming under his own observation in both military and civil practice of surgery.

5th. It is hardly necessary to add that the extremes of life are decidedly unfavorable to resection, neither age being fitted or adapted to withstand the prolonged and continued drains, consequent upon the operation, upon the system. The early adult age appears to be the most favorable period of life to test the efficacy and value of resection. The question has often been asked, how do the osseous parts become regenerated? The question can be readily answered. When a joint has been resected either osseous or ligamentous ankylosis may take place, depending, of course, upon the age, habits, and constitution of the patient and somewhat upon the joint or bone. When a tarsal bone has been removed it is replaced by a firm fibrous cicatrix. It should be the aim of the surgeon to obtain secure osseous union in some bones, and ligamentous or fibrous in others. For instance, when the elbow-joint has been resected, mobility of the part is more requisite than strength, for obvious reasons, ligamentous union is to be preferred. When the knee has been resected, a firm bony ankylosis should if possible be established. In these cases the ends of the bones become rounded, and are united by a dense mass of fibrous tissue which completely envelops them, and to which the insertion of those muscles that are naturally attached to the articular ends that have been removed, become adherent. Perfect quietness and rest will generally obtain the latter result, while gentle motion of the parts in the former case, that of the elbow-joint, will give the mobility desired. It is the intention of the writer to continue this subject in a future number of this JOURNAL, when he will give the result of two

interesting operations, performed by himself, of resection, one of which, as far as can be learned at this present time, the first operation of the kind ever before attempted. The result in both cases being of the most encouraging and satisfactory nature.

ARTICLE XLVI.—*Address before the Homœopathic Medical Society of the State of New-York, Delivered May 10, 1865.*
By the President, HENRY D. PAINE, M.D., of New-York.

It is one of the most remarkable things in the world, and at the same time, one of the saddest and most lamentable, that the practice of medicine, an art of daily necessity and of daily exercise, which most nearly affects the dearest interest of mankind, and to the improvement of which we are encouraged and impelled by the strongest motives of interest and humanity, of love for our neighbor and zeal for our profession—should, after a probation of so long a period and a recorded experience of at least two thousand years, still remain, as it confessedly does in most respects, and as usually understood, an instrument of such doubtful and uncertain application.

Admitting, as we must, that in the nature of things it *is* one of the most difficult of all arts—dealing with elements and phenomena the most complex, variable, subtle, and uncertain—admitting all this, it must nevertheless seem strange to the thoughtful mind, that with opportunities of daily observation, continued through so many centuries, and by so many interested and anxious observers, there should be so little, either in matters of fact or theory, that can be considered as settled and established.

The phenomena of health and disease, and the effects of drugs and all other agencies capable of influencing the human system, however intricate and obscure, are strictly matters of observation; and it would appear reasonable that in the course of time—longer or shorter—some fixed principles concerning the manner in which these phenomena and these effects occur, should have been evolved and established, and the relations between them so recognized and defined as to be made avail-

able in the cure of the sick, the relief of the suffering, and the prevention of disease.

That this expectation, both moderate and reasonable, has not been fulfilled in any reasonable degree, so far, at least, as the dominant and hitherto prevailing systems of practice are concerned, is evident. Not only have the wits and satirists of every age found in the uncertainties, absurdities and inefficiency of medicine, abundant food for their ridicule and their sarcasm, but thoughtful and philosophic men, both in and out of the profession, have admitted and deplored its low estate and tardy progress. There is scarcely a point relating to the nature of any disease or its proper treatment—or the nature, effects, and use of any medical agent, upon which there is not to be found the greatest diversity of opinion and practice among medical men. Not only do the writers of one age or country controvert and oppose the views and practice of a previous era or another country, but contemporaneous physicians of the same school and nation, of the same city or district, are far from being unanimous on these subjects. Nay, examples will readily occur to every physician here present, of professors in the same college, teaching doctrines and insisting upon principles utterly diverse and irreconcilable with each other.

Let us illustrate these remarks by an example. Among diseases that have been longest known and best described, none, perhaps, has received more attention, or been subjected to more extended observation than typhus fever. A disease of acknowledged severity, of frequent occurrence and well-marked symptoms, it has ever been studied with the closest scrutiny, and its nature, cause, and treatment subjected to the ordeal of the most critical investigation, and at times the sharpest controversy. The most learned physicians of every age have devoted their wisdom to its elucidation, and the volumes that have been written upon it in all languages would, of themselves, form an extensive library. The essential character and most appropriate treatment of a disease so long and so thoroughly known, so important and so interesting, must, long ago, it would seem, have become so well understood as to leave little occasion for further investigation or discussion.

But a brief citation of the various opinions that have successively prevailed on these points, even within the last fifty or sixty years, will show that it offers no exception to the general statement respecting the instability of medical science. To avoid the suspicion of unfairness, I shall state the case in the language of one of the most candid and learned of allopathic writers rather than my own :

“ At the termination of the last century,” says Dr. Bostock,* “ while the doctrine of Cullen was generally embraced, typhus fever was called a disease of debility, and was, of course, to be cured by tonics and stimulants. No sooner was it ascertained to exist than bark and wine were administered in as large doses as the patient could be induced or was found able to take. No doubt was entertained of their power over the disease; the only question that caused any doubt in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for the cure. To this treatment succeeded that of cold affusion. The high character and literary reputation of the individual who proposed this remedy, its simplicity and easy application, bore down all opposition, and we flattered ourselves that we had at length subdued the formidable monster. But we were doomed to experience the ordinary process of disappointment—the practice *as usual*, was found inefficient or injurious, and it was after a short time supplanted by the lancet. But this practice was even more short lived than either of its predecessors; and thus, in a space of less than forty years we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms.”

And it may be added, that the treatment of the disease referred to has not become a whit more settled and satisfactory since the above melancholy exhibit was written. Within the memory of most of us, the Calomel treatment, the beef-steak treatment, the saline treatment, the turpentine treatment, and the do-nothing treatment, has each had its day of popularity and its zealous advocates, and its equally earnest opponents.

* History of Medicine.

What is true in regard to typhus fever might also be said with equal truth of almost every other disease with which humanity is afflicted. Considerations such as these have drawn from the most reputable writers mournful concessions of the general defects of the so-called art of cure. Says Boerhaave: "If we compare the good which half a dozen true disciples of *Æsculapius* have done since their art began, with the evil which the immense number of doctors have inflicted on mankind, we must be satisfied that it would have been infinitely better for mankind if medical men had never existed."

The late lamented Dr. Abercrombie has well stated the case in the following remarkable language, which, although often quoted, deserves the serious attention of the contemners of medical reform and innovation: "Since medicine was first cultivated as a science," says he, "a leading object of attention has been to ascertain the character and symptoms by which internal diseases are indicated, and by which they are distinguished from other diseases that resemble them. But with the accumulated experience of ages bearing upon this important subject, an extended observation has only served to convince us how deficient we are in this department, and how often, even in the first steps of our progress we are left to conjecture. An equal or even more remarkable uncertainty attends all our researches on the action of external agents upon the body. These engage our attention in two respects, as causes of disease and as remedies, and in both these views the action of them is fraught with the *highest degree of uncertainty*." And again, as with the keen edge of his truthful satire, he lays bare the weak foundations of professional assumption, he continues: "When in the practice of medicine we apply to new cases the knowledge acquired from other cases, which we believe to be of the same nature, the difficulties are so great that it is doubtful whether in any case we can properly be said to act upon experience as we do in other branches of science. * * * The difficulties and sources of uncertainty which meet us at every stage of our investigation, are, in fact, so *great* and *numerous* that those who have had the most extensive opportunities of observation will be the first to ac-

knowledge that our pretended experience must, in general, sink into analogy, and even our analogy, too often into conjecture."

It would be easy to fill many pages and to occupy the whole time of this address with similar extracts from allopathic writers of the highest reputation of different periods. But these already quoted are surely a sufficient confirmation of the assertion that the boasted experience of the old systems has not, so far, resulted in the discovery and recognition of any fixed and settled principles of medical philosophy. And since medicine had a literature, there never was so little unanimity in the teaching or practice of the profession as in our own day. There was a time, extending over hundreds of years, during which there was universal acquiescence in one system of philosophy, one doctrine of pathology, and one rule of practice. The writings of Hippocrates were, during those ages, held to contain the sum and substance of all medical knowledge, and he was the best physician who understood best and adhered most closely to the teachings of that "father of medicine." The medical writers of those days never ventured to controvert in the slightest degree his opinions or his statements. To explain, to enlarge upon, to illustrate them, was considered all that the wisest and the most experienced of his successors might presume to do.

When at length it came to pass that the Hippocratic doctrine lost its hold upon the minds of men, and other systems and methods succeeded it, the profession, till then a unit, began to break up into schools and sects, each claiming for itself a superiority over all others, and too apt to denounce such as dared to think, or teach, or practice differently from the received authority. And the disintegration has gone on, in a sort of geometrical ratio, till in these latter days every physician claims to be independent, and prides himself upon the originality and peculiarity of his views. Every doctor forms his own theory and builds up his own system to suit himself, according to his own preconceived ideas, or, as he believes, from his own experience; and one who should not profess to hold some notions different from his brethren would, very likely, be set down as a weak and servile imitator.

If in this we see good reason for congratulation that modern physic is emancipated from the clogs and trammels of ancient prejudice and undue subjection to authority, we cannot but allow, at the same time, that it still exhibits a state of sad unsettledness and confusion.

These remarks and animadversions have special reference to what may be called the practical departments of medical science—those, namely, of pathology, therapeutics, and the *materia medica*. For as they are of most immediate interest and concernment to us in the daily duties of our calling, so unfortunately, it is in regard to them that we have most to lament the lack of well defined and established principles.

This is the more remarkable when we consider the great progress made in such auxiliary sciences as anatomy, chemistry, and physiology, as are embraced in the idea of a complete medical education. For of them it cannot be said that they have not partaken of the impulse of modern investigation and discovery, or that their earnest cultivation has not been fruitful of grand results. No branches of natural or experimental science have been, within these fifty years, more assiduously and successfully studied than these.

The anatomist is no longer content with a knowledge, however full and exact, of the more obvious structures of the body, the bones, muscles, blood-vessels, nerves, viscera, &c., in all their various relations, but pursues his investigations into the deeper recesses of their organization, with a zeal that can only be appreciated by those who know something of the difficulties to be encountered. There is no artery but has been followed to its farthest ramification; no nerve but has been traced through all its delicate thread-like windings; no tissue, or membrane, or fibre but has been separated and displayed, and the form and arrangement of its ultimate structure determined. Where the eye and the scalpel have failed, chemistry and the microscope have been summoned to carry out the inquest. Microscopical or minute anatomy has, in these later years, almost reached the dignity of a distinct science, wonderful in its accomplished revelations, but promising still greater results in the future.

The achievements of modern chemistry, from their character

and their extensive relations with other branches of science and the arts, are more generally understood and appreciated. They have, indeed, been of the most surprising description, and have elevated the science to a position as much superior to the alchemy of the middle ages, as modern astronomy is to the astrology of the same dark period.

If as much cannot be said of physiology, it is not from the want of diligent and enthusiastic cultivation, but rather from the difficulties inherent in the science itself and the later period when correct principles of investigation were applied to it. It is indeed but a few years since a high authority on this subject felt warranted in using such language as the following :

“Would that I could say of physiology—in the language of Bacon, ‘the science of ourselves’—that it has pursued the same course and undergone the same metamorphosis as the physical sciences. But unfortunately this is not the case. Physiology is still in the minds of many, and in some of our books a mere work of the imagination. It has its different creeds and opposite and contending sects. * * * In a word, it may be said to be the frame-work of a religion strangely filled with scientific terms.”

But under the influence of a more careful observation and rigid scrutiny of facts, physiology is rapidly taking rank among the most progressive of its sister sciences. The functions of many organs and tissues have been ascertained—the circulation and composition of the blood—the seat and channels of sensation—the power and direction of the muscular forces—the phenomena of nutrition, secretion, and reproduction—the process of decay and transformation, have been demonstrated and described.

But while we gratefully recognize the progress which these important sciences have made, and admire the proud position they have reached, so much more marked is the contrast between them and those branches of learning which are properly embraced in the term “practical medicine,” which have to do with medicine as an art and a profession, and to the perfection of which those auxiliary and collateral studies are, or ought to be subservient. The value of anatomy, chemistry,

notany, pharmacy, and other kindred branches to the practising physician, consists in the advantage he derives from them in relieving and curing his patients in the surest, safest, and easiest way. It is to this end and for this purpose that he has spent his years of pupilage in the laboratory and dissecting-room, and mastered the hard, dry technicalities of the schools. However interesting these studies may be in themselves (and none are more deserving of cultivation) how immeasurably more important would they be to us as practising physicians, if by their means we were taught the mysteries of disease—its secret causes and its essential nature—or the most potent agencies for its removal, and the restoration of the sick to health and vigor. But it must be admitted that no such advantages to practical medicine have followed from the labors of the anatomist, the chemist, or even the physiologist, as might naturally have been expected. Though they have wonderfully enlarged the boundaries of our knowledge in other directions, yet in the one point of greatest interest to us as a profession having the charge and responsibility of the sick upon our hands, they have almost entirely failed to enlighten us. The most accomplished anatomist has not yet been able to discover the essential nature—the proximate cause—of a fever, an inflammation, or a neuralgia. The most expert chemist cannot conjecture why one drug acts upon the nerves and another on or through the blood, nor why two poisons which may be almost identical in composition produce such varied effects. Nor can either of them answer one in a thousand the questions that concern the relations which drugs and other agents bear to the human system in health and disease. So, while all other sciences grow apace, and in their progress and results excite our constant admiration, the science of therapeutics and the art of cure yet linger far behind.

The cause of this tardy advance in an art the most needful and the most important of all that relate to this life, may be found in the neglect of a true system and course of observation. Not but that there have always been anxious watchers of the phenomena which sickness, disease, and death furnish to the world daily. But it is the misfortune of our profession, that in it there has ever been a supremacy of theory over fact, and

a loose collation of experiences, not for the purpose of laying the foundation of a legitimate practice, but rather with the object of building up and fortifying systems preconceived.

It is as true now as it was thirty or forty years ago, when it was asserted by the learned Dr. Todd that he felt himself "fully warranted by long and ample experience, in affirming that whether it be considered in its scientific relations, or in its practical details, no department of knowledge so urgently demands the wholesome reform of a close and scrutinizing induction." Or, as Dr. James Johnson asserts,* "much of the uncertainty, obscurity, and difficulty which is encountered, has arisen, and continues to flow from the irrational manner in which medicine has been taught and studied. This, no one can deny who is capable of forming any opinion upon the matter. * * * General inferences are drawn from particular premises—individual cases are made the models of entire epidemics—effects are confounded with causes, and with effects, the sequent with the antecedent, and the antecedent with the sequent—resemblances are discovered where none exist, and points of difference are detected where more minute inquiry would have found nothing but accordance."

If medicine is less a science of experience than other sciences, is it not owing to the fact, admitted by many candid writers, that the instrument and art of experience have never yet been properly applied to it? There certainly does seem to be no reason why the medical facts that have been accumulating since the fall, and to which each day adds a larger store, should not be subjected to the same rigid scrutiny, and brought within the grasp of inductive reasoning, and made to stand on the same footing as those of other sciences of observation and experiment.

It will not be denied that there are some impediments in the nature of the case that render the application of these rules to medicine peculiarly difficult, but these can be overcome, it cannot be doubted, by the repeated labors of many, honestly and truly undertaken and persevered in. "If the method of observing was reformed, and the observation subjected to the

* Med. Chi. Rev., xvi., 38.

assay of a searching induction," hopefully says Dr. Todd, "it is impossible to foretell what might be the happy results; and certainly not before such a trial has been fairly made, is it allowable to say that medicine cannot be elevated to the rank of the other sciences."

Even before these words were written, was this necessary and desired reformation begun. For already was the foundation laid, and even the superstructure had taken shape, of a system of practical medicine built upon pure observation and a rigid analysis. Discarding all preceding theories and divesting his mind, as far as possible, of all merely hypothetical preconceptions as to the nature of disease, and the relations of remedial agents to the human system, Hahnemann devoted his great genius to the development of a therapeutic law from a cautious comparison of authentic facts sifted from the husks and chaff of theory and conceit.

It does not fall in with my design to entertain you with an account of the rise, history, and progress of homœopathy, or an exposition of its principles and peculiarities. The life and character of Hahnemann—the gradual unfolding of his great discovery—the painful trials and impediments with which the new method has had to contend, and its present favorable position, would each be a fitting theme for the present occasion. But the discussion of these topics has so frequently engaged your attention both in the proceedings of the society and in the standard publications of our school, that I forbear to occupy your time on this occasion, with a repetition of statements and arguments with which my audience are already familiar.

I shall content myself with saying, in this connection, that we claim for homœopathy that it fulfills the required conditions of that long-desired reform in medicine more completely than any system of treatment that has gone before it. It stands upon the platform indicated by the most candid and thoughtful minds, namely: that of a pure, cautious, and repeated observation, systematically pursued, and tested by experience. As the result of proceedings so conducted, under the guiding genius of Hahnemann, has been evolved that beneficent law of cure expressed in the brief but comprehensive formula, *SIMILIA SIMILIBUS CURANTUR*, and which is destined

to accomplish, sooner or later, a complete revolution in medical philosophy and medical methods. It is no mere hypothesis first formed in the mind of the proposer and then defended by a partial and imperfect selection of proofs, like the multitude of fanciful systems that preceded it; but a legitimate deduction from authentic facts well weighed and compared.

The announcement of a discovery so important and fraught with consequences so momentous to medical science, by a man of the acknowledged high character and reputation of Hahnemann, could not fail to attract attention. But it was not to be expected, considering the usual fate of similar discoveries, that a principle and the system built upon it necessarily involving a complete reconstruction of the art of healing as heretofore established, would be accepted without opposition, denial, and even ridicule. What treatment it has experienced at the hands of the profession, both in the old world where it was first promulgated, and in this free land under more liberal and, as we claim, more enlightened political institutions, is well known to all.

Not only has the system itself been assailed with ridicule, but its advocates and practitioners have been subjected to obloquy, professional discourtesy, and all the enginery of vindictiveness.

While we cannot pause to disprove every false allegation, or to confute every sophistical impeachment that our opponents may bring against us, it seems fitting on this occasion to notice an assault made by the Allopathic Medical Society of this State, speaking through its president, Dr. Thomas Hunn, and published in a late volume of the "transactions" of the Society. In his annual address delivered before the Society in 1863, upon the "Influence of the progress of Medical Science upon Medical Art," Dr. Hunn recognized the fact "that a great revolution in medical practice is going on; that the notions which have prevailed, and to a great extent do still prevail, as to the objects and limits of our art, require great modifications, and that our pretensions in the healing of disease must be far more humble than they have been." He exposes the false and mischievous assumptions of the "regular" profession, and speaks of its "errors and impostures" in lan-

guage that would be considered as abusive if employed by one of another school. He justifies the ridicule of the satirists and the criticism of the grave, which have served, as he declares, "to expose our exaggerated pretensions in the cure of disease and to show on how slight a foundation our routine of practice reposed." While he deplores "what has happened in the dark paths which we and our predecessors have trod," he is not less emphatic in asserting the necessity for a complete reconstruction of the old system of therapeutics.

It may readily be believed that the bold and emphatic expression of sentiments like these from one holding so distinguished a position in the allopathic ranks, would not fail to excite among his brethren feelings of dissatisfaction and alarm, as savoring over much of professional insubordination and an implied approval of homœopathy. So marked, indeed, were the signs of disapprobation in certain quarters, that in order to counteract the not unnatural "misconstruction," which he admits some have fallen into, and to set himself right upon the record as an orthodox allopathist, the doctor deems it necessary to append to his published address at attack upon homœopathy and its friends, in the form of a note, in which, among other things, he gravely discusses the important question, "Is Homœopathy quackery? Of course, the anticipated answer to the question thus propounded could only be in the affirmative, else why should it have been obtruded into the discussion; but those who heard or have read only the address, will be interested to learn by what peculiar line of argument the predetermined result is reached.

It is foreign to my inclination to reply to attacks of this nature, and under ordinary circumstances I should pass this one by unnoticed; but the position of Dr. Hun, as presiding officer of the Allopathic State Medical Society, and his general reputation for liberality and learning, invest his specifications with an importance which they would not otherwise possess, and seem to render some rejoinder desirable. I propose, therefore, to occupy the remainder of the time assigned to me by a review of the assumptions of Dr. Hun in regard to homœopathy, as the latest phase which the opposition to our science has assumed.

The animus of the assault deserves only a passing notice, as we can afford not to reciprocate it, but the logic employed by Dr. Hun and the concessions made by him, are note-worthy indications of the present attitude of that controversy which agitates the medical world, and which especially keeps the old schools of practice in a ferment of uncertainty and misgivings.

Dr. Hun admits the errors and impostures of the "regular" profession; he admits that homœopathsists, as a class, are not chargeable with that sort of quackery which consists of dishonorable and indecorous professional conduct; he admits that most of them have gone through a regular course of instruction, and have been pronounced by the proper boards qualified to practice," so they cannot be charged with gross ignorance; he admits that there are "eminent lawyers, learned divines, shrewd and prudent merchants, who conduct their affairs with discretion," who are capable of "forming a sound judgment on any subject, and who yet adopt the homœopathic system of practice for themselves and their families;" he admits that "a great many recoveries take place under homœopathic treatment," and he allows that "there is no fixed orthodoxy in medicine," and that, within allopathic limits, "the common sense of the profession does not call a man a quack nor exclude him from association, simply because he is thought to be absurd and wrong-headed, nor even because he promulgates a system, which, like the exploded system of Broussais, is deemed false in reasoning and pernicious in practice."

As homœopathsists, we may feel under no particular burden of obligation for these concessions, extorted as they are by palpable facts from lips all too reluctant to praise and all too ready to censure; but the "general world" of mankind may well adopt a vote of thanks to Dr. Hun for his exposure of what is not deemed quackery *inside* of the "regular profession;" and it goes very far towards neutralizing all testimony from the same source against what may be denounced as quackery *outside* of the said "regular profession." For, by the showing of Dr. Hun, a man may adopt and propagate a system which is regarded by his brethren as "false in reasoning and pernicious in practice," i. e., injurious or fatal to the

patient; and yet the common sense of the profession will not suffer him to be called a quack, nor exclude him from association and recognition as a "regular," so long as he sails under allopathic colors and maintains professional decorum. He is thus obliged to say, in substance, we cannot stigmatize any physician as unworthy of public patronage and professional confidence, merely because he is so wrong-headed as to persist in a method which we see kills instead of cures, for then we should be obliged to brand a portion of our own number as quacks—nothing is quackery which is scientific, and nothing is scientific unless it is allopathic.

What then, it may well be inquired, are the grave delinquencies of a system which, like homœopathy, is adopted and approved, and trusted by educated and conscientious men, (which, so far from being "pernicious and injurious," has proved to be eminently safe and successful in practice) that it should be proscribed as quackery, and its practitioners denied the common courtesies of the profession that are freely accorded to the "absurd and wrong-headed" allopathist?

Dr. Hun holds the following language: "Though great latitude of opinion is tolerated in medicine, yet, to this, there must be some limits. The most opposite doctrines may be promulgated; the most opposite modes of practice may be proposed, and yet neither party claim the right to turn the other out of the profession; but, after all, there must be some show of sense or reason in these doctrines or this practice. There must, in fine be some limits to the absurdities which a man may be allowed to maintain. Now homœopathy passes those limits."

Very good; there is such a thing as quackery; and both the profession and its patients have good cause for a wholesome horror of it. But what are those limits, beyond which if a physician passes he becomes a quack? Since, in Dr. Hun's opinion, mere fatal error, or the habitual sacrifice of the patient's interests to a false and pernicious system, does not militate against good fellowship with the profession; since "the most opposite doctrines may be promulgated, and the most opposite modes of treatment may be proposed," without incurring the terrible charge of quackery, where is the boundary line?

Dr. Hun proposes to find it at the point of self-evident absurdity, and he declares that homœopathy is justly obnoxious to the charge of quackery, because it passes beyond these limits. It has no "show of sense in its doctrines, or of reason in its practice." "It is so absurd and illogical that its refutation is difficult, only because logic cannot grasp propositions so utterly unreasonable."

This is the dire offence which, in the judgment of Dr. Hun, merits so severe a sentence. Not because homœopathy is unsuccessful or injurious; not because its practitioners are ignorant or uneducated; nor because they resort to dishonorable or unprofessional ways of attracting attention or extending their practice, for none of these things are charged against us; but because it is self-evidently *absurd*. It might be unfounded in right reason, and unsafe—even "pernicious"—in practice; but if there were only some plausibility in it—"some *show* of sense or reason," it might still have escaped the censure so glibly passed upon it. But "absurdity" is such high treason against the whole medical fraternity, as at once to deserve the forfeiture of all professional rights. If any complain that an unwarranted discrimination is thereby made against us and our system, while "in the past we find many *absurd* pretensions to blush for," as well as "many fatal errors to deplore," which, nevertheless, did not debar their authors from professional comity and respect—if any think it a little hard that we should be worse treated than the disciples of Broussais, who, "although their master was called *absurd* and wrong-headed," and his, now exploded system was denounced as "false in reasoning and pernicious in practice," were never called quacks, nor excluded from association with the rest of the profession; they should remember the important and "self-evident" distinction that those absurdities were not *homœopathic*. That makes all the difference. At least I think it would be difficult to discover any other.

The charge of "self-evident absurdity," although a convenient method of avoiding discussion, is not always conclusive as to the final judgment of mankind. It has often before been made in reference to ideas, discoveries, and inventions, the truth and value of which time and experience have ulti-

mately demonstrated and confirmed. In these days especially, when the developments in science and the arts are constantly obliging us to modify or completely change our former views, it behooves us not to be too bold in our denials, nor too hasty in denouncing as absurd everything that appears new or unusual.

Dr. Hun compliments homœopathy as having been "for twenty-five years the prevailing medical heresy." He allows that its practitioners have, as a class, "gone through a regular course of instruction, and have been pronounced by the proper boards, qualified to practice." He admits, as we have already seen, that "there is a class in which are found eminent lawyers, learned divines, shrewd and prudent merchants, who conduct their affairs with wisdom and discretion, and who yet adopt the homœopathic system of practice for themselves and their families;" and he might have added, that in every community, where the system has been fairly represented, its chief adherents and supporters are of that class. It is not among the ignorant and the uncultivated that it makes its first and its firmest converts. It is only by slow degrees that it gains the confidence of the lower classes, who are much more likely to estimate the value of a prescription according to its size, the number of its ingredients, its nauseousness, or the immediate impression it makes upon the patient. But Dr. Hun, knows perfectly well, or he may know if he will take a little pains to inquire, that the patrons and upholders of homœopathy are everywhere, those who are not only "eminent," "learned," and "shrewd" in their several professions, and conduct their own affairs "with wisdom and discretion," but that their very habits of weighing evidence, examining testimony, looking after their interests, and regarding all subjects from a practical, utilitarian and common sense point of view, enables them to form as sound a judgment on medical matters as those whose prejudices, instincts, or interests lead them to adhere to the old routine.

Now, is it altogether modest in Dr. Hun, or any man, to pronounce the sentence of "self-evident absurdity" upon a doctrine, science, or practice, that is accepted, believed in, and trusted by men of this class? Nay, is it not the height of pre-

sumption? For twenty-five years homœopathy has been the "prevailing medical heresy." Its practitioners are men of regular medical training, have observed all the legal and usual requirements, have been pronounced by proper (allopathic) judges qualified by education, moral character, and decorous deportment, to assume the duties and responsibilities of a profession scarcely inferior in importance to any other. Who shall say that they are less qualified than others to form opinions on subjects of controversy, or that in changing their views or adhering to this practice they have been influenced by more unworthy motives than those who, with or without examination of the subject, prefer to remain allopathists? Dr. Hun concedes the right of every man who has learned his profession "to form opinions and adopt a practice according to the best light he can find." Is it not to be presumed that homœopathic physicians have exercised this right conscientiously and intelligently?

For a quarter of a century, and more, "learned," "shrewd," "eminent," "wise," and "prudent" men have been treated according to the method of this "prevailing heresy"—they have preferred it for themselves—they have trusted to it those more dear than themselves—but they have not yet discovered its "self-evident absurdity." And is it not somewhat remarkable that a system so far "beyond the reach of logical refutation" because of its utter absurdity, without any unprofessional or indecorous propagandism on the part of its advocates, without resort to dishonorable and clap-trap expedients to gain popularity, and in spite of the persistent opposition of the so-called "regular" profession, should for so many years have maintained its hold upon the confidence of the public, making converts from allopathic ranks, extending itself in every civilized country, establishing its dispensaries, hospitals, and schools, gaining in strength and influence where it has been longest known, and yet at this time be more than ever, the prevailing medical heresy? That the system is safe, efficient, and reasonable, we have the evidence of thousands of scientific, shrewd, and thoughtful men, who have tried it in the crucible of actual experience for a series of years. That it is "self-evidently absurd," we have the assertion of Dr. Hun.

That large and respectable portion of the non-medical public—that it is both large and respectable is conceded—who, after more or less experience and observation of its benefits, discard the old system—who so far agree with Dr. Hun as to believe it “unworthy of the age and the present condition of science,” and choose homœopathy instead as being more safe and successful—are excused for their defection on the general ground of ignorance, notwithstanding their learning, their shrewdness, their prudence in ordinary affairs; in regard to the merits of medical systems they are strangely uninformed and indifferent. “The truth is,” says our author, “these men neither believe nor disbelieve in the system. They have not taken the pains to examine into it, and do not know exactly what it is. Just as this same class of men is in general, unacquainted with the medical doctrines of the regular profession.”

What is it then that induces these otherwise discreet and prudent people to forsake the good old ways of allopathic orthodoxy for this silly discussion, this “prevailing heresy” of homœopathy? What strange hallucination beguiles these usually sensible men to trust their dearest interests to such a “self-evident absurdity?” We need not go beyond this same address for a solution of the difficulty. Let us hear our learned author’s explanation of it. “That which they do believe,” says he, “is that sick persons, when treated according to the homœopathic system, recover at least as well as when treated according to the regular practice, thus founding their judgment, not on the reasonableness of the system, but on what seems to them to be its fruits.” Well, is not that a reasonable foundation for their judgment? And is not even the unlearned and way-faring man competent to judge of medical systems as well as of moral character, by the fruits exhibited? But Dr. Hun has more to say on this subject. “It is within the recollection and experience of most of those here present, that no person, whatever might be his age or circumstances, was allowed by his physician to go through an attack of measles or scarlet fever, or indeed *any disease* however grave or slight it might be, without being made to swallow a certain amount of nauseous and nauseating medicine, which greatly increased

the pain and discomfort of the sickness; and the administration of this medicine was held out as absolutely necessary for safety. Now the homœopathist, in similar cases, is seen to give infinitesimal doses in a palatable form, and [remember Dr. Hun is still on the stand] *the patient recovers equally well.*" Now if that is the case, that the comparatively pleasant and gentle treatment of the one system is equally efficacious with the nauseous and distressing method of the other, why should not those who only seek to be cured naturally, choose the pleasanter way of obtaining the desired relief, whether they understand the philosophy of the system or not. They may not know or care to understand the *modus operandi* of the remedies, but they are just as competent to appreciate their effects as a medical professor or even the president of a state medical society. What matters it to the poor victim of intermittent fever whether the Quinine that cures him does so by virtue of its action on the nervous system, upon the blood, the ultimate fibre, or the liver; whether it acts as a tonic, or as an astringent, as an anti-spasmodic or an anti-periodic; and is he not as well qualified to judge of its salutary effects as if he were familiar with all the various and conflicting theories on the subject that have been advanced during the last two hundred years? Why should prudent and sensible men ignore the evidence of their senses, because they cannot or do not comprehend all the why and wherefore?

But if a "mere statement of the homœopathic doctrine is sufficient for its own refutation," with all rightly constituted minds, suppose Dr. Hun inaugurates a holy crusade against the prevailing ignorance on medical subjects. A mere statement of the fundamental principles of the homœopathic way of cure could be embraced in a pamphlet of moderate size, and if widely disseminated, might tend to dispel the general darkness, we would be happy to join in such a charitable enterprise, especially if it included a statement of the principles of allopathy, and such an exposition of its advantages as might be derived from his own essay. I would respectfully suggest such extracts as the following from that interesting production:

"Assailed from within and without, our profession presents

the remarkable spectacle of an art sinking in public estimation and in the confidence of its own practitioners, while the science on which it is founded is applauded for the conquests it is constantly making. It has even been said of us, as of the priests at the decline of paganism, that two physicians in the practice of their art cannot look each other in the face without smiling at the credulity of their dupes."

"Nor is it among the public only that confidence in our art is impaired, for even in our own profession are to be found men remarkable for intelligence and scientific attainments who are led by their science to a state of practical skepticism."

"In the past we find many absurd pretensions to blush for, and many fatal errors to deplore, and even in our own day a routine of practice still prevails which is unworthy of the age and of the present condition of our science."

"There must be some cause for this error of the public, and we may safely assume that if our profession had been altogether worthy of confidence, it would not have been treated with distrust by men of intelligence and sound judgment, who are at least sincere in their choice; for what they first of all wish for is the restoration of health, and not the gratification of any spite against our profession."

"The success of homœopathy, which for the last twenty-five years has been the prevailing heresy, has been due not to any merit of the system, but to the previous errors and impostures of the regular profession."

"In most cases there is nothing to be done but to watch the patient as the disease runs its course."

"But the advocate of homœopathy replies to the explanation I offer: If nature suffices for the cure of these diseases, why is it that formerly, and even at this day, so much disagreeable medicine is given in these very cases by physicians? To this I know of but one answer: The profession has been and still is in error. Much of the medicine given was and is unnecessary and even hurtful."

With this plain statement of the case, so easily made and spread before the public, all eager, as you well say, "for the restoration of health, and not for the gratification of any spite against our profession," who doubts that the door of every in-

telligent household would soon be closed against homœopathic humbugs, since all persons, with rightly constituted minds, would prefer to be scientifically killed rather than absurdly cured.

I am not willing, however, to concede so much ignorance on the part of the advocates and patrons of homœopathy as is taken for granted by Dr. Hun. I believe that the experience of the members of this society will sanction the statement that there is among the intelligent class of homœopathic laity no small amount of information on medical topics, and a discriminating appreciation of the peculiarities and principles of the system they have espoused, as well as a much better acquaintance with the theories and methods of our opponents than is usual among those who still adhere to the allopathic regime. Several admirable expositions of the system of Hahnemann have been prepared by non-professional men. The able and satisfactory essays of Eustaphieue, Everest, Wilkinson, and others of this class, have rendered important assistance in extending a knowledge of our principles and treatment; while various familiar treatises of like character by physicians have been written and published to meet the popular demand.

As Dr. Hun disposes of the *doctrine* of homœopathy by this summary sentence of self-evident absurdity, and so refuses to reason concerning its truth, we are bound to conclude that he has disposed of its *facts* in the same way, and by refusing to receive them as evidence. The assumption that our doctrine is absurd, has compelled him to the consequent assumption that our practice is futile. He cannot repeat against homœopathy the charge of being pernicious and dangerous, as he allows much of the practice of his own school to be. Our dose is too small for that, it is simply powerless, a nothing, a cheat. We make our patients believe they have swallowed medicine when they have only tasted sugar or water! But still the facts, the countless cures alleged to be wrought in our practice, and attested by so many competent witnesses in all classes of society, must be somehow resolved into fancies and phantoms, or they may seem like evidences to rebut the charge of self-evident absurdity. And how is this to be done?

Dr. Hun has found a method of explaining our *apparent* success, viz.: homœopathy counts among its cures only those cases in which recovery would have taken place without medicine. It creates a reputation out of nothing "by giving frightful names to mild diseases," (a trick which, by his own showing, we might have learned from the "regulars," who, as he suggests, often leave on the mother's mind the impression when a child has recovered from spasmodic croup "that if the doctor had not diligently used remedies it would have passed into membranous croup.") And so he leaps to the pre-determined conclusion required by his theory of absurdity, and sweeps all recovery under our treatment into the same category of "mild diseases." The cases given over to death, or too malignant to be reached by any art or agency of allopathy, and yet made every whit whole by the absurdity of infinitesimal doses, are conveniently left out of the account. Authentic reports of some chronic diseases successfully treated according to this method, after the patient had spent all his living upon the old school of physicians and was nothing bettered, but rather grew worse, are accessible to Dr. Hun at any time when his mind may be open to conviction. Yellow fever is not generally ranked among mild diseases, yet in 1853 the Trustees of the Mississippi Asylum, at Natchez, after a fair trial of both systems, felt obliged to dismiss allopathic treatment altogether in that disease and adopt homœopathy exclusively. Cholera is not yet accounted a mild disease, yet statistics from different hospitals in Europe and America show that when allopathy was losing from 46 to 75 per-cent. of its cholera patients, our practice was losing from 13 to 33 per-cent. And are the families which patronize homœopathy peculiarly favored with exemption from malignant and violent sickness? Does it not occur to some "well constituted minds" that among the many "shrewd and prudent" people who have accepted us through a term of years as their family physicians, there ought to be now and then one whose intelligent solicitude for the relief of his suffering household would sharpen his eyes so as to see that our remedies are powerless?

At the outset Dr. Hun virtually, though unwittingly, acknowledges himself disqualified to testify concerning the

merits or demerits of our system. The convenient and easy charge of self-evident absurdity, carries with it not only a refusal to reason or be reasoned with, but also a confession that the matter has not been deemed worthy of any other than a superficial examination. This is a confession of ignorance arising from prejudice or prejudgment—a confession of mental condition which utterly unfits any man to express or even form an opinion on any given subject. Newton's rebuke to Halley was severe as courteous, "I have studied this matter, you have not." Solomon's rebuke to that self-sufficiency that presumes to pronounce judgment without examination, is somewhat sharper, "he that answereth a matter before he heareth it, it is a shame and folly unto him." Dr. Hun is a man of wide and various knowledge; I do not seek to discredit his judgment in matters of which he is competent to speak, but of homœopathy it may be both a misfortune and a fault that he is wholly ignorant.

Is not this a marvel in the history of a great and beneficent science? A hundred men having brought all their wit and wisdom to the work of testing an alleged improvement, unanimously speak out of their personal knowledge, and as unanimously declare that this alleged improvement is real and worthy of acceptance; they affirm that it is founded in truth and justified by experience. Another hundred, equally interested in the object of the improvement, not only refuse to examine for themselves or to receive the testimony of others, but denounce as knaves and fools those who commend the improvement to public notice.

I have no defence to offer to the Doctor's charitable hypothesis by which he accounts for our adoption of a system so absurd, illogical, and unreasonable in the following terms: "Those who are capable of making advance in science do not adopt such a system except for the sake of money." As allopathic physicians are never known to charge anything for their professional services, the full and undivided force of this blow falls on us with crushing weight!

But Dr. Hun has yet another and more serious ground of accusation against the object of his assault. Its principles are not only irrational, illogical, and absurd, its pretended success

in practice illusory, its practitioners mercenary and dishonest, and its learned, shrewd, and prudent dupes ignorant of the theory to which they trust their health and lives. It is not only all this, but more than this; homœopathy is recreant to the traditions of the profession. According to this authority "the homœopathic system discards the whole body of medical science as constituted by the labors of successive generations, and founds the art of healing on something entirely different from this science."

Suppose that it were true. Two suggestions immediately occur to the mind as a counterpoise to this indictment, or at least as an extenuating plea. The first is, that neither to the humane and conscientious physician, nor to the sick and suffering patients, can it be of much importance whether the method of treatment pursued accords with the traditional notions of the schools or not, if only it is successful. I understand that it is the chief duty of the medical man to consult, first of all, the interests of the sick who may be entrusted to his care, rather than to vindicate any particular theory however plausible it may appear to be; and that he is bound to cure them if he can, by the surest and most expeditious means available. No matter whether those means are consonant with his accepted hypothesis or no, if he has sufficient testimony to their efficacy and superiority, he has no right to deny his patients the advantage of their application. Not he who adheres most rigidly to the dogmas of his accepted theory, or blindly follows his system through thick and thin, is most likely to deserve the confidence of his patients, but rather he who, rising above mere hypothesis, is willing to acknowledge the supreme logic of facts whether they tend to confirm or contradict his preconceived ideas.

The second suggestion that naturally occurs to any one who has carefully followed the doctor's argument is, that even though the charge contained any real force, it comes with an ill grace from one who has just laid himself open to the same imputation. In the course of his address, Dr. Hun has freely indulged in animadversions on the errors and abuses, the baseless theories and pernicious modes of treatment prevalent in his branch of the profession, and has asserted, without

qualification, the necessity of departing from the worn-out systems so long followed, and a reconstruction of therapeutical tenets more conformable to the advanced and improved condition of modern science. It would be difficult to mention any notion or principle heretofore held and accepted as a part of any medical creed, that he does not, either directly or by implication, repudiate and deny—any recognized mode of treatment that he does not scoff at as nugatory or injurious. Even the idea, universally received and acted upon by all medical authority in every age, that diseases are curable by medicines, *he* pronounces a “pestilent heresy.” We have seen that, according to his own statement, “the most opposite doctrines may be promulgated and the most opposite methods of treatment may be proposed,” without the risk of professional excommunication. We are also informed that “there is no fixed orthodoxy in medicine,” and that “each man, having learned his profession, is allowed to form opinions and adopt a practice according to the best light he can find.” What to him, as he passes the actual state of the profession in review, are the old axioms, the established methods, the stereotyped routine of his own school and its practitioners? Now, he caricatures the absurdities which he holds up to view, and now brands with a darker character the faulty and injurious practice which he stigmatizes as it deserves. He discards, without hesitation, the most venerable and cherished opinions, and looks forward to the establishment of new and better principles of medical procedure.

Now, having gone thus far, he may not be bound to accept homœopathy; but we hold that he is obliged to exonerate it and its professors from the trammels of an effete system, which he himself rejects. Refusing himself to be restrained by the tenets of preceding systems, and proposing principles of treatment which, whether true or not, are utterly incongruous with the traditional teaching of any age, I submit that *he*, at any rate, cannot consistently, charge any system with quackery or irregularity on the ground that it also ignores those traditions.

But the truth is, so far as homœopathy is concerned, that the accusation is unfounded; and Dr. Hun wastes his ammuni-

tion when he directs against the system of Hahnemann the charge of disregarding the traditions of medical science to found a science *ab ovo*. We recognize the truth equally with him, that "every great catholic doctrine has its roots in the past," and that every science has its traditions, the slowly gathering results of manifold strivings after truth—often obscured and overlaid with error and crude conceits—often mixed with vague speculations—and sometimes well nigh lost and forgotten—but still the legitimate basis of all subsequent improvement. Instead of discarding those traditions, Hahnemann's great discovery reconciles all that was true in their seeming contradictions, and illuminates what was dark in their applications by solving that primal question which has been the perplexity of all the past. So far from being without "roots in the past," it is the ripest fruit of all previous experience and inquiry. "Not to destroy, but to fulfill," was Hahnemann's mission, for while his system abolishes and supplants a useless, cumbrous, and out-worn medical ritual, it does yet preserve and exalt, in sublime and simplified form, all that was true and beautiful and good.

Dr. Hun charges against homœopathy that "although the system has been in existence more than half a century, and has been well known over the world more than thirty years, so that a medical generation has grown up under it, yet it cannot show a single improvement in medical science by one of its professors." Indeed! and is it no improvement in medical science to have discovered and verified its own fundamental principle? Is it no improvement to have multiplied the facilities of medical art? Does the vast task of reorganizing the *materia medica*, legitimating the selection of remedial agents by the collection of countless cases, and often by experiment upon our own bodies, pass for nothing with a devotee of science, who can yet afford to rejoice over microscopic discoveries in a fungus? In the body of his address our essayist laments and deplores the defective condition of *practical* medicine; compared with the brilliant results attained in the correlative sciences, he admits that the view of the practical side of the question is far from flattering. The established and inevitable treatment of a few years ago he

scruples not to impugn as "barbarous," and adds that, "even in our own day a routine of practice still prevails, which is unworthy of the age and of the present condition of our science." Now it is just in this department—on all hands confessed to be the weak point in the profession, and the most essential—that the discovery and application of the homœopathic law of cure is destined to accomplish the most splendid results. Great as has already been the improvement effected in therapeutics by its partial adoption and limited development, far more important advantages to suffering humanity may, assuredly, be anticipated when the resources of the system are better understood and more widely extended. Surely it would seem that every well intended effort, however feeble, towards improvement, when improvement is so much needed, ought to be encouraged rather than decried. And are we to have no credit either for having compelled allopathy to revise and ameliorate its own methods? For, I suppose, it will not be denied that, whatever modifications have been introduced into the old school medical treatment during the last thirty years, tending to increase its usefulness, or, at least, to mitigate its inflictions, have been in great part due to the influence and example of homœopathy.

While frankly admitting that we have as yet done little for the furtherance of medical science in some directions, we claim to have more than balanced the account by our diligent pursuit of a new department of inquiry which has yielded practical results of the highest importance to humanity, and is destined to effect still greater achievements in the future.

We recognize the great value of all knowledge which gives the physician a more intimate acquaintance with the mysteries of life, its instruments, its processes, and its relations to external nature; yet we shall be able to excuse those treasure-hunters who are comparatively negligent of grains of silver because they are finding nuggets of gold. Of the absolute value of anatomy, physiology, and animal chemistry, &c., there is no question: concerning their relative value, no one knows better than Dr. Hun, that there is room for honest difference of opinion. A certain degree of knowledge in

these and all cognate sciences is indispensable to the physician as mathematics to the navigator; but the most skillful anatomist, or the best read physiologist, or expert chemist, is no more sure to be the most successful clinical practitioner than the best mathematician is to be the safest seaman. Few physicians in active practice can pretend to keep even with the rapid advances in either of these branches of knowledge. Even the limited acquaintance with them that enables a candidate to pass examination, grows rusty with years, their technical details fade out of the memory, or are crowded into the background by the more practical and pressing facts to be met with in every sick-room.

We, nevertheless, protest against the injustice which charges us with indifference to any department of inquiry which can have any bearing, however remote, on the progress and improvement of our art. It could hardly be expected however, that in its first half-century, homœopathy should outstrip the progress made by allopathy in three thousand years, especially in those directions pursued by both schools in common, and for which the older had almost a monopoly of facilities. Nor is it to our discredit that we have not been kept by a false pride from availing ourselves of the help which comes from other men's labors. The very fact that the old school institutions and *savans*, half despairing of success in therapeutics, are pushing their researches in subordinate and collateral branches, and that the rich results of their devotion have become public property, spares us the need of so much independent effort, and permits us to pursue, with undivided diligence, our appointed task of enlarging the *materia medica*, verifying its application to disease, and developing and extending the resources in our possession.

We will be no party to a needless quarrel. Homœopathy would walk side by side with allopathy in the paths of general science, in the pursuit of anatomical knowledge, and in honest endeavor to mark and classify the symptoms peculiar to every form of disease. Whatever is known or knowable in the departments of physiology, pathology, diagnosis, hygiene, &c., must be appropriated with genuine satisfaction as common property and of equal interest to sensible medical men of every

school. We trust that all that deserves the name of science is sought as sincerely, and accepted as freely and gratefully by us as by those who deem it meritorious to denounce us as unscientific pretenders.

In short, homœopathy differs from all preceding schools in its *principles and practice of medicine*, and not in respect of general knowledge, nor in its recognition of physiological and correlative facts.

And it would be quackery indeed, did we affect any peculiar exemption from the danger of misapprehending disease. Whatever uncertainty attends diagnosis, whatever embarrassments grow out of obscure and peculiar conditions of the patient, hereditary tendencies, temperament, sex, psychological or climatic influences, we share in common with others. So far as the operation of medicine is modified or neutralized by unobserved or undiscoverable causes, all administration is helpless. We are hindered in our work accordingly, and we should be foolish indeed, not to welcome from any and all sources light on the shadowed paths.

But what we claim in advance of our rivals is this, that when a homœopathic physician has once made a true diagnosis, or a complete digest of symptoms, he has a sure rule to guide him in the selection of a remedy, and unless the symptoms are wholly new, so as to indicate no remedy yet included in the *materia medica*, or unless the nature of the disease renders a cure impossible, or unless he be defeated by the folly of nurse or patient, he has a right to be confident of success, and that this confidence rests on a rational, scientific basis—on the uniformity of relation between cause and effect.

If he suffer from uncertainty it may be from the difficulty of acquiring the necessary information, but never from misgiving as to the principle that should govern its treatment. Whereas abundant proof might be deduced from physicians whose eminent attainments and extended experience, render their testimony unimpeachable, that allopathy condemns its most conscientious practitioners to the double torture of uncertainty concerning the true principle of treatment after the disease itself is known. And this torture increases with increasing experience. As Dr. Hun himself mildly expresses

it, "after a career more or less prolonged, some look back with painful doubts, whether, upon the whole, their art has been of service to mankind." But we might fill pages with the testimony of men foremost in the ranks of homœopathy—men whose convictions brought them from the old school where they had enjoyed reputation and respect—all going to show that the beneficent and beautiful results of their daily practice furnish cumulative proof of the correctness of the fundamental law affirmed by Hahnemann, proof of precisely the same quality as that which assures the chemist of the uniformity of nature's operations. Of course there is room for perpetual progress in the development of our knowledge and resources; but being once certain of the path, we can go on towards perfection with hopeful steps. We may challenge Europe and America to produce a single instance in which a clear-headed and duly qualified physician of our school has ever thrown up his profession from that kind of disgust which leads many an eminent physician to exclaim like the one quoted by D'Alembert: "I am tired of guessing."

Let us then improve this occasion by a renewal of mutual congratulations, that our increasing experience is an increasing pleasure, since we find ourselves the honored instruments of Providence in conferring continual benefits on our fellow-beings, in relieving human suffering, thereby exercising our own spirits in those high offices of good will which make our profession, when wisely and conscientiously followed, suggestive of that celestial ministry which we may hope to share in the immortal life.

ARTICLE XLVII.—*On Resections of Different Joints.* By
THEODOR LIEBOLD, M.D., of New-York.

2. RESECTION OF THE SHOULDER-JOINT.—This operation I performed three times in the U. S. A. General Hospital at Point-Lookout, Md.

Before going into the details of this operation, I desire to say a few words about the best time for resections in general, especially those made necessary by external injuries, and more particularly those after gun-shot injuries.

It is difficult to draw an exact line between *primary* and *secondary* operation, but I believe most of the surgeons at this day call it primary, before the wound has commenced to discharge pus. There has arisen a great war of words, which time is the best to operate, but many have thereby lost view of one very necessary factor, and that is the *possibility*. The surgeons during a battle have certainly always only time to attend and operate on the most absolutely necessary cases; all others will be sent to the hospital. There are of course cases where a resection is indicated, and which, if any way possible, must be operated upon immediately. One of those cases, and which has given me much pleasure, is the following: Private S. P. Dristin, Co. K, 117 N.-Y. Vol., thirty-four years of age, was sent July 5th, 1864, to the ward for gangrenous and erysipelas cases under my charge; he had arrived the day before from the Field Hospital. Patient was wounded June 27, '64, before Petersburg, Va., by a piece of shell, which had carried away almost the entire left deltoideus, and shattered the bone very extensively. Resection of the shoulder-joint was made the same day on field; and rather over five inches of the shaft of the humerus had to be removed. The wound was in a very sloughy and inflamed condition, and discharged exceedingly offensive matter. Cold water, solution of Permanganate disinfectant, oakum dressing, and good nursing, effected a perfect cure; all movements of the arm are strong and good, except out and upwards. This case was really a triumph of conservative surgery, and an honor to the operating surgeon, whose name I am sorry to have forgotten. Most of the cases, fit subjects for resection however, are sent to the hospital unoperated, because they are not so urgent.

In my opinion, the right time for operating is either, soon after the wound is received, before inflammatory reaction has taken place, or after the same has been subdued by suitable treatment, or subsided in the natural course of progress. Prof. von Langenbeck, as a general rule, discards primary resections, he says he always found afterwards, a more profuse and debilitating suppuration, as after secondary operations.

During the time active inflammatory reaction exists, I would never operate, if it did not become the imperative

duty; as it happens in some cases complicated with secondary hæmorrhage, which cannot be stopped otherwise, nor its recurrence prevented.

The liability of the case to prove fatal, especially by pyæmic infection, is undoubtedly during that stage much increased; this holds good for all surgical interference, as abundant experience has proved always and everywhere.

Historical Notices.—Dr. Oscar Heyfelder, in his above-cited work (Res. of the elbow-joint in last No.) says: As it is the case with most inventions, so the great and important operations have been preceded by more or less successful attempts in the same direction. So the resection of the shoulder-joint *per se*, was preceded by different extractions of the necrotic or splintered head of the humerus, which gave to the French (Sabatier, Boyer, Larrey) the pretext to claim the priority of the decapitatio humeri for a countryman of theirs (Boucher, 1753, or Thomas, 1740). The first set down as a principle to extract the splinters after gun-shot fractures, and perhaps practiced it for the caput humeri. The second extracted a piece one and one-half inches long of the caput humeri, on account of necrosis; whereupon regeneration of the bone and perfect usefulness of the arm followed. A case of Vigarons (1767) is also very problematic. Interesting for the history of this operation, these cases are in so far, as they show, that the caput humeri can be removed and a useful arm preserved. Platner laid down the indications for the operation, and advised it for the removal of the carious caput humeri. It took, therefore, only one step more to the resection *per se*, and Ch. White made this step in 1768. He removed on account of caries, using a single longitudinal incision, four inches of the bone, with the result of a useful arm by only one inch shortening. In 1773 the operation was repeated by Bent, and 1779 by Orred with happy results. Then it appears to have been forgotten in England, until it was resuscitated in the last years of the first quarter of this century.

In Germany, Lentin made the same three years later, in 1771, removing at the same time almost the entire diaphysis humeri, with regeneration of the bone and a useful arm. In

France, the two Moreaus, Sr. and Jr., introduced the operation. French surgeons—Percy, Sabatier, Larrey, introduced this operation into military surgery, where it now enjoys its greatest triumphs. The operation is either *total* removal of bone of *cavitas glenoidea* and *caput humeri*, or *partial*: removal of *caput humeri* alone, also named *decapitatio humeri*.

The *indications* for this operation are :

1. *Gun-Shot Fractures*.—They occur mostly on the left side, because generally more exposed than the right. *Baudens* says, that by conservative treatment (*i. e.*, without operation), either death by *pyæmia*, or a secondary operation, or a recovery with fistulas and ankylosis is to be expected. Among 26 with gun-shot fractures of the shoulder-joint under exactly the same circumstances, 11 were resected immediately, 10 of these were cured, with a useful arm ; 1 died ; 15 were treated expectantly ; thereof 8 died of *pyæmia*, 3 secondary resections ; 4 recovered with fistulas, swellings, recidives, intercurrent *erysipelas* ; repeated operations for extractions of splinters. *Mercier*, wounded on the 28th of June, 1848, and treated expectantly by Jobert, Larrey, *Baudens* ; Robert up to the 26th of February, 1853, had to submit to 70 (say *seventy*) incisions ; uncounted necrotic *spiculæ* were extracted, and he was continually troubled by abscesses, *erysipelas*, &c. When the treatment was discontinued, there remained still some fistulas. General *Gordes*, wounded in 1837, by Constantine, in Algiers, survived after great dangers ; seventeen years afterwards *spicula* were still extracted, fistulas incised and yet no perfect recovery.

2. Luxations of the head of the humerus, where it, by pressure upon the *plexus brachialis*, produces paralysis of the arm, or very violent pains or contractions of the biceps, and reposition is impossible. In these cases a fracture is mostly always present too, which is the real hindrance of reposition. *Pyæmia* very easily appears in those cases if not operated on.

3. Suppuration, carious and necrotic diseases of the joint ; more or less perfect ankylosis. Even in children operation to be recommended, because growth of the arm is in those cases often very much retarded.

4. Pseudoplasmas, tumors ; rarely.

A question is, whether resection is still indicated when much of the diaphysis has to be removed? Certainly. In most of those cases the periosteum *can* and *must* be preserved, when new bone to a greater or less extent will be formed; and even if not, the arm can be steadied by splinters or a light apparatus, and be still infinitely more useful and agreeable than the most ingenious artificial contrivance.

Methods of Operation.—*White* made a single longitudinal incision from the *external* circumference of the acromion downwards.

Moreau made a rectangular flap of the deltoideus—two parallel incisions downwards, united by a cross cut below the insertion of the deltoideus.

Dupuytren rounded the corners, and made a crescent flap.

Syme at last made a triangular flap, with the base at the acromion.

Prof. V. Langenbeck recommended and executed in 1848, a single longitudinal incision again, not from the *external*, but from the *anterior* circumference of acromion. Incision through the *skin*, from acromion straight down over the tendon of the long head of the biceps to 1-1½ inches below the fold of the pectoralis major; then, without lateral injuries to the fascicles of the muscle, going down upon the sulcus tendo bicipitis, the sheath of the tendo carefully opened in its whole length into the capsule of the joint. The humerus is now to be rotated outwards, and with small longitudinal cuts, the point of the knife always nearest to the bone, the insertion of the subscapularis and thereby the capsule of the joint is to be divided from the tuberculum minus. The forearm is elevated now, and the tendo bicipitis taken out of the sulcus, dislocated *inwards*, and kept there with a dull pointed hook. Wound to be dilated with such hooks. The humerus is now rotated *inwards*, and the mm. supra and infra spinatus and teres minor separated from the tuberculum majus, at the same time opening the capsule. The point of the knife always *upon* the bone. The periosteum should be most carefully preserved, and separated from the bone with elevators. This is easy in old cases of caries, or gun-shot injuries, but very difficult in fresh cases. A conscientious surgeon is, however,

richly repaid for all his trouble by a better result. The above-named muscles adhere also intimately to each other, and if they are not divided by cuts, their action to rotate the arm in or outwards is in a great measure preserved. The head of the humerus can now be easily dislocated out of the wound, and the remaining parts of the capsule divided. Very carefully at the inside! The head of the humerus is now fixed with a pair of strong forceps, of which the operator takes hold himself with the left hand, and sawed off. If the head of the humerus is fractured off, then it must of course be fixed as soon as accessible with a pair of strong bone forceps, or a tirefond, to be able to make the necessary rotations.

In the cases of gun-shot fractures, where the wound is in the external aspect of the arm, I have always made the incision up and downwards from the wound. The only principle not to be violated under any circumstances is, to keep the *mm. deltoideus* and *biceps* intact, that is, not to cut the muscle *across*.

The hæmorrhage is generally very insignificant: only the *A. circumflexa post.* has frequently to be ligated. If parts composing the *cavitas glenoidalis* are injured, they can easily be removed with a pair of Leur's cutting bone forceps.

CASE 1.—Priv. Sam. Harris, — Reg., twenty-two years of age, was wounded through left shoulder, May 16th, 1864, at Drury's Bluff, Va. The Minnie ball entered anteriorly below middle of head of humerus, making its exit posteriorly one inch below, at posterior border of axilla. Diagnosis: Gun-shot fracture of neck of humerus. Cold water dressing and supporting treatment until July 1st, when head of humerus was resected. Operation by Langenbeck's anterior single longitudinal incision. The head and one and one-half inches of bone removed. Though the ball had entered immediately below insertion of capsule, the joint had not been opened. The inside spongy portion of the head of the humerus was extensively diseased. Wire sutures, cold dressing. Patient is under charge of Dr. Gardner, U. S. A. July 31. Up to this day patient has been doing very well, and is improving finely.

Sep. 30. Some small pieces of necrosed humerus have been taken out. Dec. 15. Entirely well.

CASE 2.—Harris, fifty years of age, ♀ Reg., wounded some four weeks ago. Patient of Dr. G——.

Sept. 10, '64, I was called in consultation in a case of hæmorrhage. Diagnosis: Gun-shot fracture of left humerus, just below neck. Minnie ball entered ant.-ext., exit one inch lower at int.-post. line. Patient has now the third hæmorrhage from his wound, the first about a week ago. There seems to have been nothing done for it, and the hæmorrhages stopped after they bled enough on their own account. As far as I can learn, no bone has been extracted, not even the wound examined. Considerable dislocation; lower end pressed downwards by its own weight, upper end drawn up and inwards by muscular action. An incision was made immediately, enlarging wound of entrance up and downwards, nearly five inches long. Ten large pieces of bone were extracted. Some of the spicula were driven quite deep into the flesh, and having kept up there an irritation or wounding some muscular branch, occasioned the hæmorrhages. A bleeding vessel could not be detached. There was not the slightest attempt at union of the bone. The head of the humerus was in the same way diseased as the one above, and had of course to be extracted. The sharp, protruding portion of the humerus was sawed off even. Loss of substance of bone over three and one-half inches. The wound was merely closed with adhesive straps, in case the hæmorrhage should recur after recovering from the shock of the operation. Chloroform acted well; and he appeared to do very well for a few hours, but then commenced to sink, and died very quickly, seven hours after the operation, from anæmia and exhaustion of vital forces. No large artery was found injured afterwards; and his death cannot be charged to the operation, but solely to the *neglect* of the necessary surgical help.

CASE 3. Priv. Christopher Lawless, Co. H, 4th Md. Vol., age thirty-five years. Born in Ireland. Patient was wounded February 6th, 1865, at Hatcher's Run, Va. Diagnosis: Gun-shot fracture left humerus, upper-third. Ball entered external side, near insertion of deltoid; is said to be in yet. Entered this hospital Feb. 16, '65. Arm swollen and irritated. Cold applications. The ball could not be found, and it was thought

possible that it might have fallen out again after fracturing the bone, as sometimes happens. Patient had been doing well up to Feb. 28, '65, when secondary hæmorrhage occurred at 9 o'clock, P. M. The wound was enlarged immediately by an incision up and downwards, when it was found that the bone was fractured extensively at the interior side of the arm, where it extended from the head to over five inches downwards. The head and all the fractured portion was therefore removed, and the projecting pieces sawed off even. The minnie ball was found in the cavum medullare. No bleeding vessel could be detected. The anæsthetic used was one part of Chloroform to two parts of Sulph.-ether. It acted promptly, but his stomach was for two days after very irritable.

10. The wound was closed with gauze straps, fastened with Collodium. An elastic tube was introduced with the ends projecting at the upper and lower angle of the wound. The tube is perforated by circular holes in its circumference, and a perfect drainage thereby established. The wound is syringed out three times a day with a solution of Permang. disinf. The patient was transferred to a Washington hospital nine weeks later, when the wound had entirely healed, except one or two small fistulous openings; these did, however, not lead to any necrosed bone, at least there could be none felt.

Though no bleeding vessel was tied during the operation, the hæmorrhage did not recur afterwards. No attempt of union of the broken bone was found three weeks after injury, and if not operated soon, the same fatal result would have been the consequence as in case No. 2.

ARTICLE XLVIII.—*Phytolacca Decandra in Inflammation of the Mammæ.* By JOHN DRUMMOND, L.R.C.P.E., &c.

MRS. C——, aged thirty-five, consulted me on the 20th February, 1865. She had suffered for three months from a series of abscesses in the right breast, and there were six fistulous openings in it, from which milk and pus escaped when any pressure was made upon the gland. The skin was of a dark-brown color, indeed, nearly black in places, and she had

severe pain, which prevented her obtaining rest. She looked pale and haggard, her appetite was very bad, indeed she loathed most solid food; her pulse was quick, and she suffered from reeking perspirations after the slightest exertion, and every night in bed. She was poulticing the breast with linseed meal, and taking the Citrate of Iron and Quinine. I ordered the medicine and poultices to be discontinued. The breast to be covered by two folds of lint moistened in a lotion made from sixty drops of the mother tincture of *Phytolacca* in four ounces of water, and evaporation prevented by means of oil silk over this. This application to be renewed four times in twenty-four hours. Two-grain doses of *Silicia* b. every three hours. Beef tea, brandy and wine, to be taken in small but repeated quantities, varied with any other nourishment she could fancy. She had attempted to nurse on the sound breast, but as she was so weak, and as she had little milk for the nourishment of her child, she was easily prevailed upon to wean it. Under this treatment she rapidly recovered. The pain in the breast began to subside in twenty-four hours, and in three weeks the fistulæ had healed, and the breast was beginning to assume its natural color. The woman's health rapidly improved, the night sweats subsided, her appetite returned, and from the very rapid improvement in this case, I believe this new remedy will prove invaluable in these painful and often tedious cases.

(*Hom.(London) Observer.*)

ARTICLE XLIX.—*Permanganate of Potash as an Antiseptic.*

By M. W. WALLENS, of Woodstown, New Jersey.

DURING the past four years I have frequently found the Permanganate of Potash to be a valuable adjuvant to carefully selected homœopathic remedies. An article by Dr. Hale, in No 48 of the "N. A. JOURNAL," contains many valuable suggestions; and the two following cases are presented with the hope of eliciting the further experience of the profession in its use. I have found it highly valuable as an antiseptic and deodorizer in sloughing and suppurating wounds; as an injection into deeply burrowing abscesses attended with discharge of offensive pus; and as an agent to remove the un-

pleasant fœtor of the hands while dissecting. A weak solution I believe to be of service as a local application in diphtheria maligna, characterized by extreme putridity of the throat. It is used in the proportion of ʒi. to water ʒiv. with the most satisfactory results.

A few months ago a Mrs. P. was delivered of a still-born fœtus. Through the gross carelessness of the attending *physician* (?) the placenta was not delivered. About *eleven days* after the event I was called in haste to see her. Found the patient nearly exhausted by a profuse hæmorrhage, which the attendant (forgetful of the sound principle *tolle causam*) had been vainly laboring by night and by day to check. The odor of the room, and of the patient from absorption of the now putrid and decomposed after-birth was exceedingly offensive. Ergot in full doses was first given without effect. Then with the aid of placenta forceps many fragments were removed. While under the influence of ether, the remainder was removed by the introduction of the hand into the uterus. The hæmorrhage ceased immediately. Arnica 200 was given; and the solution of Potass. Permangan. used as an injection into the vagina and uterus, three times daily. In less than twelve hours the offensive odor disappeared, and in a few days she was convalescent without an untoward symptom.

William W., aged twenty-four, was wounded while gunning, Nov. 17th, 1865. The muzzle of the gun when discharged being at the distance of about half a yard, the load entered the palm of the left hand at the wrist, plunged through its length and shattered all of the fingers. Both palmar arches were carried away, and I found immediate amputation of the ring and little fingers to be necessary. Compresses saturated with the solution of Potass. Per-mangan., and renewed twice daily were my only local application. The extensive sloughs separated entirely by the ninth day, with the exception of the tip of the middle finger, which afterwards sloughed from the deficient circulation. During granulation, a flax-seed poultice saturated with the solution was used for a few days. No odor could be detected. There was no secondary hæmorrhage, and cicatrization was complete by Dec. 21st. At the present date, January 1st, he has entirely recovered with a hand nearly as useful as before the accident.

General Record of Medical Science.

1. *Climate of Minnesota.*

OUR attention has long been drawn towards this new and flourishing state as a home for invalids. Its peculiar claims, though not yet fully admitted by the profession, are still strongly urged; and we will give some of the facts on which they are based as they reach us.

The name of this state is taken from that of the river *Minnesota*, which runs into the upper Mississippi. It is supposed to be the same which La Hontan entered at its mouth in 1688, and which he said was called the "Long River. He was told by the Indians that it flowed out of a great lake, from which there was another river flowing far away to the South Sea. The missionary, Le Seur, called the river St. Peter's, in 1695, in honor of St. Pierre de Repentign, then in Canada. (LA HONTAN.)

"The dryness of the atmosphere, the peculiar character of the soil, the almost total absence of fogs and moist winds, all contribute to render the climate one of unrivalled salubrity.

In its first stages, consumption appears to yield readily to the peculiar influence of the climate; and even in the more advanced stages of the disease, the patient, by a continued residence in this country, finds permanent relief and comparative good health. I find that three classes of cases arrive in this country in search of relief:—1. Those slightly affected, who take time by the forelock, get well in a few months, and return to their homes perfectly cured. 2. Those more seriously affected, who never fully recover the use of their lungs, but by a permanent residence in Minnesota, enjoy comparative good health. 3. Those who wait until it is too late, and arrive here only to linger a few weeks and die among strangers.

It is to be regretted that the majority of the invalids who arrive here are not of the first class. Unfortunately, owing to the ignorance of physicians the disease is seldom detected in its first stages; and it is not until a hæmorrhage takes place, or tubercles commence to soften, that they see the necessity for the removal of the patient to a more salubrious climate.

The second, or predominating class are scattered over the entire State, from the Iowa line to the shores of Lake Superior. Go where you will through Minnesota, and you will meet persons, apparently in good health, who could not exist two years under the influence of the cold, moist winds of the Atlantic states. Many of them arrive here quite low, but with the help of a good constitution and the peculiar salubrity of the climate, they manage to rally and enjoy tolerably good health. In one or two instances which came under my observation, the patients had to be removed from the steamboat in a carriage, and several months elapsed before any visible improvement could be noticed; but finally the patients commence to mend, and the clear, bracing atmosphere of winter soon restored them to health. A few Sundays ago we buried one of the oldest residents of this city, who had been ill with consumption for fifteen years. He had been sick with the disease three years when he entered the State, and did not expect to

live many months; but he rallied, and by a continued residence in the country managed to prolong his existence a dozen years. Some of the leading business men of this city, men noted for their enterprise and success in life, belong to the second class, and, although to all appearance in the full possession of health, tell you that it would be impossible for them to exist East.

Of the third class not much need be said. They never ought to come here, as the fatigue and excitement of the journey only tends to hasten death. Some die on their way up the river, some at the hotels and boarding houses before they have been domiciled among us a fortnight, and others, feeling that death is inevitable, start for home before they have been a week in the country.

A very intelligent gentleman from New-York, whose acquaintance I made when I first arrived in St. Paul, estimated that about three out of every ten persons who came here afflicted with lung complaints recovered so as to be able to return to their homes, and that over fifty per-cent. of the invalids were afforded permanent relief. My informant, who is an invalid himself, has spent three years in the State, and although in the enjoyment of apparent good health, says he will never be able to live in native place again. He has, therefore, sent east for his family, and is going into business here.

It would be a difficult task to arrive at anything like the approximate number of invalids in the State, for there are no statistics on the subject; but it is safe to estimate them by thousands. In the summer you find them scattered all over the State, amusing themselves by fishing and hunting. The attractions in this respect are superior to anything of the kind in the United States, perhaps. The entire surface of the State is dotted with lakes, varying in circumference from one mile to one hundred, which abound in the largest and choicest kind of fish. Pickerel weighing from twelve to fifteen pounds, bass, wall-eyed pike, and trout in proportion, are caught in large quantities in all the lakes and rivulets. Trolling on the lakes is especially recommended by the physicians as the most fitting exercise for invalids who are too reduced to follow the more fatiguing sport of gunning. In the fall of the year, which is certainly a delightful season, the woods abound with deer, partridges and quail, while the stubble fields furnish the Nimrod with all the prairie chickens he can carry in an ordinary sized wagon. Geese and ducks of the finest flavor frequent the lakes in immense flocks, and afford splendid sport. Occasionally you stumble upon a bear, but invalids are not very partial to bruin as a general thing, and usually allow him to follow the bent of his inclination unmolested.

The cost of living in this far-off western country is by no means as expensive as some would imagine. Board at the best hotels in St. Paul can be procured cheaper than at the East, and in the country towns one can live very comfortably for about five or six dollars a week. As winter sets in the invalids all flock to the towns, where they can spend the season more agreeably than they can in the country. Such places as St. Paul, Minneapolis, St. Anthony, St. Cloud, Farrihault, and Winona are crowded with them, and the citizens derive no little profit by the presence of such

visitors. The pineries, which extend along the St. Croix river and run as far north as Lake Superior, are much frequented by consumptives. A belief is prevalent here that the pine emits an odor which is peculiarly healing, and highly beneficial for invalids; hence it is no uncommon thing for small parties to take up their quarters in this wilderness, and spend the winter there with the numerous gangs of lumbermen engaged in felling trees, and hauling logs to the banks of the neighboring creeks, with the view of floating them down the St. Croix in the spring. Those who have the strength and courage to endure this wild mode of life generally experience the most beneficial effects, and in the spring are enabled to return fat and hearty.

The Pulmonary Brigade of this city, an association of invalids hailing from all quarters of the Union, is an institution deserving of notice at the hands of your correspondent. In the summer they may be seen dashing about the city on horseback, and frequently make quite a display. They patrol the city and its suburbs in squads of ten or a dozen, and when there is sleighing, they outshine the natives in the style and brilliancy of their equipages.

2. *The Cholera as it appeared at the Port of New-York, in 1865.* By J. SWINBURNE, M.D., Port Physician.

THE "Atalanta," an English mail steamer, iron built, of 325 feet in length, and 36 feet beam, with two first and second cabins fore and aft on the deck, and three separate steerages of 98, 80, and 70 feet in length, and 8½ to 9 feet in height, sailed from London on the 10th of October, with a full cargo, and 28 cabin and 12 steerage passengers.

London was at that time perfectly healthy.

On the 11th she arrived at Havre, remaining only one day, and receiving 24 additional cabin, and 540 steerage passengers, mostly from Switzerland, the southern part of Germany, and eastern France, all, with few exceptions, passing through Paris on their way to Havre, some remaining only a few hours, others for days in the Metropolis, when already at that time cholera was reported to prevail, though to a limited extent and of a mild type. Among these were two families from Germany, who remained a day at the hotel "City of New-York," at Paris, and five days at the "Weissen Lamm" and "Hullgarder Hof," in Havre. While at these hotels, emigrants who had arrived only a few days before them were taken ill, visited and attended by government officials, and by their orders sent to the hospitals.

The "Atalanta" sailed again on the 12th of October.

On the 13th the first death from cholera occurred in the person of a little child in the family from the "Weissen Lamm."

On the 14th, 16th, 18th, 19th, 22d, five deaths from cholera occurred in one family from the "Hullgarder Hof."

On the 22d, a friend of the family, also from the Hullgarder Hof, but in the 2d steerage, sickened and died on the 24th.

On the 28th, the first cases occurred in the 3d, steerage; three of the emigrants from London were taken ill on the 30th, all of whom, however, recovered.

When the *Atalanta* arrived, the surgeon of the steamer reported 60 cases of cholera and 15 deaths during the passage; two more died after her arrival in port, and 6 out of 42 cases admitted on board the hospital ships, making a total of 102 cases and 23 deaths. Of the 42 cases treated in the hospital, 22 were admitted on the 6th; six on the 7th; two on the 8th; seven on the 9th; two on the 15th; three on the 16th; one on the 19th.

From the first case, the disease presented the uniform symptoms pathognostic of Asiatic cholera, and although in comparatively few cases terminating fatally, the same virus produced the milder forms of disease which destroyed life in twenty-four, or even twelve hours.

The "*Hermann*," which sailed from Havre at the same time with the *Atalanta*, arrived at the lower quarantine on the 26th of November. The physician in charge reported seven deaths—four children, three adults. The former he reported to have died of diarrhoea and inanition; the three adults of disease of the heart, inflammation of the bowels, and premature parturition after a few days illness. Singular, however, that the first death occurred in the very family who had lost the mother at the *Hullgarder Hof*, at Havre, and whose disease and death, after thirty-six hours illness, the illiterate peasant, her husband, so graphically described, that no doubt whatever could exist, that she died of cholera asphyxia.

The "*Cella*," of the same line of steamers, arrived on the 20th from Havre with 360 passengers of the same class, and from the same region of country, but no cases of sickness or death was reported during the passage and on arrival.

The "*Mary-Ann*," an American bark, from Havre on the 25th of October, arrived on the 12th of December. The captain reported 5 deaths during the passage, 4 from cholera; the first died on the 28th of October, the 3 others on the 3d, 4th, and 5th of November, after an illness of one to two days duration. On a small vessel, with a deck scarcely six feet high, and crowded to its utmost capacity, and without any special care or prevention, the disease disappeared, and all on board enjoyed good health for thirty days previous to her arrival in port.

The "*Harpwell*," which sailed on the 28th of October, a few days after the "*Mary Ann*," lost seven infants during the passage, but no cholera cases occurred. Equally exempt were the two first class steamers "*Europe*" and "*America*," with passengers directly from Paris, where the majority had resided for some time previous.

That cholera prevailed in Paris, and to some extent in Havre, has been admitted by all, and what is still more significant, the "*Atalanta*," "*Mary Ann*," "*Hermann*," and "*Harpwell*," had each names on the passenger list which were not among the passengers, but reported to have been sent to the hospital by the local authorities at Havre. The clean bills of health were unquestionably issued by the same spirit which reported 200 cases at Paris at a time when upwards of 300 daily died of cholera.

Although the appearance of cholera was not unanticipated in the port of New-York, no facilities whatever were prepared for an efficient quarantine. The *Atalanta* was immediately, upon arrival, sent to the lower Bay, the

surgeon of the vessel relieved, and as soon as the hospital-ship could be prepared and the weather admitted of the removal of the sick, they were all, and as they occurred, transferred to the hospital-ship; the baggage of the passengers was opened and aired; the soiled linen washed, and baggage, bedding, and personal effects of every kind subjected to fumigation in cool chambers prepared for that purpose. This fumigation was effected by a mixture of black oxyd of manganese, common salt—equal parts, well moistened—and the addition of sulphuric acid, one part to four. The generation of gas was so abundant that one of the hands of the boat could only be restored with difficulty and after hours' attention, from the effects of inhaling the gas, four hours after fumigation had commenced.

The quarantine of passengers has been decried as barbarous and inhuman; and certainly none would be more anxious to grant them better accommodations than the officer in charge. When we, however, consider that the disease is not in the vessel, but among her passengers, and will necessarily accompany them wherever they go, that the accommodations on board the vessel, if scanty, are at least adequate to their wants and such as they are accustomed to, the neglect of the authorities to provide proper accommodations, though not less flagrant, was at least shorn of its alleged inhumanity and barbarity, in fact, that debarkation does not eradicate the disease, any medical man will admit, and as an instance in proof, I may mention the case of the "North America," in 1854. Cholera existed on board of that vessel two weeks before her arrival in port. Ten of her passengers had died during that time, and seven cases were sent to the hospital on her arrival. The day following, all her passengers were landed. In three days, 128 cases and 32 deaths occurred among 250 passengers, while the crew remained perfectly healthy, and no new cases could be traced to the vessel.

The passengers of the "Atalanta" received pratique ten days after the occurrence of the last case, and the vessel, a few days afterwards, was thoroughly cleansed and perfectly fumigated.

As facts are the only true basis of inference, I have limited my observations to simple recital of facts. Facts alone can guide us in a practical rational quarantine, and however much even medical men may differ as to the mode of its administration, all, I think, must agree upon the necessity of quarantine, both of sick and exposed.—*Med. and Sur. Reporter.*

3. *Protection of the Atlantic Cities from Invasion by Cholera. — Congressional Action Demanded.*

THE opinion which has been so widely disseminated by the Medical Profession that "*Cholera is not a Contagious Disease*" has led to entire imbecility in the action of all legislative bodies in regard to efforts to prevent its importation into commercial cities. We have frequently spoken of the necessity of wise Quarantine Laws for the protection of cities from Cholera as well as Yellow Fever, though neither of these diseases is contagious. We now give the argument of Dr. SAYRE, of New York, in his Report to the Health Commissioners, in favor of Congressional Legislation :

"New-York is accessible by the land as well as by the sea, and unless these same quarantine regulations are enforced in every seaport town upon the entire coast, there is no security; but the disease being imported into some of these seaport towns, may come to us by railway communication. We may therefore see the necessity for Congress or the General Government to take possession of this matter, and enforce a uniformity of quarantine regulations at every port of entry. The Government establishes a port of entry, collects revenue at a port of entry, and should, therefore, perform the duties connected with a port of entry, one of which is a proper quarantine establishment, and kept under military regulation, by which it may be rendered uniform and efficient. It sometimes happens that the port of entry, as in our own city, lies upon a river bordering upon two States, and the port may be in one State, and the most advantageous place for a quarantine under the jurisdiction of another. This conflict of jurisdiction renders it essential that it should be placed under the control of the General Government. The General Government would not hesitate to take possession of any place where it could best protect the country from an invasion by a foreign foe, irrespective of State boundaries, or State jurisdiction, were it to come in the form of armies or fleets. How much more necessary, then, that the same precautions should be taken against a secret foe of pestilence and poison, vastly more destructive of human life than a fleet equipped with Armstrong guns. As there are also many ports of entry, it is a necessity that the General Government should assume this control, in order that their action should be uniform; as we have already received an official communication from the city of Boston, in which a committee of medical men have stated 'that the disease is neither infectious nor contagious; cannot be communicated by one person to another by their effects or things, their excretions or secretions, and that it is as an epidemic entirely beyond quarantine regulations, or military cordons, and they, therefore, unanimously recommend the immediate removal of all such restrictions.'

"Boston being a port of entry, and having promulgated in pamphlet form to the merchants of this city their views upon this subject, may introduce into their harbor commercial intercourse, and the disease be disseminated throughout the country by railway communication; it is, therefore, patent that it is a necessity that the General Government should assume jurisdiction in this matter, as the General Government is responsible for the protection of the entire nation, and, by convention with Canada and the British provinces, a uniformity of quarantine could be established upon the entire coast, and thus the continent be protected from this terrible scourge.

"Congress has recently very wisely enacted a law to prevent importation of disease among our cattle. How much more necessary that it should enact a law which would enable us to prevent this plague and others from being imported among our people?"

We hope that the profession will take hold of this matter, and indicate to Congress that it considers it a matter of the highest public importance, that a humane and liberal quarantine law be enacted by that body, and carried into effect by the national administration, taking the matter out of

the hands of a few interested men and municipal localities, — a quarantine which shall be alike protective to the public and beneficial to the immigrant.

Reviews and Bibliographical Notices.

1. *On High Potencies and Homœopathics.* Clinical Cases and Observations. by B. FINCKE, M.D., of Brooklyn, N.-Y., with an Appendix containing Hahnemann's Original Views and Rules on the Homœopathic Dose, Chronologically arranged. Philadelphia: A. J. Tafel, 48 North Ninth-St. 1865. 8vo.; pp. 132.

It is difficult to find a fit audience for such a discourse as this. The author here, as elsewhere, has labored at the important problem of the true size and measure of the curative dose of medicine for disease as it is encountered in actual practice. The conclusions he reaches have generally been reached by others; but his mode of demonstrating their truth are in many respects original; and his whole work carries in it more evidence of thought and patient labor than is common in these days of hasty compilation.

The special mission to which Dr. Fincke conceives himself called is elucidation of the truth that *minuteness of dose* and *high dynamization* are vital to the doctrines taught by Hahnemann. He thinks "it is logically impossible to separate *quantity* from *quality*, infinitesimality from similitude."

"But, you ask, how many infinitesimals do you want for a cure? 'as many as sufficient, just enough, and no more.' This is the plain straight forward answer given by Hahnemann. Sufficient to cure is all that is necessary to cure. The sufficient quantity is the curative quantity; the *least* of it, if a simile, is a curative quantity, and is sufficient; and hence, the least of it, is all that is required for the *dose*; and that is an infinitesimal quantity of it. Here you have the answer to your question, and with it the very principle of the homœopathic dose." The author further maintains,

"That from first to last, in the history of the life of homœopathy, given to it by Hahnemann, we find it to be the fact, that the minimal dose of the simile is established to be sufficient for the cure, and that the most possible littleness and fineness of the dose is invariably presented and urged as the constant *provisio* for the practical application of the remedy.

"This is historically the posology of homœopathy. As a matter of fact, the minimal, *i. e.*, infinitesimal dose was never at any time separated from homœopathy; on the contrary, from the beginning, it was its inherent nature and characteristic; and on the same principle and in the same direction, it was constantly and continually followed up, and developed by Hahnemann himself, and by whole-souled homœopaths after him."

"He never mentions the homœopathical remedy without providing at the

same time for the *little dose, the minimal dose, and the least possible dose of it AS THE HOMŒOPATHIC DOSE.* Always in his statements, the quantity of the dose is inseparably connected with the quality of the remedy; always the prescription of simile is united with the proviso of the minimum dose. This is so, not only in the writings of his higher age, as some believe, but from beginning to end." It is conceded that other men, before Hahnemann, had occasionally "touched upon and unconsciously followed, the same idea of similitude as a principle of cure. And it is belittling Hahnemann himself, not to vote him the crown for that which is beyond controversy, new and greatest in him, namely, his potentization, which, we do not hesitate to declare, to be the greatest discovery of the age, reaching far beyond medicine into the realms of natural science."

These assertions of Dr. Fincke are sufficiently well sustained by extracts from Hahnemann's works, ranging over all the years between 1789, (and especially from 1796) to 1838. It is well in the day of declining faith in infinitesimal doses to remind us of the exact teachings of the master whom so many nominally acknowledge. All men do not follow them; many deny their wisdom, and suppose they have progressed far beyond Hahnemann; but the labor of bringing distinctly before us the teachings of the founder of homœopathy on all the points which he himself regarded as constituting the essence of the reform which he spent his life in making is still a justifiable expenditure of time and strength. The work is skilfully performed; and having been done, it is well that it is "well done;" though here we leave out *one* controverted point which we do not need to enter into.

The work before us has other claims; and, in regard to them, our opinion, as it would not be likely to carry with it weight enough to turn the scale in the author's favor or against him, it may as well be "reserved."

Having proved (in the appendix) that Hahnemann taught "infinitesimals" everywhere. Dr. Fincke occupies the first ninety-five pages with "Clinical Cases" which are designed to illustrate the efficacy of the most *infinitesimal of infinitesimals* in curing diseases. His cases treated by "high potencies," we have often hitherto noticed, and sometimes published. We have accepted them as reported in good faith. But, when the claim is presented for the most astonishing cures performed by the *seventy-one-thousandth potency* of some well known remedy, the *first* question that arises is, not, "Can it be possible that *such doses* can do *such wonders*?" The primary problem is *this*: "By *what process* are these *high numbers* in dynamization reached?" The labors of Hercules, no doubt, demanded a large share of that "patience and diligence" which, "like faith, can remove mountains;" but, after they were finished, there still remained that *more than Herculean labor*, of persuading this incredulous world to *believe in them*. This is, indeed, an achievement so grand that no man of all the ages has yet been able to accomplish it. What the whole medical profession really needs is just what the dying poet asked for, "*Light—more Light!*" We want *any number* of cases treated by the *highest* attenuations as well as the *lowest*. But let us have one glimpse of the *process* by which these *very high* potencies are *potentized*, no matter if our old enemy, the King of terrors, shall turn pale as Death when the door is opened.

2. *Homœopathic Family Guide, for the use of Twenty-Five Principal Remedies in the Treatment of the More Simple Forms of Disease.* By GEORGE E. SHIPMAN, M. D. Together with Directions for the Treatment of Dengue and Yellow Fever. By W. H. HOLCOMBE, M. D. New Orleans, La., Second Edition. Chicago: C. S. HALSEY, 147 Clark-street. 1856, 12mo., pp. 248.

THE second edition of a work of modest pretensions does not need to make as low a bow to a much imposed upon public, as was felt necessary to catch the eye of that same public at first appearance. The publisher thinks proper to issue a second edition of this little work, because the first edition has been sold, and he "scorns to give aught other reason why." The author (who pretends to be only "the editor") has some things to say to the lay-practitioners who may try to use it, and does not notice the "profession," which will only partially endorse the directions he is giving "how to use it." The people for whom these directions are written will, nevertheless, get along with them pretty well. They will not always cure; but they will do so much better than they ever did in using heroic doses of Calomel and Jalap, and indeed so much better than their doctors of recent date did with them, that we can join the sick children in rejoicing that a new dispensation has dawned upon the world. A work of this size can not be expected to contain everything; and this book is more likely to be useful because it does not. Give it a wide range in that great field in which the missionaries are still too few. In every house into which it may enter it will become a trusted friend.

3. *The New England Medical Gazette.* A Monthly Journal of Homœopathic Medicine, Surgery and the Collateral Sciences. Edited by H. C. ANGELL, M. D. January, 1866. Volume I, Number 1. Boston N. E. Medical Gazette Association. S. Whitney, M. D. Treas. No. 3 Tremont Temple. 8vo; pp. 24.

A new Medical Monthly Journal devoted to the progress of Homœopathy in New England and the dissemination of progressive Medical Science every where will be welcome wherever it is seen; and we have now, in this newest "Boston Notion," the fullest assurance that the desideratum long spoken of in that great realm of intellectualism is to be satisfactorily supplied. The mission which the Medical Gazette enters upon is sufficiently high, and it enters upon it with such confidence that it carries the right, the good and the true with it that we hold up our hands for it and declare our faith in it the moment we get sight of its flag. We are aware that this flag is unfurled under the guns of many hostile batteries; we will not enumerate them now. There are professors, poets, physicians, philo-

sophers who can tolerate no medical heresies. And then there are the members of the State Medical Society, who individually and collectively are, no doubt, more powerful than the four hundred prophets of Baal were, a long time ago, in Palestine.

The Programme of the Editor is a liberal one.

"While it is proposed to make the "Gazette" decidedly progressive in character, fully alive to the advanced positions of pathology and therapeutics, it is not intended that it shall be exclusive in any sense of the term. The question of dose, for instance, whether it shall be large or small; of regimen in relation to its effects upon our remedial agents; of the totality of the symptoms, to what extent they reveal the precise nature of morbid conditions, — all these are open questions, and it is proposed to treat them fairly, never unfairly. These subjects are practical, and to such it is desired to give a scope limited only by the size of the journal. The great object, above all, of the editor and publishers is to make the journal an eminently practical one, and as such, an indispensable auxiliary to every active member of the profession."

CONTENTS OF THIS NUMBER. — Introductory. Oxaluria by A. H. Okie, M.D.—Clinical Report by S. Gregg, M. D.—Clinical Experiences by H. B. Clarke, M. D.—Drug Effects, by C. Wesselhoft, M.D.—Cattle Plague Association.—Address of Lord Bury.—Dr. Bigelow's Address.—Miscellaneous Items, &c.

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4. *Taking Cold. (The Cause of Half our Diseases), Its Nature, Causes, Prevention, and Cure; Its Frequency as the Cause of other Diseases, and the diseases of which it is the Cause.* By JOHN C. HARWARD, M.D., M.R.C.S.L.S.A., Author of the Vale of Conway Spa; Allopathy and Homœopathy Contrasted, 1st. in their Nature; 2d. in their Origin and Early History; 3d. in their Bases. "The Knowledge of the Cause of Disease is the Key to their Symptoms and Treatment." London: Henry Turner & Co., 77 Fleet-Street.

THE title is large, though the book is a small one. It is practical, correct in generals, and calculated for popular use. We understand that it will be reprinted in a few days by Wm. Radde, 550 Pearl-st., N.-Y.

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5. *Homœopathics: What it is, and the Logic of it.* Philadelphia: A. J. Tafel, 48 North Ninth-Street. 1865. 8vo., pp. 16.

THE book is a small one, but it is one that it requires something more than "a Philadelphia lawyer" to read. One who undertakes it must be a mathematician; but a *more* mathematician will soon find himself beyond

his depth. There are many assertions here which a man *who knows enough already* may regard as expressions of important and useful truths; but any one who has not passed beyond the alphabet of homœopathy will never see them. If an anti-homœopathist will undertake to disprove the "Logic" of this little book, by carefully examining the facts contained in the works to which it refers, we will undertake to answer the balance of the objections he may raise against Hahnemann's teachings; we will also see the objector passed up to the head of the class of "chief wranglers," and vouch for him ever afterwards as "a gentleman and a scholar."

6. *Chart Showing the Lowest and Highest Prices in Toledo, for every Month in the Year, of Mich. Amber WHEAT and Number one CORN; also the Highest and Lowest Premiums on GOLD IN NEW-YORK.* Compiled, designed, and engraved by F. H. King. KING BROTHERS, TOLEDO.

A *mercantile card* can scarcely claim a place in a *medical journal*; but this one is so far out of the beaten track that it must go out of the mercantile profession to be duly appreciated. Its author, though a merchant, is so much of the *genius* as well as the *artist*, that he can never do anything in a common-place way. No historian will hereafter be able to give the history of Wall-street and the Corn Exchange so minutely and accurately in so small a space.

7. *Homœopathy in New-York, and the Late Abraham D. Wilson, A.M., M.D.* By his Early Friend, J. F. GRAY, M.D. New-York: Published by Request of the *Homœopathic Medical Societies of the County and State of New-York.* 1865.

THE biography of a man whom we all loved, by the man of all others best able to give it, has been long waited for, and could not be otherwise than welcome. It deserves to be read by the whole medical profession; as all men who ever knew Dr. Wilson will continue to cherish his memory.

8. *Third Annual Report of the Transactions of the Homœopathic Medical Society of the State of New-York, for the Year 1865.* Albany: C. Wendell, Printer. 1865. 8vo. pp. 440.

WITH this volume we receive its illustrious and not less splendid predecessor, the Second Annual Report of the same Society for 1864. Other states and other empires have occasionally performed brilliant things in "diffusing knowledge among men;" but no government ever expended a moderate

sum in disseminating among the people the most important of all knowledges known to the advanced minds of the age, in a manner more honorable to science, to the government, or the intelligence of the people. If we knew of no other method of proving that the world has moved rapidly forward on the tide of progress since the day that Hahnemann was persecuted even to strange cities for teaching a new medical truth, we would appeal to these volumes and say: "The State of New-York publishes, at the public expense, these Annual Volumes of hundreds of pages, to *teach and popularize the same truth* among all classes of her citizens in every county and village of the State. *It must be true* that homœopathy embodies in it an ever-living truth which persecution could not destroy; *it must be true* that it has grown strong enough to make its claims felt and respected; and then *it must be true* also, that the people who make the government are becoming, annually, more intelligent and liberal in providing for their common wants and interests.

Of the many important papers contained in the Transactions of the Homœopathic State Medical Society, there is now no time to speak at length. Let every physician of every school read them, and their patrons will bless their liberality, and feel safer in trusting to their wisdom. The man who "finished his education" a good while ago, may bear with us when we suggest that he may spend a few leisure days very profitably in studying some of these lectures and essays; in repeating and verifying some of the "*proving*s," or even some of the "*clinical*" experiences of these highly interesting pages. There are facts here that deserve to be known and treasured up, not only in the archives of the State, but in every professional and family library in every State. There are reasonings and arguments here which will be declared to be unanswerable after men reputed wise shall have many times tried their best and their worst upon them.

There may be some scientific men who will not find time to read the pages before us; but we know of one class of men who will scarcely dare to *not read* them. This class of men is made up of *all the classes of all the colleges now engaged, or hereafter to be engaged* in teaching medicine. We are in no hurry to get hold of these young men in whom the hope of humanity must in future years so largely rest. We advise them to learn all they can elsewhere. They will meet days of trial when they will need all they have learned, and more also. The prejudices of sect and creed will at last be overcome; and then such volumes as these will be valued.

Miscellaneous Items.

Homœopathic Medical Society of the State of New-York.

THE Fifteenth Annual meeting of the Society will be held at the the City Hall, in Albany, commencing Tuesday, February 13th, at 10 o'clock, A. M. The meeting will continue two days.

It is desirable that all the County Societies be represented by a full at

tendance of delegates. Delegates, or their alternates, should be furnished with properly certified credentials.

Delegates from other State Homœopathic Medical Associations are expected to be present. A meeting of more than usual interest is anticipated.

Communications for presentation at the meeting and publication in the Transactions, should be forwarded, as soon as practicable, to the Recording Secretary. Papers requiring suitable lithographic illustrations are especially desirable.

The attention of members of Medical Committees and of the profession is called to the Circular published in the third volume of Transactions, pages 401 to 404.

The Annual address will be delivered Tuesday Evening, by Hon. John Stanton Gould, of Hudson.

H. M. PAINE, *Recording Secretary.*

104 State-st., Albany, N.-Y., Jan. 15, 1866.

The Secretary announces that the proprietor of the American Hotel, 100 State-Street, has consented to make a reduction in the price of board, from \$3.00, the usual charge, to \$2.50 per day, to the members of the profession in attendance at the meeting, provided a sufficient number of the members desire to avail themselves of this offer.

The Cattle Plague and Homœopathy.

The British Medical Journal is engaged in combatting the medical heresies of the *London Times*. The battle is a strange one indeed. The Medical Journal charges the Times with *advocating homœopathy* as the only system of medical practice that can meet the malignant pestilence among the cattle which has hitherto defied all other systems of treatment. It is said by another medical journal that the *London Times* has the largest circulation of any paper in the Eastern Hemisphere; and it is certainly a fearful announcement to make to the world that the Times has committed itself to a heresy of any kind. But we perceive that the especial trouble of the *British Medical Journal* is, not that the Times has asserted homœopathy to be the most effective system of treatment for the cattle plague, but that the *orthodox medical journals* are afraid the Times will prove its assertions true.

It is evident thus far, that the Times has the best of the argument; and there is no hope of the combatants agreeing. As the matter concerns the *national dinner*, we know there is *one* "point of faith on which the hostile editors can unite:

" If Jove will send them ~~BEER~~ in store,
And when that's gone will send them more,
They will, as heretofore,
Defend the Queen."

♦

The Great Trichina Question.

THE TRICHINA SPIRALIS is a small microscopic worm or animalcule, which was first observed by the distinguished anatomist, Richard Owen, in 1835, and is found in the muscles and intestines of various animals, especially pigs and rabbits, in such enormous quantities that a single ounce of pork is said to contain occasionally as many as one hundred thousand of these parasites. By partaking of the meat infected with them, they are transferred to the human body, causing intense suffering, which, in many instances, is followed by a painful death. The first symptoms of trichinitis were noticed some years since in Dresden, but no particular attention was paid to it till the summer before last, when a number of cases occurred both here and in other parts of Germany, which led to a medical investigation of this novel form of disease. As usual, the doctors were of different opinions; some of them declared that it was nothing else than what is generally called measy pork, which had been known for ages, and has never been thought particularly dangerous; and although many people refrained from eating of the unclean animal, especially in the shape of such German delicacies as raw ham and smoked sausages, the whole affair was beginning to pass out of memory. The pork butchers breathed more freely, and trichinaphobia was almost laughed out of countenance, when a few weeks ago it was suddenly revived by the announcement that at Hedersleben, a small place in Prussian Saxony, the mysterious disease had broken out with great virulence, and was spreading over the adjoining villages, its origin being distinctly traceable to a trichiniferous hog which had been killed by the butcher of the place and parcelled out among the inhabitants.

Day by day the accounts grew more alarming, whole families were stated to have died off in excruciating agony, and by the last bulletins the number of cases actually amounted to over three hundred and twenty, of which eighty had already proved fatal. It is impossible to describe the consternation excited by the intelligence; since the first apparition of the cholera, nothing like it is recollected by the oldest inhabitants.

A general strike took place in the pork eating line; in vain every butcher protested that his meat, at least, was sound and uninfected by the formidable *infusoria*; the public turned from it in disgust; ham and sausages were tabooed; and roast pig itself was only ventured upon by a few bold spirits, notwithstanding the most practical trichinologists admitted that a thorough good roasting was a process which even a trichina could hardly stand. In the mean time physicians crowded to Hedersleben from all parts of the country to investigate the symptoms of the disorder, and communicate the result of their observations to the newspapers, the publication of which increased the universal panic. The poorer classes of the population, who (besides potatoes and rye bread) live chiefly on pork, either fresh or salted, were in the worst dilemma of all, having the alternative of going without meat altogether, or of eating food which they knew or suspected to be unwholesome, and which the first medical authorities affirmed to be dangerous to health and to life itself.

Precautionary Measures.—It was proposed, therefore, that every butcher

should be ordered, under severe pains and penalties, to have the animals slaughtered by him submitted to a microscopic examination, and a great public meeting took place, in which the question was debated; and both pro and anti-trichinists, the latter consisting principally of pork butchers and their retainers, were assembled in great force.

A veterinary surgeon by the name of Urban, a man who acquired an unenviable notoriety in the revolution of 1848, contended stoutly that there were no such things as trichinæ, and offered to eat any that were given him; whereupon his antagonists produced a slice of black pudding, made, they said, of trichiniferous pork, and requested him to devour it. The unhappy man turned pale and seemed inclined to back out, but, put upon his mettle by the laughter of the meeting, he suddenly bolted the nauseous morsel held out to him, and then rushed from the hall—ill-natured persons assert—to an apothecary's shop, where a good dose of Ipecac. relieved him from the possible effects of his rash enterprise.

The meeting broke up, as is usual with such meetings, after concluding that "something must be done;" but no action has been taken as yet by the city authorities. The butchers, however, finding the tide of opinion running against them, have given way so far as to have their meat examined in the manner proposed, and in almost every butcher's shop you now see a hand-bill posted up with the information that the joints of pork, hams, sausages, &c., have been chemically analyzed by Doctor Such-a-one, and found "free from trichinæ." It remains to be seen whether this will suffice to calm the apprehensions of the public, who do not often attach much weight to such testimonials. In Berlin there have not been many cases of the disease, about thirty in all, of which thirteen have ended fatally; and it is alleged that of ten thousand hogs slaughtered here, not more than one has been found infected with trichinæ; but of course this does not prevent people from being frightened, for as every one who takes a ticket in a lottery expects to draw a prize, so every one is afraid that if he eats pork it may just happen to be part of that particular representative of the swinish multitude which forms the single unlucky exception among his myriads of healthy brethren. (*Letter from Dresden.*)

Homœopathic Infirmaries.

HOMŒOPATHY continues to advance in popular favor; but since the close of the recent war, it is more generally appreciated by the people. The superiority of homœopathic surgery was everywhere unquestionable wherever it had the opportunity to show itself. And now, when the wounded and diseased who remain of the two millions of men who have been in the field have the opportunity to choose their own physicians and surgeons, those who know anything about homœopathy, joyfully fly to it. The want of homœopathic hospitals is therefore now more seriously felt than ever. The dispensaries are doing more to popularize our practice than they have ever done before. Infirmaries now come in to fill a position intermediate between the hospitals and the dispensaries. Of these, the "New-York Woman's Infirmary," situated at Washington Heights, and

under charge of J. W. Mitchell, M.D., is the best in this city, as it is entirely under homœopathic treatment. The resident physician is well known to us as competent and faithful; and he is zealously supported by a corps of lady co-laborers of the highest character. From the proceedings of the Annual Meeting recently held at the Fifth Avenue Hotel, we learn the present condition of the Institution.

The Report read by Judge Edmunds showed,

That during the year, one hundred and fifty-four patients had been treated, of whom more than one-third were free; no death had occurred. The Treasurer's report showed that \$2,500 of the debt of the Institution had been paid during the year, and the house maintained from the receipts from "paying patients," donations, and subscriptions. The following managers were elected: Mrs. George W. Hatch, first Directress; Mrs. George Y. Gilbert, second Directress; Mrs. T. Pictou Rowe, Secretary; Mrs. G. W. Leake, Treasurer; Mrs. D. W. C. Ward, Mrs. John H. Macy, Mrs. Drake Mills, Mrs. F. W. Haynes, Mrs. Mary B. Summer. Honorary Members of Board of Managers.—Mrs. Wm. H. Greenough, Mrs. Dr. Bayard, Mrs. R. M. Blatchford, Mrs. M. H. Duckworth, Mrs. Marshall O. Roberts, Mrs. R. D. Livingston.—*Medical Staff.* Consulting Physicians. John. F. Gray, M.D., Edward Bayard, M.D.—Consulting Surgeons. Alexander Hoesak, M.D., J. A. McVicar, M.D.—Physician and surgeon, J. W. Mitchell, M.D.—Board of Council. Hon. J. W. Edmonds, P. Vanvolkenburgh, Esq., D. D. Smith, M.D., R. P. Getty, Esq., G. W. Leake, Esq., Wm. C. Bryant, Esq., J. D. Wolfe, Esq. After the election of officers, Dr. D. D. Smith said that he felt a peculiar interest in the success of the Institution, as Dr. Mitchell had done him the honor to consult him in his first step toward establishing it, and he had been one of its earliest managers; that the gentlemen being too much occupied to attend to the duties of their office, had elected ladies to supply their places. He gave statistics showing the advantage of the homœopathic over every other practice in pestilences and hospitals. He thanked Dr. Mitchell for being the pioneer in this good work, he having long felt the want of it; and he wished and predicted its continued and complete success. Dr. Smith was followed by Judge Edmonds, who said that, in May, 1864, an opening ceremony was held at the Infirmary, and, in reading the Treasurer's report, he was struck with the fulfilment of his prophecy, made at that time, that the generous spirit of New-York would sustain any charitable work in which the public could have confidence. The managers could boast of an unprecedented success, that, in the very infancy of their institution, in the short space of one year, debts amounting to \$2500 should have been paid, and the Institution maintained; and bade the ladies be of good courage, that the liberal community of New-York would not fail to support such a charity, in such hands.

Mineral Waters of Northern Indiana.

The following analysis of the "*Blue Sulphur Water*," of a well known spring near Michigan City, Indiana, has been received from the Laboratory

of Julius G. Pohle, M.D., of 439 Broadway, N.-Y. We have seen very satisfactory results from the persistent use of this water in chronic cases. It has sometimes failed from the common error of *giving too much* at a time.

New-York, Sept. 11th, 1865.

I have analysed a sulphur Mineral water, forwarded by W. J. Walker, Esq., and found it to yield the following saline constituents, &c., from one wine gallon measure of it:

Chloride of Sodium, - - - - -	57.60
Chloride of Magnesium, - - - - -	24.36
Chloride of Calcium, - - - - -	15.70
Chloride of Potassium, - - - - -	1.28
Bromide of Magnesium, - - - - -	.trace
Sulphate of Soda, - - - - -	11.98
Sulphate Magnesia, - - - - -	14.40
Sulphate Lime, - - - - -	21.88
Sulphurets Calcium and Magnes., - - - - -	.95
Phosphate of Lime, - - - - -	.25
Bi Carbonate of Soda, - - - - -	5.84
Bi Carbonate of Magnesia, - - - - -	9.08
Bi Carbonate of Lime, - - - - -	20.10
Silicic Acid and Alumina, - - - - -	2.10
Organic Matter (Animal and Vegetable), - - - - -	2.25
Ammonia, - - - - -	trace
	<hr/>
Grains, - - - - -	187.77

The water contains carbonic-acid and sulphuretted hydrogen gases—but the amount of them were not determined. It was tested for Iodine, but none could be detected.

JULIUS G. POHLÉ, M.D.,

Late of Jas. R. Chilton & Co.,

Analytical Chemist.

Cholera in the West Indies.

We learn from the Bermuda Gazette of Dec. 27th, that the much dreaded Asiatic cholera has reached the Western Hemisphere, and has commenced its ravages in the West Indies.

From the Island of Guadaloupe we learn that from the 18th to the 23d November, both days inclusive, the number of deaths in a population was three hundred and seventy-five, and at *Point-a-Pitre*, between the 19th and 22d, the number of deaths was one hundred and forty-nine. Stringent regulations are enforced at Martinique to prevent communication with Dominica, the Saints, Guadaloupe, &c.

The Governor of Guadaloupe most humanely officially informed the authorities of all the neighboring islands of the outbreak of the pestilence in that Island. The doctors in Guadaloupe are, it seems, divided in opinion

concerning the plague, some denying that it is cholera. If it is not cholera, it is a plague more intractable and more deadly than the Asiatic ravager. If it is cholera, is more virulent and malignant than usual. Between these there is but little choice, but the urgency of the call to prepare is intensified.

The mail steamers will neither receive from nor land passengers at Guadaloupe. The mail bags are brought near the ship in a shore boat, and are met by a boat from the steamer with the doctor, who fumigates them thoroughly, and they undergo the same process on reaching the ship. The boats that come off for the letters are obliged to keep to leeward, and the bags are thrown on board them.

The latest from Guadaloupe gives the deaths as averaging one hundred and thirty-one per day.

How the Plague reached Guadaloupe.—We are told by the editor of the Barbadoes *West Indian*, that it was in this way the sickness was introduced into Guadaloupe and broke out at Point-a-Pitre, soon after the arrival of a vessel from Marseilles, on board of which, during the voyage, two persons died of cholera. The captain told the pilot of the circumstances, who neglected to warn the authorities. The clothes of the deceased were sent on shore to be washed, and the washerwoman and her whole family died immediately. On account of the suddenness of the deaths, and there existing no suspicion of cholera or other infectious disease, many persons went to see her and her family, took the disease, and died likewise. The authorities becoming alarmed, made inquiry into the circumstances, and, tracing them back to the vessel, arrested the pilot who brought her in, and threw him into prison, where he remained awaiting trial for negligence of his duty. They further ordered that the houses of all who had died should be burnt with their clothes and furniture. (*Gazette.*)

The International Conference, to devise means for preventing the origination of the cholera in the east of Europe, is about to assemble at Constantinople. The Turkish Government are prepared, without any jealousy or ill-will, to carry out whatever the Conference recommends; and the Sublime Porte cannot fail to bear in mind that whatever the interests of the maritime powers may be, are still more distinctly its own concern.

The official weekly return in regard to the cattle disease shows that the progress of the disease has been checked, as the decrease in the number of animals attacked exhibits a continued diminution. (*London Papers.*)

Address of Lord Bury on the Cattle-plague.

At the weekly sitting to-day of the General Committee of the Norfolk Cattle-plague Insurance Association, an important address was delivered by Lord Bury, Treasurer of the Household, on measures adopted in Holland for the treatment of the rinderpest. Mr. C. S. Read, M. P., presided over the meeting, which was very numerously attended. Lord Bury said some information had come into his possession within the last two or three days of such importance that he felt it was only due to the committee to ask the chairman's leave to bring it before the meeting. It was reported, some time since, that the Dutch had been exceedingly successful in the cure of

the rinderpest, and the homœopathic body decided on sending out one of its most distinguished members to Holland to investigate the subject. Dr. Hamilton was the gentleman requested to go out, and he was furnished with a letter from Earl Russell to the Government of Holland. He started on his mission last month, and he was put in communication with the burgomaster of Schledam, which was situated in the very centre of the district infected with the cattle-plague in Holland, and obtained from him the most authentic information. It was not only the homœopathic method of treatment which had been exceedingly successful in Holland, but the allopathic method had been exceedingly successful also. The information which he was about to detail would prove most conclusively, that the argument that the rinderpest was incurable was not to be sustained for a moment; and, if the facts which he advanced could be proved,—as he believed they could be,—they would knock on the head the absurd system on which we had now entered of killing every beast as soon as it was attacked, without making an effort to save it. About the middle of August, the Dutch Government became aware that the rinderpest had broken out in Holland. It first of all attacked a place near Rotterdam called Kethel. It was distinctly traced to a cargo of cattle which had been sent from Rotterdam to the London market, which had remained ten days in London, and which had then been sent back. On the appearance of the disease, the Dutch Government immediately drew a *cordon sanitaire* for a considerable distance around Kethel. Agents and sentries were appointed to watch all the roads, and to prevent any movement of stock outside the infected district, which contains about two hundred and fifty square miles. The success of the *cordon* had been established by the fact, that, while within it about five thousand cases of the rinderpest had occurred, outside of it there had been only three cases. The Dutch Government were very particular in preventing the passage, not only of cattle, but also of dung, hay, straw, or any thing which could be supposed to have come in contact with diseased cattle. As to the general treatment of the disease, it was the expressed opinion of the Dutch veterinary surgeons that it was highly contagious; that it was communicated by direct contact, and even by approaching within a wave of air within a radius of about nine feet. They also said that they believed that it had been communicated, not only by hay and straw which had been brought into contact with diseased animals, but even by birds which had settled on diseased animals. Phenic acid, which had been hitherto used as a means of preventing decomposition, had been found in Holland of the greatest use as a disinfectant. Many of the veterinary surgeons in Holland believed that the disease was of a parasitic origin; and on that ground they tried phenic acid, and with considerable success. Holland was divided into one hundred and ninety-seven communes, and the Government appointed a veterinary surgeon to each commune. The veterinary surgeon of each commune had to account every week for the whole number of cattle within his district, having to state the number of cattle in it, the number attacked, the number dead, and the number cured; so that the most accurate returns had thus been secured of the progress of the disease. There was one fact which he could not help

bringing under notice; viz., that although the movement of stock was entirely prohibited from one part of Holland to the other, yet the export of unsound cattle from Rotterdam to the London market was still continued, and was still sanctioned. In reference to the question put just now, he might state that no animals except horned cattle and those inoculated had taken the disease. It was found that animals treated in the open air yielded to the remedies applied much more readily than animals treated in sheds. The symptoms of the disease as they occurred in Holland corresponded in every particular with the symptoms which were described as being characteristic of the disease throughout England. Among the general preventive measures adopted, cowsheds were carefully cleansed and washed with gas-tar, carbolic acid and water. It was found necessary to be very careful with preparations of chlorine as they affected the lungs of animals declared convalescent with respect to the rinderpest. Various other plans had been adopted in Holland. Creosote had been tried, but not with success; a stimulating treatment had been found to be injurious; and inoculation had been fatal in all cases. There had been treated altogether, in Holland, 4,700 cases of rinderpest; and of these 45 per cent had been saved. This 45 per cent included the results attained with experiments made by the homœopaths: the latter dealt with a small number of beasts only, but they saved 75 per cent of those which they treated. There were 197 communes in Holland, and, of these, 71 were affected by the disease. All of them were enclosed within the *cordon sanitaire*; and, on the 22d of October, 25 of these communes were pronounced to be again free from disease. The total number of animals attacked up to Oct. 21, 1865, which was the latest return he had seen, was 4,798; of these 1,031 were killed, leaving 3,767, which were treated either by the allopathic or the homœopathic system of medicine; of these 3,767 animals, 1,276 were cured, and 1,671 died, leaving 790 at the date of the return under treatment. A considerable number of these 790 must have recovered, because the official statistics to which Dr. Hamilton had access stated the proportion cured to be 45 per cent. This return included the commune treated homœopathically, in which 72 per cent of the animals treated were cured, — subsequent returns bringing the proportion up to 75 per cent. The ordinary (allopathic) method of treatment had been most simple. The practice had been to dilute muriatic acid combined with linseed tea in one or one and a half drachm doses, given frequently, as much as five drachms per day, sometimes combined with gentian, tormentilla, and ginger. It had also been customary to dilute sulphuric acid, combined with sulphate of quinine in equal parts. These were the principal allopathic remedies, and they saved 45 per cent. The external use of phenic (carbolic) acid, in the proportion of eighteen drachms of the acid to forty quarts of water, had also been adopted; the eyes, nose, &c., being washed with the mixture three or four times per day. Vinegar and tepid water had also been used. The external use of carbolic acid as a prophylactic has been attended with advantage. Rules of diet were very carefully observed; and the feeding of beasts with distiller's grains and refuse was prohibited by the Government, because it was found that it predisposed sound cattle to attack, while

those which were attacked were invariably carried off more easily. From the great soreness of the lips and mouth, it was most difficult for an affected animal to eat; and it was found necessary to place food consisting of small quantities of hay and oil-cake far into the mouth by hand, by which means the vital powers were sustained during an attack. He now came to the homœopathic mode of treatment. [A laugh]. He thought he should be able to change the smile which he observed into a look of admiration before he had done. The details which he was about to state were offered by the homœopathic body to the Royal Commission just before their last sitting; and it was generally understood that the lay members of the commission were anxious to enter into them. No doubt, however, the commissioners had heard a vast amount of twaddle in the course of their inquiry; and the medical members of the commission, whose time was worth five or six guineas an hour, felt indisposed to enter into details of treatment with which, *primâ facie*, they did not agree. He thought they were wrong in rejecting this evidence, because no one could say what it was worth without hearing it. As, however, the Royal Commission had decided not to examine Dr. Hamilton as a witness, it became the duty of every individual to give as much publicity as possible to the fact. In Berkshire, and in some parts of Scotland, the same course had been pursued and the farmers and land-owners were being put in possession of the facts by other means than examination before the Royal Commission. In September, when the cattle-plague was raging in Holland, two Belgian gentlemen, M. Sentin, a homœopathic chemist, offered to the Dutch Government, that, if a district were put under their charge, and they would not allow them to be interfered with, and would not require them to make a report until a sufficient number of cases had been treated, they would, on their part, give their services gratuitously, and try the system fairly. This was accepted by the Dutch Government, who agreed to give a commune up to the homœopaths, it being understood that the veterinary surgeon of that commune should be required to certify that every case that came under homœopathic treatment was an actual case of rinderpest. Matterness, the district assigned to the homœopaths, was a commune situated in the very centre of the infected district. The peasants and proprietors were somewhat prejudiced against the homœopathic system in the first instance, and did not enter cordially into the views of the homœopaths; but before the termination of the experiment they were greatly pleased with it, and gave every assistance in their power. At the commencement of the experiment, the proportion of cures effected out of the animals attacked was 70 per cent; but in the latter weeks the homœopaths saved nine out of every ten cattle which came under their treatment. Matterness was situated within a mile of Kethel, in the very centre of what had come to be styled the "black district;" so that the homœopaths did not enter upon their task under peculiarly favorable circumstances. They commenced it Sept. 22, and eighty beasts came under their care; each case being certified by the veterinary surgeon as one of actual rinderpest: of these eighty animals, sixty recovered and twenty died. Besides these, 230 beasts in the commune were put under prophylactic homœopathic treatment: 25

took the disease before the treatment had had time to work, but in the fourth week no fresh case had occurred; and, on the 21st of October, the commune was pronounced free from disease, and had remained free from that time to the present. A large proportion of the cattle attacked in the commune of Matterness had been treated by the allopaths before the homœopaths came into the district. In all, 189 cases came under treatment; eighty under the homœopathic system, and 109 under the other. As 73 cures only were effected, of which sixty were attributed in an official report to homœopaths, the balance was largely in favor of the homœopathic mode of treatment. To the 73 cured ought, however, to be added a portion of those still reported as under treatment, as some of them no doubt recovered. The remedies which were employed by the homœopaths were Arsenicum, Phosphorus, Phosphoric-acid, Rhus-tox. and Sulphur. It was found that all cattle could not be treated alike, as every case had to be dealt with on its own merits. Mere details proved, he thought, that the disease was amenable to treatment, and that our plan of knocking on the head every animal which happened to be attacked was barbarous and unwise. [Hear, hear.] He observed by the Privy-Council return, published in the "Times" of Friday, that only four per cent. of the animals attacked in England had recovered; and when they thought of the vast amount of property which was sacrificed by an ordinance which he could not but consider most tyrannical and unjust, as it ordered a man who had the misfortune to have a beast attacked to kill it without remuneration, the farmers of Norfolk would hardly be inclined to allow such a state of things to continue if they could help it. The homœopathic body felt that the statistics which he had quoted were of no use unless they were brought to some practical result; and if a veterinary surgeon were allowed to certify that each case assigned to them was one of rinderpest before they treated it, and if they had a sufficient number of cases to enable them to make a fair average, they would undertake that a competent veterinary surgeon should come to take the cases in hand; and a leading firm of homœopathic chemists had also agreed to give the necessary medicines free of cost. All this might perhaps be called empiricism, quackery, and nonsense; but if the farmers of Norfolk would only look into the facts of the case, he thought it would be satisfactory for the country and for their own pockets. [Cheers.]

Circular, addressed to the Homœopathic Medical Profession, of the State of New-York. By the Secretaries of the State Medical Society—H. BARTON FELLOWS, M. D., Corresponding Secretary, H. M. PAINE, M. D., 104 State street, Albany, N. Y., Recording Secretary.

THE object designed to be accomplished in the formation of the State Medical Society is, as stated in article first of the constitution, the "*advancement of medical science.*" To render this purpose practically effective, advantage is taken of the eight judicial districts into which the State is

divided, by appointing one local committee in each district. These committees are appointed annually; are expected to act as chairmen in their respective districts; and to report regularly on *materia medica, epidemics, clinical medicine, and medical statistics*. The duties devolving upon these committees, about thirty in number, are stated in the following quotation from the by-laws:

"All committees on subjects relating to the advancement of medical science, shall be appointed for one year, and until their successors shall have been appointed they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual or semi-annual meeting of the Society."

I. *Committees on Materia Medica.*—The committees on materia medica are expected to take a deep interest in the work committed to their charge, and to extend to the Society and the cause their active co-operation. In their correspondence with the physicians in their respective districts, they should—

Set forth the importance of united effort and point out the mutual benefits resulting from such labor;

Urge all to engage personally in the work; and

Collect, arrange, and present the returns made to them for publication in the Transactions of the Society.

In this department every physician has an opportunity directly and permanently to promote the advancement of medical science. While pathological research is essential to a correct knowledge of disease, accurate, careful and systematic trials of drugs are equally necessary to effect its removal. Every member of the profession, or nearly every one, can annually furnish the Society with a proving either upon himself or some other person. The importance of this labor cannot be over-estimated. It is very clearly set forth in two articles published in this volume, entitled "Importance of an extensive and uniform system of drug proving," page 141, and "Enlargement of the materia medica," page 164. It is very desirable that a large number of physicians in the State should engage in the work, and that provings be confined, until finished, to *one drug only*.

II. *Committees on Epidemics.*—The committees on epidemics are composed in a similar manner, and have similar duties to perform. They present to the profession in all parts of the State a convenient opportunity to report, through the chairmen of the several district committees, the results of the most approved treatment of the various epidemics that may have prevailed in their respective localities. The annual publication of full reports from each district will serve to collect and render accessible to all the result of a vast amount of experience, that will prove of incalculable benefit to humanity and the profession. Any light that may be thrown upon the pathology and treatment of zymotic diseases, will prove of practical importance. The report should embrace as fully as may be practicable, reliable statistical information.

III. *Committees on Correspondence, or Clinical Medicine.*—It is very desirable that clinical reports, consisting of records of cases homœopathically treated, be prepared and presented at the meetings of the Society. With

this end in view committees on correspondence or clinical medicine have been appointed. It is therefore the duty of the several district committees to collect all communications relating to any department of medical science, except *materia medica* and prevailing epidemics, which are assigned to special committees, and arrange them for presentation at the meetings of the Society, and prepare them for publication in the Transactions. In this department ample opportunity is afforded for enhancing the practical value of the Society. Let those who have not time or opportunity for elaborate articles, give brief accounts of interesting facts occurring in practice, or curative effects resulting from the use of certain medicines in particular diseases or groups of symptoms. Let each resolve to write out and communicate at the regular meetings even as few as three or four cases from practice. Inasmuch as moderate effort only is needed, if it be general throughout the Society, to secure very gratifying and exceedingly valuable results, it is hoped this work will be earnestly undertaken by every member of the profession. The practical value of this report, like the preceding, can be vastly augmented by the communication of statistical information pertaining to the practice of medicine.

IV. *List of Judicial Districts.*—The first district consists of the city and county of New-York.

The second district comprises the counties of Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess and Putnam.

The third consists of the following counties: Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene and Schoharie.

The fourth comprises the counties of Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton and Schenectady.

The fifth consists of the following counties: Onondaga, Jefferson, Oneida, Oswego, Herkimer and Lewis.

The sixth includes the counties of Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tloga and Cortland.

The seventh consists of the counties of Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga and Monroe.

The eighth comprises the counties of Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Alleghany and Wyoming.

A list of the several district committees is published on pages 27 and 28 of this volume. *Trans. Hom. State Soc. Vol. 3.*

V. *Reports of County Medical Societies.*—Another important desideratum is, the annual publication of correct and full reports of the several county homœopathic medical societies.

The secretaries of each of the county homœopathic medical societies in this State are requested to furnish the recording secretary of this Society, on or before the first day of January of each year, a report consisting of—

1. A list of officers and members of their respective societies, with their address in full.
2. Biographical notices of any who have died during the previous year.
3. The time of holding annual and regular meetings, together with a list

of all medical committees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

VI. *Historical Sketch of Homœopathy.*—It is further important that the introduction and progress of the homœopathic school in each county should be published without further delay. Many of the pioneers of this system of practice are still living. They now have an opportunity to communicate facts and incidents of great professional and historic interest. This report should contain

A list of all the practitioners and their addresses in full.

The time of their adoption of this system of practice.

A biographical notice of deceased members of the profession.

VII. *Conclusion.*—If every homœopathic physician in this State would annually furnish the history of a *single clinical case*, and a *single drug proving*, the report would become a valuable contribution to medical science, and increasingly useful to the profession. The chairmen of the several district committees will arrange and classify all such communications, however fragmentary, and prepare them for publication. A suitable appreciation of so great a favor as the publication of the annual report will surely prove a powerful incentive to the homœopathic fraternity to labor earnestly and perseveringly for the advancement of medical science, and the perfection of the homœopathic system of practice. As a part of the *regular profession*; let us show by the published results of our labors, that we are disposed to contribute our quota towards the accomplishment of this desirable end. Ample opportunity is afforded for the publication of all suitable articles; the secretaries would, therefore, urge the profession to send them written communications for presentation at the annual meetings, and publication in the Transactions of the Society.

Papers already published elsewhere, but worthy of preservation and of general interest to the profession will be acceptable. It is desirable that the profession should keep constantly in view the wants of the Society in this respect. It represents, in a measure, the annual status of our school in this State; every effort should therefore be made to enhance the general interest in the Society and arouse the best intellects of our school in its behalf.*

Contributors of papers for publication should avoid the improper use of capital letters, and the underlining of words that are not designed to be italicized; should write their communications in a fair, legible hand, only upon one side of the paper, and commence the first page about half way down the sheet.

The secretaries desire to call attention of officers of county societies to the article entitled "Classification of counties," article 109, page 412, as it is designed to communicate full information respecting the election of delegates to the State Society, both as regards the number legally required and the time elections are to be held.

* It is perhaps unnecessary to call attention to the fact, that articles requiring *suitable lithographic illustrations* are specially desirable. Contributors are required to furnish merely a sketch or diagram of the subject to be engraved.

The statement at the conclusion of article 112, on page 421, shows that the delegated membership of the State Homœopathic Medical Society, is nearly equal to that of the Allopathic Society, and that excess in the total membership consists chiefly in the large number of honorary and permanent members, to which annual additions have been made for many years past; yet, with this advantage, the total membership of the former, indicating its *relative representative status*, is about thirty-three per cent, that of the living members of the latter. This encouraging evidence of the growth of our system should not render the practitioners of homœopathy any the less active and zealous in their efforts to promote its best interests. The importance of liberally sustaining the State Society to the full measure of its usefulness cannot be over-estimated. One of the direct methods for its accomplishment is the increase of its members by the formation of county medical societies wherever there is a sufficient number of practitioners. There are now twenty-three county medical societies. This number may be increased at least *fifty per cent.* by the organization of societies, either in single counties or by a union of two or more counties. In connection with this subject the secretaries desire to call attention to article 107, on page 405, entitled "Importance of Organizing County Homœopathic Medical Societies."

A Comparative Materia Medica.

WITHIN the last ten or twelve years, there appeared in Germany in the homœopathic papers and journals (V. Meyer's Allgemeine H. Z.—Altschul's Monatliche—Oesterreichische Zeitschrift f. H.) a number of remarks all based on comparisons of our remedies according to their characteristics. These were welcomed by all who follow Hahnemann in his main rule, viz., to individualize the cases and individualize our drugs according to their characteristic effects. All true similarity depends on this and on this alone. These remarks came from the pen of a younger brother of our well-known Wm. Gross, a Friend of E. Stapf; Stapf being the first, and Wm. Gross the second young physician who received the doctrine of the old gray man in Leipzig, then near sixty, who had struggled against the masses for more than twenty long years of the best part of his life.

Growing up in such a school, Hermann Rudolph Gross was faithful to the truth. Eminently learned as a physician, he was fully posted in all the latest views of the Old School, and the lasting as well as evanescent discoveries of the age, and always remained true to our cause.

The last of these remarks in the Oestr. Zeitschrift, 1863, vol. ii. page 116-124, concluded with a parallelism of causticum and phosphorus. The choice now between these two being often a very difficult one, and the more important, as, if the one has been really indicated, and by mistake the other been given, the loss to the patient is irreparable, as they never answer one after the other, are never antidotes to each other, and require several intermediate, lighter acting medicines, before the right one may be given, with that long, lasting beneficial result which follows a well chosen antipsoric.

The overwhelming mass of symptoms of the two great polychrests, lik

others, so exceedingly difficult to master in the beginning of our studies, is here, by the condensed view of all the main, particularly the opposite differences, easily compared on one single page.

This comparison, invaluable to practitioners, was a sample of a large work, to which our author gave every hour, day or night, spared from his practice; supposing the world would receive it with delight. Alas! he could not find a publisher,—the book was too bulky, the masses too indolent—a work of about 500 or 600 pages in large dictionary size, they could not run the risk of printing.

While daily improving the work, he got sick; but with indefatigable remarks given by Dr. Von Boeninghausen in his last work on intermittent fevers. This was his last labor. He was called to the other world. The tidings of his death reaching us here through the newspaper, a letter was at once mailed to his family, asking on what conditions we could get a copy of the manuscript, to publish the work in English, here in America,—here where three thousand follow the flag of Hahnemann. The next steamer brought a parcel containing the original manuscript left by the departed, ready for the press, without any conditions whatever.

Within three days the contract was made with the publisher. The great glossary prepared for the American edition of our *Materia Medica* will make the translation comparatively an easy task. In January the printing shall begin. All the subscribers and pre-payers to the American *Materia Medica* will be invited to transfer their subscription to this comparative *Materia Medica*. It will be the best introduction to the *Materia Medica* itself.

It will be the turning point in the history of our school, as it will in a most easy way lead to individualization, and tempt every practitioner to compare where he never would have done it before.

It will enable even the most harassed physician to look for the minutiae, deciding the choice.

It will be followed by an increase of real cures—lasting cures—making the most tedious part of our labors the easiest.

Blessed will be the memory of our departed colleague by all who truly and earnestly endeavor to heal the sick. (*Hahn. Monthly.*) C. HERING.

Medical and Surgical History of the War.

WE have received from the Surgeon-General's office at Washington, under the name of a Circular, a quarto, paper-bound, of 166 pages, handsomely printed and illustrated. Its purpose is to give information in regard to the materials on hand and in use for the preparation of the full history of the work of the Medical Staff of the United States Army during the late war.

The amount of materials, both for record and illustration, is enormous. The Reports from Surgeons and Assistant Surgeons count by thousands. The Army Medical Museum contains 5480 specimens. The battle-field lists of wounded for 1864—5 include over 114,000 names. Sixteen thousand operations are definitely recorded. At first this vastness of the task of collation seemed discouraging. In 1863 an official Report to the Surgeon-General declared "the surgical statistics of the war absolutely

worthless" previous to September, 1862. More successful scrutiny of them, however, has since been made, and Surgeon OTIS has, by sagacity and untiring industry, brought order from chaos. This circular alone, although only an announcement of what is being prepared, is a valuable treasure of new and important facts in practical surgery and medicine.

A few of its leading statements may be quoted here. Of grave gun-shot injuries of the head, 1104 cases are recorded; of 604, the results are fully known. Of these last, in 107 trephined, 60 died and 47 recovered; in 114 who had fragments of bone or foreign bodies removed by the elevator or forceps without trephining, 61 died and 53 recovered. Of those treated by expectancy, a greater mortality occurred; but these were usually the worst cases in themselves.

2303 wounds of the chest, involving penetration of its cavity or lesion of the thoracic viscera, are tabulated. Of 1272 whose results are known, 930, or 73 per cent., were fatal. Intercostal hæmorrhage is said to have been exceedingly rare. The result of "hermetically sealing" penetrating wounds of the chest, is said to have proved, in every case but one, bad. Very few recoveries with balls lodged in the lungs are recorded. Four cases of gun-shot wounds of the heart came under treatment. One survived 12 hours.

Of 543 penetrating wounds of the abdomen, results were ascertained in 414, of which 308, or 74 per cent., were fatal. In many, fecal fistulæ were produced, which commonly closed in time without operative interference. Gun-shot wounds of the liver, in 32 cases, were fatal in all but 4. All reported of the spleen were fatal. Several are believed to have recovered from wounds of the kidney. There were many examples of recovery after perforation of the body of the ilium; but the observation of STROMEYER is confirmed, that there is great liability to pyæmia in gun-shot fractures of the pelvis.

Of the humerus, 2408 cases of gun-shot fracture are recorded. Recovery in 1253, death in 436; yet undetermined, 719. Of 1689 completed cases, amputation or excision was practised in 996, conservative treatment in 693; with a mortality of 21 per cent. in the former, and 30 per cent. in the latter.

Of the lower extremities 4862 gun-shot fractures were reported; more than a thousand of them being fractures of the femur, of which the whole history is known. The only recorded recoveries where the hip-joint was involved, are those in which excision of the head of the femur was practised. In fractures of the upper third of the femur, the mortality rate is greatest for amputations. Under conservative measures 93 are considered to have recovered, having survived more than a year. The mortality after amputation for gun-shot wounds of the knee is large. Three patients recovered from wounds affecting the knee-joint without amputation.

The great danger attending gun-shot contusions of long bones, is adverted to; they are often worse than comminuted fractures.

The number of sabre wounds reported in three years was only 105; of bayonet wounds in the same time, 143. Of these, two-thirds were received in action. After the first battle of Bull Run, several of the wounded left

upon the field were bayoneted by the rebels. A man, brought afterwards to Georgetown, received fourteen stabs. A similar instance occurred after the battle of Fair Oaks. Later in the war such atrocities were infrequent.

Of traumatic tetanus, 363 cases appear on the register; not a large proportion to the whole number of the wounded. Twenty-seven recovered; of which all but four were designated as chronic cases. The influence of vicissitudes of temperature in promoting tetanus was repeatedly observed.

Secondary hæmorrhage from gun-shot wounds has been recorded in 650 cases. In the earlier part of the war, many surgeons seem to have resorted to ligature of the main trunk at a distance from the wound. Later in the war, the precepts of BELL and GUTHRIE were more nearly followed; it being the universal practice to endeavor to secure both ends of the blood-vessel at the seat of injury.

Pyæmia is reported upon in 754 cases, of which 719, or more than 95 per cent. were fatal. This complication occurred in 377 gun-shot injuries without operation, and after 295 cases of amputation, 155 of which were of the thigh. These figures are not, however, considered to represent the frequency with which pyæmic poisoning has occurred; its victims are to be counted really by thousands. In the treatment of pyæmia, the conclusion is said to be, from statistical reports, against the utility of the sulphites and hypo-sulphites.

Of all the operations reported as performed in the army during the rebellion, elaborate tables are in preparation, as well as further accounts of details. Several summaries are given in this circular. Thus, of amputations for gun-shot injury, among 13,397 recorded, final results have been ascertained in 9,705. A table shows remarkably the regular increase of the rate of mortality as the trunk is approached. Thus, it is .75 or three quarters of one per cent. for the toes, 1.6 per cent. for the fingers; wrist, 5.55; partial of the foot, 9.24; ankle-joint, 13.43; fore-arm, 16.52; arm, 21.24; leg, 26.02; shoulder-joint, 39.24; knee-joint, 55.17; thigh, 64.43; hip-joint, 85.71. Amputation at the elbow-joint was performed in 19 cases, with recovery in all.

Of partial amputations of the foot, that of HEY or LISFRANC (tarsometatarsal), was performed 25 times; CHOPART's, 45 times. At the ankle-joint, though the records are not complete, SYMES' method was practised in 25 cases, ROUX's in 2, and PIROGOFF's in 9. It is said, on good authority, that the last-named operation has been abandoned by PIROGOFF himself, from the frequency of necrosis in the segment of the os calcis.

In the leg, LENOIR's operation, just above the malleoli, though seldom resorted to, has had good results, and a surprisingly small mortality. LARREY's through the head of the tibia, has been rarely done in our army. Amputation at the knee-joint has been frequently performed, and with encouraging results. The per centage of mortality, in primary cases, was 34.9. That of primary amputations at the lower third of the thigh is much larger than this. Thus the opinion of LEGOUËST, based upon Crimean returns, that disarticulation at the knee is "a bad operation," is unsustained, and that of MACLEOD, BAUDENS and MALGAIGNE, in its favor, is upheld.

Of primary amputations of the thigh, in our war, 423 cases being fully recorded, the mortality was 54.13; of intermediate or secondary, 638 cases, mortality 74.76.

Amputation at the hip-joint was performed 23 times for gun-shot injury, with 4 recoveries. Another successful case also occurred, of disarticulation for disease of the femur, following a previous amputation; making 5 recoveries in all after this operation. It is judged that three conditions only make this amputation admissible in military surgery, viz.: when nearly the entire thigh is carried away by a large projectile, when the whole femur is destroyed by osteomyelitis, and possibly, when with comminution of the upper extremity of the femur, the femoral vessels are wounded. Roux's experience in the Italian war shows that secondary amputations at the hip-joint are less dangerous than primary ones. As to the method, the anterior flap is generally, of late, preferred.

Excisions or resections have been largely resorted to in the late war. That of the elbow gave a mortality of 21.67 per cent., which is a fraction greater than that of amputation of the arm. This is opposed to the Schleswig-Holstein and Crimean experience. Surgeon OTIS commends the operation as one of happy results, well established.

Of the shoulder-joint, excision has been followed by a mortality of 23.3 per cent., in primary cases, and 38.59 in the secondary; mean mortality, 32.48; which is 6.76 per cent *less* than that of amputation at the same joint. Of 36 cases of gun-shot fracture of the head of the humerus, selected as favorable for expectant treatment, the mortality was 44.4 per cent., or 11.96 more than after excision.

Of excision of the ankle-joint, tibio-tarsal or tarsal only, 22 were recorded; of which, in 18 terminated cases, 12 recovered and 6 died. The conclusion is, that "the judicious use of the gouge and bone forceps is admissible in gun-shot wounds of the ankle-joint; but that formal excisions are rarely successful."

Prior to the late war, but seven cases were upon record of excision of the knee for gun-shot injury, of which two were followed by recovery. During the rebellion, this operation was performed eleven times, always with bad results.

The head of the femur had previously been excised twelve times, with one success. During the war it was excised thirty-two times, with four recoveries; although in one case, which was treated by a Confederate surgeon, it is doubtful whether the head of the bone was removed or not.

Analysis has not yet been completed of the materials for the history of resections of the long bones in their continuity. So far as examined, their evidence is, on the whole, "unfavorable to excisions in the continuity." It is also remarked that "the great surgeons who have done the most towards substituting excision for amputation in gun-shot injuries at the joints, have almost unanimously condemned excisions of the continuity of the long bones in the treatment of gun-shot fractures. The surgical histories of the Crimean war, of the Schleswig-Holstein, campaigns, and of the Indian mutiny, record a few successes in resections of the shafts of the humerus,

the tibia, and the bones of the forearm; but this class of operations could scarcely be considered as admitted among the established and approved procedures of surgery."

Ligation of the common iliac artery was performed during the war three times, with no recovery. Of the internal iliac, twice, both terminating fatally. The external iliac was tied sixteen times, with two recoveries. SIMPSON'S method of acupressure for the arrest of hæmorrhage, was practised in a few cases, with good results. Among other operations, tracheotomy, or laryngotomy, was resorted to fifteen times during the war, with six recoveries.

Surgeon OTIS gives, in this circular, an interesting account, illustrated, of the "Materia Chirurgica," and the organization of the medical staff of the army. In his concluding observations, it is stated that anæsthetics have been used, during the war, in 23,260 operations, in field or hospital. Sixty per cent. of these cases were of the use of chloroform, thirty per cent. of ether, and ten per cent. of a mixture of the two. After ether, no fatal accident is reported. Chloroform was used in not less than 80,000 cases, in seven of which death was ascribed to it. In two, at least, this took place before the operation commenced; one of them having inhaled two drachms of chloroform.

It is estimated that two large quarto volumes will complete the surgical history of the war. Our study of his portion of this preliminary work, gives us the opinion that Surgeon OTIS is well qualified for the task of preparing it, both by his industry and discrimination.

Assistant-Surgeon WOODWARD has already given to the profession and the public a very interesting volume upon the "Camp Diseases of the Army" during the war. This, and a circular issued some time since, in regard to the "Sickness and Mortality of the Armies of the United States," have left less room for the appearance of novelty in his share of the circular before us, than in that of his coadjutor. It has, nevertheless, great value, as, in fact, a *Treatise* upon the diseases of the war; and also, giving an account of the Army Medical Museum, and of the elaborate and very efficient arrangements of the Surgeon-General's office, under Dr. WOODWARD'S immediate direction, for the full illustration of everything connected with disease in the army. This circular contains a beautiful specimen of chromo-lithography, a process largely used in the work, and an admirably engraved copy of a micro-photograph, also executed for the purpose by the artists of the department.

Then follows a fully and handsomely illustrated and well-digested history of the Hospital Organization of the war. The maximum extent of this was reached in September, 1864, when there were, scattered through the country, 202 general hospitals, with 136,894 beds for patients. In January, 1865, there were but 121,000 beds.

Assistant-Surgeon WOODWARD anticipates the completion, at no very distant time, of his part of the work, the Medical History of the War, in three quarto volumes. When these, and those upon the Surgery of the rebellion, already alluded to, are published, we may well look for their being received as the most magnificent contribution to practical surgery

and medicine ever furnished, by any individual or government. Slight compensation, alas! for all the suffering which they depict; but, when we remember that this, too, has not been vain, having accomplished so great a national deliverance, we may, without inhumanity, congratulate our profession upon the possession of such trophies of its share in the pains and dangers of the terrible conflict. (*Medical and Surgical Reporter.*)

A few Practical Remarks on the use of Carbolic-acid, and of Phytolacca-decandra and P. octandra in Diphtheria.

BY DR. BAYES.*

Phytolacca has not received in HULL's *Jahr* and some other of our works on *Materia Medica* the notice its importance deserves. But full justice has been done to it in an admirable article in Dr. HALE's *New Remedies*.

Its provings should be compared with those of *Arsenic*, *Iodide of Potassium*, *Iris-versicolor*, *Mercurius* and *Podophyllum*. It has the property, in common with *Iodide of Potassium*, of producing a rapid loss of adipose tissue. Hence it may be worth trying, allopathically, in cases of fatty degeneration.

Its influence, in large doses, on the renal secretion is thus stated by Dr. Burt: "The urinary secretion was at first diminished, afterwards increased. The urine remained acid and became decidedly albuminous. The specific gravity became greatly increased. The bottle, used to measure the urine, became completely covered with a white deposit, about one-sixteenth of an inch thick."

This would point to the probability of *Phytolacca* proving valuable in the homœopathic treatment of albuminuria with urine of high specific gravity, and a copious deposit of lithates; cases which indicate active congestion or sub-acute inflammation of the kidneys. So far, also, its pathogenetic effects on the kidneys would show a direct relation to the pathology of diphtheria and scarlatina, especially when considered in relation to the throat symptoms, which are numerous and important. (See Dr. Hale's *New Remedies*.)

In the middle of July I was called to see two children who were suddenly seized with diphtheria. The attack could be clearly traced to an early morning walk, some days before, when they inhaled the stench of an open sewer. These two children were seized suddenly with prostration and sore-throat about noon on July 13th; by night they were very ill, with all the symptoms of high fever, pulse over 130, aching in the back and limbs, &c. On the 14th there was an opaque mucus, smeared over both tonsils and uvula; pulse 140; fetid breath, foul tongue, &c. Under *Bromine* gargle, † and *Mercur.-iodide*, v., and *Belladonna* 3, some improvement took place through that day, though the opaque mucus had become studded with patches of diphtheritic membrane. On the 15th both patients appeared rather better; their pulses were better, and the disease appeared to be miti-

* (British) Monthly Homœopathic Review, Nov. 1865.

† One drop of pure *Bromine* to six ounces of distilled water

gating. I was unable to see them until the 17th, when I found both decidedly worse, and the younger of the two dying. The throat was full of false membrane and tenacious mucus; diarrhœa had set in, and large quantities of mucus and shreds of membrane were passed in the motions; there was an incessant cough, and hoarse, moist, sawing respiration. Several medicines were tried, without success, and the throat was sponged with *Muriatic-acid* lotion; the only result was to bring away long strings of membrane. The poor child died the same night.

The elder of the two children now demanded our sole care. Her left tonsil and the whole uvula were covered with a thick, white membrane, which also projected into the pharynx; she complained of great pain in the ear. Her pulse was 140, and very weak. I determined on a total change of treatment.

On page 313 of the present volume of the *British Journal of Homœopathy*, in a review of Dr. Jules Lemaire's work *On Phenic (or Carbolic) Acid*, the following quotation occurs, on "Diphtheria:—" "From the use of saponinated coal-tar I have derived a valuable assistance in the morbid productions of this disease developed in the fauces. *Saponine* facilitates the detachment of the false membranes." I therefore determined, as the *Muriatic-acid* application did no good, to try the effect of *Carbolic-acid*. I used a lotion thus prepared:—

R. Carbolic-acid, gtt. v.

Concentrated vinegar (Condy's), gtt. xlv.

Aquæ dist., oz. iss, m.

The throat to be frequently painted with this.

I also determined to try the *Phytolacca-decandra*, so strongly recommended by Dr. Burt, who gave it in four drop doses of the mother tincture (see Hale's *New Remedies*, p. 314 *et seq.* I gave it in the following form:

R. Tinct. phytolaccæ-dec., tinct. gtt. vi.

Aq. dist., oz. iss; a teaspoonful every two or three hours.

The effect of the *Carbolic-acid* lotion was admirable; it brought away the membrane in large pieces, and appeared to exercise a most happy influence over the subjacent mucous surfaces.

The *Phytolacca* also had a marked effect on the pulse, the general health and the throat. This patient made a good recovery, but for some time had paralysis of the throat, so that food and fluids would sometimes return by the nose. There was also semi-paralysis in the legs; but in a few weeks recovery of health and strength was perfect.

Another member of the same family was attacked on the 17th with alarming severity, and for several days lay in great danger. Her pulse was over 130, and very feeble: large patches of false membrane appeared; the root of the tongue was much swollen, &c. In her case the *Carbolic-acid* was used to the false membranes, and the *Phytolacca* mixture was given; but, in addition, as she was able to gargle, I carried out another of Dr. Burt's suggestions, and used a gargle with fifty drops of tinct. *Phytolacca* to half a pint of water. She steadily improved.

On page 279 of our present volume of the *Review* will be found some interesting remarks on *Phytolacca-octandra*, by Dr. Sherwin.

He speaks of this *Phytolacca* as being "specific in diphtheria — given in decoction or infusion — applied very assiduously to the fauces as a gargle, and used hot as a poultice to the throat; all stiffness disappears; the membranous formation is thrown off, and is not reproduced; perspiration follows; fever subsides; all aching general pains and headache disappear, and the patient eagerly seeks for food." This certainly applies equally to the *Phytolacca-decandra*. I substituted the *Phytolacca-octandra* for it in the second of these cases, but there was no appreciable difference in the effects; the desire for food, after taking *Phytolacca* for a day or two, was very marked; the patients took everything that was offered, with a relish.

Ultimately, every member of the family, except the mother, took the disease; three of the cases were very severe. They all recovered.

The father was seized suddenly on August 24th with a chill, next morning his throat was sore, and a patch of the diphtheritic deposit appeared on the tonsils. We put him under the same treatment, and gave him stimulants freely, as there was a great tendency to failure in the action of the heart. He was quite convalescent, however, on the 29th, and went down to the sea side on the 30th.

On August 24th, I saw another case in a young child unable to gargle, and on the 29th an elder sister. These were friends of the former family, living about one mile distant, but I could in no way trace contagion, nor could I discover how the disease had originated.

The younger child had the *Carbolic-acid* and the *Phytolacca* mixture. The elder had, in addition, the *Phytolacca* gargle; both these cases did extremely well.

On Sept. 1st, I saw another case of diphtheria, a girl of eleven, living in quite another part of the town. Pulse 88, tongue much furred, several patches of diphtheritic membrane on both tonsils, threatening to run into one another. This case I determined to treat with *Carbolic-acid* lotion alone. The throat was touched with the lotion several times a day. It brought away many shreds for the first four or five days; on the 6th she was quite well.

On Sept. 3d I saw a clergyman, of middle age, resident in college, with severe diphtheria. Pulse 104, tongue and fauces greatly swollen. I ordered him a *Phytolacca* mixture and gargle, and fomentations with spongio-piline to the throat.

On 4th, his pulse was down to 65, the throat still much swollen, and a large patch of diphtheritic membrane over left tonsil and extending forward over the palate. I could not see beyond the tonsil.

5th March. Less swelling, the uvula covered as well as the left tonsil. As he feels much better, continued *Phytolacca*. Shreds of membrane came away copiously in gargling.

The throat was quite well on the 11th, but the patient suffered from profuse perspirations. Order *Acid-phosphoric* 3, twice a day. In a few days

he was perfectly well, and went to the sea-side to recruit. In this case there was no consecutive paralysis.

There are a few general remarks which I would make with regard to this outbreak of diphtheria. I had not for several years seen any cases of diphtheria in Cambridge until these occurred. The weather had been extremely dry and warm; the drains were very offensive; our river was black and foul. The open drain where my first two little patients got their disease, and the youngest her death, was at the top of a hill. Their own house was on this hill, and free from any smell; but numerous houses in the neighborhood had open privies, and the whole air was tainted with the smells.

The little girl who died was very delicate, and herself and some of her brothers and sisters were subject to croup.

In all the cases in this family there was a tendency to the rapid failure in the heart's action, so often met with in diphtheria. Large quantities of claret and burgundy were given as well as beef tea, milk food, eggs, &c.; any diminution in the quantity of stimulant was followed by relapse.

Then suddenly this condition ceases, about the eighth or ninth day; there was no further need of any stimulant. Food was taken, enjoyed and digested, but paralysis of the throat and great muscular debility lasted, in some cases, for weeks.

In the two cases occurring in the second family attacked, no stimulants were needed, nor given, nor indeed in any of the other cases.

The father of the first family perhaps presented the most extraordinary example as to the sudden prostration met with in diphtheria. After he had been ill two days the faint action of the heart came on, and although a very temperate man in health, we had to pour wine and brandy down him to keep him from fainting away. I think he drank five bottles of wine, besides brandy, in the first four days. Then just as suddenly the prostration left; and on the 6th day he was well and able to travel a long journey.

Dr. Sherwin says, on p. 280 (loc. cit.), "*Stimulants (alcoholic) rarely do good.*" Such generalizations are dangerous. The physician must be wholly guided by the case before him. I am convinced that without alcoholic stimulants several of my first patients must have died. I am equally convinced that my latter patients did much better without stimulants. This is only another instance that judgment must be exercised in the treatment of disease, and that no general rules can be laid down as to stimulants, save to give them where there is much failure in the heart power.

My conclusion on these cases is this:

That *Carbolic-acid* lotion is the best means for removing false membranes from those parts which can be reached by it.

That *Phytolacca* gargle possesses the same power; but I have not yet treated a sufficient number of cases to be able to give an opinion on their comparative power. *Phytolacca* is pleasant, and every patient who used it said it soothed the throat and was comforting to it; while all disliked the *Carbolic-acid*.

The wet pad of spongio-piline from ear to ear, and changed as often as dry or cold, was very useful and comforting to the patient in the early stage.

I gave several medicines for the paralysis, *Woorari*, *Baryta*, *Phosphoric-acid*, &c., but I do not think the effect was marked, and they got well just as soon with fresh air, friction and cold water, and a few doses of *Arsenicum*.

I think that *Phytolacca* will prove a most useful addition to our remedies for diphtheria, and hope that my own small experience of its value will induce others to test its powers. I have seen no cases of diphtheria since those above recorded.
(*American Homœopathic Observer.*)

Epidemic, or Army Itch. By L. C. BUTLER, M.D., of Essex, Vermont.

PERHAPS I cannot better respond to the request of your correspondent in the REPORTER for Jan. 6th, than by sending a copy of the Report made to the Vermont Medical Society, with such emendations and alterations as may be necessary to adapt it to your columns. I was not aware till since the publication of the proceedings of our State Society in the REPORTER, that the disease in question was so wide-spread in its ravages. It seems to be limited in its circumference only by the extent of territory from which recruits were sent to and returned from the Union army. It is not indigenous to northern soil, nor is it the legitimate offspring of any disease known among us. Nor can its history be traced among the archives of medicine. The "oldest" physician does not recognize it as a "familiar" face, and so has little advantage over the younger practitioner in its diagnosis or treatment. It is no respecter of persons. It pays no deference to age, sex, or condition. Pulpit, forum, and bar, learned and unlearned, rich and poor, are all alike the objects of its peculiar friendship. It rides in a coach as cosily as it nestles among the rags of poverty. It sits as jauntily upon the sofa in silks and satins, as upon the hard floor. It sleeps as quietly (?) upon nature's bed and under nature's broad covering, as upon the downy couch and behind damask curtains. It seems to recognize no known law of incubation, progress, or termination. That it is contagious—highly so—there is no doubt. It is somehow communicated from one to another. Sometimes from actual contact, and sometimes without; sometimes as rubeola and scarlatina, and sometimes more as an epidemic. Its progress is better defined by the intolerable itching and scratching it occasions.

So far as its appearance in these parts is concerned, it can be traced almost invariably to southern camping grounds, whence it has been transplanted by the tramp of armies, and the return of our brave boys from the "sacred soil" to their various homes. It is not a native "to our manor born." It is an importation, a peculiar child of southern generation.

In regard to its nomenclature, possibly the persevering student of GOOD may find in that stupendous compendium of nosology, and nosological infinitudes, some huge Latin name applied to it; but the practitioner who has seen it, and treated it, will be far better able to say what it is *not*, than what it *is*. It defies both nomenclature and classification. Taking NELLIGAN as our standard, it does not belong to the *exanthemata*. It exhibits no in-

flamatory tendency. Nor to the *pustulæ*; it has no pustules. Nor to the *squama*, for it produces no secretion of any laminated whitish scales on the cutaneous surface. Nor yet to the *hypertrophæ*, or *hæmorrhagiæ*, or *maculæ*; nor does it belong to the *vesiculæ*. It is not *scabies*. In this disease there is said to be a delicious satisfaction in hunting out and exposing to the full blaze of daylight, the ugly crabbed parasite, pathognomonic of it, that covers its burrowing place in the skin under a flood of water. Progress has been made in relieving the world of a pest, and momentary relief is obtained. But no such satisfaction is vouchsafed to the unfortunate victim of "army itch." It is scratch, scratch; the more, the greater necessity; wriggle and twist "from night till hoary morn;" for the itching is quite tolerable during the day time, but most intolerable during the night.

In many of its characteristics it corresponds most nearly with the *papulæ*, and with the genus *prurigo*; and yet that name gives only an inkling of some of its peculiar symptoms, while it affords no therapeutic indication.

Unlike *prurigo*, this disease is highly contagious. It has no vesicle, nor has it any pustule, yet sometimes the eruption, from the incessant irritation it occasions, forms a discharging surface, upon which scabs are formed. It seldom—in my opinion never—in its inception, is found in the groins, axilla, armpits, or between the fingers. It is always found upon the arm, forearm, chest, abdomen, or lower extremities, and in some rare cases upon the scalp. Sometimes it is a fine eruption, about the size of a millet seed, hardly discolored the skin, or raised above it; then again it resembles rubeola, and gives a marked sensation of roughness to the cutaneous surface. The attending pruritus is sharp and stinging, causing almost incessant scratching, by which the *papulæ* are torn, and a minute blackish crust formed on their apices, giving the eruption a peculiar characteristic appearance. Underneath this crust is a minute red point, which fades away as a new crop makes its appearance. In long-continued cases, complicated with other skin diseases, or accompanied with severe constitutional symptoms, suppurating sores may be formed upon different portions of the body, which will test the patience of both physician and patient in their cure.

Whilst, therefore, it so nearly corresponds with the description given in the books on *prurigo*, still the remedies ordinarily prescribed for that disease, will produce little, if any, curative effect in this. It is, in fact, *sui generis*, and no better name can be found for it than that which has been given to it in common parlance, from its recognized origin, "army itch." And yet, this only represents its outward manifestation, the cutaneous affection. Back of this, and perpetuating the disease, is the *materies morbi*, which the force of every pulsation sends through the whole system. To cure the one, the other must be eradicated. Constitutional as well as local remedies must be employed. The latter are useless without the former.

In accordance with these views, I begin and end the treatment with constitutional as well as local remedies, as follows.:

R. Syr. sarsap. comp.,	℥ʒiv.
Sodæ arsenias,	gr. iv—viij. M.

Dose, teaspoonful morning and evening.

To this mixture, if there be considerable derangement of the stomach or biliary organs, I add, *pro re nata*, Thayer's fluid extract of iris versicolor, Leptandrin, Pipsissewa, or Podophyllin, as seems best adapted to the case. The external application is composed as follows :

℞. Pix Burgundica,	ʒiv.	
Hydrarg. oxyd. rub.		
Plumbi. oxyd. rub.		
Terebinth-veneta,	āā ʒj.	
Butyri recentis,	ʒxij.	M.

(Adeps will not answer.)

The first three ingredients should be finely pulverized before being mixed with the last two, and then constantly stirred over a slow heat until all are intimately blended. Then place the dish upon ice or cold water, and stir again until the whole becomes the consistence of an ointment. A small portion of this ointment should be rubbed in thoroughly upon the eruption, morning and evening.

Great care should be observed in regard to cleanliness. The under clothing should be changed twice or thrice a week, and an occasional ablution of the whole body with castile soap and water would not only tend to allay the cutaneous irritation, but expedite the cure. The diet should be carefully regulated. No pork grease in any form should be allowed. Pastry, highly seasoned food of any kind, stimulating condiments, should be avoided as directly calculated to perpetuate the disease. The patient should not be starved, but the diet restricted to those articles which are plain, simple, and nourishing, and which will not tax too heavily the digestive organs.

The course of treatment I have thus indicated, is the result of some investigation and observation. It has been adopted after a thorough trial and failure of many prescriptions. In my hands, it has been uniformly successful; I can call to mind no case which, when the directions have been carefully followed, has not been cured by it. Time, patience, and perseverance are necessary to accomplish the result, but it is sure. Recent cases are more speedily cured than those of longer duration. I write with the more confidence, because I have tested the treatment in hundreds of cases, and have yet to see the instance of failure. I prepare the remedies myself. I do not deal out the ingredients to the patients, and leave them to prepare the ointment with such grease as they may happen to have. The prescriptions are compounded carefully by weight and measure, and just the heat necessary for their intimate mixture. And having taken all these precautions, which I regard as important, I watch the progress of the cure, and am not disappointed in finding the intolerable itching allayed, so that the patient will enjoy a quiet night, in many instances, from the first application, and the eruption fading away and disappearing. In other localities, or in the hands of other practitioners, they may not prove as uniformly successful, but where other remedies have failed, these are spread out before the profession as being worthy, at least, of a thorough trial. (*Medical and Surgical Reporter.*)

Quotations from Hahnemann. BY B. FINCKE, M.D.

A Historical Argument. (p. 122.) §51. "To the able mind of man this Law" (heal by Symptom Similitude, § 50) "is revealed by them [symptoms], and they were sufficient for that purpose. But, behold! what an advantage has not man above rude nature in its accidental occurrences! How many thousands more of homœopathic morbid potencies does not man everywhere possess in the medicinal substances which are spread all over creation for the help to the suffering fellowmen? They are to him parents of diseases of all possible effect—varieties, for all the innumerable, for all the thinkable and unthinkable natural diseases against which they can furnish homœopathical help, morbid potencies [medicinal substances], the strength of which, overcome by the vital force after the completed curative application, disappears by itself, without wanting any reiterated help for driving them away again, like the itch, *artificial disease-potencies which the physician can rarefy, distribute, POTENTIATE, and LESSEN IN THEIR DOSE, TO SUCH A POINT, that they remain ONLY a LITTLE STRONGER than the similar natural disease to be cured by them,* so that with this unsurpassable mode of healing, it needs no violent attack upon the organism, to root out even an old and obstinate evil; yea, that this mode of healing is merely seen in a gentle, *imperceptible,* and yet often speedy transition from the torturing natural sufferings to the lasting health desired."

(p. 133.) § 61 . . . "They [the allopathic physicians] would have perceived that. . . *the homœopathic application of the medicines according to their Symptom Similitude must bring about a permanent, complete cure, if with it the opposite of their large doses, THE VERY LEAST OF ALL, be given.*

(p. 138.) § 68. "[These incontrovertible truths] show us in homœopathic cures, that upon the *uncommonly little doses* which were *just only sufficient,* by the similitude of their symptoms, to overtune (ueberstimmen), and to push away the similar natural disease, though, after the extirpation of the latter, at first some medicine-disease still continues in the organism, yet, *because of the extraordinary littleness of the dose,* so transient, so slight, and so soon disappearing by themselves, that the vital force needs no more significant reaction against this little artificial distemper [Verstimmung] of its state, than is requisite for raising the present state to the healthy standpoint, that is, to the full restoration, for which end little effort is wanted after the extinction of the preceding morbid distemper.

(p. 187.) § 128. "The modern and most modern experiences have taught—that the medicine-substances in their crude state, when taken by the proving person for the purpose of proving their peculiar effects, do not, by far, utter the full richness of the forces being latent in them, as [they do] when, for that purpose they have been taken *in high rarefactions* [hohen Verduennungen], potentiated by proper trituration and succussion, by which simple operation the forces which lay hidden, and as it were, dormant, in their crude condition, are incredibly developed and awakened into activity."

"Thus, now, even the substances hitherto deemed to be weak, are BEST

searched into, regarding their medicinal virtues, by causing the proof-person, daily, before meals, to take four to six *finest pellets with the thirtieth potentiated attenuation of such a substance, moistened with a little water, and to continue the same several days.*"

(p. 188.) § 129. [In proving] "it is very advisable, to make the beginning first with a *little dose* of medicine, and, where commensurate and requisite, to ascend from day to day to a *higher and higher dose.*"

(p. 246.) § 230. [In cases of mental or emotional disease, when the selected remedies are homœopathically commensurate] . . . "the *least possible doses* often are *sufficient*, to produce the most striking improvement in not very long time."

(p. 255.) § 242. "We, then, have to deal only with a psoric intermittent fever, which usually is vanquished by the *finest doses* of Sulphur and Hep-sul-calc. in *High Potency, rarely repeated.*"

(p. 257.) § 246. "On the contrary, slowly progressing amelioration, after *one dose of strikingly homœopathic selection, IF IT IS VERY FINE*, indeed, also accomplishes sometimes, in its uninterruptedly continuing duration of action, that help which this remedy, according to its nature, is capable to effect in this case, in spaces of time of forty, fifty, one hundred days. But, partly, this is rarely the case, partly it is of much import as well to the physician as to the patient, that, if it were possible, this period could be shortened to one-half, to one-quarter, and even more, and that in this manner a much speedier healing could be gained. And THIS, too, can be very successfully carried out, as recent and often repeated experiences have taught us, UNDER THE CONDITIONS: First, if the medicine with all circumspection was selected very strikingly homœopathical,—Second, *if it is administered IN THE FINEST DOSE* least revolting and yet duly attuning [umstimmenden] the vital force; and, Thirdly, if such a *finest forceful dose* of the best selected medicine, is repeated in commensurate spaces of time."

(p. 259.) Note 1. "LEAST, I say, since it stands, and will stand, as a *homœopathic rule of cure*, refutable by no experience in the world, that of the *rightly chosen remedy the BEST DOSE IS ALWAYS THE LEAST ONE IN ONE OF THE HIGH POTENTIATIONS (30)*, as well for chronic as for acute diseases—a truth which is the invaluable *property of pure Homœopathy*, which, as long as Allopathy (and not much less the modern mongrel-sect, composed of allopathic and homœopathic treatment) yet continues to gnaw, like a cancer, upon the life of the sick men, and to corrupt them with greater and greatest doses of medicine, which will keep remote from the pure Homœopathy these false arts by an unfathomable gulf."

(Fincke, on *High Potencies.*)

Importance of Pathological Indications in the Selection of Remedies, illustrated by the action of Tartar-emetic. By EDWIN M. HALE, M.D., of Chicago, Ill.

HAHNEMANN placed the science of medicine on an imperishable basis, when he discovered that remedies for disease should be selected by the law of

"*similia*," and that the symptoms of the medicine should be our guide in all cases. By symptoms he understood those sensations, pains, &c., caused by the drug, and which are termed the subjective symptoms of a pathogenesis. I do not mean to imply that he ignored the objective symptoms altogether, but they certainly occupied a lower place in his estimation. Such was the uncertain condition of the science of pathology in his time, that it is not to be wondered at that Hahnemann should reject its dubious teachings; but, in so doing, he went to the other extreme, and his followers, even to this day, have imitated his example. It remains for homœopathic physicians of the present day to finish the glorious work Hahnemann begun and add their pathological pathogeneses to his excellent symptomological provings. Not until we have such provings, can we consider our *materia medica* to be based upon a perfect method. In the introduction to a late work on *New Remedies*,* the writer has given his views on this subject.

The tendency among physicians now, is to engage more fully than formerly in the study of the pathology of disease; and this naturally leads to the study of the pathological effects of medicines. There are not wanting, however, even now, those who affect to despise the assistance of pathology in diagnosis, and assert that it is of no importance as a guide in the selection of the specific homœopathic remedy. I propose to illustrate, by the action of tartar-emetiç, the importance of a proper study of drug-pathology, as well as drug-symptoms.

I have selected this drug because its action is so profound and pervading that its pathological effects are well known. We will not trouble ourselves to inquire *how* it acts on the organism; whether through the circulation of the blood or nervous impulsion. Such abstract questions are out of place in a practical paper.

For all practical purposes, we may consider the two tissues, skin and mucous membrane as analogous. A medicine which profoundly affects the one also affects the other, and the drug under consideration is no exception to the general rule. The endenitic application of tartar-emetiç causes the following condition: "It at first produces redness, and afterwards pustules which closely resemble those of small-pox, like which they form scabs and may leave indelible scars behind them."† This eruption is usually matured on the fourth or fifth day. If the skin is delicate or diseased, large and deep sloughs are produced. Its effects may even go deeper than the skin, for Neumann saw caries of the sternum and vertebræ from the use of the ointment. The eruptions caused by this drug are thus described: "Pustular eruptions with brown serum; redness and erysipelatous tension of the skin; small scabs replaced by indelible cicatrices." "The skin becomes hot and animated; slowly small insolated pustules (aqueous), with a red areola, develop themselves; in the interspaces the skin red and tumefied, and the resemblance to small-pox is very marked. If applied again, pustules slowly enlarge, blue in color, depressed in centre, and contain pus; on the fourth or fifth day they

* *New Homœopathic Provings*, page vii. † *Stille's Therapeutics and Materia Medica*.

become confluent; pain is then very great; crusts with depression like those of small-pox.*

Many allopathic writers have reported that the application of tartar-ematic ointment upon a part has been followed by a crop of pustules upon another and often distant region of the body, and that even its internal administration in small doses has caused eruptions similar to those described above upon the skin. Mayerhofer, in his careful experiments, mentions "a transient, but irritating pustular eruption upon the skin." The same fact is also noticed by Lohmeier. In cases of poisoning by large doses this symptom has been more notable. In a case reported in the *Lancet*, by Dr. Pollock, there was, "on the third day, a copious eruption of tartar-ematic pustules on the whole body." Stille says this is the only example known of such an occurrence; but in this he is wrong, for in our recorded pathogenesis it is mentioned as of frequent occurrence.*

CASE I.—One writer mentions "vesicular eruptions over the whole body; eruptions of pustules and vesicles which fill with pus in two days similar to variolous pustules, and very painful; these pustules dry and form crusts; this eruption comes out at first in the face and forearms and then upon the back."

CASE II.—"An Essex farmer had been taking the tartar-ematic for six days in half grain doses, every three hours, while suffering under acute pneumonia. The characteristic eruption made its appearance over the whole body; the patient was so well covered with pustules that his friends mistook the eruption for small-pox, a natural error."†

CASE III.—"Dr. Böckh, of Griefenhagen, ordered a fisherman to take two grains of tartar-ematic in the course of thirty-six hours, for the cure of pneumonia. Scarcely twenty-four hours after the last dose there appeared an eruption exactly resembling that caused by the external application of the salt. It consisted of small papulæ or vesicles which rapidly enlarged and became full of pus, and of a deep red color at the base, resembling mature variolous pustules. In the course of a few days, they became dry and crusted at the top. The eruption appeared first on the inner surface of the forearm, and then on the whole back where the pustules were partly solitary and partly grouped."‡

CASE IV.—"A man with pneumonia took ten grains of tartar-ematic in solution, in thirty-four hours. About twenty-four hours after the last dose, an eruption appeared which resembled in the closest particulars that produced by tartar-ematic ointment; it consisted of pimples and vesicles which increased rapidly in size and filled with pus in two days; they were surrounded with a red base and resembled closely matured pustules of small-pox, or smaller pustules of cow-pox. They were exceedingly painful, but most of them dried up in a few days and formed crusts; a few became longer than the others and then resembled the pustules of ecthyma. The eruption commenced on the inner surface of the right forearm, and then spread over the whole back where the pustules were both insolated, grouped and confluent."

* *Elements of a New Materia Medica*, by Marcy, et al., page 399.

† *London Lancet*. ‡ *Ib.*

Case V.—“A girl, aged fourteen, took twenty grains of tartar-emeti in the course of two weeks, when a pustular eruption appeared exactly similar to that caused by the ointment when applied to the skin.”*

These observations settle conclusively that the tartar-emeti, whether applied externally or administered internally, produces a peculiar eruption on the skin bearing a close resemblance to the eruption of small-pox, and some other exanthemata. In connection with this, another well known fact should not be forgotten, namely, that whether used externally or internally, a similar pustular (aphous) eruption, with similar lesions, is observed on the mucous membrane of the mouth, throat and portions of the intestinal canal, showing that its action on these analogous tissues is quite similar if not identical.

The symptoms above noted, it will be observed, are all objective. Subjective symptoms, were of course not wanting—they were such as usually attend such eruptions—but were not as peculiar as the eruption itself; that is, no physician could have diagnosed such an eruption from the mere mention of the subjective symptoms attending. In a plate appended to this paper will be seen a comparative illustration of the tartar-emeti eruption on the mucous membrane of the fauces, and the small-pox pustules on the skin. It will be seen that they are quite similar, though upon different tissues. The tartar-emeti pustules upon the skin are so nearly identical with those of small-pox that no illustration is needed. The aim of this paper is two-fold—first, to show, that by pathological indication alone (objective symptoms) we can select a remedy with great certainty; and second, to show, that when we are acquainted with both subjective and objective symptoms, the selection of the remedy is almost certain. It will now be proper to inquire whether the first proposition has been found to be true in the results of clinical experience.

Dr. Sichenstein, of Brunswick, says of the tartar-emeti pustules, “the clear lymph of the pustules which arises from the external application of tartar-emeti, produced inoculation pustules which are quite indistinguishable from those produced by vaccination. They seem to confer the same protection from cow-pox; they excite fresh pustules by inoculation, and in general in other respects would appear to be analogous to cow-pox.” The first experiment he made with them was in the summer of 1836, but as he never heard of any similar ones, he was then distrustful of them; up to this time he has made thirty-one vaccinations and revaccinations with lymph of tartar-emeti pustules, and has found them in all their relations “analogous to cow-pox lymph.”

This was written in 1855; since that time there has been no similar experiment made that we are aware of. The matter is worthy of investigation. Allopathic physicians have unwillingly used this medicine homœopathically in eruptive diseases of the skin. Bethman reports the case of a patient whose body was covered with numerous and large pustules, filled with pus, and whom he treated unsuccessfully with Sulphur. He administered minute

* Frank's Magazine. † *Ib.*

doses of this remedy and in a short time the skin became clear and the eruption disappeared without leaving cicatrices.

Homœopathic physicians have been very successful in their administration of tartar-emetic in eruptions similar to those it causes. Dr. Liedbeck, of Stockholm, states that he has never seen a case of small-pox terminate fatally when treated with tartar-emetic in doses smaller than those given by the old school. He stated that all his cases yielded to tartarized antimony in small doses, without leaving a vestige of any after effect. He says that the identity of the tartar-emetic pustule with the small-pox pustule, first suggested to him the remedy and its property also, according to Hahnemann, of producing miliary fever, scabs, &c. All the symptoms are vastly mitigated by the use of tartarus-stibiatus in doses of a half to one grain dissolved in a pint of water, administered in tablespoonful doses every fourth hour. Often after the first dose, he has found the tongue clearer, the fever subsiding, and even the difficulty of swallowing much lessened when the remedy had been given in time.

Dr. Berg regards it the one remedy to be relied upon when there is irritation of the respiratory membranes. He states that, in the Stockholm epidemic of 1888 and 1889, this complication seems, without exception, to be the cause of fatal terminations, when such occurred; and while, when the disease was uncomplicated, he left it to itself, if bronchial irritation declared itself, he ordered the repeated use of tartar-emetic in small doses.

Dr. Liedbeck says, that after nine years further experience, he would refer to the administration of tartarus-stibiatus as a substitute for cow-pox inoculation.

Dr. Stewart, of Natchez, has proved it a remedy of great value in small-pox. He writes: "For the last eight years I have relied almost entirely on the antimonium-tartaricum, in the treatment of variola. I have seen some cases in which the eruption had reached the papular and vesicular stage, and when the disease threatened to become confluent, promptly arrested and the eruption subside without passing on to the pustular stage." Dr. Stewart advises the first trituration in solution, not, however, in doses sufficient to cause nausea, as he believes its curative effect is gained without giving it *ad nauseam*.

Dr. Fullgraff has treated successfully many cases of variola with the first trituration, using as an intercurrent an occasional dose of mercurius-iodatus. Dr. Freligh commends it highly in pustular eruptions on various parts of the body, resembling small-pox. He has cured with it several inveterate cases of barber's itch," which had resisted many other apparently appropriate remedies.

Dr. Marcy says: "Our experience with it in variola, lichen, porrigo, eczema and prurigo, has been favorable. In all chronic cutaneous affections, however, we are in the habit of using from the sixth to the twelfth dilution."

Dr. Peters (the apostate) once wrote: "It is the homœopathic remedy *par excellence* against suppurative and purulent affections."

Dr. R. Ludlam recommends it highly in the second and third stages of

variola. He used the second and third triturations, and has seen the pustules "abort" under its use.

Dr. P. H. Hale used the tartar-emetic in several bad cases of confluent small-pox with excellent results. He has found it of great utility in those eruptions which often follow vaccination, and which sometimes become chronic and obstinate under ordinary treatment; also in urticaria after vaccination, or when occurring in plethoric subjects. He uses the first trituration, one grain in a glass of water, for an adult a teaspoonful every two hours.

I have employed tartar-emetic in many of the above eruptive diseases and found its use generally followed by an amelioration if not a cure. I am of the opinion that the virtues of this remedy have not been sufficiently tested. Not only is this medicine indicated by the purely objective symptoms of various eruptions, but it is a fact worthy of notice that the constitutional effects of a retrocession of many eruptions are very similar to the effects of large doses of this drug, namely, constant nausea, bilious vomiting, watery or brownish diarrhoea, cold sweats, prostration, &c.

We now turn from the pathogenetic and curative action of tartar-emetic on the skin, to its effects upon the mucous membranes.

Upon consulting the writings of Trousseau and Pidoux, Chomel, Andral, Stille and other allopathic authorities, I find that internal administration and even the external application of tartar-emetic to the skin has produced upon the mucous membrane of the mouth and fauces the following lesions:

Angine and stomatite erythematosa.—Violent irritation of the throat, with difficult swallowing; swelling of the tonsils; bright redness of pharynx; erythematous eruptions on the lips.

Salvation antimoniale.—The tongue, whatever its dryness, becomes rugous and brown, moistening as it becomes covered with flocculent and viscid coating; the teeth leave impressions on the sides of the tongue; ulcers like mercurial; throat equally covered with large mucous flakes; *continual spitting*; hoarseness and roughness of voice; on the surface of the tongue, especially at the point, small, round ulcers, with lardy edges, from the size of a lentil to that of a fifty cent piece. These ulcers are very painful, but cicatrize readily. In some the swelling of the tongue and throat is such that the patient is deprived of speech.

Pustular eruptions.—Upon the lips, tongue and palate, like those on the skin; pustules also in the stomach and bowels, lips, tongue, palate and uvula; also internal surface of cheeks covered with vesicles and pustules of a whitish, yellow color, flattened and with depressed centres, filled with puriform and milk colored fluid, with great heat in the mouth.

Apthous Ulcerations.—On the tongue, lips, and in the mouth; apthous angina followed by ulcerations; apthous stomatitis; apthous eruptions all over the mucous membrane of the mouth.

Pseudo-Membranous Formations.—"Mouth, tongue, throat, and pharynx covered with a soft, false membrane, pale, not continuous; redness of subjacent mucous membrane, or patches of variable diameter, more or less gray, sometimes transparent; tongue moist and yellow in centre, covered on its

edges and inferior surface with false membrane, also upon the uvula and pillars of the palate; membraniform exudation upon velum palati and uvula, as well as palatine vault; palate covered with thick membranes and pustules, with depressed centres."

Dr. Ludlam* quotes M. Laboulbini's description of the tartar-emetic pseudo-membranous disease of the tongue and fauces. (The plate appended to this paper is taken from M. Laboulbini's work on Pseudo Membranes.)

Dr. Ludlam says: "In particular, it seems applicable to many cases of diphtheria in which the abnormal throat and chest symptoms derive their chief characteristics from a purulent influenza, or from an inherent predisposition on the part of the patient to catarrhal disorders of the respiratory membranes." Dr. Ludlam gives the specific local indications which we have already noticed above. Dr. Helmuth, in his work on Diphtheria, does not mention tartar-emetic.

Enough testimony has been adduced from reliable authorities to prove that tartar-emetic possesses the power of causing nearly invariably, all the above-mentioned lesions, or purely objective phenomena. At the same time, the homœopathicity of the drug to similar forms of disease is also established. It remains for us only to adduce clinical testimony that this medicine has been found curative in such lesions. We propose to quote from allopathic authorities first, and then give the clinical experience of our school.

Dr. Maxwell† advises tartar-emetic in cases of ptyalism to be given in repeated doses, so as to keep the system fully under its influence. Two days only are required to effect a removal of the salivation. This would certainly seem to prove the drug to be homœopathic to this condition. Other allopathic writers have also found it useful in local inflammations, used internally and topically.

Stille says it has been used successfully in angina, tonsillitis, and even pseudo-membranous pharyngitis, but deprecates the use of the depressing doses generally given as being productive of greater evil than good. Like many other powerful remedies capable of causing notable functional disturbances and structural lesions, the tartar-emetic has occasionally effected prompt cures in the hands of allopathists when given in non-poisonous doses. The success attending its use in pneumonia is an example. But when we consider that the drug is capable of causing acute engorgements and even inflammation of the lungs, we can readily imagine how surely thousands have gone down to the grave victims to the medical aggravations brought about by this poison. So, also, if used in material doses in affections of the mouth and fauces, it would be a dangerous agent.

Dr. Marcy says it is "appropriate in vesicular and pustular eruptions within and around the mouth, and in swelling and excoriation of the lips. (He advises the high dilutions in these cases) He says it is also homœopathic to swelling and redness of the throat, with large secretion of the mucous, which often accompany epidemic catarrhs, influenzas, &c. Against pustular eruptions of the throat, whether arising from variola or other causes, it is eminently worthy of attention. During convalescence from tonsi-

* Lectures on Diphtheria, page 109.

† Waring's Therapeutics.

litis, erysipelatous sore throat and mercurial ulceration of the throat, we have often employed it with marked success."

According to the homœopathic law, it ought to prove curative in all the lesions of mucous membranes enumerated above, and it is the firm belief of the writer that, if used properly, it will be found as useful as mercurius, nitric-acid, or hepar-sulphur, in those affections. My experience with tartar-emetica has satisfied me that it should be used in the following manner, in the above pathological conditions. Dissolve one grain of the first decimal dilution in a glass of water; give the patient a tablespoonful every one, two, or three hours, and instead of swallowing it, hold it in the mouth, or gargle the throat, as the case demands, for one or two minutes. After ejecting this from the mouth, a teaspoonful of the solution should be swallowed.

I have used it in this manner in many cases of erythematous, aphthous, pustular, and even pseudo-membranous affections of the mouth and fauces, and generally with favorable results. I consider its topical application of great importance; it acts thus as a *local* homœopathic remedy like nitric-acid, hydrastis or sulphur. In some cases of eruptive skin diseases the tartar-emetica has been applied in the form of mild ointment, with curative results. Its local application to the conjunctiva, in the form of a weak lotion, has cured ulcerative inflammation of that membrane.

We consider the aim of this paper fully attained. The testimony adduced proves, beyond all controversy, that the truly pathological symptoms (objective symptoms or structural lesions) caused by a drug are, alone, often sufficient data upon which to base our selection of the specific homœopathic remedy. And, furthermore, that when we shall have pathogeneses of all our most important drugs, which shall contain all the subjective and objective symptoms of such drugs, we shall be able to select the curative remedy with a certainty as much superior to the ordinary method in use in our school, as that method is superior to that of the allopathic.

Studies in Therapeutics. BY M. PETROZ of Madrid, Spain.

"*Disease of the Tongue.* In 1829, a woman living in the Rue St. Nicolas, whose family was known to me, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L'Herminier. The organ was profoundly altered by an ulcer, which appeared to me cancerous, and which occupied its right side; the edges, especially posteriorly, were indurated, raised, and knotty; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Professor Marjolin. She brought me back the following judgment:—'Cancerous ulcer; no chance of cure but from operation; and this impossible. for the base of the tongue is involved.'

"In the presence of so grave a disease I turned my thoughts to diminish her sufferings. I prescribed the one-hundredth of a grain of hydrocyanate of potassa, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less; the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same

way. Fifteen days later the patient, whose countenance had lost its gray hue and drawn features, said to me with joy, 'I begin to be able to eat a crumb of bread.' The hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse."

The cyanide of potassium worked wonders here; it is a drug which deserves study.

"*Typhoid Fever.* In 1848 I submitted to the Homœopathic Society a memoir presented to the Academy of Sciences by Dr. Serres, on the use of black sulphuret of mercury in the entero-mesenteric fever (typhoid). A new memoir has just been read before that society; it confirms the happy use of this medicine. In the account which I have given of the work of Dr. Serres I said that he considered the mineral Ethiops as a purgative, and that, for this reason, he thought he ought to associate it in its use with other purgatives; doubtless to render more powerful the property which he ascribes to it. On this occasion I have to communicate two observations of typhoid, in which the black sulphuret of mercury, in the 12th dilution, has been used with success. Since that time I have had to use it, and I have been able to determine with more precision its kind of usefulness.

"The preparation of the mineral Ethiops is invariable. On that account it can be placed side by side with other medicines of which we make use.

"In typhoid, more perhaps than any other disease, we find proofs that to choose the medicines well is not sufficient to combat it, but that we must watch the most convenient time to use them. I am going to try, as to the use of the Ethiops, to give instances.

"OBSERVATION I.—A young married lady, of a nervous constitution, lymphatic, tall, of a middling size, and whose menstruation was irregular, most often behind its time; complained often of pains in her bowels, followed by diarrhœa. She thought she was able to travel a few months to accompany her husband, who was on a tour of inspection; she led a different life from that which rest in the midst of luxury gives. She came back to Paris feeling a general fatigue, and having no appetite; her sleep was disturbed and difficult to obtain.

"On the 29th of December, at the end of the day, she felt shivering, alternating with fits of heat.

"30th.—Frontal headache, eyes injected; all the skin, particularly the face, was of a pink color, produced by an eruption of small, almost imperceptible, pimples; tongue white, without coat; thirst; general heat; pulse small, frequent, 100. Ordered a potion with *Aconite* every two hours.

"31st.—Same symptoms, except the coloration of the skin; the eyes marked underneath with a black circle. The patient bears with difficulty noise and light; skin dry, hot; pulse up to 110; urine in small quantity, dark color; decubitus dorsal.

"Jan. 1st.—Headache not so intense; great paleness; the hearing is dull; the mouth is dry; the patient complains of moving the tongue with difficulty, it sticks to the palate; the tongue is dry, the centre a little red; frequent urging to pass water, although the urine is in small quantity;

great weakness; reluctance for any movement; drowsiness or fatiguing dreams; pulse small, 120. *Rhus-toxicodendron* in potion, one spoonful every two hours.

"2d.—Same symptoms; the lips look shrunk, the tongue is dry, in all its extent; the skin is rough; some borborygmi can be heard in the abdomen, of which no part, however, is painful; the want to make water becomes less frequent, the urine in small quantity, of a dark color; pulse 120; wakefulness.

"3d.—Same symptoms; the features are altered; slight distention of the abdomen; pressure causes pain at the epigastrium and in the cæcal region.

"4th.—The night has been much disturbed; in the morning bilious diarrhoea after a colic, followed by a short syncope; the teeth covered by a crust; the tongue is held immovable, it is dry and black; pulse very weak, 130; *black sulphuret of mercury*, 12, one drop in 100 grammes of water, one teaspoonful every half hour; in the interval to continue for beverage pure water or *eau sucrée*; during the day three liquid motions; in the evening the tenderness of the abdomen is already less.

"5th.—The patient affirms that she has slept, which she had not allowed until now; the tongue is less dry; the speech becomes more easy; the thirst is almost gone; the skin is less rough; the pulse is 100, it is more developed. The potion of Ethiops is renewed.

"The following days nothing remarkable happens; the symptoms decrease; the patient enters upon the third stage of the disease, during which the nervous system of relation returns to its ordinary activity, whilst that of nutrition rests itself after the fatigues of a difficult struggle, during which the emaciation had become considerable.

"During this period patients are neither thirsty nor hungry; sleep is hardly a necessity to them; it continues for a longer or shorter time, and we know that it is at its end when the patient feels the digestive organs awakening. I have said that the choice of time in the use of medicines is of great importance in the treatment of some diseases. We must never forget that we proceed only by subversive efforts. Our law imposes on us the duty of studying the progress of diseases, to understand when and how we must oppose ourselves to their mischief. Thus, in typhoid, the use of sulphuret of mercury would be unseasonable in the first period. In giving it we should deprive ourselves of the resources which we have at our disposal to prevent the complications, or to moderate the impetuous progress of the disease. Typhoid and the eruptive fevers have a regular progress; times to pass over which differ; and, consequently, they offer successive indications.

"OBSERVATION II.—A child, eight years old, of a delicate constitution, born of a mother affected with a squamous tetter, and whose mother and grandmother died consumptive, experienced for some time a heaviness in the head, a general fatigue, a depression of spirits; he had no appetite.

"On the 9th of February he was seized with an internal shivering, with hot skin, a pressive pain in the forehead, and nausea. The pulse was frequent and full. *Aconite* in potion, one spoonful every four hours; pure water, or water sweetened with sugar, for beverage.

"10th.—General internal heat, slight epistaxis in the morning; in the middle of the day flushing of the face; pulse more frequent, 120; at the end of the day restlessness, paleness, wakefulness.

"11th.—In the morning paleness; the tongue is red on the borders, the middle of it exhibits a light-yellowish coating; great thirst; epigastrium is painful under pressure; in the middle of the day febrile exacerbation, flushing of the face, internal heat all over; it lasts four hours; the pulse is as it was on the preceding day.

"12th.—The tongue is dry, the yellowish coating cracks, rendering the movements of the organ more difficult; the lips are pale, tight, and dry; eyes dull; same febrile exacerbation as on the preceding days, during which the tenderness of the epigastrium is greater; the urine is in small quantity, of a dark color.

"13th.—Same symptoms as the day before.

"14th.—Greater paleness than on the preceding days; the skin is dry, rough; the tongue, which can only be partly seen, is shrunken, covered with a brown, dry crust; the lips peel; the patient swallows with difficulty; the belly is distended, the lightest pressure causes pain, particularly in the caecal and epigastric regions; borborygmi; increase of fever; involuntary emission of urine; consistent alvine evacuation; pulse small, 140; bleary eyes; slight cough; the intellect remains free. *Bryonia*, which has succeeded *Aconite*, is continued. In the night of the 14th to the 15th two soft motions. All the symptoms are the same.

"15th.—Several liquid motions of a dark yellow; the meteorismus is greater; the pulse is as small and as frequent. *Black sulphuret of mercury*, 12, one drop in a hundred grammes of water; one teaspoonful every half hour.

"16th.—Three liquid motions; the tongue is softer; the meteorismus decreases with the tenderness of the abdomen; the febrile exacerbation of the middle of the day ceases; the pulse is more developed, 100 only; sleep of two hours.

"17th.—Moist tongue; the skin is not so dry; the meteorismus has completely disappeared; the epigastrium, the region of the heart, are no longer tender under pressure; only one liquid motion in the day; the pulse is 100.

"18th.—After a calm night, during which there were some hours of sleep, the tongue became larger, moister, and more easily put out. On examining the abdomen, in the hypogastric region, a sort of swelling was found, very tender under pressure. The young patient remembered to have felt his urine escaping involuntarily, and from an excess of modesty had resisted, during twenty-four hours, the want of making water; the bladder was distended beyond measure. He was put on his feet to empty it more completely. From that moment relief was felt, and *Nux-vomica* given to restore to the bladder its full contractility, put an end to the accidents which this complication might have brought. From that instant the patient arrived at that period of the disease where the organs are seen entering into a sort of slumber, which is not yet convalescence, during which time the thirst ceases, the appetite is absent, the pulse not frequent. The end of this state, which lasts more or less time, is announced by the want of eating. This child, naturally weak and delicate, had arrived to an extreme state of thinness; the digestive functions have regained with rapidity their natural exercise, while combating the general weakness with *Quinine*, 30; and on the twenty-first day he had regained a part of his natural strength."

We need a drug which shall exactly meet the intestinal lesion of typhoid fever. Mercury has always come nearest to it of all known remedies; and it may be that in black sulphide is the very medicine we want.—(*British Journal of Homœopathy.*)

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ARTICLE L.—*An Address delivered before the Homœopathic Medical Society of the State of New-York, at its Fifteenth Annual Meeting, held at Albany, February 13 and 14, 1866.* By HON. JOHN STANTON GOULD, of Hudson, N.-Y.

INSANITY.—“The care of the human mind” was declared by the learned Grotius to be “the most noble branch of medicine,” and every one who thinks upon the subject, and who recognizes the superiority of the spiritual over the temporal, must heartily coincide with him in judgment.

We might, however, be curious to know, why the ancient physicians included the human mind within the sphere of their art. What relation can be supposed to exist between the nauseous drugs of the apothecary and the subtle mental processes of reason, memory, and judgment?

When the healing art was wholly in the hands of the priests, whose therapeutic agents were confined to charms and incantations, and whose theoretic pathology began and ended with demoniacal possession, we can easily enough understand that the physician would be looked upon as the proper healer of the mind; because he was expected to banish spiritual maladies with spiritual weapons.

When medicine passed out of the hands of the priesthood, and was exercised by secular men, who devoted themselves wholly to the study and practice of it, many of the old ecclesiastical theories were received by the new professors with unquestioning faith, and without the slightest examination.

Hippocrates, the father of Greek medicine, Galen, the illustrious Roman physician, and Avicenna, the oracle of the Arabian schools of physic, agree with unanimity that insanity was the external indication of the internal residence of an evil spirit, hence their technical name for the malady was "possession," and the patients were spoken of, not as the insane, but the "possessed."

Hippocrates enjoined upon his disciples to observe with great care whether the disease came from God. Paracelsus asserts that diseases of the mind, or spiritual diseases, as he calls them, are to be spiritually cured, and not otherwise; "ordinary means in such cases," he says, "will not avail: *Non est reluctandum cum Deo.*" He tells us that there is "not so much as a hair's breadth empty in heaven, earth, or waters, above or under the earth. The air is not so full of flies in summer as it is at all times of invisible devils." Although these doctrines have been long exploded by the increasing light of science, yet their dark shadow has projected itself across the long track of centuries down to our times. I was once assured by a very pious and excellent lady that a demon dwelt in her body, who, in spite of her own volitions, used her tongue for utterances which her soul abhorred; and her members for actions which were most revolting to her mind. Some years afterwards she hung herself, leaving a letter behind her, in which she said that she was not responsible for the deed, but that the devil who possessed her had used her arms and hands for the purpose, notwithstanding her most strenuous resistance.

Strangely enough, although the ancient physicians fully believed that insanity was caused by the indwelling of demons, they nevertheless attempted its cure by medicine; but it was on the curious principle of so filling the body with nauseous and revolting drugs that the devil would be driven out of the patient from sheer disgust. It was on this principle that Tobit

smoked out the demon who had made such havoc with the seven husbands of Sarah. "He took the ashes of perfumes and put the heart and the liver of the fish thereupon, and made a smoke therewith, the which smell when the evil spirit had smelled, he fled unto the utmost parts of Egypt, and the angel bound him." Tobit 8, 2-3. Although this theory of disease is no longer recognized, much of modern practice, which consists of giving enormous doses of nauseous drugs, was evidently founded upon it, and has no logical relation to any other.

When the absurdity of the demoniacal pathology of insanity began to dawn upon the minds of physicians, they sought the aid of the heavenly bodies in order to account for the phenomena. Thus Pontanus says that "many mental diseases proceed from black choler, as it shall be hot or cold; and though it be cold in its own nature, yet it is apt to be heated, as water may be made to boil, and burn as bad as fire; or made cold as ice; and thence proceed such variety of symptoms, some mad, some solitary, some laugh, some rage," &c.

"The cause of all which intemperance chiefly and primarily proceeds from the heavens, from the positions of Mars, Saturn, and Mercury. Mercury in any geniture, if he shall be found in Virgo, or Pisces, his opposite sign, and that in the horoscope, irradiated by those quartile aspects of Saturn or Mars, the child shall be mad or melancholy." Again, "he that shall have Saturn and Mars, the one culminating, the other in the fourth house when he shall be born, shall be melancholy, of which he shall be cured in time if Mercury behold them."

So firmly did this silly faith become rooted in the minds of physicians, that Paracelsus, in the latter part of his life, did not scruple to affirm "that a physician without the knowledge of stars can understand neither the cause nor the cure of any disease, either of this" (insanity) "or gout, not so much as tooth ache; except he see the peculiar geniture and scheme of the party affected. Since the disease according to this theory, was produced by the peculiar conjunction of certain stars, and since no medicine can possibly change the aspect of the heavens, it is difficult to understand how any physician could expect to effect a cure, or why their aid should be sought; but they did not seem to be aware of the inconsistency of their

practice with their theory, they still continued to dose their patients with drugs which were more nauseous and more bulky than ever. The technical words, "possession" and "possessed," now gave place to "lunacy" and "lunatic," which maintain their place even to our day, together with the popular notion that the paroxysms of madness are intensified at every change of the moon.

When the astrological theory began to wane, it was gradually supplanted by another, which, though expressed in terms similar to those which were used when the demoniacal theory was in vogue, but in reality had a different meaning. Physicians still talked of spirits, and of good and evil spirits as the agents for the cure of insanity and the cause of it, but they no longer by this language meant to speak of actual demons, but a curious figment of their own imaginations. They conceived of spirit as a "most subtle vapor which is expressed from the blood and the instrument of the soul to perform all its actions." These spirits were of three different kinds, "according to the three different parts, brain, heart, and liver; natural, vital, animal. The natural are begotten in the liver, and then dispersed through the veins. The vital spirits are made in the heart of the natural, which, by the arteries, are transported to all other parts. The animal spirits formed of the vital, brought up to the brain, and diffused by the nerves to the subordinate members, give sense and motion." They held that insanity was a consequence of the insufficient generation or irregular distribution of these spirits. You will be surprized to hear that sane and sensible men ever deliberately held these silly doctrines for truth and verity, but you will not be surprized that they failed to cure their patients when their notions of the cause of the disease were so obscure and so erroneous.

Many of our familiar phrases are the legitimate descendants of this theory. We still speak of being in high *spirits* or low *spirits* when our intellectual faculties are working energetically or sluggishly.

All the theories that we have enumerated, as well as the various modifications which grow out of them, agreed in this fundamental error, that insanity was a disease or disorder of the mind itself, which affected its very essence.

The true doctrine of modern times is, that there is no disease or disorder of the immaterial mind itself in insanity, but in the material organs through which the mind is manifested. In other words, it is now clearly understood that functional or organic diseases of the body produce corresponding diseases of the mind, and when the body is cured the mind will be at the same time restored to its normal condition.

We have seen that in former times, while the theory was changed, the preceding idea still adhered to the minds of physicians either consciously or unconsciously; they adhered to the old verbal formulas while giving them somewhat different meanings. And when they changed the formula by a sort of secret mental reservation, they understood in them the ancient meanings. It is even so in our days to the great hindrance of the progress of mental hygiene. Physicians acknowledge the true theory in terms, but do not heartily receive all its logical consequences. They are still secretly oppressed with the ancient awe of demons; they are still paralyzed with the idea of an imminent, irresistible force, as from the stars; dominating the minds of the insane with a force which it is impossible, if not impious to resist.

In consequence of this timidity, hundreds who might have been cured in the early stages of their disease by their own family physicians, are left without attention, until it is so far advanced that they are necessarily transferred to the asylum.

Nothing more clearly shows the hesitation and uncertainty with which physicians hold their grasp of the idea of insanity, than the unsatisfactory character of the definitions which they have proposed for it. An attentive examination of these will show that while some of these are so general that they will embrace sane persons, others are so circumscribed that they exclude many who are undoubtedly insane. The only ones which will bear criticism are too general to be of any practical use, and amount to very little more than is embraced in the term mental derangement. After examining nearly one hundred of these attempts, I can find none more comprehensive and so little liable to objection as the following, by Dr. Copland: *Insanity is "a deviation from, or perversion of, the natural and healthy state of the mind, as manifested either by*

the moral emotions and conduct, or by a partial or general disorder of the intellectual powers and understanding."

It will be observed that every word of this definition might have been written by any of the ancient physicians who believed that the disease lay in the essence of the mind itself; but it is evident from the whole tenor of his work, that Dr. Copland holds no such opinion. On the contrary, it abounds with striking illustrations of the association of bodily disease with mental derangement, but they fail to produce an adequate impression upon the mind of the reader on account of the vagueness and haziness in which they presented themselves to the pre-occupied mind of the writer.

It is the object of this address to invite you to re-examine this most important subject in a bold and searching spirit; to weigh with candor and impartiality the overwhelming mass of evidence which proves that disease of the mind is really disease of the body, and in the full light of this conviction to search for such remedies as will enable you to arrest mental disease in its incipient stages, before it is so fully developed that a removal of the patient from his family, and incarceration in an asylum becomes an indispensable necessity.

Among the many proofs that mental alienation is dependent upon some organic lesion, there are perhaps none more striking and unambiguous than a story related and vouched for by Dr. Wigand. He knew two boys, who from their earliest years, manifested the tenderest attachment for each other; they shared each other's sports and studies; neither could receive pleasure from anything which was not participated in by the other, every affliction which befel one of them, awakened the keenest sorrow in his brother's heart; they seemed to have but one mind and one heart, their fraternal affection was as perfect as could possibly exist this side of heaven. So remarkable was their love, when together, and so poignant was their grief when they were necessarily separated, that it became a serious question with the parents, whether it was their duty to encourage or to discourage it. After much reflection, they decided to adopt the latter course, and they were therefore separated by sending the eldest brother to a distant school. Their affliction after their separation cannot

be described; they wept incessantly and could not be comforted; they lost their appetite; their nights were sleepless, and they could settle to no regular mental occupation. Their sufferings were so severe that their parents became fearful of the consequences, and permitted the younger one to visit the elder brother at the school; their tumultuous joy when they met, greatly affected the spectators, and their happiness on being reunited soon restored them to their wonted health. After a time the younger brother was returned to his home, and the same result followed, they were so utterly wretched that the parents resolved that they would never risk another separation. At their urgent entreaty, the school-master waived a regulation of his establishment, and admitted the younger as a pupil, though under the prescribed age. They were now perfectly happy; keeping aloof from the other boys, they spent most of their time together, the elder aided the younger in his studies, and watched over him with parental solicitude. The younger yielded to him more than filial obedience and affection, he would as soon have thought of breaking one of the commandments as of opposing the slightest wish of his brother.

Their minds developed rapidly, and they improved greatly in their studies, each successive report from the master was more satisfactory than the last, the parents deeply felt the blessing which Providence had conferred upon them.

At length the sunshine of their lives was overclouded. The master reported that from some unknown cause the elder boy had begun to treat the younger one with harshness and cruelty, he had been repeatedly punished for it, but had in each case, although he faithfully promised amendment, returned to his old habits of cruel abuse.

The father sent for them home, and at once entered upon a careful examination of the case. The little one was almost heartbroken, he exclaimed to his father: "He might beat me every day, if he would but love me; but he hates me, and I shall never be happy again."

The elder could assign no reason for his animosity, and his father deemed it his duty to inflict upon him very severe personal chastisement, and confined him for several days to his room on a bread and water diet.

On being at length liberated, he made the most ample promises of amendment, but although his brother sought to win back his love by the most touching and tender devices, he still looked upon him with aversion. New instances of savage brutality towards his brother were soon after manifested, he was punished still more severely, he was subjected to still longer confinement, his relatives forsook his society, but all in vain, his animosity gradually degenerated into the most fiendish hatred, which impelled him on more than one occasion to attempt to take the child's life, the very sight of his brother threw him into paroxysms of rage, and whenever he had an opportunity he would throw a knife at him with all the fury of a maniac. No other symptom of insanity was apparent, but his mind seemed more torpid, and his interest in his studies and in the external world were greatly diminished. When he had arrived at the age of about fifteen years, he was taken with a vehement, but platonic passion for a married lady, who was the mother of children much older than himself. His paroxysms at this time were perfectly frightful, and he made several attempts to destroy himself; but in the very torrent and whirlwind of his rage, if this lady would allow him to sit at her feet and lay his head on her knee, he would burst into tears, and go off into a sound sleep, from which he would awaken perfectly calm and composed and looking up into her face with lack lustre eye, would say: "Pity me; I can't help it."

Shortly after this he began to squint, and he seemed to be passing into helpless idiocy. He was then taken to London for the purpose of obtaining advice from Mr. Cline the eminent surgeon, who, on examining his head, detected a slight depression of the skull at one point, the indication was very vague, and he was able to hold out but slight encouragement of cure to the anxious father. As, however, it was the only chance, his father consented to the operation. Mr. Cline applied the trephine, and removed a small piece of bone: from its under surface a long spicula of bone grew downward piercing directly into the brain. As soon as it was removed his old affection for his brother returned in full force; he forgot his passion for the lady; the squint in his

eye vanished; and all his former mental activity and suavity of manner came back again as suddenly, as if he had been touched by the wand of an enchanter. I have narrated the incidents of the case with so much minuteness, because it so unambiguously illustrates and confirms the doctrine that all the abnormal manifestations of mind have their seat in the organs of the body, and that they will be restored to their normal condition, whenever those organs are restored to their former integrity. It is obvious in this case, that the mind itself was quite unchanged during all this period of apparent insanity; because it manifested itself in all its integrity the moment the offending spicula of bone was removed from the brain; the whole mischief was produced by a derangement of the organ through which it passed on its way to an external manifestation, just as the image of a man is distorted into the most ridiculous shapes, when seen through a glass medium having an irregular surface, although his real shape remains as perfect as before.

You will all remember the case of Freeman who murdered the Van Nest family under circumstances which appeared to be so fiendishly atrocious. I visited him in the Auburn jail for two or three hours in company with Governor Seward, and saw the most unmistakable evidences of his insanity, and also the deep-seated organic disease; yet, in spite of all this, two successive juries pronounced him sane, and he actually died of an organic disease of the brain, while awaiting execution under sentence of death. A post-mortem examination revealed extensive disease of the brain, and caries of the petrous portion of the temporal bone near the left ear, which had evidently been in existence for several years. It, in fact, originated in a blow which he had received from an under-keeper in the State Prison, six years before. There was no ferocity in Freeman's mind, but all his murderous propensities were the sole result of a diseased organization, for which he was not responsible, because it was not under his control. When Governor Seward consented to act as Freeman's counsel, one universal howl of indignation burst forth from the whole population of Cayuga county; his best friends forsook him, his old enemies hated him with a

malignity more intense than ever, but when the post-mortem examination revealed the real facts of the case, and demonstrated the purity of his motives and the rectitude of his judgments, his accusers shrank away one by one, filled with a secret admiration of his fidelity to truth and right, undismayed by clamor, and unaffected by the vituperation and the hatred of the multitude.

I saw a man in the Utica asylum, who had once been a good neighbor, an affectionate husband and a tender father; by slow and regular gradations his character veered around until he became the opposite of all this; he was the scourge of his family and the terror of the neighborhood. While in this condition he committed a violent assault upon a neighbor for which he was arrested, and gave bail. When the day of trial came, he harnessed a pair of jackasses to a crockery crate, and actually drove them into the court house, dressed in tiger's skins. He was convicted and sentenced to three months imprisonment in the common jail. The first night that he was confined there, the jailer smelled a smoke, and on going into the jail he found that Powers had heaped up the straw from his bed in one corner, and set it on fire. Dr. Brigham happened to be in the place at the time, and went to see him, on hearing of the incident. A few moments conversation with him satisfied the doctor, that the man was insane, and on his representation Powers was transferred from the jail to the asylum. When I saw him, he was convalescent, and was to be discharged in a few days. His violence was gone, and his manners were as mild and agreeable as in former years. After his return to his family, he was kind and affectionate, and no complaint was afterwards made of his conduct by his neighbors. Dr. Brigham told me, that it arose from a chronic disease of the liver; he had no doubt that the beginning of the disease was coincident with the first change which his family began to observe in his conduct towards them. He was very violent and abusive when first brought to the asylum, but as the disease of the liver gradually yielded to the action of therapeutic agents, he became more and more amiable, and when the disease was finally cured, his mind was equally restored to its original soundness.

It is very remarkable, that previously to Dr. Brigham's interview with him no one had ever suspected, that he was insane, or that he was the subject of any bodily disease. His malignity and his crimes were attributed to badness of heart, and the instigation of the devil by his friends and neighbors, and even by his own family. Had his friends been aware of the real state of the case, and resorted in the first instance to medical advice, they and he would have been saved all the loss and suffering and disgrace which his conduct subsequently brought upon them.

I have already mentioned the case of the lady who believed that she was possessed with a devil. She murdered her father, and very nearly succeeded in killing her mother under an insane delusion, caused wholly by a chronic hepatic derangement.

I knew a man at Dr. White's private asylum who was a member of the Society of Friends, and remarkable for the gentleness and purity of his life. The transverse arch of the colon became displaced, when his whole character was changed, his conversation was loud, and his gestures vehement, his manners were obtrusive, and his head was filled with the most gigantic schemes for the regeneration of the earth. He would build factories which would cover a hundred thousand acres, in which employment could be found for every one who asked for it. Huge hospitals were to be built for the sick, and vast ovens were to be erected to bake bread for the poor. I remember one of his schemes for saving labor on a farm. He said that one man could drive a hundred pair of oxen as well as one; now, if people would only hitch their plows to one hundred yoke of oxen, they would save the labor of ninety-nine men. When the colon was restored to its normal position, all these wild notions vanished, and his mind was just the same as before.

At the McLane asylum, then under the care of Dr. Bell, I saw a lady suffering severely from chlorosis, whose insanity was wholly manifested by an infirmity of the volitions. I saw her at 11 o'clock, A.M.; she had risen at 8 o'clock, she was still undressed, and was in the act of putting on her stocking, holding the top of it open with the fingers of both her hands,

she had been for three hours attempting to thrust her foot into it; she would say, "Now,—now, I will certainly put it on, just so sure as I live, I will, now, now, there—there—there it goes;" but it did not go, nor could she bring her volitions to bear upon her muscles with sufficient force to effect it. She would sometimes sit before her breakfast until dinner time, quite unable to screw her energies up to the point of eating the first mouthful, though making the most strenuous efforts to do so. The palsied condition of the will was paroxysmal in its character, sometimes the relation between her volitions and her muscles were perfect enough, at others, for a week together this relation would be utterly broken up, and she was unable to effect anything, however strongly she might desire to do it. She had no illusions, nor did she exhibit any other symptom of insanity, except a certain vehemence and petulance of manner, when she found herself unable to do what she desired. As soon as her chlorotic condition was removed, her muscles obeyed her volition as well as ever.

You are all aware of the action of opium upon the mental manifestations, and how complete are the illusions which it produces, through the derangement of the bodily organs which ensues from its use. You are familiar with the startling revelations of De Quincey, and have learned from him, how under the influence of this potent drug, he heard out of the deepest silence orchestras of supernatural melody and power singing of mighty struggles and superhuman triumphs, and of celestial joys.

Out of thick darkness he saw endless processions of brave men, and beautiful women, clothed in raiment of gorgeous colors, which outvied the most exquisite tints of the rainbow; then from behind the angelic faces, hideous demons with horrid and grotesque features, full of hatred, malice and despair, would gibber and gibe at him, until his blood froze with horror. Yet, when his bodily organs were purged from the influence of the drug, these visions fled away, and the mind resumed its relations with the external world as truthfully and as reliably as ever.

A most interesting history of the illusions, produced by disease, has been recorded by a distinguished politician,

produced by bodily disease, contracted by long-continued neglect of hygienic laws during the political campaign which resulted in the election of Mr. Buchanan and the defeat of Colonel Fremont, which I desire to quote for your consideration in this connection.

He had taken his food very irregularly, and been much deprived of sleep, besides being subject to protracted anxiety and nervous excitement, incident to a stirring political campaign, during the whole of which he used tobacco in enormous quantities. These causes combined produced a functional derangement of the stomach which resulted in insanity. He tells us that the first illusion he experienced was the spectacle of an endless train of cars which passed his windows on the sabbath. Every car and every wheel of them was perfectly distinct to his vision, and he became very angry, when his friends persisted in asserting that there was not a single car upon the track. Then vast apartments would open before him,—halls, corridors, and gorgeous seats of rooms, which, though at first empty, would soon fill with innumerable multitudes of people, of all ages, sexes, costumes, nations and tongues. He could hear them thronging on the stairways before they appeared, and see them take their places in vast masses and serried columns. They talked incessantly, and gazed upon him so fixedly, pointing their canes and fingers at him, until their scrutiny became utterly intolerable, and he was driven into frenzy.

These spectres, sometimes singly and sometimes in troops, were constantly presenting themselves to him. Illusions of hearing now occurred, and he was obliged to listen to strains of discordant music and to the strangest dialogues not only between men and women, but of strange animals with each other. He was removed to the asylum at Utica, where under judicious medical treatment his health was restored, when the illusions vanished as suddenly as they had appeared. He returned to his profession with a mind unimpaired, and has since had no relapses.

All who are familiar with the criminal classes, are aware that there exists a certain type of criminals who are separated from the mass by certain well-defined lines of demarcation.

They are marked by stolidity of countenance, unsymmetrical crania, dull eyes and slow motions; they seem quite unable to recognize the difference between right and wrong, and are utterly incapable of understanding why any one should be so excited about a robbery or a murder; they see no difference between these things and an auction sale, or the departure of a steamboat. On talking with them, one feels instinctively that no amount of reasoning, or education, or good society could ever change these people, or make them think or feel or act in harmony with the rest of the world. During the past summer I have discovered that very many of these people had been subject to fits in childhood. My attention was turned to this inquiry too recently to enable me to study a sufficient number of cases to warrant me in announcing any general law; but I learned enough to show me, that I was upon a very interesting field of inquiry; and I hope, gentlemen, that these remarks will induce you to cooperate in the inquiry, whether fits in childhood have a tendency to arrest the development of these portions of the brain, in which the moral faculties have their seat.

It is needless for me, before an audience like this, to go farther in the citation of facts to prove the connection between disease of the bodily organs and derangement of intellectual faculties. You have only to recur to the facts which are daily occurring before your own eyes to satisfy you of the truth of the assertion. You know that every kind of sickness, to which the human frame is liable, produces a corresponding change in the intellectual character of the patient; the most hopeful man loses courage, when his stomach is nauseated, the most patient man becomes irritable, when suffering from inflammatory rheumatism, the most buoyant spirits are depressed by a congestion of the liver; the most affectionate husband will snarl at his wife under a paroxysm of neuralgia. Most forms of consumption bring in their train an unnatural and unphilosophical hopefulness respecting the issue of the disease. The most active worker has his energies paralyzed by ague. Some forms of fever preternaturally excite the intellectual activities, while others as remarkably depress them.

There are forms of indigestion, where instead of transforming food into chyle, it changes it into oxalic acid which can always be detected in the urine; this form of dyspepsia is always attended by melancholy; the patient feels the burthens of life too great for him to bear. He frequently says that he wants to fly away, and if not speedily relieved, he often ends his life by suicide. I have never heard what were the physical maladies which the late Preston King suffered, but from what I have heard of his mental symptoms, I am very certain that he was a victim of the oxalic diathesis.

You will all, I have no doubt, agree with me that these *general* statements are true; but I venture to bring the charge against you, as well as against your medical brethren of all other schools; that you have so long been contented with all these general views, without taking the necessary pains to make them minute, special and individual.

May I not hope that you will all ingenuously plead guilty to the charge, and at once take measures to remove it. It would be a contribution to medical science which would reflect the greatest lustre on the Homœopathic medical school, if it would carefully observe, and faithfully record all the minute mental changes which accompany every recognizable form of bodily disease. Such a work has never yet been done; and this minute knowledge cannot be found, even in a scattered form, in the whole range of medical literature, although nothing is more needed as the basis of a sound system of therapeutics.

Especially is it desirable that a careful examination of the excretions of the insane should be made with great thoroughness and minuteness, in order that it may be ascertained, whether some other forms of dyspepsia besides that, in which oxalic acid is formed, may not be the hidden cause of other forms of insanity.

It has been my object in this address, gentlemen, to bring before you in a clear and specific form the proofs that insanity is always a symptom of bodily disease which it is your duty, and which ought to be your pleasure to cure. I have desired to induce you to study the phenomena of insanity with more earnestness, and with more interest than you have heretofore

done, because I fully believe that such study would result in great improvements in the treatment of one of the most distressing maladies to which the sons of men are subjected.

There are many reasons, why Homœopathic physicians should specially devote themselves to the study of mental diseases.

1st. These maladies are increasing very rapidly in our country in consequence of the changes which its peculiar circumstances have produced in the habits and employments of men. Human ingenuity has succeeded in subjugating the great forces of nature to such an extent, that the demand for human muscular force has very greatly diminished, while the demand for intellectual labor, for thinking force, has been more than proportionately increased, and its commercial value has augmented. Modern physiological investigations have shown, that all thought whatever, if not caused by the oxydation of phosphorus in the brain, is at least always associated with it. This call for an increased supply and assimilation of phosphorus, and the diminished demand for nitrogenous elements of supply, changes the ancient balance of the system, and accounts for the increased amount of insanity amongst us, which has filled existing asylums to repletion, and which is calling loudly for the erection of new-ones. Homœopathic physicians are therefore called upon to direct their studies to the removal of these evils, and to the discovery of the laws by which the human intellect can meet the greatly-increased strain demanded by the present condition of society, without involving the destruction of the organs of its manifestation.

2d. They are already by the wise labors of Hahnemann and Hering provided with a mental pathogenesis of medicinal drugs which is in the possession of no other school. And we find many cures published in the medical journals of the day, showing conclusively that the law *similia similibus curantur*, the truthfulness of which is vindicated by the cure of so many other forms of disease, is equally reliable in the treatment of the so-called disorders of the mind.

3d. Questions frequently occur in our courts of justice involving the sanity or insanity of testators, contractors, and criminals. Homœopathic physicians should be prepared by

special studies to enlighten our courts as experts in these cases.

4th. The necessities of the southern tier of counties will soon demand the erection of a new state lunatic asylum in their midst, in which case strict justice would point to this selection of a homœopathic medical superintendent. All the existing asylums supported by homœopathic tax-payers are under the control of allopathic practitioners. If the appointing power should incline to make such a selection it would indeed be unfortunate, if no one could be found who had made himself eligible for the place by the special studies which are essential for the successful management of an asylum.

5th. The main and principal reason why you should study the whole subject of insanity is, after all, that you may do good to patients within the circle of your own practice. You, who have never devoted your attention steadily to this topic, will be surprized to learn how much of what theologians call dreadful evidences of moral depravity are nothing more than the incipient stage of insanity, having its source and spring in some functional derangement of one or more of the organs of the body. Many a domestic quarrel which eventuates in the separation of husband and wife might be checked in its inception by a few pellets of *Digitalis* or *Mercurius* or *Arsenicum*. By a prompt exhibition of appropriate remedies, you may arrest young men in their downward career, you may stop quarrels between neighbors, you may cure the morbid appetite for alcoholic drinks which is so prolific a source of sin, and misery and disgrace. The profession of medicine has always been one which has been held in high esteem, and its professors have deserved and have secured a large share of the love and reverence of mankind. By entering on the new sphere of duty of ministering to minds diseased, you will greatly increase your title to the gratitude of mankind, and will receive those sweet rewards which never fail to accompany deeds of mercy, when conscientiously performed.

ARTICLE LL.—*Concerning the Homœopathic Action and Use of the so-called Astringent Medicines.* By E. M. HALE, M.D. Ad. Professor of Materia Medica and Therapeutics in Hahneman Medical College, Chicago.

It must be remarked by every observing homœopathic physician, that while the opposite school estimate very highly the above-named class of medicines, they are but seldom used in our own school.

The writer proposes in the following paper, to examine into the nature of the action of the so-called "Astringents," in order to ascertain, if they can be used in a practical manner in accordance with the law of "Similia."

"Astringent" agents are taken from the vegetable and mineral kingdoms. The vegetable astringents comprize Tannic-acid; Gallic-acid, Kino, Quercus alba et rubra; Rhatany, Statice, Geranium-maculatum, Hæmatoxylon, Epiphegus-virginiana, Trillium, Rhus-glabrum, Rubus, Potentilla, Myrica-cerifera, Matico, Uva-ursi, Chimaphila, Erigeron, Erechthitis, Hamamelis, &c. &c.

Among the mineral astringents are Sulphuric-acid, Plumbum-aceticum, Ferrum-sulphuricum, Alum, Zincum-sulphuricum, Cuprum-sulphuricum, &c.

In the Materia Medica of the opposite school many medicines are mentioned as astringents which do not belong to that class, but are more properly "escharotics." Namely: Argentum-nitricum, Kreosotum and Mercurius-corrosivus.

We will first examine the action of "astringent" medicines as explained by allopathic authors.

It would occupy too much space to give the opinion and explanation of every writer on Materia Medica. We will therefore quote from Dr. Headland,* who seems to embody in his chapter on "Astringents" † all the most important speculations in vogue in his school, as to their physiological and curative action.

He defines "Astringents" in a "General Proposition"—as medicines which "*act by passing from the blood to the muscular fibre, which they excite to contraction.*" He remarks

* Action of medicines. † Ibid. p. 311.

that "they do not necessarily act in the blood, although many Hæmatics are also Astringents. They do not pass from the blood to the nerves. They do not always act by passing out of the body through the glands. As neurotics act directly on nerve, so these act directly and especially on muscular fibre. They cause this to contract, whether it be striped or voluntary, or of the involuntary or unstriped kind. Their action is more readily understood, because it can actually be seen. It takes place out of the body, or in the body—externally or internally. Nearly all astringents have the power of coagulating or precipitating albumen. By virtue of this power they are enabled to constrict many dead animal matters. They affect fibrinous tissues in a similar chemical way. But they seem to affect a further dynamical influence over living tissues, which possibly depends in some way on this chemical property. This dynamical influence is, as I have said, to cause the contraction of muscular fibre. By this, all their operations can be explained. Taken into the blood in a state of solution, they pass through the walls of the capillaries to the muscular tissue. By inducing the fibre of the involuntary muscles to contract, astringents may brace the system and stimulate the action of tonics. But as the contraction of voluntary muscle is short and brief, it requires for its maintenance a continual excitation; and unless the medicine is thus continually repeated, the tonic effect subsides. But astringents further contract involuntary muscle. This contraction is slower, but more durable and important in its results. Unstriped muscular fibres exist in the middle coats of arteries, in the walls of capillary vessels, in the lining of the ducts of glands generally, and in the substance of the heart, and in the stomach and intestines. Astringents are irritants and poisonous in large doses. But in small doses they constrict and stimulate to a healthy condition these tubes that contain in their coats the unstriped fibre. By diminishing their calibre of the capillary vessels generally, they promote health, and counteract a lax state of the system. By the same action on the extreme vessels they prevent hæmorrhages. By constricting the ducts of the glands they diminish the secretion of those glands, because denying it an

exit. By acting on the stomach and intestines they are able to give them tone, to diminish their secretions when excessive, and thus to promote digestion."

The above may be said to embody "all the accumulated wisdom" of the old school in relation to the action of astringents. To the Homœopathist it is vague and unsatisfactory. Let us see, if we can get any light from further investigations.

We will not stop to consider the chemical action of astringents, either on dead tissues, or on albuminous substances. Such action may be termed chemico-mechanical, and does not come within the scope of this paper. Dr. Headland seems to think that aside from the above mentioned, astringents have another method of action, which he would imply was a chemico-dynamic force. With a strong leaning to a belief in the presence of a dynamic power in drugs, not recognized by his own school. Dr. Headland can not get rid of a certain materialism, which prevents him from accepting the great truth that all medicines act in a *dynamic* manner, when once taken into the circulation, or even when brought in contact with nerve-matter. I agree with Dr. Headland, however, in his "General Propositions" that "Astringents" do act by passing from the blood to the muscular fibre which they cause to contract. But is this the *only* way in which astringents act? Must they pass into the blood—be carried through the round of the vascular system, before they are brought in contact with the muscular fibre of the coats of the stomach or intestines? When applied to lax and debilitated mucous surfaces discharging an unhealthy secretion, is it necessary that the medicine must pass into the blood, and through the circulation, before it acts on the mucous and muscular tissues of the organ, or surface to which it is applied? Such a roundabout way is not necessary. The mere contact of a medical substance with the diseased tissue, for the morbid condition of which it is *the* remedy, suffices to effect the cure of that condition. It may be taken up by the absorbents, or enter the capillary system (if applied to the skin) or affect, by its dynamic force, the terminal nerve filaments.

I consider the dynamic action of astringents as manifesting itself upon the tissues of the living body in two ways.

First. Upon muscular fibre, both, striped and unstriped (voluntary and involuntary), through the medium of the blood, into which it must pass in order to be carried to the muscular tissues. In this way astringents *may* act upon glandular structures, upon the excretory ducts of glands, and in rare cases upon some mucous tissues.

Second. Upon mucous membranes, and upon all the structures which make up such membranes; by its dynamic action exerted, when applied *locally*. In this way it acts upon the mucous lining of the whole digestive tract, and even upon the urinary organs. In order to affect the latter structures the medicine must pass into the urine, and be brought in contact with them.

I am not convinced that dynamic forces do in all cases act *through* the agency of the nerves, or by any so-called "catalytic" or "vibratory" action. In fact, it is more than probable that the dynamic force in all medicines does infringe directly and locally upon the tissue affected. It may make use of the blood or any other material as a medium through which it acts, but after all, the local action is the result of the topical application of the ultimate atoms of a drug, or the force liberated from such atoms.

THE PATHOGENETIC ACTION OF ASTRINGENTS.

If we would understand the curative action of any remedy or class of remedies, we must first investigate its physiological or pathogenetic action.

The pathogenetic action of astringent medicines may be divided into primary and secondary.

1. *Primary Action.* When a medicinal substance possessing "astringent" qualities is taken into the stomach of a healthy person, it becomes absorbed after the manner of the food, and is carried by the circulation to the remotest portion of the body, or those portions for which the particular medicines taken has a special affinity. I shall show further on that *each* astringent has an affinity for some particular organ or tissue, or the muscular fibres thereof.

When brought in contact with such tissues or fibres, the "astringent" principle, or dynamic force residing in such principles *causes them to contract.* This contraction of muscular tissue implies more than at first thought appears. Not only does muscular fibre exist in the walls of all the hollow organs and the blood vessels, &c., of the body, but the microscope has demonstrated that it exists in the fungiform papillæ of the tongue; in the excretory ducts of the perspiratory and other minute glands. It has even been maintained by some that the movements of the *cilia* of the epithelium was due to the presence of muscular fibrillæ. The astringent-dynamic force may therefore modify the physiological action of the minutest as well as the largest structures of the body, and set up morbid action wherever muscular fibre exists. In this way it may unnaturally contract the muscular coat of stomach and intestines; the blood-vessels, &c., causing perturbed action of the organs of digestion and circulation. By acting on the excretory ducts of glands it will seriously modify the secretion from such glands, render membranes dependent on such glands harsh and dry, and check the secretion of urine and perspiration. When the medicine is applied locally, either in fluid or solid form, it dries up the natural secretions of the surface, and deprives it of some of its nervous sensibility.

To sum up the *primary* action of "astringents,"—they act upon the muscular fibre of the

Intestinal tract,	Bloodvessels,
Excretory ducts of glands,	Skin,
Mucous membrane,	

in all of which they cause *contraction with diminution of secretion.*

2. *Secondary Action.* The loss of tone, the laxity, and undue secretion, which follow the primary effects of "astringent" medicines, is as much the specific effect of these drugs as the latter, says Dr. Headland.—"But as the contraction of voluntary muscle is short and brief, it requires for its maintenance a continual excitation, and unless the medicine is thus continually repeated, the tonic effect subsides." This is the case also with involuntary muscle. The contractile effect of the medicine ceases, because the irritability of the

muscular fibre is destroyed by the large quantity of the drug, or its frequent repetition. The secondary effect then of an astringent is to cause a loss of tone, and a deficiency of normal irritability in the muscular fibre which it affects.

The loss of tone extends also to the particular mucous surface, or surfaces for which the drug had a special affinity.

Hence, as a result of the above-named conditions, there will exist distention or laxity of muscular organs; colliquative sweats, under discharge from glands; hæmorrhages (passive), abnormal and profuse secretion from mucous surfaces (blennorrhœas). The secondary action of astringents is often observed in the persons of patients under allopathic treatment for diarrhœa and other abnormal discharges from mucous surfaces. While under the first influence of the astringent medicine the discharge is checked, the mucous membrane becomes dry, and its substance more firm. But the reaction is sure to occur (unless the vital force maintains the equilibrium), and the discharge reappears in a more aggravated form, with a corresponding laxity of the mucous tissue. Alum is much used for relaxed uvula, and by singers to "strengthen the tissues of the throat." But Mialhe observes that the alum used so largely by public singers maintains the vocal parts in a state of "flaccidity," instead of constringing them. The Allopathists are well aware of this secondary action of astringents; for they caution the practitioner against using these medicines in too large doses, or a too long-continued use of small doses. The reason of this secondary relaxation is evidently found in the fact, that the dynamic action of astringents upon muscular fibre is not by means of transmitted nervous force, or by an increase of vital force, but is more akin to *mechanical* irritation, an irritation which wears out the irritability of muscular fibre sooner than any other.

CURATIVE ACTION OF ASTRINGENTS.

The question,—how does an astringent medicine cure a diseased condition?—can evidently only be answered in one way. Astringents, like all other medicines cure diseases, and morbid conditions and symptoms, which are *similar* to those caused by this class of remedies. All medicines cure by virtue

of the Law of Similia, and astringents are no exception. But it must be borne in mind that we cannot assert as to the authorities in old school therapeutics, that one astringent may generally be substituted for another. In fact, their recommendations belie the general rule, which they try to establish. By referring to any work on Practice, it will be noticed that a certain astringent is recommended for night-sweats, one for diarrhœa, another for profuse mucous discharges from the vagina or urethra; and still another as the chief remedy for hæmorrhages.

The truth is, that each medicine belonging to the class "Astringentia" is a distinct entity, having perhaps some properties in common with the rest, but at the same time possessing some qualities which cause it to differ essentially from all the rest of its congeners. To meet the demands of a scientific *Materia Medica*, each individual of the class should be separately proven, in order that we may see, at a glance, in what respect it differs from its analogues.

In the homœopathic materia medica we have the pathogenesis of but very few astringent medicines. They are :

Alumina,	Rhatany,
Ferrum-sulphuricum,	Sulphuric-acid,
Plumbum-aceticum,	Uva-ursi,
Hæmytoxylon,	Zincum-sulphuricum.

By referring to provings of these medicines it will be seen, that the primary and secondary symptoms of each are mixed together without any attempt at arrangement. If the physician did not possess some knowledge of the physiological effects of the drugs, our provings would give him no correct idea of the manner and order in which such symptoms were evolved.

So too in the "clinical indications" prefixed to each remedy, the same want of order is manifest. They are recommended for diarrhœa and constipation, for spasms and paralysis, and so on, leaving the student in a maze of uncertainty, wondering how a medicine can be used for conditions directly the opposite.

Unless we take cognizance of the primary and secondary actions of medicines, we cannot reconcile these apparent discrepancies. Those who are familiar with my teachings in

relation to the law of dose, as based on the dual action of medicinal agents, will readily understand the following propositions, as explanatory of the curative action of the class of medicines under consideration :

PROPOSITION I. *All astringents primarily cause a contraction of muscular fibre in some portion of the body, together with a diminution of secretion from the glandular and mucous tissues.*

Therefore: Astringents are primarily homœopathic to similar conditions, occurring as the results of disease.

PROPOSITION II. *All astringents cause secondarily a diminution of tone, and laxity of muscular fibre, with a similar condition in glandular and mucous tissues, and consequent increase of secretion even to colliquative discharges.*

Therefore: Astringents are secondarily homœopathic where such conditions occur in the organism, and have been procured by the primary conditions before mentioned.

In order to place this subject in the clearest possible light, and from the truth of the above propositions we will collect, and place side by side the *cures* made with this class of remedies, both, the homœopathic and allopathic schools of medicine (including the eclectic). I propose to prove also two other things, namely: 1. that the dogma held to by certain homœopathists, that medicines cure (homœopathically) their primary pathogenetic symptoms only, is a fallacy; 2. that the dogma embraced by the allopathic school, that medicines cure antipathically, derivatively or otherwise than according to the law of similars, is false.

Cures made by homœopathists with the so-called astringents.

Alumina may perhaps be called an astringent. It is alleged to have cured the "obstinate constipation of infants who are fed upon milk," "light dysentery" (primary), also "sour diarrhœa of children," and "leucorrhœa" (secondary).

Ferrum-sulphuricum. There is no record in our literature of any clinical experience relating to this preparation of iron, and the pathogenesis is very meagre.

Hæmytoxyllum. Noack and Trinks once published a proving of logwood, which was incorporated into the Symptomen-codex. Hempel does not mention it in his *Materia Medica*.

The only clinical observation we find is the following, which is of very little importance, as it is not based on actual experience.

“This remedy seems to be adapted to gastric-rheumatic fever, and certain affections of the heart.” It is said to have cured “suppression of the habitual sweat of the feet.”

It is termed by the opposite school a “sub-astringent,” with “tonic, diuretic and anti-septic properties.” Stille says, it is used to “control diarrhœa and other fluxes; to repress hæmorrhages and excessive sweats, and to cleanse foul ulcers.” West advises it strongly in all cases of infantile diarrhœa, after the inflammatory symptoms have subsided.

Its pathogenesis proves it to be capable of causing the following symptoms: (1. *Primary.*) Palpitation of the heart with *diminution of habitual sweat of the feet*. Contraction of the throat with desire to swallow. Constipation (slight) with colic, tympanitis, ræma, &c., scanty, red and burning urine. (2. *Secondary.*) Soft, papescent stool, with cutting colic, distention of the abdomen, &c. The secondary symptoms of the intestines are many and important, and fully prove the drug to be homœopathic to diarrhœa, similar to the diarrhœa of children. Stille says, it has not the constipating effect of other astringents, *i. e.* its secondary effects are more important, than its primary. *Pereira* states, that in two cases where logwood arrested diarrhœa, *inflammation of the femoral vein* followed, Stille thinks, in these cases, that the phlebitis was caused by ulceration of the intestines, and would have followed the use of any other astringent, but there is equal reason to suppose, it resulted from the specific action of the large doses of the medicine, particularly as we know its near *analogue*, *Hamelis*, causes phlebitis and other diseases of the veins.

Plumbum-aceticum. The pathogenesis of this drug is unattended by any clinical observations, but presents a complete picture of the primary and secondary poisonous effects of a typical “astringent.” It has all the dynamic, chemico-mechanical effects, which *Headland* describes as belonging to a true astringent. *

* *Plumbum-aceticum* has been used successfully in chorea and dysentery by homœopaths. A writer in the *North American Journal* praises it highly in the latter affection, when indicated by its symptoms.

Plumbum-metallicum has symptoms quite similar, in fact, so similar that it may be considered to be the most powerful dynamic-astringent medicine known.

Both drugs cause (primarily) contraction of both, voluntary and involuntary fibre, with arrest of all secretion and nutrition, with resulting obstinate constipation, dysentery, suppression of urine, perspiration and cramps in all the muscles of the body. Both cause (secondarily) paralysis of all muscular fibre, relaxation of all the tissues, with colliquative diarrhœa, sweats, and passive hæmorrhages.

According to Noack and Trinks the following affections have been cured by *Plumbum-metallicum*: chlorosis, hypochondria, spasmodic vomiting, with violent cardialgia, ileus, obstinate constipation, spasmodic palpitation of the heart (all of which are primary effects). It has also cured "affections of the bladder with slimy sediment, paralysis of lower extremities" (secondary effects.) But Lead has not been successfully used for its secondary effects. It is probable that we may find the reason in the fact that such secondary effects, as paralysis, &c. do not depend upon *exhaustion* merely, but upon "decomposition and degeneration of the nervous substance."

Rhatania is another astringent, of which we have quite an extensive pathogenesis. Rummel cured with it an "obstinate and long-lasting twitching of the eyelids." Nenning has cured with it a troublesome diarrhœa of one year's standing; and he suggests its use in atonic hæmorrhage. Both these latter affections are secondary effects of the drug.

Some of its *primary* symptoms of interest in this relation are: "painful spasmodic contraction of the throat; hard stool with straining; urging feeling in the small of the back; dysentery; ineffectual urging to stool; menses too scanty, frequent urging to urinate, only a few drops being passed each time, also many painful symptoms of the intestines from primary effects.

Among its *secondary* symptoms we find: "bleeding of the gums; accumulation of tasteless water in the mouth; *diarrhœa* (a prominent symptom) with colic, and mixed with blood; copious discharges of watery urine; night sweats; hæmorrhages."

Allopathic physicians have cured with *Rhatany* many of

its secondary symptoms. They have found it very efficacious in all hæmorrhages, especially from the urinary organs and uterus. Dewes cured many cases of the latter, which he describes, as cases "where the aggregate quantity of the discharge may not greatly exceed the common monthly amount;" but extends through the whole month (a passive oozing of blood from a debilitated uterus).

The case of chronic diarrhœa, cured by Rummel, undoubtedly depended upon an atonic condition of the mucous lining of the intestines. It would be interesting to know the doses he prescribed.

Hempel thinks Rhatany has some specific curative power over *fissures of the anus*, for which it is so successfully used by European physicians. If so the condition of the anus leading to fissures must be a secondary symptom of the drug.

Sulphuric-acid. This acid is considered by the antipathic school as being one of the most valuable astringents known. Stille * says, "its action is tonic-astringent, and inspissating, both locally and generally, for it is absorbed by the blood-vessels."

By its *chemical* action it causes intense and fatal inflammation of the œsophagus, stomach and intestines. But, as in homœopathic therapeutics the *chemical* action of a drug upon a tissue of the body is not an indication for the selection of a remedy, to be given for its *dynamic* action; we should not place these chemical actions in the same list with the dynamic symptoms of the medicine. Cases, however, may arrive where we are justified in prescribing Sulphuric-acid for its chemical symptoms, as in some cases of chronic gastritis of drunkards. In these cases the Acid is *chemically* homœopathic to the disease. I allow it to be a difficult matter to separate the one action from the other. It may be impossible to point out the purely *dynamic* effects of the acid in our pathogenesis, because we do not know, whether the dilutions were used in the provings. It is my conviction, that in the majority of cases, where acids are useful in any quantity, they are indicated, and do cure by virtue of their chemico-dynamic effect upon the diseased organism.

* Stille's *Materia Medica*, Vol. 1, p. 265.

The *primary* action of Sulphuric-acid is upon the mucous membrane of the stomach, thence upon the mucous surfaces of the intestines, and by being absorbed into the blood, is carried to the mucous surface in all parts of the body, and even to the glands. This primary action is to diminish the calibre of all excretory ducts, capillaries and other minute vessels. It dries up the secretion from all mucous surfaces, prevents the normal secretion of blood in their tissues, and indirectly causes a general febrile condition. It causes constipation—"from the first to the seventh day, the stools are apt to be hard, and like slacked lime; and from this to the thirteenth day they may assume an ash-color,"—because the secretion of bile and that of the intestinal glands are both arrested. It diminishes the amount of urine secreted, also the normal perspiration, saliva, menses, &c.

But if the use of the acid be continued in pathogenetic doses, the scene changes, and we have an opposite series of pathological states. Although by its primary action it "tones" up the system, and increases the appetite; yet, according to Stille,—it sooner or later enfeebles the digestion, produces colicky pains and diarrhoea, and impairs the nutrition."

In *Hahnemann's Chronic Diseases* he gives a full pathogenesis of Sulphuric-acid. From this the following primary and secondary symptoms are taken :

Primary. "Disagreeable dryness of the mouth for two days; dry tongue; hard knotty stool, difficult, painful, or like sheep's dung; retention of urine; diminution of urine; menses too late; hoarseness, dryness and roughness of the larynx; dry cough; chilliness; dry heat in the evening; great warmth of the whole body after going to bed. (The muscles are pale, the blood is darker, blackish, carbonized, with fine clots.)

Secondary. Ptyalism with vesicles; apthæ; &c.; profuse *watery* vomiting with indigestion; soft papescent stool; diarrhoea, of frothy mucus, with flatulence, and streaked with blood; increased emission of urine, like water; menses too early and profuse; hæmoptysis; sweats profusely at every exertion of the body, or even when sitting; copious morning sweats; passive hæmorrhages.

I have mentioned, of course, but a few of the most salient

symptoms of this acid, and they are mainly objective. It is almost impossible for us to dissect our drug-provings, so as to separate the two classes of symptoms. When we come to examine the clinical history of Sulphuric-acid, we find that homœopathic physicians have cured symptoms and conditions which simulate its primary and secondary effects.

Trinks is reported to have cured with it, in many cases, "Erethismus valcalorus (flashes of heat all over, in females at the climacteric age)." It is said to have been used in burns. (Primary, s.)

Trinks also cured several cases of *purpurea hæmorrhagia* with Sulphuric-acid. It has been found useful also in *apthæ neonatorum*; consequences of mechanical injuries, contusions, pressures, &c.; frequent troublesome rising of air in abdominal typhus, pyrosis with vomiting of sour fluid, frequent eructations, &c. (Secondary s.)

If the student of *Hempel's Materia Medica* will examine his collection of clinical facts, relative to this remedy, he will find, that nearly all the morbid conditions cured with it have been those which accord with its secondary effects, namely: *apthæ*; *scurvy*; mercurial ptyalism; hæmatemeses; *diarrhœa*; metrorrhagia; *purpura hæmorrhagia*; petechial typhus; night-sweats; brandy-mania; cachexia, &c.

On examination of the clinical uses of Sulphuric-acid by the allopathic school we find, that, strangely enough, they have prescribed it occasionally for its primary effects, and that in material doses. Thus, *Frank* and *Neumann* recommend it in *fevers*, at the commencement, when there is active delirium, and a full pulse gives the disease an inflammatory aspect; nothing, he says, will as soon dispel this semblance as Sulphuric-acid.

Gendrin was very successful with this acid in the treatment of *lead colic*. His patients took forty-four drops, mixed with one pint of water, three times a day. Allopathists are puzzled, however, by the experience of *Sanquerel*, that those of the workmen in lead who used sulphuric-acid drinks, are sooner attacked than those who abstain from them. To the homœopathist, this is easily explainable. The *prover* of *Baptisia*, or *Rhus-tox.* in large doses, would be more liable to

attacks of typhus than he who abstained from them. Sulphuric-acid, by its pathogenetic effects, rendered the system more susceptible to the poisonous action of the lead.

Febrile conditions, attended with inflammation or irritation of mucous surfaces, belong to the primary effects of sulphuric-acid—so also lead colic. That such conditions may be cured with small doses of this acid, we can readily believe. If, however, large doses are used, a good result will be rare. This accounts for the discrepancy in the testimony of allopaths as to its usefulness in the above conditions. *Stille* doubts the propriety of prescribing it in fever, but adds that it is a valuable remedy in the stage which follows the acute inflammation, namely: when there is "dusty complexion; dry, harsh skin, black tongue, and hæmorrhage, (secondary effects). In pyroses, alkaline, or acids, it has been found curative. While its primary effects on the stomach-glands is to suspend their secretions; its secondary is to permit their abnormal increase.

In diarrhœa it has been used successfully since the days of Sydenham. It has even proved curative in cholera morbus, and cases which much resembled Asiatic cholera.

Now, diarrhœa, unless it proceed from inflammatory conditions, is a secondary effect of Sulphuric-acid. The *primary* diarrhœa of Sulphuric-acid is similar to that occurring in mucous enteritis, a kind of dysentery. The *secondary* diarrhœa is of a *serous* character, and depends on causes which lower the tone of the intestinal canal. *Stille* says it is most efficient in cases *not* caused by crude ingesta, but which arise from atmospheric influences, and assume an epidemic type, like cholera.* He adds that if the first few doses do not relieve, it must not be persevered in, as it is almost sure to aggravate (because the doses used were too large.) In our pathogenesis, the primary and secondary bowel symptoms are clearly shown. If we give attenuated doses for the former,

* All the Sulphuric-acid of commerce, and nearly all that used in medicine, contains an appreciable quantity of *Arsenic*. It may be possible that its usefulness in choleric conditions may in part depend on the presence of this powerful drug, so homœopathic to cholera and similar states.

and larger doses for the latter, we shall be successful in the treatment of intestinal affections.

Of its secondary homœopathicity to night sweats, chronic alcoholism, marasmus, and a general cachectic state, no one can doubt. But while we can cure fever, constipation, &c., with the 6th dilution, we must use the 1st or 2d, if we would promptly remove the above-named secondary conditions.

Uva-ursi is a mild vegetable astringent. Hahnemann* quotes Scorolo, who cured a case "when the urinary discharge was purulent," and remarks that such cure "never could have been performed if this plant had not the property of exciting heat in the urinary passages with discharge of a mucous urine, as seen by Sauvages.

It would seem by this remark, that Hahnemann did not consider it necessary that a drug should cause *purulent* discharges, in order to make it homœopathic to such discharges. But as Scorolo's observation was made in 1764, when the diagnosis of pus, from mucus, was not certain, we may presume that the discharge cured was not true pus. However, *Uva-ursi* may be able to cause a true purulent discharge from the genito-urinary mucous membrane, if the system be kept long enough under the action of the drug.

Hempel says, this remedy has relieved, "ascites from organic affections of the heart and liver." "In such cases, he says, large doses have to be given. He also says: "In inflammatory irritation of the urethral and vesical lining membranes, *with* discharge of pus and blood, this agent may prove useful." This assertion should be modified. The *Uva-ursi* is *primarily* homœopathic to acute inflammation of the mucous membrane of the urinary organs; and *secondarily* homœopathic to bloody and purulent discharges. While it would cure the former in attenuated doses, somewhat larger doses would be required to remove the latter. The primary effects of small but pathogenetic doses of *Uva-ursi* is to *increase the appetite, confine the bowels, diminish the secretion of urine, cause heat in the urinary passages, a slight discharge of mucus from the urethra.*

* Organon—page 62.

Its *secondary* effects are, from large quantities, *vomiting and purging*, and undoubtedly, if its poisonous influence were long maintained, profuse, mucous (and perhaps purulent) discharge from the urethra, with hæmaturia, and organic diseases of the kidneys.

The Uva-ursi is an old remedy, but one well worthy a careful proving. In addition to its effects upon the urinary organs, it is said by several eminent medical authors to have the property of causing contractions of the gravid uterus; and also to be curative in pulmonary and bronchial diseases. It has been recommended in "purulent phthisis," "pulmonary consumption," &c., and the clinical facts related of its powers are so numerous as to cause Stille* to remark that "they seem to show that the medicine decidedly moderated the purulent secretion of the bronchia, and diminished hectic symptoms in the same proportion."

The same has been noticed of the *Chimaphila*, to which the Uva-ursi is very closely allied. No better proof of its primary homœopathicity to inflammatory states need be brought forward, than the caution recommended by every allopathic writer who mentions the drug—namely: that it "must not be resorted to where there is active inflammation of the urinary organs." But the homœopathist will find it curative in just such conditions, if he will use it in the 3d and higher dilutions. When *secondarily* indicated, however, as in profuse mucous or purulent discharges, hæmaturia, chronic cystitis, &c., we may properly and safely use it in more material quantities. The many cures made by eminent and careful physicians, such as Drs. Haen, Murray, Prout, Brodie, Eberle, &c., are sufficient guarantee of its value in the latter class of diseases.

Zincum-sulphuricum. This preparation is barely mentioned in the Symptomen-Codex, as having been recommended for *chorea*. We have no pathogenesis; the old school class it with the astringents, but it is more properly a "desiccant," or "escharotic" like Kreosote or Mercurius-corrosivus. In small and repeated doses it causes indigestion with constipa-

* Mat. Med., page 544

tion, and probably many of the nervous symptoms and morbid central conditions of *Zincum-met.*

It is not much used as a remedial agent by either school—except in cases of poisoning, when it is very necessary to produce an immediate evacuation of the stomach.

Allopathists have used it mainly for conditions simulating secondary effects, namely, chronic diarrhœa and dysentery; intermittent fever; chorea; palpitation of the heart; spasmodic coughs, and asthma.

They have, however, occasionally used it for its primary pathogenetic effects. Dr. Moseby and Strong are cited by Stille, as having been successful with this preparation in dyspepsia, distinguished by “constipation and flatulent distention after meals.”

This form of dyspepsia may be produced by small doses of Sulphate of Zinc. Another form, however, may be caused by its secondary action; namely: dyspepsia with *alternate* constipation and diarrhœa, and resulting marasmus.

In large doses this drug not only vomits severely, but causes purging. Its primary action seems to be of a two-fold character; one dependent on its so-called “astringent” quality—another on its power of causing interior irritation and inflammation of the stomach. But this latter effect must rather be due (in most cases) to its chemico-dynamic action; an action referred to under Sulphuric-acid; Hempel recommends it for *chronic vomiting of food*, if the food is spit up without much retching, with a jerk, a sort of projectile vomiting.

The action of some remedies seems to be quite complicated, until it is almost impossible to unravel the the tangled symptoms of their pathogenesis. Thus, astringents are sometimes diuretic to a certain degree, like *Uva-ursi* and *Chimaphila*. Others are purgative, when given in larger doses, like Sulphuric-acid and Sulphate of Zinc, and also the two former remedies, which in massive doses of the decoction have proved both laxative and emetic. I am doubtful of the propriety of admitting into our pathogenesis the ultimate or even very severe effects of these drugs, which in massive doses are poisonous, by virtue of their mechanical, chemical or

escharotic qualities. They confuse the student, misdirect the physician, and are rarely, if ever, indications for the curative use of drugs, to be administered internally.

There are cases and conditions, however, where such indications are of value; I allude to the local or topical use of medicines, for the cure of external diseases—as ulcers and the like.

Zincum-sulphuricum causes inflammatory ulceration of the stomach and intestines. Applied to the mucous surface of the mouth, eye, nose, vagina and rectum in substance, or strong solution, it causes inflammation with purulent discharges or ulceration.

Now, it is homœopathic, and therefore curative to similar conditions, if *topically applied*. We cannot apply it thus to the mucous membrane of the stomach and bowels (although some allopathic physicians have given it with alleged good results in typhoid fever for the intestinal ulceration), but in the disease of the eye, vagina, &c., when the conditions simulate the local effects of Zinc, Sulph. we can use it successfully. Thus chronic purulent ophthalmia, ulcerative ozæna, cancrum oris, gleet, purulent leucorrhœa (with ulceration of the os), and ulcers on the skin, have been cured with this agent. It should not be used, however, when the disease is of a constitutional origin, for in that case, a suppression of the external disease would be injurious.

ARTICLE LII.—*Surgery. Provings of Protoxyd of Nitrogen (Nitrous Oxyd Gas) as an Anesthetic.** By BUSHROD W. JAMES, M.D., Philadelphia, Pa., Surgeon to the Homœopathic Infirmary.

FROM the number of deaths that are from time to time reported as occurring while patients are under the influence of chloroform, the medical profession as well as the dental fraternity are rapidly losing confidence in the safety of this agent, and hence its use is almost wholly discarded in many quarters. Through this circumstance Sulphuric-ether has lately received the great-

* Read before the Homœopathic Medical Society of the State of New-York.

est amount of favor, notwithstanding it is slower in its anesthetic action, more apt to nauseate, and produce emesis, and generally tedious in its administration and the removal of its effects from the patient, and the frequency with which it leaves an unpleasant headache and nervous prostration for hours afterwards. But an agent in the form of Nitrous-Oxyd gas that obviates most difficulties, has been recently brought practically to the knowledge of surgeons, and within their reach for application, by Dr. G. Q. Colton, who has overcome the difficulties attendant upon its manufacture in large quantities, and who has administered it for several surgeons to patients undergoing difficult capital operations in surgery with the most desirable results.

He has proved its safety, its rapidity of action and its power to completely remove pain, in some seven or eight thousand cases in dentistry to which it has been administered for the extraction of teeth.

The idea was obtained from the experiments of Mr. Horace Wells (now deceased), a dentist, residing at Hartford some twenty-two years ago, who having a violent aching tooth, conceived the idea of having it extracted after inhaling Nitrous Oxyd gas, doubtless thinking that while under the pleasant effects of this gas, somewhat of the suffering or the dread of it would be removed during the operation, and his expectations were more than realized for no pain whatever was experienced.

He made known the discovery to his friends, a number of whom proved its truth by submitting in a similar manner to its operations. Upon a visit to New-York shortly after, he was informed that ether would produce the same result. He then tried this agent and from the fact that he was not obliged to go to the trouble and labor of manufacturing it for immediate use, and that it would keep good for use for any length of time in a tight vessel, he was much inclined to abandon the Nitrous-Oxyd and substitute for it the Ether; but, entertaining some doubts as to its entire safety, he was persuaded to give up its administration. Subsequently he proceeded to Boston to make known his discovery to the medical and surgical profession of that city, and to test its value to them. A published account of the matter runs as follows:—

“ He so far succeeded as to obtain a hearing before the medical class then attending lectures; and, it appears, induced Dr. Warren to allow him to administer the Nitrous Oxyd to a patient, who was about to undergo some important surgical operation. In this case, some delay occurring, through excitement or oversight on the part of Mr. Wells, it is stated that Dr. Warren became impatient, and proceeded in the operation without its use.”

Dr. Ellsworth, of Hartford, claims to have performed an amputation some eighteen years ago while the patient was under the influence Nitrous Oxyd.

It is strange that so valuable an agent should have received so little attention by surgeons in the past, and that it is only now coming into general favor.

Desiring to prove this agent and notice its effects upon myself before administering it to patients, I inhaled it to complete unconsciousness from a six gallon bag, and observed the following symptoms before loss of thought ensued: First, there was noticed a pleasant sensation of exhilaration or general stimulation in which the thoughts ran rapidly through the brain, and soon it appeared to me that I was dreaming. Then the head felt full, giddiness supervened, and a humming or buzzing sensation, together with a feeling as though I was gradually being elevated up into the air and passing away.

A peculiar tingling sensation in the finer nerves of the extremities was observed somewhat analagous to that which is felt when experiencing that feeling which is commonly expressed by the term “hand or foot being asleep,” caused by pressure on the main nerve-trunk of the part, and similar to that I noticed over the whole body when I was suffering from an attack of the “spotted fever” or typhus petechialis.

The last impressions were that I was laughing, while at the same time I was flying through the air, and my feet were trembling and going up and down as though pressing upon a treadle, that propelled the imaginary machinery that was conveying me through the air, while everything around was fast becoming dim,—complete unconsciousness then ensued.

The return from this state was sudden, as if arousing from a

sound sleep, and the first objects that attracted my attention were the five or six gentlemen who were in the room, violently convulsed with laughter, while I myself was seized with a hearty convulsion of laughter, which I could not in any manner control. The headache which had troubled me during the afternoon and before going to sleep, was entirely gone, and I felt much invigorated by the effects of the gas.

Sir Humphrey Davy describes its effects upon himself as follows: "The first feelings were similar to those produced in the last experiment, (giddiness,) but in less than half a minute, the respiration being continued, they diminished gradually, and were succeeded by a sensation analogous to gentle pressure on all the muscles, attended by a highly pleasurable thrilling, particularly in the chest and the extremities. The objects around me became dazzling, and my hearing more acute. Towards the last, inspiration and thrilling increased, the sense of muscular power became greater, at last an irresistible propensity to action was indulged in. I recollect but indistinctly what followed: I know that my motions were various and violent.

These effects very soon ceased after respiration. In ten minutes I had recovered my natural state of mind. The thrilling in the extremities continued no longer than the other sensations.

Mr. Robert Southey had the following sensations while under its influence: "He could not distinguish between the first effects and an apprehension of which he was unable to divest himself. His first definite sensations were, a fullness and dizziness in the head, such as to induce a fear of falling. This was succeeded by a laugh, which was involuntary, but highly pleasurable, accompanied with a peculiar thrilling in the extremities; a sensation perfectly new and delightful. For many hours after this experiment, he imagined that his taste and smell were more acute, and is certain that he felt unusually strong and cheerful. In a second experiment, he felt pleasure still superior, and has once poetically remarked, that he supposes the atmosphere of the highest of all possible heavens to be composed of gas."

Dr. Robert Kinglake noticed the following:—"Additional freedom and power of respiration, succeeded by an almost de-

lirious, but highly pleasurable sensation in the head, which became universal with increased tone of the muscles. At last, an intoxicating placidity absorbed for five minutes all voluntary power, and left a cheerfulness and alacrity for several hours.

A second stronger dose produced a perfect trance for about a minute; then a glow pervaded the system. The permanent effects were an invigorating feeling of vital power, and improved spirits. By both trials, particularly by the former, old rheumatic feelings seemed to be revived for the moment."

From the nature of this agent and the effects I have noticed from it both upon myself and others I am convinced that it will prove of great use as a simple remedial agent for affections in which the nervous system is impaired. I design, however, at present simply to notice my experience with its anesthetic properties, leaving its medicinal virtues for further trial and another paper.

1. The first surgical operation I performed on a patient under the influence of nitrous-oxyd was for the removal of a tumor of the neck in the right parotid region. The patient was placed on the left side upon a narrow hospital bed and was tranquil during the inhalation and was sound asleep and loudly snoring in one minute from the time she commenced breathing the gas, passing into this state as though going into natural slumber. Everything had been prepared ready for operating before its administration began, and I watched her, with bistoury in hand, until she was completely unconscious. Then I commenced my incision at the lobule of the ear, which was involved, severing it from the ear, and extending the incision down over the ramus of the jaw, then down the neck some distance to the sterno-cleido-mastoid muscle making a curved incision.

A like incision was made on the posterior aspect of the tumor from the origin of the first incision to its termination on the neck. These were made through the skin, adipose tissue and superficial fascia, after which strong traction was made on the tumor with one hand while with the fingers of the other and the aid of the handle of a scalpel, the diseased structure, involving the gland, was dissected out, and with but few applications of the sharp edge of the knife, except to the unyielding

adhesions, the whole mass was removed. 2. Another operation on the same day for removal of a superficial tumor in the same region below the ear, was marked with the same good effect in administering the gas. 3. In one case only have I noticed any-unpleasant effect, and that was on a lad for removal of an encysted tumor lying over the upper end of the sternum, needing only a straight-incision and dissecting out the sac. The boy was willing to inhale the gas, but objected after commencing to inhale it, to having his nose held; from which cause he endeavored to pull away the assistant's hand, and struggled considerably in inhaling it, the lips having to be pressed around the mouthpiece by the assistant's other hand in order to exclude the atmospheric air until he was completely anesthetized. Some muscular movements were made by the boy during the operation, but not sufficient to impede it; and yet the boy was unconscious and seemed to have as much of the gas as it was prudent to give. He had to an excessive degree the livid countenance and blue lips so frequently noticed in administering this gas. He was lying on a reclining-chair upon his back, and from his position, some saliva running down the throat upon the epiglottis caused vomiting subsequent to the operation. He was of a bilious temperament, and the next day suffered some from bilious vomiting. No other effect followed, the wound healing in a short time. In a number of other surgical operations with this gas, I have found it safe and satisfactory,—the patient going to sleep on an average in about one minute, and returning to consciousness at most in from two to five minutes.

General Remarks on its use.—The gas administered must be a pure protoxyd of nitrogen, free from all noxious elements or admixtures. These are easily detected by the operator inhaling a few breaths of the gas, to see whether it irritates the lungs. If it does not, and it is made in the usual way from granulated or fused nitrate of ammonia by heating it in a retort and collecting the gas over water; if it is colorless, inodorous and tasteless, and does not leave a headache after breathing it, it may be considered pure and ready for use.

The ordinary exhalations breathed out of the lungs contain

a large amount of carbonic acid ; care must therefore be taken not to let the patient breathe into the bag after it is emptied of the nitrous oxyd.

The patient is obliged to breathe altogether into a gas-bag through a mouth-piece, the lips being tightly closed around it, while the nose is held or compressed, so that no respiration can be carried on through it until the patient is completely anesthetized ; then the fingers are removed from the nose, the stop-cock in the mouth-piece turned, so as to shut off the oxyd, and the patient permitted or compelled to breathe atmospheric air. As soon as the first slight evidence of the passing off of the anesthesia is noticed, if the operation be a protracted one and should need the person to be more than two or three minutes under its influence, you must again turn on the gas and hold the nose for a moment until complete anesthesia returns ;—generally a loud snoring ensues. The patient must be watched constantly during the administration of the gas ; and although a paleness and slight livid appearance, or blueness of the face generally occurs, we must not become alarmed, but stop off the gas again and let the patient breathe atmospheric air a short time ; then turn on the gas a moment, and so let the patient alternate, breathing the atmospheric air and nitrous oxyd just sufficiently to keep him quiet and unconscious.

In administering it the chin should be kept well down upon the chest, so that the saliva will not run down upon the epiglottis and cause vomiting or coughing. The head should not be thrown back, or if it should be, never let it remain any length of time in that position. It is better for the patient to lie on the side and not on the back.

Before the gas has been entirely used up from the bag, it is better to substitute another bag, as it becomes intermingled with more or less carbonic acid expired from the lungs, and may cause a subsequent headache to the patient. With this precaution, together with using gas made fresh every 24 or 48 hours, and having the gas pure, no such symptoms will result.

In commencing to inhale it the patient should have his nose held ; and then, by two or three long expirations he should throw out as much of the air as possible from the lungs, so that the first inspirations of gas may have a better effect, and he come more quickly under its influence.

A plug or piece of hard wood half an inch thick, and a curved notch in each end, should be inserted between the jaws, and kept back out of the way upon the molar teeth, so that in case the mouth-piece should accidentally get out of the mouth, it can readily be inserted again, otherwise the jaws might not be gotten apart again until consciousness returned, thus causing delay and trouble in operating.

The fears of the patient should be calmed before he commences taking it, else he will unwittingly struggle against it during its administration; for whatever the mind is dwelling upon at the time of going to sleep is generally uppermost when consciousness begins to return, and if he go to sleep calmly, no trouble is experienced, but if he goes to sleep struggling, it will be more difficult to keep him perfectly quiet during the operation. Persons of a strong muscular frame with bilious temperament, are much more difficult to bring under its influence.

ARTICLE LIII.— *Report of Committee on Life Insurance.*

By WM. A. HAWLEY, M.D.

At the last annual session of this society, the report of Dr. Wm. A. Hawley (acting under the instruction of *The Onondaga County Homœopathic Medical society*), respecting the appointment of Homœopathic Physicians as medical examiners by Life Insurance Companies, was considered.

The following preamble and resolutions, adopted at a semi-annual meeting of Onondaga Co. Hom. Med. Society, Oct. 25, 1864, was addressed by Dr. Hawley to 21 companies.

“*Whereas*, it has been repeatedly stated by opponents of our school, that several of the Life Insurance Companies decline appointing as medical examiners physicians who are engaged in the practice of Homœopathy, and

Whereas, such report is derogatory to the dignity, honor and ability of a large and influential body of intelligent men, therefore be it

Resolved, That a committee be appointed to confer with the Life Insurance Companies doing business in the State of New-York, for the purpose of ascertaining the truth or falsity of said statement.

Resolved, That silence in regard to the above query upon the part of any of the interrogated companies, shall be deemed as presumptive evidence of the truth of said report, so far as each delinquent is concerned,

Resolved, That said Committee be and hereby is instructed, to report results of said correspondence to the New-York State Homœopathic Medical Society, at their next annual meeting in Feb. 1865, for their consideration and action."

Dr. Hawley reported fourteen replies. - (see appendix to this report.)

Ten of these Companies declared themselves in favor of impartial action in their selection of examiners, to wit:

New-York Life Ins. Co. N.-Y.	Manhattan Life Ins. Co., N.-Y.
North American Life Ins. Co. N.-Y.	Knickerbocker Life Ins. Co., N.-Y.
Security Life Ins. & Annuity Co. N.-Y.	Mutual Benefit do. do. do. N. Jersey.
Connecticut Mutual Life Ins. Co. Conn.	Union Mutual Co. Boston, Mass.
Mass. Mutual Life Ins. Co. Mass.	Berkshire Life Ins. Co. Mass.

Three of the replies were deemed *equivocal* to wit:

New England Mutual Life Ins. Co., Boston, Mass.
Guardian Life Ins. Co., N.-Y. Germania Life Ins. Co. N.-Y

One squarely adverse, to wit:
Phoenix Mutual of Hartford, Conn.

Seven Companies failed to respond, to wit:
Mutual Life, N.-Y. New-York Life and Trust Co., N.-Y.
Home Life, Brooklyn, N.-Y. United States Life, N.-Y.
Equitable Life Assurance Society of the United States, N.-Y.
National Life, Montpelier, Vt. Charter Oak, Hartford, Conn.,

Doubt being expressed by members of the Society, as to the actual position of some of the "delinquent" companies, and it being also ascertained, that the said queries had not been sent to all the companies transacting business in the State (new ones having been recently organized), it was decided to continue the investigation and a Committee was appointed for that purpose.

Your Committee thereupon addressed the following interrogations: "Do you object to or decline appointing Homœopathic physicians as medical examiners in your company?" or "do you act *impartially* in selecting your medical examiners from either school, regarding education, ability and integrity as more important than any peculiar preference in method of administer-

ing remedies?" to the seven companies designated as "*delinquent*," and the three companies whose replies were deemed *equivocal*, also to six new companies, to wit:

Globe Mutual Life Ins. Co. N.-Y.	Brooklyn Life Ins. Co. N.-Y.
Washington Life Ins. Co. N.-Y.	Widows and Orphans Benefit Co. N.-Y.
Ætna Life, Hartford, Conn.	Universal Life Ins. Co., N.-Y.

(The latter company does business on a different basis from ordinary Life Insurance Companies, its object being to insure *unsound* lives, it perhaps should not have been included in the above category.)

Also to the four New-York agencies for foreign companies, to wit, Eagle Life Ins. Co., London, agency 60 Wall-St., N.-Y.,
 { British Commercial and British Nation Life Assurance
 { Societies, agency 65 Wall-St., N.-Y.,
 Liverpool and London, and Globe Ins. Co., agency 45 William-St., New-York,

Royal Ins. Co., Liverpool, agency N.-Y. City.

Twenty companies in all. (For their replies see appendix.)

Ten claiming impartiality. Two adverse.

Two equivocal. Six failing to respond.

Total RECAPITULATION.

Those who profess to act impartially 20, to wit:

New-York Life Ins. Co.,	N.-Y.	Manhattan Life,	N.-Y.
North American,	N.-Y.	Kaickerbocker,	N.-Y.
Security Life & Annuity Co.,	N.-Y.	Germania,	N.-Y.
Globe Mutual,	N.-Y.	Washington,	N.-Y.
Brooklyn Life	N.-Y.	Home, Brooklyn,	N.-Y.
Equitable Life Assurance Society, of the U. S.,			N.-Y.
Conn. Mutual,	Hartford, Conn.	Charter Oak, Hartford,	C.
Ætna,	Hartford, Conn.	Union Mutual, Boston,	M.
Mass. Mutual, Springfield, Mass.		Berkshire, Pittsfield, Mass.	
Mutual Benefit,	Newark, N.-J.		

British Commercial, United British Nation Life Assurance Association, Liverpool and London, and Globe Insurance Co.

Those whose answers are deemed *equivocal*, Two—to wit:

New England Mutual, Boston, Mass. Guardian Life, N.-Y.

Those who are *adverse* to Homœopathy, Three, to wit:

United States Life, N.-Y., *Phœnix*, Hartford, Conn.,
Eagle and Albion, (Foreign) Agency 60 Wall-St. N.-Y.

Failed to respond, six, to wit: —

New-York Life and Trust Co., N.-Y. Mutual Life, N.-Y.
Widows and Orphans Benefit, N.-Y. Universal Life, N.-Y.
National, Montpelier, Vt. Royal, (British) N.-Y.

Your committee is highly gratified in being able to report, finding so large a majority of the companies intelligent, liberal and discreet enough, to recognize the influential position, if not the absolute superiority of our school of medicine; while the attitude of those companies which persistently discriminate against us, has led your committee into an examination of the comparative results of treatment, as exhibited by authentic statistics in the two schools.

Before setting out in this investigation, we admit that we fully recognize the advantages and the humanity of Life Insurance, and thus acknowledge its claims upon us for encouragement and support.

Of the various benevolent enterprizes which have grown out of the philanthropic spirit of the present age, we find Life Insurance occupying a conspicuous position. So important and sacred are its trusts that the wisest, the best and most prudent men of the time, have devoted their attention to perfecting its operations, extending its influence, and rendering it safe and permanent.

No institution exists around which more cautious and thorough legislative protection is thrown; no pecuniary undertaking commends itself more completely to mankind, indeed considering the facilities offered, it may almost be said, no man, to-day, has a right to die and leave those depending upon him for support, entirely unprovided for.

The benefits to be derived from an investment in a well organized Life Insurance Company, are as legitimate as moral, as unexceptionable and desirable as the wages of a day-laborer, the profits of a merchant, the earnings of a banker, or the salary of a minister.

The combined wisdom and experience of philosophers, physicians, mathematicians, financiers and other experts, is continually active in devising new features, greater advantages, increased facilities and broader scope for this beneficent institution.

Life Insurance policies are technically termed *risks*, they are

so to each individual policy-holder, but not so to the company, for the system is built upon the legitimate accumulation of funds at interest and the *average duration of healthy lives*; the policy-holder, may die to-day or he may survive and even exceed the expectancy or average duration of life.

The Company does not base its calculations upon the individual, but upon the aggregate and average, and this can be ascertained with comparative certainty.

The Carlisle table has been adopted by most companies as the bed-rock upon which they build.

The expectancy or longevity represented by this table is a shade less than that of ordinary insured lives, for the reason that their results were arrived at by observations upon the *general mortality* in one of the healthiest districts in England, during a period extending from 1777 to 1787. By general mortality, we mean the mortality among the whole people, without regard to health or age; while policy-holders in the ordinary life insurance companies are supposed to be sound men, as they are subjected to the ordeal of a critical medical inspection, which rejects all but the healthy.

This table has been in general use for more than a century, the companies meanwhile amassing enormous wealth, thereby vouching for their safety, to say the least.

Several companies recently organized, have adopted what has been termed "*The Actuaries or Combined Experience*" table, which was derived from the recorded experience of seventeen life insurance companies in England, during a long series of years.

This table, although not greatly varying from the Carlisle table, on the whole, extends "the expectancy," thus permitting a slight deduction in the amount of annual premium required; but the steady, rapid, and excessive accumulation of capital under its estimates, reveals the fact, that, under judicious management, the rates of premium might be still farther reduced, without impairing, in any degree, the stability or solvency of the company which employs it.

In purely mutual companies, a reduction of premium is not under all circumstances a *desideratum*, because, the surplus is equally divided among the policy-holders, each one

of whom is a share-holder, to the extent of his pro-rata investment.

To exhibit the enormous increase of capital when well invested, and to show the entire, and perhaps I may say, excessive soundness of the present system of life insurance, let us for a moment look at the legitimate increase of a premium during a series of years.

According to the Carlisle table, a person, aged twenty-one, is expected to survive 40.75 years; taking the tables of the New-York Life Insurance Co. as a fair representation of rates of premium, we find it would cost \$14.64 annually to secure a policy of \$1000, without participating in the profits of the company.

Suffer the fund to be invested promptly with interest at 7 per cent.; at the expiration of the expectancy they would have accumulated the enormous sum of over \$3,000, out of which they are to pay the policy of \$1,000, leaving a sufficiently wide margin for expenses, dividends, &c.

It will readily be perceived, that any circumstances which prolong life and extend the average duration, increase the number of annual payments on ordinary life policies, thus permitting either a relative reduction in the rate of annual premium, or adding proportionably to the general accumulation, enabling the Company to pay larger dividends.

These circumstances do exist, and await the recognition of financiers, to be applied to use in Life Insurance.

We believe that the homœopathic treatment in comparison with that of the old school is more successful in the cure of disease, that it entails no detrimental effects upon its patrons, and actually prolongs life, thus presenting increased advantages to both the insurer and insured.

With these convictions profoundly impressed upon our mind, we shall endeavor to prove the facts by authentic testimony, urging the prudent and sagacious to govern themselves thereby.

Allopathy boasts of her antiquity (relying perhaps upon a lack of information in the public mind, in relation to that part of history), which has been one of continuous successive changes in both theory and practice, and with all these

revolutions, until within the past fifty years, or since the advent of homœopathy, we find no marked improvement in the saving of life.

Homœopathy has done more to mitigate and modify allopathy, than all other influences combined, since the time of Hippocrates.

Before proceeding to the examination of statistics bearing on this question, let us see in what estimation allopathy has been held by representative men of her school.

Cullen says: "The writers on *materia medica* abound with numberless false conclusions, which are, however, supplied or pretended to be drawn from experience— such, indeed, is the state of this matter, that nobody can consult these writers with any success or safety, unless he is prepared with a great deal of skepticism on the subject."

The illustrious Boerhave says: "If we compare the good which half a dozen true disciples of Esculapius have done since their art began, with the evil which the immense number of doctors have inflicted upon mankind, we must be satisfied, that it would have been infinitely better for mankind, if medical men had never existed."

Dr. John Mason Good writes: "In other sciences, when we enter upon an inquiry or propose for ourselves any object for experiment or observation, we are able to say, whether the result of our inquiry has been satisfactory, and whether the object in view has or has not been accomplished, but, this, unfortunately, is not the case in medicine."

Van Helmont, declared that "medicine did not advance, but turned on its axis."

Dr. Gregory, in his *Theory and Practice* says, "medical doctrines are little better than stark staring absurdities." The celebrated Dr. Abercrombie said: "I am weary of guessing," and abandoned his practice. —

The justly eminent Majendie says in an address to the French Academy, "the chain that binds Allopathy in its fixed position must be broken, it is a humiliating position of medical science."

Sir Astley Cooper savagely remarks: "The science of medicine is founded on conjecture and improved by murder."

Dr. Jackson, formerly of the University of Pennsylvania, some years ago, when speaking of the uncertainty of medicine and the necessity of a reform, said, "can this reform be much longer postponed? I believe not. In the *regular* practice, has not the treatment of disease too much degenerated into a blind routine pursued in nearly every disease, however dissimilar in nature?"

Dr. Andrew Combe, late Physician to the King of Belgium, one of the most eminent of the British physicians, urges that drugs and the lancet be discarded and "nature consulted and obeyed in the management of disease."

Dr. Forbes, the late distinguished editor of the British and Foreign Med. Chir. Review, said in an article (year 1846) discussing the condition of "Regular" Medicine: "Things have arrived at such a pitch, that they cannot be worse; they must mend or end." — In the same article, he also said, "What difference of opinion! What an array of alleged facts directly at variance with each other, what contradictions? What opposite results of a like experience? What ups and downs! What glorifications and degradations of the same remedy! What confidence now, what despair anon, in encountering the same disease, with the very same weapons! What horror and intolerance at one time of the very opinion and practice which previously and subsequently, have been cherished and admired." —

In 1860, that distinguished Allopath M. Marchal de Caloi, Professor of the Faculté of Paris, wrote thus in *la France Médicale*. "There is no longer in medicine, neither has there been for a long time, either principle, faith or law."

In 1861, at a regular meeting of the Academy, Prof. Malgaigne said, in referring to the state of medical science. "There is a complete absence of scientific doctrine, absence of principle in the application of the art, and empiricism throughout."

Hahnemann already renowned as a profound scholar, of scientific fame, becoming disgusted with the want of harmony every where existing, about 1790 retired from practice to other and more congenial fields. In this state of mind, he caught the first gleam of light which suggested the existence of a great universal law of cure, heretofore unrecognized and he de-

voted the entire energy of his vast mind to its elucidation, publishing his first "*Essay on a new Principle,*" &c. in 1796.

This leaven of doctrine has worked its way until the world is filled with earnest advocates and intelligent receivers of the truth by him promulgated.

But to the argument of statistics.

In the majority and minority reports of the select committee of the Board of Ten Governors, to whom was referred the subject of introducing homœopathy into Bellevue Hospital, we find a detailed statement of comparative results between the two modes of treatment, as exhibited in the principal European hospitals, compiled from their official reports.

The aggregate returns from twenty-one allopathic hospitals gives an average mortality of from 11.7 per cent.

The aggregate returns from fifteen homœopathic hospitals gives an average mortality of 5.7 per cent.

In a general survey of official returns from the Vienna General (allopathic) Hospital and the three homœopathic hospitals of Vienna up to 1852.

(Statistics of both schools being accessible only up to that date) we find the gross mortality

In Vienna General Hospital . . . 8.5.

In the three homœopathic hospitals 5.3.

To make the distinctions more evident, we cite the official reports of European hospitals, where both systems have been practiced either at the same time or successively.

The hospital at Gyongyos, in Hungary, was under allopathic treatment from 1848 to 1853, when the homœopaths resumed treatment.

Results during five years under allopathy :

622 cases received, 98 deaths; mortality 15.7 per cent.

Results during eleven years under homœopathy :

1,538 received, 143 deaths; mortality 9.3 per cent.

Dr. Chargé,* physician to the Convent of Refuge at Mar-

* Dr. Chargé received from the French government the order of the Legion of Honor, and from Pope Pius IX., that of St. Gregory the Great, in consideration of the services he rendered during the cholera epidemic of 1849. (*Med. Hom. de Famille, No. 6.*)

Dr. C., in 1858, was invited by the emperor to remove to Paris. This was a substantial recognition of the skill of that eminent homœopathician, as exhibited in the cure of Marshal de St. Amand, Minister of War under Louis Napoleon, whose recovery was despaired of by the regular Faculty.

number of cases treated during years 1863-4, as 934, 35 deaths, 3.7 per-cent., while the average mortality from 1850 to 1865, does not exceed 4 per-cent.

Mississippi State Hospital.

This Institution was transferred from allopathic to homœopathic hands in 1854, on account of the marked superiority exhibited by the latter treatment in yellow fever during the frightful epidemic of 1853.

The mortality in 1853, while under allopathic treatment (largely increased by yellow fever) was about 55 per-cent.

While under Homœopathic treatment:

1854,	151 cases,	12 deaths,	7.9 per-cent.
1855,	175 "	24 "	13.7 " "

(This report will be more specifically criticised under the head of Reports on Yellow Fever.)

In the report of Dr. Paddock, resident physician in the *Saint Louis City Hospital* (allopathic), for half year, ending Sept. 30, 1864, we find—

990 cases treated, 120 deaths, 139 remaining, mortality, 12 per-cent. excluding those remaining in hospital.

In the report of Dr. Franklin, surgeon in charge of Cavalry Depot Hospital (homœopathic) St. Louis, Mo., for the six months ending August 31st, 1864, (*see N. Am. Jour. of Hom., Vol. XIII., p. 516*) we find, 883 received, 6 died, 15 remaining, 1/10 of one per-cent. Showing a difference in general result between the two hospitals of over 11.4 per-cent.

To more closely demonstrate comparative results, we refer to four diseases treated in these two hospitals, to wit:

<i>Allopathic.</i>	<i>Homœopathic.</i>
30 Dysentery, 21 deaths,	30 Dysentery, — deaths,
106 Diarrhoea, 23 "	95 Diarrhoea, — "
23 Pneumonia, 12 "	13 Pneumonia, — "
10 Typhoid, 7 "	39 Typhoid, 2 "
—	—
169	177
63	2

Average Mortality, 37.2 pr.-ct. Av. Mortality, 1.1 pr.-ct.

Dr. Franklin's annual report, ending March 31st, 1865, contains the following general summary: 1206 cases, 16

deaths, 9 remaining; average mortality 1.4 per-cent. (*N. Am. Jour. of Hom.*, Vol. XIV., p. 33.)

SOLDIERS' REST, SYRACUSE, N.-Y.

This was a charitable organization, for the purpose of furnishing aid to sick and invalid soldiers; it also received the sick from a company of *Regulars*, doing duty at that post as provost guard. Dr. Wm. A. Hawley, (Homœopathician), placed in charge 4th June, 1865, remaining until the following 4th of October, when he being obliged to leave the city, the Institution went into allopathic hands.

During Dr. Hawley's administration, patients were permitted to have allopathic treatment if they desired.

Dr. Hawley reports 201 cases received, 5 deaths, mortality 2.5 per-cent.

The treatment of four diseases resulted as follows:

61 cases diarrhœa, no deaths; 11 dysentery, 1 death; 25 typhoid, 3 deaths; 20 remittent fever, no deaths.

The first case to which allopathy was called in this Institution, occurred about 7th July; from that time until Dr. Hawley's retirement, there had been under allopathic treatment, 46 cases, 7 deaths; 17.5 mortality.

NORTHERN HOME OF FRIENDLESS CHILDREN—Philadelphia, Pa.

Up to May 1st, 1865. (*N. Am. Journal of Hom.*, No. LIV., p. 253-4.)

Allopathic 4½ years.

Homœopathic 7½ years.

794 cases, 16 deaths, 2 pr.-ct. 1599 cases, 16 deaths, 1 pr.-ct.

We now cite a few general statistics of each school.

At GUMPENDORF (VIENNA) HOSPITAL.

Under homœopathic treatment, Dr. Fleischmann (whose scientific acquirements are freely acknowledged by the opponents of our school) reports, during 20 years' treatment, from 1835 to 1855, 60,000 cases treated with a grand average mortality of 6 per-cent., this includes the terrible epidemic losses by cholera and typhus fever. (*British Journal of Homœopathy*, Vol. XIV., p. 31.)

LEOPOLDSTADT HOSPITAL (Homœopathic), Vienna.

1859, 807 cases recd., 30 deaths, 3.7 pr.-ct. (*Br. Jour.* Vol. 21.)
1861, 785 " " 17 " 2.2 " " (*Br. Jour.*, 1864.)

Homœopathic hospitals in this country are of recent date, so we have no series of reports extending back to compare with the old school.

We give statistics of results in allopathic hospitals, deduced from their published reports.

New-York City Hospital } from 1829 to 1865. }	90,216 cases treated,	9225 deaths,	10.2 pr-ct.
Mass. General Hospital } from 1821 to 1865. }	29,641 cases treated,	2739 deaths,	9.2 pr-ct.
Pennsylvania Hospital } from 1752 to 1865. }	75,408 cases treated,	7212 deaths,	9.5 pr-ct.

The Mass. General Hospital Reports show a gradual decrease of mortality during the later years, owing to the fact, that they discriminate more closely than others, and reject inveterate chronic cases and those which they consider hopeless or incurable, while, for instance, in the N.-Y. City Hospital there were admitted in 1864, 140 cases, upon which coroner's inquests were held.

We have just received the Eleventh Annual Report of the Bond-street Dispensary from Feb. 1st 1865 to Feb. 1st, 1866, with the following results:

Total cases 24,086, with 70 deaths;
average mortality 2.9 per cent.

We now take up and examine the results in specific diseases, to wit:

Yellow Fever.

According to Report of Commissioners of Quarantine (1865), "there were received and treated in the Old Marine Hospital on Staten-Island from 1806 to 1859:

818 cases, 259 died; 32 per cent.

From 1859 to 1864 there were received on board the Hospital Ship at Quarantine, No. 1.

216 cases, 59 deaths; 27 per cent.

In 1803	1,639	"	600	"	37.3	"	"
" 1804		"	700	"		"	"
" 1805	600	"	275	"	45.8	"	"
" 1822	411	"	240	"	58.4	"	"

In 1856 the epidemic was confined to Bay Ridge and Staten-Island; the number of sick, with the disease, exceeds 600, of whom more than one-half died.

In 1866 at Marine Hospital 177 cases, 58 died; 32.7 per c.
 " 1858 " " " 210 " 44 " 21 " "

Dr. Jewell, (allopathist), reports in N. Y. Journal of Med., Vol. 12, p. 149, the results of treatment in Philadelphia, Pa. in 1853 with loss of 77.27 per cent.

Dr. Griscom (Report Third National Quarantine of Sanitary Convention p. 74.) says, "Twelve cases (in 1856) were brought to the City Hospital—ten out of the twelve died—two cases were not accounted for; I believe, being removed by their friends."

In Charity (allopathic) Hospital New Orleans, report for 1853, we find the losses in yellow fever estimated at 66 per ct.

Dr. R. Le Roche (allopathist) in an exhaustive treatise, published in 1855, entitled "Yellow Fever considered in its Historical, Pathological, Etiological and Therapeutical Relations," concludes, that yellow fever takes off one in every 3.5 or 28.57 per cent. of the attacked.

According to the most reliable estimates, the allopaths lost 33 per cent. of the cases of yellow fever at Natchez, Miss., in 1853.

During the same year Drs. Holcombe and Davis (homœopathists) reported treating 555 with 33 deaths; 6 per cent.

For their brilliant success in the treatment of this formidable disease, Dr. H. and D. were placed in charge of the Mississippi State Hospital, 1854.

In the published reports of this hospital during the year 1854—5 under homœopathic treatment, we find cases yellow fever received 461, deaths 22; mortality less than 5 per cent. (In 1855, 9 cases were moribund when brought in).

Dr. Holcolombe (in Vol. 4. North Am. Journal of Homœopathy) reports aggregate results of the year's experience with yellow fever by himself and colleague, Dr. Davis, as
 1,016 cases, 55 deaths, or 5.4 per cent.

In N. Am. Journal of Hom., Vol. 4, p. 490, we find report of *Homœopathic Hospital at Rio*, during 1851—2, with a loss of but 6 per cent. in yellow fever.

The distinguished Dr. Francis Goding, Island of Barbadoes, (Phil. Journ. of Hom., Vol. 2,) in an article on yellow fever, reports, "I personally treated to the end of June, 1853, and during the four preceding months, 308 cases with loss of 10."

(8.23 per cent.) These were "irrespective of many patients, who obtained medicines without attendance."

We are in possession of many yellow fever statistics from physicians in private practice in the Southern States, but forbear from detailing them, as lacking the force of official reports from public institutions; they fully corroborate the statement that our losses in this "*fatal*" disease do not exceed 6 per cent.

We come next to the consideration of

Cholera.

Homœopathy was yet in its swaddling clothes, when terrible accounts of the ravages of the Asiatic cholera came across the Red Sea from India. Hahnemann, with great foresight, guided by the unerring law of similars, which he had announced, predicted the almost complete control of this scourge by the proper use of three remedies: Camphor, Cuprum, and Veratrum. The pestilence came: allopathy was almost powerless, often hurtful, rarely successful, while homœopathy emerged from the conflict with a name no longer obscure and powerless.

The reports of government investigating commissions and results in private practice corroborated the welcome announcement of our illustrious teacher; and homœopathy assumed at once a conspicuous position in spite of the bitter and unprincipled antagonism of our opponents.

During the epidemic of 1831—2 in Vienna, there were treated allopathically 4,500 patients, of whom 1,300 died—31 per cent; treated homœopathically 581 patients, of whom 49 died; 8 per cent.

Dr. Quin, of London, gives a table of the results of the treatment of 10 different homœopathic physicians, as

1,093 patients, 95 deaths; 9 per cent.

(The results above stated were obtained during 1831—32 at Vienna, Moravia, Bohemia and Hungary.)

Dr. Rath (allopathist) sent by order of the King of Bavaria to collect authentic information, reported officially, but with apparent reluctance, under homœopathic treatment, 1,269 cases, 85 deaths, about 7 per cent.

In Russia, Austria, at Berlin and Paris there were treated 8,017 cases, 264 died; 8.7 per cent.

Hon. Alexis Eustaphieff, the Russian Consul General, reports general results of homœopathic treatment in the Russian Empire in 1830—1 :

1,270 cases, 108 died, about 8.5 per cent.

(The above statistics are from judges on cholera.)

In 1836 cholera again visited Vienna. Homœopathy had previously been interdicted by law, but in consequence of former brilliant results this restriction was removed, and a Cholera Hospital established.

Prof. Caroll Dunham, (a gentleman whose reliability none will question), in a series of articles written for *the Independent*, makes the following estimates :

From 1831 to 1848 the mortality of cholera patients, treated by the ordinary "regular" or allopathic treatment *at their own houses*, throughout Europe was one in two and a half cases or more than 39 per cent.

In hospital practice, during the same period, and under the same method, the mortality was one in one and a half cases, or more than 57 per cent.

During the same period the mortality of patients, treated at their own houses by homœopathic physicians, was one death in 11 cases, or a little more than 9 per cent.

In homœopathic hospitals, the mortality was one in $3\frac{1}{2}$ cases, or a little more than 33 per-cent.

In the city of New-York, in 1832, the mortality under allopathic treatment was : in hospitals 50 per cent. ; in private practice 33 per cent.

In 1849 the mortality under allopathic practice was : in hospitals 53.7 per cent. ; in private practice 34.7 per cent.

During this epidemic in New-York the aggregate mortality under homœopathic treatment under many disadvantages was 15 per cent.

During the last visitation of Asiatic cholera in England, in 1854, the government directed the General Board of Health to make the necessary arrangements for collecting statistics of the various methods employed in the treatment of cholera. A medical counsel, composed of the most eminent allopathic practitioners in the kingdom, was accordingly formed with the late Dr. Paris, President of the Royal College of Physicians as chairman.

When their report was submitted to the House of Commons, it was noticed, that the returns of the homœopathic practitioners was left out, and a demand was made by the House for them or for "copies of any returns that have been rejected by the medical council," accordingly Dr. McLaughlin, an eminent allopathic physician and government inspector of cholera hospitals, presented the missing report, showing an average mortality of but 16.4 per cent, under homœopathic treatment, while the results under allopathic treatment showed a death rate of 59.2 per cent.; very substantial reason, on the part of these magnanimous gentlemen, for attempting to suppress these returns.

Dr. McLaughlin, in a public letter to one of the physicians of the London Homœopathic Hospital, afterwards writes: "You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me in your camp an enemy, rather than a friend * * * * That there may be no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other."

The aggregate statistics of results of allopathic treatment of cholera in Europe and America show a mortality of over 40 per cent.; statistics of homœopathic treatment, a mortality of less than 9 per cent.

Typhus Fever.

From the British Journal of Homœopathy, Vol. XV., pag. 472, we copy results of these different modes of treatment during a series of years, to wit:

VIENNA GENERAL (Allopathic) HOSPITAL.					
1850	920 cases,	144 died,	48 remained;	16.5	per cent.
1852	616	" 133	" 125	" 27	" "
1853	1206	" 259	" 87	" 23.1	" "
Total	2742	" 536	" 260	" 21.6	" "
SISTERS OF CHARITY HOSPITAL AT GUMPENDORF (Homœopathic).					
1850	89 cases,	9 died,	8 remained;	10.7	per cent.
1851	88	" 10	" 8	" 12.5	" ";
1852	137	" 11	" 16	" 9	" "
Total	314	" 30	" 32	" 10.6	" "

In the second medical division of the *Military Hospital at Prague*, the "expectant" treatment was tried, to wit:

1849	189 cases,	27 died,	7 remained;	20.4 per cent.
1850	98 "	13 "	2 "	13.5 " "
Total	287 "	40 "	9 "	17.5 " "

Exhibiting the following results: the success of the *do-nothing* or expectant treatment was 4.1 per cent. better than allopathy, or in other words allopathic treatment was 4.1 per cent. worse than no treatment at all.

The results under homœopathic treatment were about 7 per cent. better than the expectant treatment, and 11 per cent. better than the allopathic.

In the Gumpendorf Sisters of Charity Hospital, Dr. Fleischmann reports during 20 years from Jan. 1835 to Jan. 1855, the treatment of 3,165 cases, 368 deaths; 11.5 per cent.

In 1848 the mortality in typhus in this hospital was 10.7 per cent. Mortality in the Vienna General (allopathic) Hospital in 1848 18.9 per cent.

Dr. Wurmb reports as results of treatment in the Leopoldstadt Hospital (homœopathic) Vienna, during the years 1859—61:

211 cases, 20 deaths less than 9.5 per cent.

In the report of the Committee on Practical Medicine of the American Medical Association for 1848, we find, admitted to the Marine Hospital of Staten-Island in 1847:

2, 229 cases registered as typhus, 457 died; 20.5 per cent.

In report of the Pennsylvania Hospital 1865:

39 cases typhus, 13 deaths; 33 per cent.

In the report of the N. Y. Hospital:

1863 21 cases, 10 died, 2 remaining,

1864 47 " 13 "

68 " 23 " about 35 per cent.

The few hospitals under homœopathic patronage in this country report no cases of typhus fever, and we must content ourselves with the above reports, but will briefly refer to a few reports on *typhoid fever*, first of allopathic hospitals:

N. Y. CITY HOSPITAL.

1863 83 cases, 19 deaths,

1864 102 " 14 "

185 " 33 "

In arriving at the average mortality here, we deduct 18 cases from the aggregate number of patients; that number being reported as remaining, relieved or removed, &c., and find it about 20 *per cent*.

PENNSYLVANIA HOSPITAL REPORT, 1865.

34 cases typhoid, 6 deaths, 1 remaining; 18.2 per cent.

ST. LOUIS CITY HOSPITAL.

10 cases, 7 deaths, 1 remaining; 77.7 per cent.

The fatality in the St. Louis Hospital is remarkable, particularly when we consider the returns from the Cavalry Depot Hospital, in the same city, under homœopathic treatment.

42 cases, 3 deaths, or 7.1 per cent.

SOLDIER'S REST, SYRACUSE, N.Y.

Dr. Hawley reports 25 typhoid cases, 3 deaths; 12 per cent.

The results in private practice exhibit a more favorable ratio, even than is found in these reports.

Pneumonia.

ALLOPATHIC RESULTS.

The official results of the Royal Infirmary of Edinburgh show a mortality of 33 per cent under the treatment of Dr. J. Hughes Bennett, Prof. of chemical medicine.

In statistical documents on pneumonia by Arthur Mitchell, (*Comnaissance Medicale*, Apr. 30, 1859) we find as a result of treatment during ten years, from 1847 to 1856, in the Vienna General Hospital an average mortality of 24.4 per cent.

In the Monthly Journal of the Imperial Medical Society of Vienna, July 28, 1859, Report on pneumonia in Wieden District Hospital for 1854, with average mortality of 20.7 per cent.

Of 1,430 cases, collected by Grisolle from various allopathic authorities, the average mortality between the ages of 40 and 70 was 23 per cent.

Dr. Routh in his "Fallacies of Homœopathy" reports 1,522 cases occurring in the Glasgow Infirmary. The General Hospital of Vienna, and in the practice of Drs. Walshe, Taylor and Peacock, with 373 deaths, or mortality of 24 per cent.

In the Pennsylvania Hospital report of 1865 we find the average mortality to be nearly 30 per cent.

In the New-York Hospital report for 1863—64 we find 87 received and 31 deaths.

Six cases reported as remaining or removed we deduct from the aggregate number, leaving an average mortality of 38 per cent.

Dr. Dietl, of Vienna, treated 85 cases by bloodletting, and lost 17 or 20 $\frac{1}{2}$ per cent.

He treated 106 cases by Tartar-emetic in large doses, and lost 22, or 20.7 per cent.

He left 189 cases without medicine or bleeding and lost 14, or 7.4.

The results in Dr. Dietl's hospital *under the expectant treatment*, for some unexplained reason, shows an enormously different result from those following the same method, adopted for the sake of experiment, in the second Medical Division of the Military Hospital at Prague, which reports in 1848—49—50:

259 cases, 68 deaths, or 22.4 per cent.

We find in the reports of the Vienna (allopathic) Hospital the following:

1850 472 cases, 92 died; 19.5 per cent.

1852 662 " 148 " 22.3 " "

1858 466 " 110 " 23.2 " "

Total 1660 " 350 " 21.8 " "

Compare this exhibit with the returns of Dr. Fleischmann of the Leopoldstadt (homœopathic) Hospital of Vienna for the years 1850—1—2:

92 cases, 6 deaths; 5.6 per cent.

(Dr. Forbes, the late distinguished editor of *The British and Foreign Med. Chir. Review* (allopathic) endorses Dr. Fleischmann as "a well-educated physician of honor and respectability," and says "we cannot, therefore, refuse to admit the accuracy of his statements, as to matters of fact.")

Dr. Routh (allopathist) in his "*Fallacies of Homœopathy*," unwillingly, is compelled to report 783 cases of Pneumonia, treated in German hospitals, with but 45 deaths, a mortality of only 5.7 per cent.

Dr. R. gives no credit to homœopathy, which he considers

a harmless sort of expectant treatment, but attributes the greater mortality under allopathic treatment to an abuse of that system, or malpractice.

HOMŒOPATHIC STATISTICS.

Gumpendorf Hospital (Br. Journ. Vol. 14, p. 33) 1835—55:			
		1,052 cases, 48 deaths,	
Leopoldstadt Hospital (Br. Journ., Vol. 14, p. 70) 1850—54	119	“	8 “
do. (Br. Journ. Vol. 22, p. 366) 1859—61	30	“	1 “
Linz (Hungary) Hospital (Br. Journ. Vol. 15, p. 478)	99	“	1 “
St. Marguerite Hospital (<i>Recherches Cliniques</i> , 1850)	41	“	3 “
London (homœopathic) Hospital (Br. Journ. Vol. 15, p. 509)	63	“	3 “
Prof. Henderson's report (Br. Jrn. 1850)	11	“	0 “
	<hr/>		
	Total 1,415	“	64 “
			45 per cent.

Eleventh Annual Report of the Board of Dispensary for the year ending Feb. 1st, 1866:

97 cases, 2 died; about 2 per cent.

In the Cavalry Depot (homœopathic) Hospital St. Louis, Mo., we find the report for the year ending March 1st, 1865:

25 cases, 1 death; 4 per cent.

In the St. Louis City (allopathic) Hospital we find in the Semi-Annual Report, ending Sept. 30, 1864:

23 cases, 12 deaths; 52 per cent.

Taking hospital returns and the results in private practice in both Europe and America, and there is a difference between the two modes of treatment in pneumonia of at least 25 per cent. in favor of homœopathy.

Comparative results in the treatment of most other diseases in both hospital and private practice show a decided superiority in favor of homœopathy, while many diseases which are pronounced totally incurable by the old practice, are amenable to homœopathy, and when we take into consideration the evil effects which so constantly succeed the practice of old school

medication,—evil effects which do not terminate with the life of the unfortunate victim, but stamp their pernicious and degenerating influences upon future generations in the form of enfeebled constitutions and hereditary disease; when we compare these effects with the results of homœopathic medication, we discover a still broader and more potent argument in favor of the new school.

Finally, upon a deliberate and comprehensive survey of the whole field, taking into consideration both immediate results and the sequelæ of the two methods of treatment, we conclude it is safe to estimate an increase of longevity equal to 25 per cent. in favor of Homœopathy.

We are sometimes met by the false assertion from old school sources, that Homœopathy has died out or is dying out in Europe.

By a census lately made (London monthly Hom. Review Vol. 9,) we find the following reports of the

INCREASE OF HOMŒOPATHY IN EUROPE.

In England	from 1853 to 1863	increase 40 per cent.
“ France	“ 1853 “ 1863	from 71 to 426 practitioners.
“ Germany	“ 1853 “ 1863	“ 450 to 544 “
“ Italy	“ 1853 “ 1863	“ 30 to 193 “

HOSPITALS IN EUROPE.

There were in 1863, eleven Homœopathic Hospitals in Germany, five in England, three in France, three in Switzerland, one in Russia, one in Spain, one in Italy, besides public dispensaries in nearly all the larger cities and towns.

HOMŒOPATHIC JOURNALS.

In Germany 6, England 2, Spain 2, Italy 2, Portugal 1, Russia 2, Belgium and France 5.

The little kingdom of Saxony, where Hahnemann was born, where he developed, expounded and first practiced the new science of cure, and from which he was twice expelled through the jealousy and bigotry of his medical brethren, now holds his memory in high veneration. (London M. H. Review, Vol. 9, p. 248.)

In Leipzig, the cradle of Homœopathy, stands a magnificent bronze monument of the immortal Hahnemann, and there also

exists a flourishing public clinic and homœopathic dispensary which treats nearly 3000 patients, annually, a memorial still more worthy his illustrious fame and of the age in which we live. The governments of Austria and Spain have established chairs of Homœopathy in their medical schools. Nearly every court in Europe has its Homœopathic physician, while its chief patrons are among the educated and noble.

Homœopathic physicians have repeatedly been decorated with the different orders of knighthood and have received other exalted and honorable titles for renowned services.

In 1830 there were but three Homœopathic physicians in *the United States of America*, to-day we number about 5000.

We have six Medical Colleges, complete in all their departments. Seven Hospitals, many public Asylums and private charitable institutions. Numerous dispensaries, twelve Medical Journals.

A Homœopathic Medical College was incorporated by act of parliament in Canada, session 1864-5.

Homœopathy also has its faithful representatives in Central and South America.

Brazil has a medical school devoted to teaching our science, also two hospitals and two infirmaries under homœopathic administration.

We might also allude to the growing practice of veterinary homœopathy. Several meritorious works have been published in this department, and our larger cities have many successful practitioners.

Gen. Geo. B. McClellan, while in command of the Army of the Potomac, issued a general order to his cavalry force, recommending the employment of veterinary homœopathy.

It may not be uninteresting as another positive demonstration of the superiority of homœopathy over the old school, to quote some remarks from the recent address of Lord Bury, M. P., made at the weekly session of the Norfolk Cattle Plague Insurance Association.

According to a return of the Privy Council, published in *The Times*, only four per cent. of the animals attacked by the cattle plague in England had recovered.

It being reported that the Dutch Government had in-

stituted a series of experiments with homœopathy, a veterinary surgeon was sent over to investigate the matter.

In September, when the cattle plague was raging in Holland, two Belgian gentlemen, M. Gaudy, a member of the Veterinary College, Brussels, and M. Sentin, a homœopathic chemist, offered to the Dutch government that, if a district were put under their charge, and they would not allow them to be interfered with, and would not require them to make a report until a sufficient number of cases had been treated, they would on their part give their services gratuitously, and try the system fairly.

This was accepted by the Dutch Government, who agreed to give a commune up to the homœopaths, it being understood that the veterinary surgeon of that commune should be required to certify, that every case that came under homœopathic treatment was an actual case of *Rinderpest*.

Matterness, the district assigned to the homœopaths, was a commune situated in the very centre of the infected district.

At the commencement of the experiment, the proportion of cures effected out of the animals attacked was 70 per cent.; but in the latter weeks the homœopaths saved nine out of every ten cattle which came under treatment. After the fourth week the disease was eradicated from the commune.

What makes this return more remarkable, is, before the homœopathic treatment was exclusively adopted in the commune of Matterness, 109 cases had occurred under the old treatment, of which but 13 cases were cured. (For farther particulars, see Address of Lord Bury on the Cattle Plague, New England Medical Gazette, Vol. I., No. 1, p. 19.)

A company has since been formed, entitled an "*Association for the trial of preventive and curative treatment in the Cattle Plague by the homœopathic method.*"

Chairman: HIS GRACE THE DUKE OF MARLBOROUGH.

Vice " JAMES CAIRS, Esq.

Its members being composed of many of the most illustrious noblemen and gentlemen of England.

With these facts before us, it is no wonder that shrewd observers outside of the profession have had foresight enough to recognize the immense superiority of the new school.

This is strikingly demonstrated by the recent action of an English association, styled: "The General Provident Assurance Company" of London, which has been converted to homœopathy by the evidence of statistics.

The Actuary reported as follows: "That persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by disease, and, when attacked, recover more rapidly than those treated by any other system; that, with respect to the more fatal classes of disease, the mortality under homœopathy is *small* in comparison with that under allopathy; that there are diseases not curable at all under the latter system, which are perfectly curable under the former; finally, that the medicines prescribed by homœopaths do not injure the constitution, whereas those employed by allopaths do not unfrequently entail the most serious, and in many instances fatal consequences."

These data being laid before the Board of Directors, a meeting of the share-holders was called, who decided without a dissenting voice, "to open a special section for persons treated by the homœopathic system, at a lower rate of premium than that charged on other lives."

The action of the General Provident Life Assurance Company immediately attracted the attention of shrewd capitalists in this country, who, after a critical investigation of the subject, are moving in different portions of the United States for the establishment of Life Insurance Companies on a basis affording lower rates of premium to the patrons of homœopathy.

A new company, *The Hahnemannian Life Insurance Co.*, has already been organized at Cleveland, Ohio, with a paid up capital of \$200,000, and an authorization to increase the capital to 1,000,000, granting policies on the lives of the patrons of homœopathy 10 per-cent. less than on other lives. The rates of premium on the lives of those who are patrons of allopathy, or of those who desire to change their mode of practice from homœopathy to allopathy, are the same as those of other companies.

The officers and stock-holders in *The Hahnemannian* are men of sound business reputation, of great ability and experience, and of thorough financial responsibility.

The capital stock is secured as perfectly as the capital of any other company in the land, and the new basis upon which they propose to transact business is deemed by them more substantial, safe, and remunerative than the old method.

Capitalists in New-York, New England and other portions of the country are giving their attention to this subject, and your committee confidently predicts, that within ten years, many of the old companies will be compelled to adopt the new method of transacting business, or see new companies organized to their decided disadvantage.

In conclusion, in the light of present developments, it is the opinion of your committee, that both our interests and the interests of our patrons require us to exert our influence in behalf of those companies which intelligently avail themselves of the advantages afforded by homœopathy; that so far as the old companies are concerned, it is clearly our duty to favor those companies which do not unwisely and unjustly discriminate against us, and while we firmly withhold our influence and support from their companies, which are controlled by a prejudiced, short-sighted and intolerant policy, we, conscious of the strength of our position, can well afford to await the enlightened verdict of a discerning public.

ARTICLE LIV.—*Specialty in Medicine.* By CHARLES CROPPER,
M.D., Cincinnati, Ohio.

It can scarcely have escaped the notice of any close observer in the medical field, that a revolution in medicine, not only as regards the principles upon which practice is to be based, but, also, with reference to the mode in which the practice is to be conducted is about to transpire. In order to occupy the position of a science, medicine must be lifted from the low grounds of darkness, superstition, witchcraft, charlatanism, and conjecture into the higher plane of scientific precision. False authority resting upon the *ipse dixit* of some dogmatist or the general sanction of a "school," is to give place to the rightful authority of truth. The uncertainties of "experience," that of one being diametrically opposed to that of another must

yield to the clear and unmistakable indications of scientific knowledge, from which there are no variations.

We live in an eminently practical age, a closely scrutinizing age, in which every claim is subjected to the severest tests, and in which every promise is held answerable to the fullest performance of its assurance. The decaying dynasty of "old medicine" convulsively grasps its sceptre of "legitimacy," (whatever that may mean) and declares all outside its borders, all who refuse to recognize its emblem of authority as "irregular" and "heretical;" but still the people, more powerful than it, regard him who *cures* as regular enough and orthodox enough for them. The medical profession claim to be in possession, of a healing art, and surely, they have no reason to complain, if the people hold them responsible for the fulfillment of the claim. Whenever a new discovery has been announced, whenever a new principle has been promulgated, whenever a new law has been developed and proclaimed by some earnest laborer in the cause of scientific truth, he has been met with the declaration that he is disseminating error, for had it been true, the profession would have known it; thereby virtually taking the ground that all the truth of medicine was centred in the "school" and outside of it no medical truth could be obtained. In this way have the wheels of progressive medicine been impeded in their course, all the channels by which true principles and correct knowledge should have flowed to the popular mind have been obstructed.

The severest denunciations of the dominant school have, in times past, been visited upon those who have announced themselves as "specialists;" but we are glad to see the evidences of a modification of views on that subject. The necessity of a revolution in medicine, by which the practice shall be divided into special and distinct departments, like those which now separate surgery from the general practice, and dentistry from both, will, I think, upon calm reflection, be apparent to all who will sufficiently divest themselves of prejudice to investigate the advantages of such a division of labor and study. I presume no one will deny that concentration of mental or physical power will accomplish more in a given direction than could be effected in any one direction were the same power diffused and made to radiate to all points from a common central source. The field of medicine is too large for the cultiva-

tion of one man, however splendidly endowed, or however lengthy his life. This is forcibly and painfully impressed upon the mind of every honest and philosophical physician every day of his practice. He is called in a single day to visit five, ten, twenty or even a larger number of patients, each one affected differently, and often, one or more of them suffering from diseases or conditions which he has had no previous opportunity of *seeing*, much less experienced in treating. Certainly it would be far more creditable in a right view of the mission and the duties of a physician, as well as greatly to the advantage of the patient, for him to confess his incompetency, and withdraw in favor of one who in that particular case was the better qualified by study and experience to prescribe rationally, and consequently, with the better prospect of success, but, as the practice is now conducted, the confession of ignorance would perhaps, be fatal to him, for the people are taught to consider a "doctor" one who ought to be intimately acquainted with all the ills to which flesh is heir, and competent to treat every case presented to him; and hence, if he admits his ignorance in a single department, the less informed of the community will regard him as deficient in all.

Hence doctors are led to make great pretences which they are unable to make good; but the failure to cure is considered less disreputable than the failure to pretend to cure. Does not every physician in a general practice often, of necessity, pretend to a knowledge and a skill he is conscious he does not possess; and does not his general title of *Doctor*, of itself present a claim which he is often utterly unable to satisfy. Objection is made to the *specialist* by the general practitioner, on the ground that such parties have heretofore generally been ignorant pretenders. But this so far from being a valid objection, is rather, to my mind, an additional reason why scientific and conscientious men should take possession of the ground hitherto unworthily occupied. It cannot be denied, that it is desirable that specialists should be successful in their various departments, and certainly the more truly scientific they become, the more successful will their practice be. Again it is objected, that the physician should understand all forms of disease, should be intimately acquainted with the anatomy and physiology of every part of the human body; all

its organs and tissues in a physiological, as well as also in every appreciable pathological condition. I grant that he *should* be, if he undertakes to practice in all departments; but *who is* thus competent; and if it be a valid objection that the specialist cannot practice in any given department, because not conversant with all, then is it not equally to be objected to the general practitioner that he should not attempt to practice in all departments, because not thoroughly conversant with any one. It was once remarked to me by a member of our profession by way of apology for the all too prevalent practice of "alternating" remedies, that he and others did so because of the very great difficulty of acquiring a full knowledge of the action and the indications of any *one* remedy. To which my answer was, that if the physician was not acquainted with *one* remedial agent, why did he administer *two*? And so too, with at least equal propriety I urge, that if he is but imperfectly qualified to treat *one class* of diseases why should he undertake to treat *all classes*? Again. I hold that the best way to attain to a general knowledge in all that appertains to our science, is to pursue, in a careful and thorough manner a particular subject, inasmuch as every organ and tissue is so intimately and indissolubly blended with every other, and the conditions of one so materially and positively affects the others, that a pursuit of all the knowledge bearing upon one part of the system will inevitably lead to the acquisition of a large amount of information in reference to every other part, and hence he who earnestly and laboriously seeks a knowledge, intimate and complete of any one organ, tissue or class of diseases, will, in that way, acquire a far more perfect knowledge of the various tissues, organs and diseases, all of which become in some way, and under some circumstances connected with his special department, than he who simply aims at a superficial acquaintance with the entire system and the whole range of diseased conditions to which it is subject. If division of labor is found necessary in all the mechanical departments, and if in every other pursuit it is found advantageous to devote especial attention to special branches, surely the medical art can form no exception to the general rule. And indeed, practically, although an ill-founded prejudice has placed its

ban upon special practice, yet we are indebted for every advance in the science and the art to those who have really been specialists; that is, those who have pursued specially, and have become eminent in some one field of investigation or practice. The anatomist, who has enriched his science with new discoveries, or who has more clearly and beautifully unfolded the complex arrangement of this wonderful frame of ours, has been a specialist. The physiologist, who, by long and patient investigation and experiment, by numerous observations and by the collection and arrangement of facts in his department, has finally succeeded in presenting the true theory in regard to the great principle of life as exhibited in the action of any organ or system within the human frame, has been a specialist. And so too, are the chemists, the botanists, and the pathologists, specialists. Men profoundly intent upon a single subject are sometimes derisively termed "*one-ideaists*" and yet, who ever accomplished any thing of great and lasting benefit to his race who was not a man of one idea. Medicine would soon become much more of a science than it now is, if every member of the profession were able to contribute *one idea* embodying a clear and demonstrable truth.

Although special practice has been treated with so much disfavor, yet physicians have ever leaned to some particular branch of study, and have acquired a reputation rather in the treatment of a single disease or class of diseases, than by reason of their general success. And was it not by the pursuit of the single subject of the medicinal action of drugs upon the human organism, that the illustrious Hahnemann discovered the great Law of Cure? In a brief paper I can only touch upon, rather than argue the subject chosen to present to my professional brethren, hence these hints are thrown out chiefly to call your attention to the advantages which would result to the physician and the patient by the cultivation of separate fields of labor. And it seems to me that a peculiar obligation rests upon homœopathists to develop all that is essential to a thorough knowledge of disease in its multiplied forms and conditions, as well as to determine the best and most speedy remedial measures.

Diseases of the ear have been dismissed by the profession

at large, with scarcely even a passing consideration; those affections having been regarded as, partly, so simple as to require little or no treatment, and partly so formidable and hopeless as not to admit of any treatment; whereas the developments of Aural Surgery, although yet in its infancy, have shown some of the former class to result seriously and even fatally, while those deemed incurable have been demonstrated to depend upon conditions which admit of speedy and complete removal. The best aural surgeons of the old world are able to cure about sixty per cent. of the cases presented to them. Might not the ample and more efficient resources of the new and better way, which homœopathy opens up, succeed in curing a much larger percentage? When homœopathic specialists shall be found in every community, and shall demonstrate their ability to exhibit the *specific action* of our remedial agents in undoubted cures of long-standing cases, which have resisted all other means; when the development of our materia medica to that point, when each drug can be unerringly selected by the thorough student, so as to reach directly, and exert its healing power in the part where its specific virtue is expended, we may expect, what will assuredly follow, a general recognition of its claims as the true science of therapeutics. I regard it to be the duty of our Medical Colleges to encourage special study, with reference to special practice:—hence would recommend the institution of separate chairs for the impartation of such knowledge as appertains specially to each department. Let the course be, as now, general, but in addition thereto let lectures be delivered upon special diseases or rather diseases of special organs, illustrated by clinical practice. Such facilities are enjoyed in Europe, why should they not be had here? Believing that the day will soon come, when special practice will be the rule rather than the exception in all large communities throughout our country, I would urge on the homœopathic profession to take the initiative in imparting to the new order, the advantages which our art affords, and so impress upon it the features of scientific precision and practical efficiency. When homœopaths shall, by a devotion to special practice, have developed the essential

characteristics of each affection, then the other requirements of a pure homœopathy,—a single remedy,—the least frequent repetition demanded,—and the least possible quantity to be administered will doubtless be attained.

ARTICLE LV.—*Treatment of Diphtheria.* By E. P. K. SMITH, M.D., of Auburn, Cayuga Co., N.Y.

In the treatment of from four hundred to five hundred cases of diphtheria, both the simple and malignant types, I have found the most efficient and successful remedies to be, what I do not find laid down in the books, and what I would with great confidence commend to the notice of physicians, namely: *Iodine and Sulphuric-acid.*

The first dilution of Iodine, five drops in a half tumbler of water; alternated with the first dilution of Sulphuric-acid, five drops in a half tumbler of water; once in two hours.

My observations during the treatment of perhaps the last fifty cases of diphtheria, in which I have employed the remedies named, with the most happy and satisfactory results, have so favorably impressed me with the crowning merits of Iodine and Sulphuric-acid, that I present the remedy to the consideration of physicians with unqualified confidence as a reliable specific, one that has in no single instance disappointed my hopes; and among the cases I have so treated, several have been of an alarmingly malignant type.

I have administered Proto-Iodide of Mercury, and Bin-Iodide, Arsenicum, Nitric-acid, Bryonia, Antimonium-crud., Lachesis, Belladonna, Rhus-tox., and others, with far less favorable results, and found them less efficient.

The Iodine and Sulphuric-acid will clear off the membranous deposit in from 24 to 36 hours.

ARTICLE LVI.—*Toxicological Effects of Belladonna.* By E. P. K. SMITH, M. D., of Auburn.

On the 26th of July, 1865, I was summoned to attend Mr. Newcomb, on Hulbert-street, Auburn, aged 30 years. The patient was poisoned by drinking steeped Belladonna-leaves:

—at one o'clock, P.M., he took a tablespoonful on leaving home for his business, which produced vomiting within thirty minutes after taking. Returning home, he took another tablespoonful of the same, about half-past one o'clock, P.M. Severe pain through temples, pain in eyeballs, pupils dilated, double vision, soreness of roots of hair, followed.

I was called to see him about 6 o'clock, P.M., the same day. Double vision continued, accompanied with soreness of throat, pulse 100. Patient complained of vertigo, tottering, swimming of the head as in a state of intoxication, a violent throbbing of the brain, dryness of lips, and great thirst.

I gave him Coffee, Hepar-sul.

Next morning, (27th), patient called at my office. His eyes were sparkling, fixed, glistening, and prominent. I gave him a dose of Hyoscyamus.

On the 28th, patient again called at my office. A fullness of head and soreness of throat attended him. I gave him another dose of Hyoscyamus.

Patient was cured in three days.

Monday, January, the 29th, 1866, I was called to attend Mrs. H., 42, Clark-street, Auburn.:

On the 20th, patient took a teaspoonful of Tilden's Extract of Belladonna, supposing it to be the Tincture of Rhubarb. Vomited it up within thirty minutes after taking.

On the 24th, she again took a teaspoonful of the same, and gave her child (four years of age) a teaspoonful also. The mother and child both were taken delirious within an hour, attended with double vision, dryness of throat, severe pain in stomach, nausea and desire to vomit, cramp pains in stomach, and bowels, and continued so through the day. Called an allopathic physician, who administered *Calomel*.

On the 25th, double vision continued, and on the 26th, suffered oppressive pain in the head. Dover's Powders were given them by attending physician. On the 27th they were able to sit up. On the 29th the mother again took a teaspoonful of Tilden's Extract of Belladonna, but did not administer it to her child. After taking it, she breakfasted at

the family table (at 8 o'clock, A.M., 29th), but threw her food up within a half hour after eating.

I was called to attend her at 11 o'clock, A.M., 29th. Symptoms were, double vision, aching pain in eyes, throbbing and beating of temples, a blueish-redness of face, tongue parched, and dryness and burning of throat, tonsils inflamed, nausea and inclination to vomit, but entire inability to vomit. I examined her symptoms carefully, gave her Hyoscyamus, and told her that the symptoms denoted poison by Belladonna. At 10, A.M., January, 30th, I called on patient, found her improved somewhat, but double vision continued. Her room was darkened (light was unendurable), pupils dilated, dryness of mouth, inflamed tonsils, pulse 90. On questioning her closely of what she had been taking, she replied, "*Nothing but a teaspoonful of Tincture of Rhubarb.*" I called for the bottle containing it, and it proved to be Tilden's Extract of Belladonna.

I gave her Coffee and Hepar-sul. once in three hours. The patient was cured in 48 hours.

ARTICLE LVII.—*Peritoneal Tuberculosis with Supposed Enlarged Prostate Glands.* By O. S. WOOD, M.D., Canandaigua, N.-Y.

WE were called, July 5th, 1862, to go four miles out of town to see Col. J., aged 68. Found him with a diarrhoea of some three or four days duration, with nervous prostration and all the peculiarities of a hypochondriac, exceedingly fearful that death would soon relieve him of his sufferings. With encouraging words and a prescription of Nux 2 and Ars. 30 we left him with the assurance that he would soon be better. We saw him next day and found him much improved. The two subsequent days we visited him and on the fourth day from the time we first saw him we left him free from diarrhoea. At this visit he told us of a urinary difficulty that had troubled him for the past eight or nine years. The difficulty came on gradually in the commencement, and got so bad that the urine had to be drawn off by a catheter at each time of desire for

voiding it, and this had been his condition ever since up to the present time. At times he suffered intense pain about the neck of the bladder with almost constant desire to pass urine and compulsion to use the catheter. His general health up to the time of the commencement of this trouble, had always been of the best, and up to the present had been as a general thing quite good. He asked of us our opinion as to the nature of the disease, and if we could help him in any way. Upon examination we gave him our opinion that his case was that of enlarged prostate glands, but that they had evidently long since ceased enlarging and would probably remain at their present stage so long as he lived; and thought he could be very materially relieved whenever he should have those painful attacks. We left him and saw and heard nothing more from him until the following 7th Dec. when we were again sent for and found him now with considerable gastric derangement, and symptoms of an approaching attack of what he so dreaded, viz., dysuria. Upon this occasion he voided the urine in our presence, and then passed considerable blood and a quantity of prostatic fluid—the former at times—but the latter, he informed us, was worst always present at each passage,—a circumstance continuing while he lived. After examining his present condition we decided to give him Mag.-m. (high). We did not see him again until the 10th, when we found him considerably relieved from his gastric troubles, and not suffering much pain otherwise. On the 13th, we heard from him as being quite comfortable, when we sent him Apis-m. 12, and Dig. 30. I did not visit him again until June 29th, '63, but in the mean time he had been kept on Apis., Dig., Pul., and Nux-v., alternating them at different intervals. June 29th, I was again sent for to examine a hard substance he had, a short time before in lower part of bowels. He had made this discovery by an accidental pressure over the region of the bladder, and it had caused him considerable alarm. Upon examination in hypogastric region, we found a hard spherical substance some five inches in diameter. We were puzzled how to account for such a substance so large, and giving apparently so little inconvenience. We could not decide in our judgment what we had to contend with, nor what exactly to do, and left it under consideration for a time.

In the fore part of August we visited him again and made a more thorough examination of our hidden foe. From his constant handling and pressing of the hardened substance, it had increased in size very rapidly, and it was assuming, in our estimation, quite a serious character, and something must be done to ward off, if possible, the threatening results. We found upon this examination that the entire hypogastrium, anterior and posterior, was filled by this tumor, and that when lying on either side, the anterior portion would gravitate to the opposite side. On this occasion we ordered an Iodine poultice, to stop, if possible, the rapid growth, and at the same time, to prevent internal suppuration, by inducing it externally. For six weeks we had the poultice applied faithfully, at the end of which time we were gratified by the signs of the formation of pus, and on Sept. 16th, we introduced the bistoury in the median line and about $3\frac{1}{2}$ inches below the umbilicus, when nearly or quite half a pint of pus flowed freely from the opening made, without producing any exhausting effects whatever. We had kept him under the influence of constitutional remedies all the time while poulticing, and his strength at this time was as good as it had been at any time for months. We now again directed our treatment constitutionally with a liberal diet.

This opening made in the new abscess, never closed up, but kept open, while a discharge of pus was kept up for a number of weeks, and then followed a watery secretion, constantly flowing day and night. Now, there was no secretion of urine to be found, when the catheter was introduced, and all that passed was simply prostatic fluid. Nor did he have any more desire at all to use the catheter, but still from the force of habit he used it, simply to see what would be discharged.

His health kept good, but we occasionally sent him medicine, partly to gratify him, and partly to keep his stomach and bowels corrected. He passed thus through the fall and winter, and until the next April, 1864, when he began to fail gradually; on the 22d I was again called to see him, and found him prostrated with another of his frequent attacks of diarrhoea, but this time quite severe, he being unable to sit up long at a time. He had been troubled for a long

time with a sensation of filling up, in his throat, which caused an almost constant expectoration. This trouble now was much increased, at times producing a suffocating sensation. His diarrhoea was checked in three or four days, so that he had no more trouble arising from it. But this time he did not show signs of rallying, as on previous occasions, and his symptoms became alarming. This was communicated to the family. Some five days from the time we saw him; on this occasion, gangrene appeared covering the end of the nose, then on the external and internal malleolus, and on the big toes and top of the foot. These spots were stopped in their growth by Ant.-c., 6, and remained so until his death, which occurred May 3, twelve days from my first visit on this occasion. During all this sickness he still had no occasion to pass urine, nor did he require the catheter to be introduced but the discharge of the watery secretions from the opening in the hypogastrium continued constantly, until two days before he died, when it ceased altogether, and the urine passed from its natural course freely and uninterrupted; without the aid of the catheter, and that too at regular and natural intervals. At about the time of commencement of this natural flow of urine, a thing that had *never* occurred since his first attack years before, he sank into a state of unconsciousness, from which he never recovered.

This case, to us, was a remarkable one, and the way in which it terminated still more so. To our mind it seemed clear, we here had a case of peritoneal tuberculosis, which probably had been of years' standing, and might have been the whole cause of his urinary difficulty, by pressing so firmly upon the bladder as to prevent it from retaining the secreted urine for want of room, and then, by pressing so firmly upon the neck of the bladder as to prevent the free passage of the urine. But what relations existed between the bladder and this tuberculous deposit, after it had been caused to suppurate, and an abscess formed, to cause the urine no longer to be secreted in the bladder, but flow off through this, we are unable to decide. A post-mortem examination would have thrown much light upon this mysterious case, but we could not gain the consent of all the members of the family, and we are left still surmising.

ARTICLE LVIII.—Cases from my Note Book.—Report on
Clinical Medicine. By Wm. WRIGHT, M.D., of Brooklyn.

CASE 1.—DYSENTERY. W. W., some 45 years of age, fair general health, though somewhat dyspeptic, was suddenly taken ill, with what proved to be a violent attack of dysentery. All the symptoms were of an aggravated character. The discharges, which were composed almost entirely of blood, from the commencement, occurred as often as once in ten or fifteen minutes, and were attended with the most violent tenesmus, and agonizing pain in the os-coccyx.

Great and universal prostration of the entire system early supervened; and so rapidly did the vital powers sink, that serious fears were early entertained of the final result. A prompt, and, if you please, vigorous course of Merc.-cor., Coloc., Acon., and, at one moment, Nit.-acid; together with injections of cold water per rectum, after each evacuation; (which were peculiarly grateful to the patient;) with warm applications to the feet, and fomentations to the bowels, were the means by which the disease was promptly arrested; so that at the end of the fourth day all morbid symptoms had passed away; and on the fifth the patient was up; and on the sixth, from the commencement of the attack,—attending to his business.

Convalescence was as rapid as could have been expected, after so violent an attack; and seemed to be perfect, with the exception of a slight soreness of the rectum and a tendency to constipation.

This state of things continued for several days, when an injection of *simple warm water* was resorted to, to relieve the loaded state of the bowels, (they not having been moved spontaneously for several days), which was followed, almost instantaneously, with sharp and griping pain in the lower part of the abdomen, and a most copious discharge of fecal matter. A sense of great prostration and deadly sickness, with nausea and vomiting, immediately supervened; the pain and griping in the bowels increased; and eight or ten discharges, accompanied with violent tenesmus, followed in rapid succession, thereafter.

With the greatest difficulty our patient succeeded in reaching his house, a distance only of some two rods from the privy, when he was obliged, immediately, to resort to the "close stool." The alvine evacuations, which had now become almost pure blood, and the vomiting and intense pains still continuing, with scarcely a moment's cessation.

Simultaneous with the nausea and vomiting, (that is after reaching the house), the patient broke out into a profuse and general perspiration; so much so as to completely saturate his under garments in a few minutes. This perspiration was followed immediately with a most intolerable itching, commencing at the pubic region, and rapidly extending upwards and downwards until the whole surface of the body became involved. Scarcely had the itching reached the extremities when an eruption, strongly resembling *urticaria febrilis*, made its appearance, commencing at the same point, and extending in the same order, until the whole body became completely enveloped.

A few doses of dilut. Tart.-anti. sufficed so allay the nausea and vomiting. Merc.-cor., corrected the dysenteric symptoms. Coloc. subdued the griping pains and tenesmus; so that a disease, which at one moment threatened a speedy and fatal termination, was promptly and effectually arrested with some half dozen doses of appropriate medicine. Convalescence was rapid, and the patient able to return to his business in a few days.

The time which elapsed from the taking of the injection to the complete subsidence of all the violent symptoms, did not exceed *three hours*. But at least two of these hours were hours of the most intense suffering and general distress imaginable.

REFLECTIONS.—It is somewhat difficult to account for all the phenomena attending this somewhat anomalous attack of disease. That the weakened condition of the bowels, consequent upon a recent attack of dysentery, predisposed to a relapse, is probably quite true. But the profuse perspiration, the excessive and intolerable itching, and the general eruption which followed, were at least somewhat unique, and not easily accounted for; except it be upon the hypothesis that the

dysenteric symptoms were dependent upon, or superinduced by a repelled eruption, and that the sudden arrest of the disease arose from the transfer, or metastasis of the exanthematæ from the abdominal viscera to the skin.

CASE II.—CROUP.—M.—V., aged 4 years and two months; of a sangui-nervous temperament; full habit, and general good health, was taken slightly ill, on the night of the 23d of February, with the ordinary symptoms of a common cold. On the morning of the 24th she awoke complaining of sore throat; some nausea, and a feeling of distress at the pit of the stomach. These symptoms were soon after followed by retching and vomiting.

From the general prevalence of scarlatina in the immediate neighborhood at the time, I was led to regard the case, as in all probability, an attack of that disease; and consequently I prescribed Ac. and Bell. in alternation, to be repeated hourly.

25th. Symptoms somewhat improved; fever less; tonsils slightly swollen and inflamed; with considerable uneasiness and pain about the throat; tongue covered with a thin white coat of fur; pulse of ordinary frequency; alvine evacuations natural; thirst moderate. Continued the Ac. and Bell., and added Merc.-sol. a dose once in four hours.

My patient was said to be quite playful through the day, but became restless at night, and somewhat "croupy."

26, 27th. Symptoms continued about the same, with little variation; though I thought that the evidences of membranific croup were gradually but slowly developing themselves. The patient continued playful through the day, but became more restless again at night; with a hoarse cough and occasional turns of difficult respiration. By the 28th, these symptoms had become somewhat increased, with a slight metallic sound in the cough; and with more frequent attacks of suffocation in the breathing. Ac., Bell. and Merc.-sol. were still continued.

By March 2d, the symptoms had become greatly aggravated. Small patches of membranous deposit visible on the uvula; cough hoarse; respiration metallic, and breathing laborious. Continued the remedies, alternating half-hourly,

and ordered the cold water bandage to the throat; substituting, however, the Bi-chrom.-Potas. for the Merc.-sol.

3d. Patient passed a restless night; cough hoarse and croupy; fits of suffocative breathing; skin slightly moist; thirst moderate; urine scanty, with a countenance indicative of great distress.

4th. Passed another restless night; all the croupy symptoms continue without any apparent abatement. Medicines continued. P.M. Several pieces of false membrane were thrown off to-day, in the violent fits of coughing; this was followed with a marked improvement of all the more violent symptoms; skin became quite cool and slightly moist; respiration, easier, and cough lessening. Gave the Bi-chromate, after my second visit to-day, in sensible doses every 15 to 20 minutes, omitting all other medicaments.

5th. During the night my patient had two or three "bad spells" of breathing, with some aggravation of the cough; but as the day wore away, these symptoms were greatly relieved by the expulsion of several pieces of false membrane; the breathing, of course, becoming easier, and the cough, although hoarse, losing much of its metallic and croupy sound.

The Ac., Bell. and Bi-chromate were again prescribed, and every thing indicated a continued and steady improvement; but at 5, P.M., I was called in haste, the parents of my patient thinking that she was dying. On arriving at the bed-side I found that she had had a violent fit of coughing, attended with great and alarming suffocation, arising probably in consequence of portions of the false membrane becoming partially detached; they had obstructed the larynx and thereby excited both the coughing and the suffocation. Bromine, Bi-chromate and Spongia were now prescribed, and with the happiest results; for in the course of the night other large portions of the membrane were fully detached and thrown off, and from this time the patient steadily improved.

6th, 7th. I continued same treatment, but at long intervals; the patient, in the mean time, steadily improving.

8th. Metallic sound entirely gone, general indications favorable. Spongia and Bell. were now substituted for the Bromine and Bi-chromate; and the patient continued rapidly to improve till the 13th, when she was discharged cured.

CASE III.—HÆMORRHOIDS.—Several cases of this most obstinate and distressing malady have been, apparently, entirely cured by a few doses of the tincture of *Aesculus-hippocastanum*, or Horse-chestnut. My success has been such, with its use, that I now rely entirely upon it in the treatment of all cases, *and it rarely disappoints me.*

CASE IV.—PTYALISMUS SPONTE.—Miss E., some 18 years of age, fair complexion, dark-brown hair, medium stature, thin in flesh, and without ever having suffered from positive illness requiring medical attendance, yet, “enjoying,” as she expressed it, “rather poor health,” was taken slightly ill with the ordinary symptoms of dyspepsia. Early in July, '61, for the removal of these she resorted to “roots and herbs,” as prescribed domestically, with more or less benefit. But on or about the first of August of the same year, she was taken severely ill with what she called diarrhœa, the symptoms of which, as related by herself, were: “discharges from the bowels, at first not very frequent, but attended with severe griping pain in the lower portion of the abdomen; some tenesmus; stools small and variously colored; slight nausea, with a constant and profuse flow of saliva, often running freely from the mouth, unless prevented by constant spitting; little or no fever, and scarcely any thirst; appetite poor; great prostration of strength; a dull heavy ache, with an occasional sharp twinge of pain in the left side, just below the breast; and a feeling of tenderness and soreness at the pit of the stomach.

For the relief of these symptoms her physician, (allopathic), prescribed, first a dose of *Ol. Ricini*, followed by a very “bitter brownish powder,” (probably *Dov. pow.*), for a day or two, then another dose of *Ol. Ric.* followed with chalk-mixture.

This treatment was continued, *secundum artem*, up to about the 8th of Oct. some two months or more, with the following result: Discharges from the rectum very frequent, 10 to 15 per day; pain in the bowels, and tenesmus almost constant, and at times very severe; stools slimy, small in quantity, sometimes light clay-colored, and at others tinged with blood. Pains in the left hypochondriac region greatly increased, and occasionally extending up to the left shoulder; skin natural

in point of temperature, though a troublesome eruption had come out upon the forehead, nose and around the mouth. The flow of saliva was now enormous, running from the mouth as in the worst forms of mercurial salivation. Yet no odor indicating such an origin could be detected, nor is it believed to have arisen from such a cause. The appetite, at first considerably impaired, had now become exceedingly poor and capricious; the body greatly emaciated, and the entire morale of the patient broken down and disheartened.

Such were the symptoms, and such the circumstances, under which I found the patient, when called to take charge of her.

Without entering into details of the treatment, I would simply state, that though China, Colocynth and Nux. aided me somewhat in the management of the case, I am positive, that I am *mainly* indebted to Merc.-cor. for the removal of the dysenteric symptoms; to Nitric-acid for the spontaneous salivation; and to Bryonia for the removal of thoracic pains; all of which were speedily removed; the appetite returned; digestion became healthy, and the stools natural, in the remarkable short period of something less than three weeks. And the eruption upon the forehead, nose and lips afterwards readily yielded to a few doses of Rhus-tox. and Sepia. Thus, in the course of a few weeks treatment by homœopathic remedies, all symptoms of this formidable disease, which had not only *resisted* all allopathic appliances, *but even grew worse under their use*, was effectually and permanently cured. And the patient has, from that day to this, now five years, enjoyed uninterrupted good health.

ARTICLE LIX.—*Homœopathy and Minor Surgery.* By Dr. SAMUEL EADON, Banbury.

CASE L.—A maiden lady, aged seventy-five, had been annoyed for more than six weeks with a toe which gave her great pain; though little was seen as an external cause. In fact, the place was so small, that it appeared ridiculous to call in professional aid. The pain, however, became intense, and most distressing, and, at length I was consulted. Upon examination, I found, on the outside of the little toe, a wound, with an outlet as a fine pin-

point. This was, doubtless the sign of a suppurative process taking place far down in the toe.

I ordered the orifice, slight as it was, to be probed with a very fine camel's hair pencil dipped in *Aqua-calendula*. The toe was also painted over with the same lotion wherever any callous was found to exist. This application acted like a charm. The pain vanished at once and a species of comfort was induced, which had not been felt for weeks. In less than a week, the patient was able to wear her usual boots, and felt little, or no inconvenience from walking. During the topical applications, this lady took dynamic doses of *Tinct.-calend.* with *Sulph.* powders, highly dynamized, as an intercurrent remedy.

CASE II.—A young lady, about seven years of age, was deaf, and had acquired the habit of standing with her mouth open to allow the sound to pass into the ear, along the eustachian tube. This gave her a somewhat vacant appearance, although, otherwise, she was a nice looking little girl.

On examining the ear, I could detect nothing in the way of impediment. In this case, I prescribed a saline solution to be dropped into the ear night and morning—the ear having been previously steamed with the vapor of pure water. Internally I gave the child, *Puls.* On my next visit the hearing was restored, and she has remained well ever since.

CASE III.—This last case, of the application of homœopathy to minor surgery, was one of scrofulous, or true white swelling of the knee. A young lady, aged nineteen, was the patient. I found the knee very much enlarged, with preternatural heat, throbbing, pain, with a shining smoothness, of the ordinary color, but with no blue distended veins. This condition had come on within a few days—so it was stated (?). There was considerable emaciation above and below the diseased part. The swelling yielded to pressure, but did not *pit.* Over the patella and the adjoining parts of the knee the tactual sensation was that of a sort of quagmire. The pain was intense, particularly in one point;—not continuous, but periodical. The warmth of the bed always aggravated it. Whether the swelling took its rise at the little depressions on each side of the patella, I cannot say, as the TRUE WHITE SWELLING was fully pronounced at my first visit. The ligaments, cartilages and soft parts surrounding the articulation, were doubtless, the

parts most morbidly affected, as there had not been time enough for *caries* of either the TIBIA, or the condyles of the femur.

The cartilaginous covering of the tibia might be somewhat affected, judging from the results afterwards observed. Such was the case. I ordered hot fomentations to be applied, medicated with tincture of *Iodine*, and covered over with oil silk, or a dry bandage, as was most comfortable to the patient;—the latter mode of application proved very soothing indeed. The bandages were to be changed every hour, if needful—the temperature of the water being frequently varied, as this kind of change is always found to give ease to the patient. *Kali-hydriodicum* and *Acon.* were given internally.

In a few days nature opened for herself an outlet, but not where human skill would have suggested—the sinus not being in the most depending point. From this orifice issued almost, at once, a cupful of sanious matter, and yellowish pus. This discharge lasted, more or less, for a few days, and then the aperture apparently closed. Relief from pain was felt with the first exit of matter, the tumefaction gradually became less, the previous night sweats abated, the appetite improved, the frightful looking tongue, most like mottled soap, began to clean from the edges, the eye became brighter, the voice more joyous, and all bid fair for a rapid recovery. But this was not to be. The patient was too sanguine; and the physician, perhaps, might lean, with too much complacency, against the adamantine pillar of everlasting law, without sufficiently taking into consideration the gradual progress of nature's processes, whether pathologic or physiologic. Suppuration again took place, the sinus opened, and more yellow pus was exuded. Once more the aperture closed. The operation was repeated again and again; the patient, the while, gaining strength, and being able to walk about with a crutch, holding up the affected leg by means of a long string passing under the sole of the foot—the ligaments having become so weakened, that the will-power to raise the foot was an impossibility.

Knowing that a psoric taint was at the bottom of this concrete disease—nay, perhaps, the TRINE TAINTS—the sycotic, the syphilitic, and the strumous, might, each and all, be more or less in action, I intercalated three remedies for these conditions, viz., *Thuja*, *Sulph.* and *Merc.*, feeling sure, from lon

experience, and close observation, that the special homœopathic remedies, appropriate to the case, would have their action intensified thereby. The success attendant upon taking this peoric view in every case of importance, warrants its countenance. In addition to the above medicines, those specially adapted to the case, were *Iod.*, *Kali-hyd.*, *Con.*, *Acon.*, with a few pilules of *Podophyllin*, to relieve the constipation of the bowels. The topical appliances were:—pure water, of all temperatures; medicated water, of all temperatures; *Iod.* and *Cornium* liniments, with an ointment composed of *Hydro. of Potash* 20 grs. + *Iod.* 8 grs. + adeps quantum sufficit.

Not having seen the case for a fortnight, I drove over, and finding still a small formation of pus, with a discharge taking place every few days, I ordered a course of *Calo.-carb.*, *Phos.* and *Iod. of Mero.* in case there should be a morbid action going on in the bone itself. The lady was in good spirits; the tongue (the like of which I never saw before, nor since, save that of a medical student a few days ago) perfectly clean, and the appetite remarkably good. In a few weeks the cure was completed, the lady writing to say, she was quite well, and able to walk as usual. Two weeks ago (April, 1865), the patient walked into my consulting room in joyous health, and with all the loco-motive power of a well-trained pedestrian.

In this case, severe, and doubtless, intractable under ordinary treatment, there has been employed, neither topical bleeding, either by leeching or by cupping; nor cold saturnine lotions; nor cooling saline purges; nor blisters; nor caustic issues; nor that universal panacea, *whitewash*; nor dry friction; nor compression—though the last two, at a certain stage of the disease, might, doubtless, be of service; neither is there seen looming in the distance, the signs of pure operative surgery.

Such, then, is a slight insight into the application of homœopathy, to a few cases of minor surgery. The homœopathic law is made use of, not only when medicines are given *internally*, but also when used by *topical application*. Revulsion, in the homœopathic sense, always means, a *topical application* of a medicine applied to the *diseased part* pathogenetic to the disorder, and applied in that form which will be most convenient. A revulsive treatment, which acts on *healthy parts* is considered *palliative*, NOT CURATIVE. Other agencies

as auxiliaries from any of the kingdoms of *nature*, or the domains of *art*, which can give an intensity of action to medicines prescribed according to the GREAT NATURAL LAW OF CURE are made use of, by every liberal-minded physician; as, the grand object, after all, is to *cure the patient*, as speedily, and pleasantly as possible. Not to avail ourselves of all kinds of instrumentalities wherewith to restore a patient from an abnormal to a normal condition, argues, not only an extreme narrow-mindedness, but is no other than the perpetration of a moral wrong. A patient expects his physician to bring to bear upon his case, *not sectarian medical bigotry*, but a comprehensive intellect, which instead of *refusing*, *glories* in being able to call recuperative agencies from every available source whether of nature or of art. In no case, under no pretext, and to serve no phase of medical partizanship, should the word "PHYSICIAN" be converted into an ETYMOLOGICAL LIE.

ARTICLE LX.—*Observations on Rhus*. By CARROLL DUNHAM, M.D., New-York.

(Amer. Hom. Rev., Feb., 1866.)

THE *Rhus-toxicodendron* proved by Hahnemann and the *Rhus-radicans* proved in this country by the late DR. B. F. JOSLIN, are now regarded by botanists as identical, differing only in their mode of growth. I can perceive no essential difference in the symptoms ascribed to them by provers. For ten years I have used them interchangeably in my practice, and have remarked no differences in their action. I shall therefore speak of them as identical. In the Appendix of *Jahr's New Manual or Symptomen Codex*, by Hempel, is a note on *Rhus-radicans*, of which Dr. Joslin speaks as follows in his *Essay on Epidemic Cholera*, p. 132, note:

"I deem it due to the profession as to myself, to state that the note on this plant (*Rhus-radicans*) inserted without my consent or knowledge in the Appendix to the American edition of *Jahr's Symptomen Codex*, is grossly incorrect, especially where it attempts to correct my botanical description of this plant in general, and of the particular plant from which I obtained the specimen for trial. This last part of the criti-

cism is not only incorrect but absurd ; inasmuch as the botanical character of those particular leaves could be known only to myself and my respected medical colleagues who engaged with me in the provings, and to whom the leaves were shown. I here reaffirm the correctness of my description as given in the body of the same *Symptomen Codex*, p p. 671, 672."

The Rhus is a native of North America. It was known to the Indians as a medicine. Dufresnoy, a French army surgeon, published, in 1788, " an account of its supposed virtues in the cure of cutaneous eruptions and of nervous paralysis. " He also, as well as the traveller Kalm, described its property of causing inflammatory swelling of the skin, followed by vesicles, in persons who touch the leaves and even in susceptible persons who are exposed to its exhalations at night.

Indeed it is well known that contact with the leaves of the Rhus-radicans or " poison-vine " produces, not merely in the parts touched, but also often in other parts of the body, as the neck and face, a swelling, with redness, œdema and vesicles, that bears a marvelous resemblance to vesicular erysipelas. This eruption is attended by constitutional symptoms which resemble those of erysipelas.

It is likewise well known, that, in this form of erysipelas (the vesicular) homœopathic physicians long ago found good reason to look upon Rhus as their most valuable remedy. The striking confirmation of the homœopathic law of cure which these facts afford, has caused some bitter opponents of Homœopathy actually to thrust Rhus out from the *Materia Medica*. Thus we find Dr. Stille, after giving a very imperfect summary of the effects of Rhus and of the opinions held concerning it, coolly remarking : " It, however does not really appear to deserve sufficient confidence as a medicine to entitle it to retain a place in the *Materia Medica* ! "

Very different are the judgment and method of Trousseau, who, though no friend to homœopathy, is yet too wise and too honest a man to refuse to learn from his opponents. He relates an interesting proving of Rhus : " Dr. Lavini applied two drops of the tincture of Rhus-radicans to the first phalanx of his fore-finger ; he left it there only two minutes, and yet, at the end of an hour, it had produced two black spots.

Twenty-five days afterwards, the following symptoms suddenly manifested themselves; great heat in the mouth and gullet; rapidly increasing swelling of the fore-arm, which has acquired twice its normal volume; the skin was rough, the itching intolerable, the heat very great, &c."

"This singular action of *Rhus.rad.*," continues Trousseau, "upon the human economy has induced the homœopathists to use it in skin diseases; but already before them, Dufresnoy, of Valenciennes, had published a pamphlet in which he extolled the virtues of this plant against cutaneous diseases and subsequently against paralysis.

"Since that time a number of essays on this subject have appeared in medical periodicals, and many respectable physicians have confirmed Dufresnoy experiments."

"We have ourselves," proceeds Trousseau, "often used *Rhus-radicans* for paralysis, but the experiments we have made in skin diseases are too few and too little conclusive to admit of our referring to them here."

"The only forms of paralysis which we have seen treated by M. Bretonneau, of Tours, and which we have ourselves treated, are those of the lower extremities which succeeded a concussion of the spinal marrow or a lesion of that organ which did not destroy its tissue. On this point we have collected facts enough to place beyond a doubt the therapeutic efficacy of *Rhus-radicans*." *Trousseau et Pidoux. Traite de Therapeutique et Materia Medica*, 1, 787, 788.

We shall by and by see that the pathogenetic symptoms clearly point to the use of *Rhus* in paralysis of the lower extremities. This powerful testimony of Trousseau is an ENDORSEMENT OF OUR LAW FOR THE SELECTION OF REMEDIES.

Our knowledge of the positive effects of *Rhus* upon the human organism is derived from the proving of Hahnemann and his pupils, published in the *Materia Medica Pura*, Vol. II., and from the proving of *Rhus-radicans* conducted by the late Dr. Joslin and published by him in the *Philadelphia Journal of Homœopathy* and in *Jahr's New Manual*, also later in *THE AMERICAN HOMŒOPATHIC REVIEW*.

Hahnemann, in the introduction to his proving, remarks that careful study of the symptoms will enable us to discover

many characteristic peculiarities of this remarkable and very precious drug; one of which (possessed by very few other drugs and by *none in so high a degree*) he describes as follows: "It excites the strongest symptoms when the body, or the limb in question, is in *the greatest repose* and is kept as free as possible from all motion."

He further remarks that "whoever has studied the symptoms of Bryonia will observe a great similarity in them to the symptoms of Rhus and, at the same time, a great contrariety.

Then, for example, how remarkable is the *aggravation*, under Bryonia, *by motion*, and the *amelioration during repose* of the very same symptoms, which, under Rhus, are *ameliorated by motion*, and *aggravated during repose*." Taking first a general survey of the action of Rhus we find:

1. The SPHERE OF ACTION of Rhus is extensive. The entire vegetative system is affected, its functions being more or less modified both quantitatively and qualitatively. The secretion of the mucous membrane is altered and increased; this is shown by the diarrhœa, as well as by the sputa which altered the cough and the discharges from other mucous membranes.

The lymphatic glands are affected throughout the body, as for example, the cervical, the inguinal and the mesenteric, which are enlarged and inflamed.

Emaciation is produced.

Perspiration is abundant. It is *sour*.

From the character of the Rhus fever symptom, it would be reasonable to conclude that Rhus decidedly and primarily affects the composition of the blood.

But its action upon the system of animal life is quite as marked. The sensorium is depressed, and the capability of the mind for continuous thought is absolutely destroyed. Thus, a patient wishing to write the number twelve, will write the figure one, but cannot recollect the figure two which should follow it (like the typhus patient, who begins his sentence coherently and intelligibly, but allows it to dwindle away into an inarticulate murmur.)

Listlessness and a horrible depression possess the mind. This marks a more profound depression than that produced by

Bryonia, for the latter results in fretful peevishness and irritability. *Rhus*, on the other hand, produces listlessness, a feeling of helplessness and profound despondency.

A similar condition seems to obtain in the entire apparatus of voluntary motion, expressing itself in a sense of physical prostration, of inability to move, of powerlessness, approaching paralysis. So great is this prostration, that when the prover first attempts to move, after a repose of some length of time, the limbs tremble, the joints are stiff and there seems to be actual inability to move. This condition is more pronounced in the lower extremities than in the upper.

The special senses are *dulled*, but not *perverted*.

The skin, as we shall see, is the theatre on which are displayed some of the most powerful, characteristic and valuable properties of *Rhus*.

Rhus, then, acts prominently, on the mucous membrane, on the lymphatic glands, on the functions of animal life and on the skin. To this list must be added the tissues that compose the parts.

2. The action on the ORGANIC SUBSTANCE has been noticed in the preceding remarks.

3. The SENSATIONS that are characteristic of *Rhus* are: *soreness, as if beaten*, which is felt in the muscles and in the neighborhood of the joints; *heaviness* and *pressure*, which are felt in the head, eyes, eyelids and limbs; *lassitude, languor* and *weight*, which are felt in the extremities, especially the lower.

4. PERIODICITY is not very strongly marked.

5 PECULIARITIES. The great and characteristic peculiarity of the symptoms produced by *Rhus* is, that, with few exceptions, they *occur* and *are aggravated* during *repose*, and *are ameliorated* during *motion*.

But this statement requires modification or, at least, some explanation.

In addition to those symptoms of *Rhus* which resemble *paralysis*, there are also groups of symptoms which resemble *muscular* and *articular rheumatism*.

These *rheumatic* symptoms come on with severity *during repose* and they *increase* so long as the patient remains quiet, until, at length, their severity compels him to *move*.

Now, on first, attempting to move, he finds himself very *stiff* and the very *first* movement is exceedingly painful. But as he continues to move, however, the stiffness is relieved and the pains decidedly decrease, the patient feeling much better.

This improvement, however, does not go on indefinitely. After the patient has moved continuously for a length of time, finding comfort therein, the *paralytic* symptoms interpose their exhausting protest and the patient is compelled, from a sense of lassitude and powerlessness, to suspend his movements and come to a condition of repose.

Now, at first, this repose, after *long-continued motion*, is grateful, for it relieves, not the aching and severe pains (these were relieved by the motion), but the sense of prostration, the paralytic sensation.

Before a great while, the severe, aching pains come on again during this repose, and the patient is forced to move again as before.

This statement may serve to explain certain apparent contradictions in the symptoms of Rhus. The amount of it is: that the *pains* of Rhus are aggravated by repose and relieved by motion; but the *paralysis* and *languor* of Rhus, like all other symptoms, *always* (when genuine and not hysterical) are relieved, by repose and aggravated by long-continued motion.

ARTICLE LXI.—*Cause of Intermittent and Remittent Fever.*
By PROF. J. H. SALISBURY.

PROF. J. H. SALISBURY communicates to the *American Journal of Med. Sciences* an elaborate article, giving an account of numerous observations and investigations regarding the origin and cause of intermittent fever. Dr. SALISBURY found on microscopical examination of the salivary secretion and expectoration of those laboring under intermittent fever, and who resided upon ague levels, and were exposed to the evening, night, and morning exhalations and vapors arising from stagnant pools, swamps and humid low grounds, that there occurred in these secretions a great variety of zoosporid cells, animalcular bodies, diatoms, dismidise, algoid cells, and filaments, and fungoid

spores. Constantly and uniformly found in all cases, and usually in great abundance, were minute oblong cells, either single or aggregated, consisting of a distinct nucleus, surrounded by a smooth cell-wall, with a highly clear, apparently empty space between the outside cell-wall and the nucleus. They were not fungoid, but cells of an algoid type, resembling strongly those of the *palmellæ*. In persons residing *above* the summit plane of ague, the bodies were invariably absent.

By a series of carefully conducted experiments and observations the following facts were ascertained :

1. That cryptogamic spores, and other minute bodies are mainly elevated above the surface during the night. That they rise and are suspended in the cold and damp exhalations from the soil, after the sun has set, and fall again to the earth soon after the sun rises.

2. That in the latitude of Ohio, these bodies seldom rise above from thirty-five to sixty feet above the low levels. In the northern and central portions of the State, they rise from thirty-five to forty-five feet, while in the southern, forty to sixty feet.

3. That at Nashville and Memphis they rise from sixty to one hundred feet and more above the surface.

4. That above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend.

5. That the day air of malarial districts is quite free from these palmelloid spores, and from causes that produce intermittents.

Palmellæ belong to the lowest known vegetable organisms. The several forms of this type which are constantly attendant on intermittent malarial disease have the generic name *gemiasma* (earth miasm), of which Dr. SALISBURY enumerates six species.

In another series of observations, the local effects, produced in the mouth and air passages by inhaling these cells, are minutely described. They cause a dry, feverish, constricted feeling in the mouth, fauces and throat, increasing until the fauces become parched and feverish, normal mucous discharges become checked, and the feeling soon extends to the bronchial and pulmonary surfaces, which also become dry, feverish, and con-

stricted, with a heavy congested sensation, and dull pain. These peculiar symptoms generally last several hours after leaving the bog.

The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influence, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the *palmella*, to these localities, and exposing persons to their emanations. Attacks of intermittent were the result.

The investigations of Dr. SALISBURY must be considered highly important, as they seem to establish positively the *fons et origo* of malarious fever.

Dr. E. HOLDEN, of Newark, N. J., late of the U. S. N., communicates a paper to the same journal, entitled, "An Inquiry into the Causes of certain Diseases on Ships of War," in which he expresses his opinion that fever of an intermittent type is produced by the growth of mould on board ship, under the action of hydro-sulphuric-acid of the bilge.

ARTICLE LXII.—*Report on Clinical Medicine. Case of Hydrocele, cured by a Single Remedy of a High Potency.* By E. A. MUNGER, M.D., of Waterville.

THE patient was a stout, healthy boy, aged three and a half years, son of S. B——, of Marshall.

The father brought him to my office about the first of February, 1864, for treatment; found the secretion in the left testicle, sufficient to increase the size of the scrotum, to twice or three times that of its normal state. Upon testing it by a lighted candle in a dark room, I ascertained that it was a simple case of hydrocele. Having a short time previously heard my friend, Dr. L. B. Wells, of Utica, speak of the successful treatment of a similar case, with *Mercurius-solubilis* of a high potency, I resolved to try it in this. I accordingly advised the father to wait until I could procure a medicine which I wished to give him, my object being to gain time to communicate with Dr. W. in regard to the particular potency and mode of administering it. I learned from the Dr. that he used the 200th potency, and

I think a dose three times a day, for a few days, and then once a day.

Having no high potency of this medicine except the 3000, I crushed a few pellets (8 to 12 in number) in a little sach. lach. preparing in this way six or eight powders, and directed that one be dissolved in three tea-spoonsful of soft water, and a spoonful administered, morning, noon and night, [until the six were taken, and then report to me. This prescription was made February 10th, 1864. At the end of the week no change. Prescription: one dose a day, for one week. On the 22d saw the patient again and found the case decidedly improving; ordered the medicine to be discontinued for a week or ten days and then to be resumed, a dose once in three days.

March 17th. No perceptible improvement in the last two weeks. Made the same prescription as at first for four days, then a dose every third day again.

March 30th. Patient nearly recovered; directed a continuance of the medicine a few days longer, when the father reported him entirely well, and he remains so till the present time, February 2d, 1865. In this case no other medicine was used, and no external applications made.

A lower potency of the same remedy might have effected as well, or better, and some other medicine might have done equally well. Still the fact remains that this case, one in which we should not look for a spontaneous cure, did terminate favorably under the use of this medicine.

ARTICLE LXIII.—*Cases of Scrofulous Ophthalmia, resulting in Ulceration of the Cornea.* By E. A. MUNGER, M.D., of Waterville.

CASE I.—On the 18th of May, 1864, I was called to see a little daughter of F. P., three and a half years of age; light complexion, light hair, blue eyes, soft muscle, and of a decidedly strumous habit, although she had usually enjoyed good health.

Found the conjunctiva and edges of the lid of the left eye highly inflamed, painful, intolerance of light, and a profuse

discharge of acrid tears. This continued with only temporary improvement until the forepart of July, when the right eye also became similarly affected. Not having kept a full record of the case, I am unable to give a complete history of the treatment. I prescribed at different times Aconite, Apis, Belladonna, Arsenicum, Pulsatilla, Sulphur, Mercurius and Rhus-tox. in the low potencies.

There was an occasional improvement for a few days, but on the whole she became worse, until the forepart of September, when she was taken to Verona Springs, in the hope that she might be benefited by the use of the spring water. At this time both eyes were highly inflamed; there was great intolerance of light, so much so that it was almost impossible to open the lids so that we could see the eyes. She remained at the Springs four weeks, with some benefit to her general health, and continued to use the water after her return.

Some time in the early part of October the parents discovered something unusual in the appearance of the left eye, and brought her to me. I found an ulcer on the cornea, and the entire membrane quite opaque. At my suggestion they took her to Utica and put her under the care of Dr. Wolcott, an accomplished surgeon of the allopathic school. She remained under his treatment about six weeks, when, about the last of November, they took her to New-York and placed her under the care of Dr. Agnew, where she remained three weeks, and came home somewhat improved, but with something of the ulcer still remaining. Soon after her return another ulcer was discovered on the cornea of the right eye. She continued the use for a time of the remedies prescribed by Dr. Agnew, but under the immediate care of Dr. Wolcott.

On the 22d day of June, 1864, the parents again presented her to me entirely disheartened, anticipating nothing less than the loss of both eyes, and, indeed, it seemed as though that would be the result. The eyes were still highly inflamed; she could bear no light scarcely without intense suffering; her vision was very imperfect, the cornea of both eyes being quite opaque, the ulcers still remaining, though much smaller. She was pale, emaciated and debilitated. They asked me if anything more could be done for her.

I suggested a trial of high potencies, and accordingly put up six doses Calcarea-carb. 1000th potency, and one dose of Sulphur 3000th, and ordered one dose Calcarea each morning until all were taken, and on the seventh morning the dose of Sulphur, and then the discontinuance of medicine one week.

At the end of two weeks there was manifest improvement; I then prescribed Calcarea once in three days and Sulphur once a week. This course was continued some eight weeks, with the exception that about six weeks after I commenced this treatment the eyes became more inflamed, accompanied with a copious discharge of scalding tears, for which I prescribed Arsenicum 200, one dose each morning for four days, which relieved those symptoms, when I resumed the Calcarea and Sulphur as before. The improvement continued steadily, the eyes becoming clear and bright, the general health perfect, and she is at the present writing, January 25, 1865, plump, fair and healthy, with two good eyes.

CASE II.—Little girl, aged four years, daughter of E. B., of Madison. The mother died of tubercular phthisis a few months after the birth of this child, who inherited from her a scrofulous constitution. When three or four months old, had crusta lactea severely, and glandular swellings in different parts of the body. Since that time has enjoyed tolerably good health, until the forepart of November, 1864. I was called to see her on the 19th of November, and found the left eye highly inflamed, attended with the usual symptoms. On examination found on the lower part of the cornea an ulcer of considerable size, and a smaller one directly over the pupil.

Prescribed for about a week Aconite and Apis, which relieved the inflammation. I then gave Calcarea 1000 once a day, and Sulphur 3000 once a week, and continued them with an occasional intermission of a few days until the 25th of January, 1865, when the ulcers had both entirely disappeared, and the eye was well, but somewhat weaker than the other. The lower and largest ulcer was healed in about five weeks after I commenced this treatment. No local applications whatever were used; and no other remedies administered except an occasional dose of Belladonna or Apis when the eye was more inflamed than usual.

Some five or six weeks ago an eruption appeared upon the hairy scalp which proved to be *tinea capitis*: I made no change of remedies however until January 25th, when I prescribed *Sepia* 1000, a dose each day.

February 3d. There is very marked improvement of the eruptive disease under the use of *Sepia*, which I ordered continued and expect to witness a cure with this medicine alone.—*N.-Y. State Hom. Trans.*, Vol. III.

ARTICLE XLIV.—*Notes on New Remedies.* By WILLIAM S. SEARLE, M.D., of Troy.

As your committee on *materia medica* for the third district, I have no provings to report, but have thought that a few clinical remarks upon some of the remedies which have been lately brought into notice might not be entirely inappropriate. Many of these are already taking high rank as polychrests, and proving themselves treasures of untold value to the profession and to the community at large. *Baptisia*, *Gelsemium*, *Cimicifuga*, *Leptandria* and others are as important, and occupy as prominent a place in our every-day prescriptions as *Aconite*, *Belladonna*, *Bryonia*, and *Mercurius*. Did we need any further proof of the universality of our noble law of cure, the healing power of these drugs, when administered in accordance with its teachings, affords overwhelming evidence to every candid mind. Half a century spent in careful dissection, in clinical and physiological analysis, conducted by the ablest pathologists of the entire allopathic school, has failed, utterly and miserably failed, to discover a remedy for typhoid fever. Its pathology, diagnosis, symptoms and course have been accurately marked out, but to-day they stand at the bedside of the stricken patient, and, sweeping away the nostrums they once loudly vaunted, consign him to the tender nursing and anxious prayers of his afflicted friends. "There is no remedy for typhoid fever," they say to the anxious student; "careful nursing and a good constitution *may* save your patients, and these alone!

Tell them that on the fertile plains of Iowa there lives a humble hero, to whom it was given (by treading in the foot-

steps of the illustrious Hahnemann) to discover a remedy which breaks the march of this fever and frequently restores health in a few days, and you will meet the stare of incredulity or the broad sneer of malignant partizanship. And yet, I will venture to say, that within a year the *Baptisia-tinctoria* will figure in the pages of some highly respectable "regular" journal as the great specific for typhoid, and the discovery be claimed by some veteran purloiner of honor and fame.

The profession is under great and lasting obligations to Dr. E. M. Hale for his valuable work on these "New Remedies." The provings, though many of them meagre, are both well conducted and reliable; but their full bearing upon the treatment of disease is not yet entirely developed.

Allow me to invite your attention to a brief survey of the close correspondence which exists between two of them, *Gelseminum* and *Cimicifuga*, and that terrible disease which is so prevalent in some localities of our country, I refer to cerebro-spinal meningitis.

The former of these, *Gelseminum*, has direct relation to the incipient or congestive stage of the disorder, and also, in some degree, to the consequent inflammation; while the latter, *Cimicifuga-racemosa*, is, in my judgment, homœopathic to the inflammation of the sero-fibrous tissues involved and to the irritation of the cerebro-spinal system, which is due to the proximity of the inflammation of its investing membranes, and which manifests itself in spasm. It seems also correlative to that state of the blood which results in the petechiæ so common in the severer cases of the disease, and, to use the *post-hoc propter-hoc* argument as cumulative and confirmatory I may say that I have used these remedies, relying upon their homœopathicity with complete and uniform success.

Let us now briefly compare the toxicology of these drugs, with the symptomatology of the disease under discussion.

An attack of cerebro-spinal meningitis is usually sudden, and is ushered in by a severe chill, accompanied by evident congestion to the spine and brain, with its ordinary symptoms, among which dilatation of the pupils is, I believe, always seen. This state is followed, except in those cases which die collapsed, by reactionary fever of corresponding violence. To such a

condition of the system no remedy is so homœopathic as Gelseminum. Aconite, it is true, sometimes produces similar symptoms, but never primarily causes dilatation of the pupils; has numbness and pricking of the extremities as prominent phenomena, and frequently causes congestion to other organs instead of the brain. (See Taylor on Poisons and the various Provings). In cases of poisoning by Gelseminum, the universal symptoms are "great prostration, complete loss of muscular power—of vision and speech, staggering gait, icy coldness of the hands and feet, pulse very feeble, or imperceptible, respiration labored, feeble, nausea and vomiting." All of these symptoms are relieved by cerebral stimulants, showing what portion of the organism feels the depressing power of the drug. One symptom which is so prominent and constant as to be almost characteristic of Gelseminum, is languor and heaviness of the eyelids; they close in spite of all the efforts of the will. No language could more accurately describe the incipient stage of the malady under consideration. In short, every symptom of intense congestion to the brain and spine and the partial paralysis which necessarily attends it, may be found described with equal accuracy in the pathogenesis of this drug and the diagnosis of the disease.

It is stated by Hale, that "the intense hyperæmia of the brain caused by Gelseminum, stops just short of inflammation." As we have no record of post-mortem examination in any of the cases of reported death, there are no means of affirming or disproving this assumption; but I feel confident that he is in error, and that the same law obtains in toxicology as in disease, viz., that long-continued congestion, especially if violent, must end in inflammation. The only conceivable exception is in cases where the congestion to vital organs is so overwhelming as at once to suspend their functions, and thus destroy life. Thus believing, I have continued to use Gelseminum, when its characteristic symptoms were manifest, even in the inflammatory stage of the disease. The indications which should determine its use, after inflammation has become decided, may be found in the pathogenesis of the drug, and are quite as distinctively characteristic of the disease when fully developed, as in its inception. A brief resumé of the symptoms, as laid down by Hale, will make this clearly evident.

Beginning with the head, we find pain in the vertex, occiput and upper cervical region, extending to the shoulders, of a dull, pressing, aching, throbbing character; vertigo, with confusion of thought, and delirium, either continuous, or alternating with stupor; dilatation of the pupils, diplopia, mistiness and obscurity of vision, increasing to entire blindness; pains of a pricking, shooting, or aching character in the eyes; soreness, inflammation and weakness of the eyes, with lachrymation; a desire for strong light; rushing and roaring in the ears; sudden deafness; stiffness in the jaws; heavy, besotted expression of the face; eruption on the face and entire surface, red and papular, appearing on the second day, and passing away after four or five days; the tongue is red, raw and painful, at first clean and afterward coated, sometimes white and sometimes yellow (varying, I presume, with the temperament of the patient).

The large flabby tongue seen in the latter stage of malignant forms of the disease, and which doubtless depends upon paralysis of its nerves (certainly not upon inflammation of its tissues), has not been noticed in cases of poisoning by Gelsemium, but still may have occurred. The drug certainly causes a partial paralysis both of the tongue, pharynx and glottis, which effects are referable, not to any local action upon these organs, but to its influence upon the nerves supplying them. There is also great dryness, soreness and irritation of the fauces, as well as dysphagia, which patients often describe, when suffering from the disease under discussion, as a stiffness of the throat. The symptoms developed in the stomach and abdominal organs are not decided, and still there is evidence that, so far as these organs are connected with the spinal system of nerves, the same irritable, semi-paralytic condition obtains. The effect upon the lungs, which are in a greater degree under the control of the cerebro-spinal nerves, is correspondingly more prominent; and the labored breath, long drawn inspirations and sudden expirations, stricture and sense of suffocation speak loudly of the congested condition of the great nervous centres. When we consider this state of the circulation, as manifested by the pulse, the correspondence between the disease and the drug is remarkable. They seem almost photographs of each

other. The pulse is at first weak, soft, fluttering, or quite extinct; afterward becoming fuller and stronger, till at length it rises to the bounding violence of inflammatory action. Its effects upon the muscles of the trunk and extremities are so decided and prominent as to render it a matter of wonder that its power in this and similar diseases has been overlooked. Paralysis, accompanied by myalgic pain, and followed by spasm, is the uniform result of its action.

The limits of a paper, which is intended to be suggestive rather than exhaustive, forbid a more extended comparison; but this hasty survey of the toxicology of Gelsemium is very significant of the range of its curative power. And a still more particular study of its characteristic symptoms will, I am sure, convince the most sceptical of its homœopathicity to cerebro-spinal meningitis. I trust that we shall soon have a more complete pathogenesis of this remedy. It should be administered to animals in fatal doses, and its action upon the tissues it so decidedly affects, be more fully unveiled by dissection.

We come now to consider the second of the remedies mentioned, viz: *Cimicifuga racemosa*. I was led to employ this remedy empirically, in my second case of cerebro-spinal disease, by the complete failure of every other remedy to control the spasms, which still continued after the inflammatory symptoms had subsided. During three weeks they had reigned supreme in the most terrific and varied forms. My patient, a lady of thirty years, and nervo-lymphatic in temperament, lay before me, tormented day and night by alternate tonic and clonic convulsions. All food and drink were instantly rejected from the stomach, and both she and her attendants declared that she did not get a moment's sleep during her entire illness. I should have regarded this case as one of hysteria, had I not witnessed the preceding inflammation, which was so severe as to render the left eye totally and permanently useless, and had not the ablest counsel in our city agreed with my diagnosis. My first case, too, which had still more strongly simulated hysteria, had resulted in sudden death, and the post-mortem had revealed our sad mistake. This inclined me to be wary. But, to be brief, every indicated remedy utterly failed until, finally, inferring the sphere of *Cimicifuga* from its power as

chorea, I determined, in despair, to try it. To my astonishment and delight it at once subdued all spasmodic action, and by its use alone, my patient entered upon a speedy convalescence. Careful study of the pathogenesis of this drug has since convinced me of its peculiar relation to the disease. And of this, I will now endeavor to convince you.

Let me premise, however, what is too often overlooked, that we cannot expect to find the more violent symptoms of any grave disease in a pathogenesis made up entirely of provings. Hints and gleams of truth only, come to us through such a medium, unless, perchance, some heroic prover, like Hahnemann, or Hale, or Burt (names we delight to honor), arises, who counts neither ease, nor health, nor life itself dear to him, so that he may soothe the brow of pain and restore health to the suffering. And even then, our knowledge of the effects of a drug is not complete without careful post-mortem observation in fatal cases of poisoning. Do not look, then, for an exact likeness of cerebro-spinal meningitis, in the very brief sketch here given of a very imperfect pathogenesis of either remedy. If we shall find a correspondence somewhat close, with no conflicting symptoms, and if experience shall confirm our deductions at the bedside of the sick, we must, for the present, be content. Now what are the known symptoms of *Cimicifuga* which point in the direction of this disease? Beginning, as before with the head, we find a large variety, too large for repetition here; but each and all evidencing its powerful influence over the entire encephalon. It causes pain in every portion of the head, chiefly in the vertex and occiput extending often to the shoulders and down the spine, accompanied by a delirium which perfectly simulates mania a potu. The pain is sometimes paroxysmal, and is pressive, throbbing, and aching in its nature, attended by tremor and illusions of visions. In these phenomena its analogy to *Nux*, *Ignatia*, and the narcotics, is very striking; while the prostration and irritability of the cerebro-spinal nerves plainly point out its homœopathic relation to the later stages of the disease under consideration. The intense throbbing pain, so frequently complained of by patients suffering from this malady, and which is described as being like a bolt driven from the neck to the vertex with every throb of th

heart, it promptly relieves. "Few medicines," says Hale, "cause such intense and persistent pains in the eye-balls." They are described as dull, aching, and sore. There is dilatation of the pupils and redness of the conjunctiva, with increased lachrymation. *The tongue is swollen*; sordes accumulate on the teeth, and the breath is offensive. The pharynx is dry, with dysphagia and frequent inclination to swallow. The mucous membrane of the fauces is red and inflamed, with roughness, hoarseness, and thirst. The nausea and vomiting it produces are evidently due to cerebral irritation or inflammation. The severe pains in the abdomen are also of a neuralgic character, since the stools are but little affected, either in consistence or color. The urine is pale and increased in quantity, as is common in hysteria and other states of nervous depression conjoined with irritation. In the back we find stiffness, pain of a drawing, tensile character, or dull, heavy, and aching. Weakness and trembling, spasmodic action of the muscles, with many similar symptoms, which can be ascribed only to the influence of this drug upon the spinal cord. Bryonia, a remedy hitherto much relied on in the treatment of epidemic meningitis, bears a close analogy to Cimicifuga, but an accurate comparison between them, in their bearings upon this disease, will I think, result in favor of the latter. "Like Bryonia," says Hale, "it exercises a special control over inflammation of serous membranes. But though inferior, perhaps, in this respect, it is far superior to that drug in its influence on nervous tissues. Bryonia does not cause rheumatic neuralgic pains, while Cimicifuga *does*, in an eminent degree. Bryonia has no influence over reflex nervous pains, cramps, &c., while Cimicifuga controls many such abnormal manifestations." Having thus traced the similarity between the action of these remedies and the disease in question, the discussion might perhaps be profitably relinquished here, but in confirmation of their theoretical value in cerebro-spinal inflammation let me add a brief account of my experience in its treatment. Fortunately no epidemic of the kind has visited the city of Troy, though sporadic cases have been scattered along the pathway of our practice during the last two years. During the past month, however, it has seemed to increase, and our record of

mortality for January, 1865, contains a report of three deaths which are attributed to it.

My first case, mentioned incidentally above, was so obscure in its development as to be mistaken by myself and my colleagues for hysteria. The patient was a maiden lady of forty years, and of nervous temperament. For a long time she had suffered from scrofulous disease of the cervical vertebræ; but this attack was sudden, and marked by violent fever and inflammation. Excruciating pain in the whole head and spine were almost the only symptoms. No spasms of any kind appeared. She was treated with the ordinary polychrest remedies recommended by Watson and Paine, but without sensible relief; and after about ten days of acute suffering death suddenly closed the scene. Post-mortem examination revealed the most intense inflammation of the membranes of the brain and cord, with the usual effusion of lymph.

In the second case, fully described above, the inflammatory symptoms yielded readily to Aconite, Bryonia, Belladonna, &c., but the spasms were not controlled until *Cimicifuga* was administered, when they vanished like mist. From that time I have depended upon this remedy, with *Gelsemium*, and they never disappointed me. A short account of two cases, in which these medicines alone were used, may be of interest:

A young merchant, of vigorous constitution, was seized in August last with diphtheria. Under the usual treatment this soon subsided; but the persistent pains in the extremities and back, quickly followed by rigidity of the neck and pain in the occipital region, together with severe inflammatory symptoms, warned me of an ambushed enemy. *Gelsemium* and *Cimicifuga* were at once administered in the form of tincture. With the exception of slight convulsions of the upper extremities, the only change in the case was a gradual subsidence of the symptoms and restoration to health in two weeks from the first outset of the disease. Partial paralysis of the arms continued for several months. On the tenth of January, after severe exposure, he was again prostrated. Arriving during the chill, I ordered a hot bath and gave five drops of the first decimal dilution of each remedy, prepared in half glasses of water, one teaspoonful of each alternately every fifteen minutes.

After the expiration of three hours, violent fever had set in, with excessive pain in the occiput, neck and back; dilatation of the pupils, with aching soreness of the eyes, and spasmodic jerking of the arms. I replaced the medicines with ten drops of the tincture of *Cimicifuga* and ten of the first decimal dilution of *Gelsemium*. No new symptoms appeared, and those present diminished rapidly, so that, on the fifth day I discontinued attendance.

On the sixth of the present month I was summoned to a feeble woman of fifty years. She had been suddenly seized with severe chills; nausea and vomiting; delirium and acute pain in the head, shooting down the spine, with rigidity of the muscles of the back. The same remedies were again exhibited in a similar manner. At the end of four hours the delirium had almost disappeared, together with the disturbance of the stomach. After twenty-four hours all the symptoms had vanished, except languor with shooting pain from the head down the spine, when rising in bed. The next day she was sitting up, and was discharged. These cases are a fair sample of eight or ten which have occurred in my practice. They were not, it is true, of the most desperate class; but could they have been as quickly cured by the ordinary medicines given in this disease?

It is by no means claimed that *Gelsemium* and *Cimicifuga* are the only necessary remedies for this terrible disease. *Aconite*, *Bryonia*, *Nux*, *Cantharides*, together with the whole range of narcotics, may be often indicated, and when so indicated should always be prescribed. I need not dwell on the symptoms which are characteristic of each; they are clearly pointed out in the admirable articles of *Watson* and *Paine*, recorded in the last volume of the *Transactions* of this Society, as well as in *Marcy* and *Hunt's* new work on *Practice*. But I trust that these hastily-written suggestions may at least induce a trial of the treatment here indicated, and that we may have full reports thereon hereafter.

I had intended to add some remarks on the use of *Baptisia* in typhoid fever, but have space for a few words only. I have had opportunity to try its power in but three developed and undoubted cases of this disease, one of which was cured in six,

another in ten days, and the third seemed quite as promising, when through imprudence, a relapse occurred and the disease ran its full course. Other practitioners assure me that their success has equalled my own. I most sincerely congratulate this society and the profession at large upon the discovery of this blessing to the community. We can never forget to whose unselfish devotion we are indebted for a knowledge of its virtues, nor honor too highly the memory of the man who first pointed out the pathway which Burt and others have so successfully trod.—*N.-Y. State Hom. Soc. Trans.*, Vol. III.

ARTICLE XLV.—*Case of Paralysis caused by Suppression of Measles.* By SOLOMON C. WARREN, M.D., of Otego.

IN the month of February, 1863, I was called to visit a patient laboring under paralysis affecting both the motor nerves and those of sensation. He was a young man, seventeen years of age, of a predominant sanguine temperament. He had enlisted in September previous and gone into camp at Elmira, where he was taken sick with measles, which were then prevalent in the regiment, and was sent to the hospital on the 20th of November.

A few hours after the eruption began to make its appearance, he was removed to a cold room, in consequence of which it immediately receded and an attack of apoplexy followed, during which he remained in an insensible condition for a period of forty-four hours. He was bled profusely from both arms, followed by cupping and the application of leeches to the head and back part of the neck. He had partially recovered at the expiration of three or four days, when he was attacked with pneumonia and a week afterwards with diarrhoea. The energetic use of astringents next induced a general fever, by which he was prostrated nearly two weeks.

After this he improved slowly, so that he was removed to his home in Otsego county. He began to lose the use of his limbs, became emaciated and grew weaker day by day. He was placed in allopathic hands and for several weeks the course of treatment embraced the use of cathartics, diuretics, tonics, blisters, and counter-irritants, but all to no purpose, he became worse instead of better.

In despair, and through the importunities of friends, he resolved to try the virtue of "sugar pills." In this last extremity I was summoned and found him in the following condition: both the upper and lower extremities completely paralyzed; the patient could only move the fingers slightly, and was compelled to remain in whatever condition he was placed; sensation so entirely extinct in the lower extremities, that when his feet were brought in contact with the heated stove he was not aware of the fact: pulse more frequent than natural; appetite tolerably good; tongue slightly coated; bowels costive with considerable difficulty in urinating; countenance pale and emaciated.

From the history of the case, I came to the conclusion that the paralysis was caused by repelled measles and gave my opinion accordingly.

TREATMENT.—First centesimal trituration of Strychnine, grain doses, in alternation with pellets medicated with the strong tincture of Aconite root, every two hours, with a dose of Sulphur at bed time. I also made use of the galvanic battery, one operation each day, an hour at a time.

About the fifth day after I commenced this course of treatment, he presented the following symptoms; headache; sneezing; redness of the conjunctiva; fever and other indications of the catarrhal stage of measles; I also thought I could discover some slight eruption under the skin.

The next day the eruption appeared upon the surface with the peculiar characteristics and odor of measles. It was just three months since the patient contracted the disease at Elmira. The eruption continued three or four days and then disappeared.

In four weeks from the time I first saw him, he was able to walk about the house. I continued the same treatment two weeks longer, when he had so far recovered that he required no more of my services. He returned to his regiment in a short time afterwards, and suffered no return of the paralysis, but has since perished on the field of battle.

I have since treated other cases of paralysis with Aconite and Strychnine, together with the use of the galvanic battery, with the very best success.

The above case presents some points of interest, more par-

ticularly the long period in which the measles remained suppressed before their return to the surface. The intervening train of symptoms were of course produced by the retrocession of the eruption.

In one case of paralysis since the above, in which the galvanic battery had been used in connection with allopathic treatment without effect, I gave the Aconite and Strychnine and used the battery every day as before, and improvement followed immediately.

General Record of Medical Science.

1. *Geology of California.*

THE second volume of the "Geological Survey" of the Golden State is being published. Its subject will be the "Paleontology of California." The first instalment contains the description of the tertiary invertebrate fossils, by W. M. Gurr, to be illustrated by thirteen plates. The execution of the work is highly satisfactory.

2. *Anthropology.*

This important science, which has been growing through all the years of the Nineteenth Century upon the fragmentary foundations laid by Gall and Spurzheim, has made little positive advance in recent years in America. The great works of Dr. Morton, of Philadelphia, raised our expectations beyond any realizations we have since been able to reach. The brilliant author has passed away; his "Crania Americana" and "Crania Egyptiaca" have become the rarest of new books, though they gave our country a high scientific reputation abroad; and no American seems now inclined to complete the work which he prosecuted with so much zeal. In England, some attention is now being paid to the subject. Dr. J. Barnard Davis is preparing a large and important work, called "Thesaurus Craniorum: Catalogue of the Skulls of the Various Races of Man." The materials of this work are derived from the author's own collection, the result of many years' research and labor, comprising between fourteen and fifteen hundred skulls. It will form an illustrated octavo of three hundred pages. Mr. Greenwell promises a work called "Decade of Skulls from Ancient Northumbria," devoted to the illustration of funeral interments usually known as British. In Scotland they have a recent work called, "Prehistoric Remains of Caithness," in the North of Scotland, by Mr. Samuel Laing, M.P., distinguished as an economist and collector of statistics.

To this work, Professor Huxley, a highly distinguished writer and lecturer on Anthropology, has added a memoir on the human remains

found in ancient burial mounds in the County of Caithness. Such people as these appear to have been, are surely nowhere now to be found in Europe. Professor Huxley finds no skeletons of corresponding structure nearer than in those of the aboriginal inhabitants of Australia. His description of a pre-historic woman of Caithness, is thus summed up: "Putting all the elements of the picture together, No. 1, with her long shins and heels, narrow hips, relatively broad shoulders, retreating forehead, and projecting jaws, can hardly have been either a graceful or a comely personage." Certainly not. She was no pretty "Scotch lassie" of the day of Burna. She and her race have long ago disappeared, and they did well to get out of the way. CALEDONIA is a vast improvement upon the *pre-historic woman of Caithness*.

In England they have many *historical* personages of whom the world has often heard; but whether they have any *pre-historic* men or not is a question which continues to be debated. In 1864, a skeleton was dug up from the bed of a peat-bog, at Leasowe, in Cheshire. There was no monument or epitaph to tell the stranger's name; but this was accounted for on the theory that the body had been buried there before the days of marble tomb-stones; and some learned men at a meeting of a Scientific Association, contended that the man to whom the body belonged, had lived in the "*pre-historic period*, before letters were carved on stone or printed in books. Sir Edward Cust, who was so fortunate as to own the classic ground in which the bones were found, "warmly supported this pre-historic theory. And then, since the bones had been in the possession of himself or his family 'time out of mind,'" Sir Edward claimed that he, himself, being now in undisputed possession of the bones, must be their only lawful owner. The arguments on both sides of this question before the learned Society aforesaid, were sufficiently able to justify their being transmitted to immortality by publication in certain scientific journals. As they are safe for the use of posterity, we will not quote them. A later publication appears at Liverpool. The name of the amanuensis is not given, and that of the author may be still more difficult to discover; but he professes to be the spirit who formerly animated the skeleton. He says the *medium* is only his earthly secretary. He complains of the "violation of his discarded body's resting place; claims that death has not deprived him of all rights of ownership in the remains of his earthly covering, and assures the public that instead of being the ghost of any *pre-historic* man, he is only the yet living spirit of an unfortunate sailor, who, many years since, was drowned at sea, and washed upon the coast of Cheshire." He thinks lightly of all the learning displayed in debating over his supposed history by the members of the Scientific Association; and still worse of the gentleman who would pretend to claim the skeleton. Thus he says:

"What's told of me by learned folks
Creates in me disgust,
And really I've no patience with
My friend, Sir E— C—;
For he declared when I was found,
That my poor withered phis

*Belonged to him, and that in fact,
My skeleton was his."*

He therefore classes Sir Edward with other resurrectionists, and agrees with Hood:

"It's very hard them kind of men
Won't let a body be."

3. *Cataract. Ammonia.*

DR. Quadri, of Italy, has for several years been treating cataract with Ammonia. He gives the following case:—A woman, aged twenty-two, perceived a diminution in her power of vision. Her mother, two of her brothers, and her sister had all been afflicted with cataract. Her eyes presented a cortical opacity—which appeared greater at the circumference than towards the centre. Dr. Quadri prescribed the daily application of liquid Ammonia in a watch glass to the temples, and a few centigrammes of hydrochlorate of Ammonia administered internally. After following this treatment for two months, her eyes had so far improved as to enable her to resume her needle-work. The ophthalmoscope revealed at the same time a diminution in the extent and density of the opacity. The patient persevered in this treatment for five years, during which the affection continued to diminish; she left it off for a month, but was obliged to resume it at the end of that time, the infirmity having again gained ground; her return to the old treatment was attended with success.

4. M. Sayers, of Paris, has found that a brilliant light, possessing very high actinic power, is produced by the combustion of a mixture of 24 parts of well-dried pulverized nitrate of Potash with 7 parts of flowers of Sulphur and 6 of red sulphide of Arsenic. This mixture can be sold for three pence a pound, and its light is therefore much cheaper than that of Magnesium, to which it is said to be only very slightly inferior in actinic energy.

5. Dr. Julius Fischweiler, of Magdeburg, recently died at the age of 109 years. In his "last will and testament" he solemnly declared that he attributed his unusual length of life and the great mental and physical vigor enjoyed to the last, were due to the position in which he always slept. He had always been careful to lie with his *head due north*, and his feet consequently, turned towards the south; "by this means the iron in the blood has been constantly magnetized by the currents of terrestrial magnetism, and the vital energies of the system constantly renewed." This opinion has been long held by a few progressive minds. We have tested it particularly with no very positive results. A society has been formed at Magdeburg for the purpose of settling the question by extensive experiments.

Reviews and Bibliographical Notices.

1. *A Treatise on the Principles and Practice of Medicine; Designed for the use of Practitioners and Students of Medicine.* By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long-Island College Hospital; Fellow of the N.-Y. Acad. of Medicine, &c. Philadelphia: Henry C. Lea. 1866. 1 Vol.; 8vo. pp. 868.

A FRENCH author who has written a book "On the Condition of the World in the Fortieth Century," assures us that many important "sanitary reforms" will in the course of a few centuries prepare the way for that "good time," which is certainly "coming." One of the most interesting features of the coming millennium is thus announced: "Mankind in that happy era will be so far improved by religion and wise government, that the sick and the dying shall no longer be thrown together with the dead into splendid edifices, but shall be relieved and protected in association with their families and friends." This prophecy would meet our approval if it would promise to make "that happier era" an earlier one. We propose, therefore, to amend it by striking out the word "*fortieth*" and inserting the word *twentieth* in its place. We must then endeavor to wait for the coming millennium, and, in the mean time, make the best use we can of the *large* hospitals which are now in fashion.

But we can not forget the admitted fact that the great hospitals we have, and the best that we have, do not come up to the best ideals of the medical mind of the present day and hour. They have improved within our own time; and we now have many which are better than that which Adam saw in a vision as one of the results of the introduction of sin on earth.

— "Immediately a place
Before his eyes appeared, sad, noisome, dark,
A Lazar-house it seemed, wherein were laid
Numbers of all diseased, all maladies."

"Dire was the tossing, deep the groans; Despair
Tended the sick, bustled from couch to couch,
And over them, triumphant, Death his dart
Shook, but delayed to strike."

Such was the model hospital of some years now long passed away,—perhaps of the day of John Milton. We have some now that are better. Unfortunately we have many larger ones than that in which were exhibited the "many shapes of death" the sight of which made Adam weep. One of the later public services of the now deceased but still venerated surgeon, Malgaigne, was the portrayal before the Academy of Medicine of the fearful mortality of the great hospitals of Paris. He told how surgery was losing fifty per-cent. of the patients it operated upon; how in the medical wards

Death claimed one patient out of every eight, and in the obstetrical wards, one in five. He described Laribosiere, where so many millions of francs had been spent in splendid colonades, in elegant arcades, in an immense reception-court (which is not available as a promenade for the sick), and in a vast chapel covered with gilding! "It is," he said, "*le Versailles de la misère*; its luxury is a scandal." In this monumental hospital which strangers visit, and which Parisians are proud to show them, Death on his pale horse hourly tramples over the dying and the dead; and it is of all the habitations of human misery the most deadly. "These enormous asylums for the sick," says Malgaigne, "are focuses of death. Build no more large hospitals! Avoid this crowding together of the sick."

In the United States of America we have long been toiling to erect such hospitals as may compete in the breadth of their wards and the valor of their operating surgeons with the theatres and operators of the Old World. One of the greatest of these American coliseums, and perhaps, one of the best is *Bellevue Hospital* of New-York. Like the ancient temples of *Æsculapius*, Bellevue is a theatre not only for curing all diseases, if, peradventure, they may be cured, but also for teaching all future sufferers and priests, here and elsewhere, the art and mystery of curing or alleviating all human woes. It has its priests, and physicians, and teachers by scores, its pupils by hundreds, and its patients by thousands upon thousands.

Such is Bellevue; but Bellevue is not everything. In itself it is only one of a grand system of hospitals and princely edifices provided for the unfortunate by the munificence of the Imperial City of New-York. In every one of these temples *Æsculapius* holds daily combats with death and disease; it is not now our purpose to ask which party is most frequently victorious. The principles upon which the warfare is conducted, the system of *tactics* under which the respective armies are trained may be understood by a thorough study of the fine volume of which we have somewhere above given the title-page.

Professor Flint's "Treatise on the Principles and Practice of Medicine" is designed to present such a digest of the subject "as shall be serviceable alike to the pupil in the prosecution of his studies of disease, and to the physician engaged in the practical duties of his profession." He proposes to "embrace the subjects which generally enter into didactic teaching from the chair of the Principles and Practice of Medicine in the medical colleges of this country," and to "keep prominently in mind the practical applications of medical knowledge to diagnosis, prophylaxis and therapeutical indications." He hopes this book "will be found to represent fairly the existing state of the science of medicine on the subjects of which it treats, and to reflect the views of those who exemplify, in their practice, the present stage of the progress of medical art."

On these several grounds the author bases his claims to the attention of the profession; and on all of them, (except the last,) we may cheerfully acknowledge that his claims are satisfactorily sustained. There are many diseases known to suffering humanity that are no where referred to in this volume; but, perhaps, in the wide "division of labor," among the dozen professors of Bellevue, they may all be arraigned and tried somewhere.

The subjects actually embraced in the work before us are generally treated of in an artistic and scientific manner. The author's creed differs from ours in many points, but on none of these is it our present purpose to enter into a controversy. His stand-point is that of the polished, dignified, genteel conservative who *knows so much* that he can find enough to say to fill up all his hours and all his pages with observed facts which *nobody* will be likely to dispute. We on our part, are so far *heretical* that we are much disposed to tell tales out of school, whatever school we happen to be in; we cut up all doctrines like the boy who "dissected the bellows to see *where the wind came from.*" But we are most thankful for *all the facts* wherever we may find them,—all the facts accumulated by all the observers who ever wielded a scalpel or a microscope.

As a comprehensive and elaborate summary of medical science in its physical aspects, embracing the present views of general and special pathologists, the work of Dr. Flint may be regarded as the best work now in the hands of students. It is sufficiently extensive to meet the wants of the student and teacher; and the practitioner will on most points be satisfied with the condensed statements here made. The space allotted to some individual diseases is indeed too small; but all that is here said may be read with profit, even when it is necessary to turn afterwards to larger works.

The Introductory section of the work under the title of "General Pathology," extends over the first 110 pages. This is comprehensive and satisfactory. We come next to "Part II, Practice of Medicine or Special Pathology." The following classification of diseases is adopted:

1. Diseases affecting the Respiratory System;
2. " " " Circulatory System;
3. " " " Digestive System;
4. " " " Nervous System;
5. " " " Genito-Urinary System.

We shall not now go far in the effort at an analysis of the succeeding chapters in which the author pursues the history and treatment of individual forms of disease. In general, we find him well posted in pathology, physiology and all the branches subservient to a thorough knowledge of the natural history of disease. As a teacher, Professor Flint is one of the best in all of these branches; in diagnosis, he is scarcely surpassed by any man of our time. As a writer, he is always lucid, intelligible, pointed and accurate in his statements of facts, as well as of popularly received doctrines; consequently, no medical work of the orthodox school of the present day may be more safely consulted for the purpose of learning what the best men of the school now believe than this now before us. If it does not contain all they know, it is at least the best *compendium* the student can find of what they at the present hour desire to teach, and are trying to tell in all the amphitheatres and lecture rooms. If the author does not teach as *much* on some points as a man in his position would have done twenty years ago, it is not because he is not up with the times in his own school, but because *the times have changed.* Never was disease so well understood as it is now. Scalpels and dissecting knives are sharper than ever. Microscopes enable the pathological anatomist to follow the

invisible demon of disease through all the nerves and gateways of communication between the realms of visible and invisible things. The chemist has descended to the world of *infinitesimals*, and counted the ultimate atoms of every supporter of animal life, and every agent and implement of death; all are strong, bold, confident; and all are talking of the wonderful discoveries of science, the astonishing progress of the age, surpassing all that was expected to be seen till the millennial glory should burst upon the world. Men who never boasted of anything else are proud of their success in tracking the enemy of human life to the deepest recesses of his den. And now nothing remains but to bring the heavy artillery of science to bear directly upon him. It is only *here* that we see any hesitation or trepidation in all the learned pages we have passed over. A quarter of a century ago, when the onset to battle was sounded, the trumpet gave no uncertain sound. The question was not, according to Broussais, "*Where shall we place the leeches, and how many leeches shall we place;*" but *how many times* must we bleed, and *how many ounces* must we draw at each bleeding. The question had, indeed, to be settled for each individual case on its own merits. But a *heroic* physician, with Dr. Rush in one hand and Marshall Hall in the other, could always decide on the safe side of bleeding enough; and if he happened to go too far, he could make it up with a stimulant. Not more intelligible to the shrinking patient and the frightened and fluttering children was the flash of the practitioner's well-polished lancet, than was the flash of assurance from his eye, as he called for bowls and bandages.

That a change has come over the whole spirit of medical practice since the days of Auld lang syne, is acknowledged by men of every school; and, if we had not learned it before, Dr. Flint would teach us. He shows it everywhere. He still has a good lancet, and so have we. And his, like our own, is rusting in the scabbard. They have both shed some innocent blood in their time; and they can now afford to part friends.

We notice then, as the first point of difference between *a book that is a book* of the present day, and one of equal merit, for its time, but belonging to a day gone by, that the book of this day no where tells that "it is better to *get well weak* than to *die strong*," that "the fear of debility has caused more deaths than the deadly plague, or the much-feared yellow fever." It leaves us to imagine that there may be cases in which the rusty lancet might possibly be of service, if wielded with due caution. It is certainly an important instrument in *good hands*; but, *be careful* how you rely upon it. "A great change has taken place within the last few years, with respect to bloodletting in the treatment of acute inflammations. This measure was formerly thought to be highly important, and was rarely omitted. It is now considered by many as seldom, if ever, called for." Still there *may* be cases in which the lancet is better than anything else; especially when "other and more conservative means for the same ends are not available." The young practitioner who follows Dr. Flint, and the other best lights of the newest school of Hippocratic medicine, will allow his lancet to rust till it will hardly cut, when he screws his courage up to the sticking point of trying it again. When he *does* try it, it will be

under the restraints of many check-reins of doubt and misgivings. Not possessing the *faith* which inspired the elder disciples of Rush, he will hesitate, try to get along with milder or safer measures, till the period for casting the great sheet-anchor has passed by. There is no mistake about it. There is an "eclipse of faith" in these last days which casts a depressing shadow over the grand army of modern *Æsculapians*.

And yet it is not for feeling a little faint at the *sight* or *thought* of blood, that we are inclined to question the living practitioner's heroism. The first lesson which a gunner entrusted with the management of heavy artillery needs to learn is, "when he must *not* fire." Our Hippocratic friends are evidently studying this lesson with great care. But the question still arises: *What must we do?* The answer given in all the books is just this: Regular medicine has accumulated within her ample magazines all the means and weapons of warfare ever discovered by human genius, and many of them tested by the experience of thirty centuries. And the disease must be a monster more horrible than the hundred headed hydra which could not be shot to death by some one of them. The young physician has been told that it is only necessary for him to appear on the field, "armed and equipped as the law directs." Learned professors have walked with him through this great armory, in the length of it and the breadth of it, and laid down the law as it applies to every disease that the accumulating evils of society, savage or civilized, have entailed upon humanity. And yet in every severe form of disease he is called to face,—every one that would not get well of itself,—there is a *doubt* about what will *certainly* cure. The weapons, when examined, are many of them found to be of very doubtful efficacy; and he will, as he grows older, gradually drop them from his pocket case, his saddle-bags, his shelves, and his memory. The rest, on better acquaintance, are found to be *edge tools*, with which children or men of little experience may not play with impunity. And among them are some which have indeed been, in the hands of certain chiefs and captains of therapeutics, found mighty in pulling down the strongholds of the mysterious enemy. But they are found to be *two-edged swords*, which often cut both ways, cutting down the disease, but leaving the patient a broken, shattered wreck; while the physician finds that his cherished reputation has been deeply wounded by the same unfortunate stroke.

A young practitioner of true ambition and fine sensibilities, soon learns in practice many a serious lesson. And he may thank his guardian angels if they have led him, during his pupilage, into no worse company than that of Professor Flint. If we are asked again, whether this "Treatise on the Principles and Practice of Medicine" contains all that is needed in a college text-book, as it should be estimated from a conservative allopathic standpoint, our answer is, that the book is a far better compendium of the general principles and details of medical science than is intelligently heard in any of the colleges. As a guide in actual practice, there is *not detail enough*. The general principles are useful as generalizations or *groupings* of *minutia* to the man who has the minutia in his memory. The practical man who relies on the *generals* will only be successful in proportion as he is in possession of the *particulars* which a mind of strong and compre-

hensive grasp has been able to arrange in a symmetrical form and order. Homœopathists, in reviewing each other's books, blot every page, as defaced by a fault, in which any remedy is omitted which others have sometimes employed with success. The work before us could bear no such criticism as that. It does not pretend to enumerate all the remedial agents, measures, and expedients that a man must know how to use in the commonest range of general practice. If obliged ever to engage again in allopathic practice, we shall want a far more *extensive pharmacopœia*, than that of DR. HORNBOOK; and if we have to teach its use, we shall have to seek for more exact specifications of the symptoms and circumstances under which each agent will be found efficient and reliable than the present work furnishes. Thus it is only the *therapeutic* portion of DR. FLINT'S book that we can feel willing to speak of as defective; and this deficiency is in some degree the result of that widely-spread epidemic, called *medical skepticism*. The author finds his true vocation in *teaching*; and his work is one of the best ever published for the use of the student, as well as of the teacher of theoretic medicine. In *practice*, no allopathic work can be *up with the times*. But there is one aspect in which we contemplate every new, able progressive work with pleasure, as *full of hope for the future*. They all mark the unmistakable drift of the medical tides and currents in the direction of the *millennial age of medicine* which is just before us. The *size of does* may, perhaps be debated by some men for the rest of this century. But the *principles on which remedies shall be selected* presents a *common ground*, on which the advance minds of every school will soon meet and shake hands. There is not a homœopathist in the world, who in the course of his life experience, practiced a dozen years under the direction of the old books and old teachers, who cannot now see that during the last five years of that time, when his heart was breaking with the burden of responsibilities which he knew he was unable to bear, he was struggling toward a glimmering sky-light, which, for the time, kept just far enough away to be visible, but not near enough to give perfect daylight. There is not one of these patient toilers who does not now recognize in Hahnemann's Law of Cure, the very gleam of sunshine which partially illuminated his horizon in the cases where he cured, and in the contemplation of which he wondered why *other specific remedies* might not be found which would cure his other cases also. We all now look back upon the practice of former years; and we see that all our treatment, which was successful in a degree that was satisfactory *at the time we tried it*, was in accordance with the homœopathic law, though we then gave another explanation of the phenomena we witnessed. The teachers of that day kept up our faith by reminding us every day of the invincible power of our "remedial agents." And, indeed, bleeding, Calomel, Opium, and Cantharides were in our own hands, a terror to all such evil-doers as inflammation, fever, or pain; who does not remember how suddenly they wilted down in our presence? It has been the work of a later generation to discover that the "experience of ages" had not been teaching us unmixed and infallible truth. But that generation is daily becoming more and more faithless,—more and more skeptical. There are no *heroic, enterprising, energetic* practitioners now. There must

from *some* quarter come a revival of the departing glory of regular medicine, or its votaries will decline in faith until, like Cicero's necromancers, they will be afraid to look each other in the face. In the mean time they continue to be earnest, zealous, enthusiastic in every collateral branch,—every branch of human science, except the most important one of all—*Practical Medicine*.

There is, however, one article of the medical creed in which a relic of the bravery of the old heroic age yet lingers in the ranks. Men who have learned to distrust the powers of nearly all their remedies for good, and to look with more and more apprehension upon their powers for evil, can prescribe brandy and bourbon without fear, as if *they* at least may be trusted, as long-known and well-tried friends. The present author is not generally reckless in prescribing dangerous poisons,—in giving such articles in such quantities as might *kill* the patient; never was a master of the manly art of fencing more adroit in showing us “just how *not* to do it.” But in this matter of giving stimulants in typhoid and typhus fevers (and in a few other points), we cannot accept his treatment as sufficiently inert to do no harm. The directions for the use of alcohol, as well as those for Sulphate of Quinine, should be more explicit to be applied with safety to any case where these agents are applicable at all. These test-doses of Quinine, of which the patient says,

“Instead of curing, they deafen'd him, rather,
As Hamlet's uncle did Hamlet's father,”

are old acquaintances of our own. When our reminiscences of bye-gone years will do our friends any good, they can have them. We don't wish to go over those experiences again; and we hope none of our brethren will try them until we have the opportunity to give them a few words of advice.

Such are a few of the reflections which are suggested by this latest “Treatise on the Principles and Practice of Medicine.” We have offered no analysis of its contents, as no series of extracts with comments upon them can do justice to such a work, or be very instructive to our readers. No system of medical practice can be accepted as complete; for the subject is unlimited in extent. And a work large enough to treat of everything, and give due space to every form of disease, would be too large to find purchasers or readers. In the matter of *arrangement*, authors have ceased to try to please anybody; and Dr. Flint does not appear to have tried to please even himself. We have read his book with a determination to *learn something* from it, but without undertaking to take notes of all its peculiar merits, or to cross out all the sentiments we are not able to endorse. His facts, which are very numerous, are gratefully accepted; and his opinions, when we cannot agree with him, have been respectfully considered.

2. *Popular Homœopathic Journal*. Published Monthly. Elgin, Ill. 1866. 8vo., pp. 8., Vol. I., No. I. C. A. JÆGER, M.D., Editor. Smith & Lee, Printers.

THE purpose of the editor and publishers of this respectable though modest periodical is stated in its first address "to the reader" to be: "to promote the cause of homœopathy, to enlighten the public upon its theories and its superiority in practice over other systems of medicine, and to disabuse the public mind of the many false notions and ridiculous ideas which are yet prevailing in every community."

The promise of the prospectus is well kept in the number we have received. Every article, though each is brief, is pointed, practical and calculated to awaken the interest of the people in the latest and best system of medicine. We have first an article on homœopathy, by E. H. Drake, M.D., Dysentery, and Burns, by Dr. Roesch, of Waukegan, Ill. Editorials, Homœopathic Medical Societies, Physical Education; Allopathic blowing [well answered.] Homœopathic Medical Colleges, Letter-Box, Prospectus, &c.

3. *The Cattle Plague: Its Pathology and Treatment. With an Appendix giving an Analysis of 177 Cases treated Homœopathically within and around the City of York, &c.* By ALFRED C. POPE, Mem. Roy. College of Surgeons of England. Surgeon to the York Homœopathic Dispensary. London and Manchester: Turner & Co. York: Geo. Hope & Co. 8 Castlegate. 1866. 8vo., pp. 24.

THIS is a very satisfactory and intelligible pamphlet on a comparatively new and little known disease which has defied the ordinary resources of veterinary surgery. Its author is well known to homœopaths; and he offers us the results of considerable experience. His descriptions of the phenomena presented in the progress of the disease is clear and readable; his account of the pathology and the results of various efforts to subdue the disease by efficient treatment is the best we have yet seen. The remedies he found most successful are the following:

Belladonna; Arsenic; Rhus-toxicodendron; Mercurius 1st trituration; Ammon-caust; Turpentine; Secale-cor., tinct.; Phosphoric-acid; Mercurius-corrosivus. The author's analysis of cases treated at York shows that of 109 fairly treated by our remedies 72 were saved. "The Daily News of Jan. 10th, states that up to Dec. 20th, 8640 cases of rinderpest had occurred in Yorkshire. Of these 8 per-cent. had been killed; 77 per-cent. died, and 15 per-cent. had recovered," under ordinary treatment.

4. *Reports of the Directors and Superintendents of the Washingtonian Home*. Located at 887 Washington-St. Boston, Mass., for the Year 1865. pp. 24.

"THE Washingtonian Home was founded in 1857, by earnest sympathizing men, who believed that drunkards, however degraded, could be reached by

the holy influences of kindness and brotherly love, and saved to themselves, their families and society. Its mission was to seek out such men and say to them: If you have any desire to *save yourselves*, we will work with you for your reformation, and place you in a home where you will be surrounded by all the aids that can encourage your efforts."

The work of reforming and *curing* intemperate men who, under the ordinary influences which surround sinking inebriates, almost always continue to sink lower and lower, was then commenced by a few philanthropists. How they have succeeded the report before us enables us to tell. They say:

"Our experience has demonstrated the fact, that the inebriate can be reformed by the application and use of the requisite means. To accomplish this, he needs for a time to be separated from old associations and to be surrounded with new influences, and have awakened within himself new aspirations. The Home has already demonstrated its ability to accomplish these objects, with a large proportion of those who have availed themselves of its mode of treatment. This is shown by the fact, that near 2000 patients have been within its care, and that nearly all have been benefited, and a large proportion have been reformed. They have resisted temptation, and stood firm as temperate men; and are now filling their places as good citizens."

These are the words of the founders of the best reformatory institution yet established for the recovery of men for whom society elsewhere is doing less than it did more than twenty years ago. No words of ours can add force to the facts given in this report. But we may say that we have faith in **THE MEN** and we have faith in **THEIR CAUSE**. *The State* has no institution for restoring inebriates that can compete with the Washington Home.

The church has ways and means of its own which we yet hope to see rendered available.

5. *Valedictory Address*. Delivered at the Sixth Annual Commencement of the Homœopathic Medical College of New-York. By SAMUEL B. BARLOW, M.D., Prof. Materia Med. and Therapeutics, Feb. 28, 1866. New-York. pp. 22. 1866.

THIS address, which modestly purports to be only "a plain and simple chapter of advice to the graduating class," is certainly a pleasing and satisfactory fulfillment of the author's promise. We hope indeed that the "advice" thus given was received in good and honest hearts; that it will be faithfully and literally followed in all the points in which it was intended to be so understood; and that both in letter and spirit the lessons of the teacher may long be so remembered and lived out that afflicted and suffering mortals shall always be wiser, better, and happier in the presence of the preceptor or his pupils.

6. *Text Book of the Materia Medica.* By A. D. LIPPE, M.D., Professor of Materia Medica at the Homœopathic College of Pennsylvania. 8vo., pp. 144. Philadelphia: A. J. Tafel, No. 48 N. 9th St. 1866.

THE portion of this work received embraces that part of the *Materia Medica*, alphabetically arranged, beginning with *Aconite* and commencing the article *Cicuta-virosa*. The design of the author is thus set forth in the preface:

"It contains the *characteristic* and *most prominent symptoms* of the best proved and most used of our medicines.

"The distinction of symptoms, as the result of provings on the healthy (pathogenetic,) or as the result of clinical observations on the sick (curative,) or as belonging to both these classes, has not been retained in this work. Such distinctions belong exclusively to the complete *materia medica*, the study of which the present Text-book is intended to facilitate, not to supersede. And to a more thorough and satisfactory study and knowledge of *materia medica* than has been general of late years, it is sincerely hoped that this book may prove both an introduction and a guide."

"The efforts previously made to overcome the difficulty, by *abridging* the *materia medica*, have proved but failures." "They did not exhibit the essentially characteristic symptoms of the different medicines."

How far the present effort will be more successful than those that have preceded it, we will not now attempt to decide. We welcome the work as one of labor, and requiring much practical experience to carry it out successfully. We wait for some of the testimonials which our experience in the light of this latest condensation of the pure *materia medica* may furnish. We do indeed want a *usable* *materia medica*.

7. *The Journal of Materia Medica.* Devoted to *Materia Medica*, Pharmacy, and Chemistry. Conducted by JOSEPH BATES, M.D., and H. A. TILDEN. New Lebanon, New-York: Wm. L. Hill.

THE Number of this Journal for March, 1866, contains: *Digitalis-purpurea*, by Dr. Bates. *Santonine* (*Artemisia-santonica*), Experimental Investigations on the Action of Bromide of Potassium. On the Treatment of Scarlet-Fever; Selections, Pharmacy, Editorial, &c.

8. *Transactions of the North-Western Provers' Association, of Hahnemann Medical College.* Vol. I. Session 1865-6. Chicago: C. S. Halsey. 1866. 8vo.; pp. 20.

HERE is a new book, sent out by a new society, organized within the bosom of a new college, already firmly established in the very centre of the progressive medical centre of the New World. Their ranks are already

filled with volunteers zealously laboring in the spirit of Hahnemann; and none but working bees *are, or can be* members of the hive. Proving has been already made of: *Eupatorium-purpureum* (Queen of the Meadow); *Eryngium-aquaticum* (Corn-snakeroot); *Arsenicum-iodidum*; *Lycopus-virginicus* (Bugle-weed); *Mitchella-repens* (Partridge berry); *Myrica-cerifera* (Bay-berry); *Nymphaea-odorata* (White Pond-lily); *Ostrya-virginica* (Iron-weed); *Ptelia-Trifolia* (Trefoil, or Hop-tree); *Scutellaria-lateriflora* (Skull-cap); *Senecio-aureus* (Golden-ragwort); *Sticta-pulmonaria* (Lung-wort); *Tecoma-radicans* (Trumpet-creeper); *Stillingia-sylvatica* (Queen's-root); *Asclepius-tuberosa*; and *Arsenicum-album*.

The interesting plants named above, have long been partially known to men of different schools; and so had *ACONITUM* been partially known to men of old times, from the day that Hercules and Pluto's three-headed dog planted it on the surface of our earth, to that in which Hahnemann taught the world how to begin a *right use of it*. Up to his time, the best use it had ever been put to was the poisoning of criminals. The plants above-named have long been used empirically for sundry and multifarious uses. The North-Western Provers' Association has taken them out of the realm of empiricism, and appropriated them to the uses and purposes of true science. Let the work in which they are engaged be carried on until the wealth of the American prairies and forests shall be found more valuable than the mineral treasures of all our mountain mines.

9. *Report on the Use of Pressure in the Treatment of Gonorrhœal and Purulent Ophthalmia.* By Surgeon Jos. S. HILDRETH, U. S. V., in charge of the Desmarres (U. S. Army) Eye and Ear Hospital, Chicago, Ill. Read before the American Ophthalmological Society, June 13, 1865. New-York: 8vo.; pp. 16. 1866.

THE author of this little work does not claim that "pressure alone" is sufficient to control a high grade of purulent conjunctivitis; yet he thinks "that if resorted to at the commencement of an attack, and properly kept up, the parts being cleaned twice a day, recovery would doubtless follow, unless the cornea were in an anæsthetized condition." Infantile cases do not admit of pressure; but "they are fortunately more tractable than many others."

The report gives an analysis of 16 cases with the following result:

Eyes Treated with pressure, No. 15, Saved, 14, Lost, 1.

Eyes Treated without pressure, " 1, " 7, " 10.

13 cases of purulent ophthalmia were treated. Of these, 3 cases, both eyes were treated with pressure, and both eyes in each case recovered.

In 5 cases an eye only of each patient was treated with pressure. In all of these, the eye treated with pressure was saved, the other not so treated was, in each case, lost.

The *mode of applying the pressure* is thus set forth:

"The lids being closed, the orbit is to be packed, by means of charpie or picked lint, (separated cotton or wool is not so serviceable,) in such a manner that all parts about the eye, within the orbit, the anterior hemisphere of the globe, and especially the conjunctiva, shall be acted on. Care must be taken to fill the grand angle, and to have the charpie evenly and regularly disposed *about* as well as over the globe.

"Quite a large bunch should be used for each eye, not only to ensure evenness of pressure, but to absorb the purulent discharge. This being done, compression is made by means of a bandage, or better, a firm elastic band of rubber braid, not less than two inches in width, passing round the head. It should be slowly and regularly increased until the pain, if any there be in the parts affected, is greatly diminished—or controlled, if practicable." In other words, there must be effected "*a firm, hard, continued pressure upon all parts of the contents of the orbit, especially the anterior.*"

The principle on which pressure succeeds in *diminishing* the flow of blood to an inflamed part is the opposite of that on which a cupping glass applied over the eye would *increase* the flow of blood to the eye, and thus increase inflammation. We should never trust to mechanical compression until we had done what the *true remedies* will always do to cure the inflammation by their *direct specific* action.

10. *Common Sense on the Mechanical Pathology and Treatment of Chronic Diseases of the Male and Female Systems, &c.* By E. P. BANNING, M.D. New-York: 12mo.; pp. 342.

The object and leading idea of this work may be well understood by the following preliminary propositions:

"1. The viscera, as well as the muscles and joints, are under the law of primary position and definite bearing.

2. They are designed to be *supported* from below upward by the abdominal and dorsal muscles, and not *suspended* by the visceral ligaments.

3. The erect posture, as represented by the mathematical line in figure 1, is essential to the due exercise of the above-named supporting power, in order to preserve the upward bearing and well packed condition of the mass.

4. The viscera being subject to the law of gravitation, every degree of morbid relaxation of muscular power will be followed by a corresponding descent or displacement of the entire chain of internal organs.

5. This physical change of the system from the upright to the drooping posture, as exhibited by the oblique and perpendicular lines in figure 2, mechanically induces an extended class of chronic maladies, such as consumption and other pulmonary complaints, bronchitis, dyspepsia, diseases of the heart, general debility, melancholia, hypochondriasis, spinal derangements and other deformities of the body, chronic diarrhoea, hæmorrhoids, constipation, the several varieties of hernia, prolapsus uteri, prolapsus ani, and the entire group of symptoms, known as female weaknesses.

6. Diseases arising from a mechanical displacement or derangement of

the viscera, and not from a diseased condition of the organs themselves, are not cognizant of medicine, and can only be eradicated by such mechanical support as shall be physiologically adapted to the muscular forces of the system."

The demonstration of the truth of these general propositions is attempted by the author in the series of anatomical, physiological, and mechanical illustrations of which the book before us is made up. His success in making out his case will be estimated, perhaps, in some degree under different influences by men of different schools. We think, however, that he deserves a fair hearing, and that his premises will be found to be sound, his enunciation of them clear, and his claim to scientific skill in applying them to the successful treatment of perplexing forms of chronic disease worthy of respectful examination. The work is evidently that of a candid and intelligent man of science, well acquainted with his subject, and well qualified by long experience, as well as original genius, to prove the truth of his principles by their successful application.

11. *Valedictory Address Delivered at the Eighteenth Annual Commencement of the Homœopathic Medical College of Pennsylvania*, By ADOLPH LIPPE, M.D., Professor of Materia Medica.

THIS Address presents us with all the usual characteristics of its author's productions; it is strong, clear, and full of the faith that never falters and the zeal that never wavers. There is much in it that students might listen to with profit, and which practitioners may well remember. In speaking of the "*intense conservatism*" of the old school of medicine as well as that of European politics the author says: Thus the medical schools of these monarchial countries were naturally as much opposed to progress in medical science and to improvements in the healing art, as their kindred political institutions were opposed to the extension of knowledge and of freedom among the people. Hence they refused to change their course of instruction,—excluded homœopathy from their halls of learning, and persecuted and punished those who practiced upon its principles and dispensed its medicines.

In more modern days a change has taken place in this respect. Now the necessity of teaching our progressive healing art has become apparent; since many of the higher nobility, and even no small number of crowned heads have made themselves known as its adherents. In Austria and in Spain the authorities have opened the medical schools to us and appointed professors for the purpose of teaching homœopathy; and we may now look forward in the confident expectation of seeing, at no distant day, the study of homœopathy made one of the indispensable requisites of candidates for the degree of doctor of medicine in all the universities on the Continent of Europe.

In England the allopathists appealed to the people at a general election, and attempted to prevent the return of two gentlemen as Members of

Parliament, because they were homœopaths. But the result of the election showed that the people did not consider homœopathy a sufficient ground for exclusion from public office. No longer ago than the year 1865, Captain Grosvenor, for Westminster, and Colonel Hughes, for Lambeth, were bitterly objected to, and their constituents informed that they were unfit to represent them, *because they were homœopaths!* The organs of this allopathic opposition were the *Lancet* and *British Medical Journal*, aided by *Punch*, the mouthpieces of the aristocratical school in medicine.

But this opposition was severely rebuked, and this allopathic appeal of the people was decidedly rejected, since both these gentlemen, accused of homœopathy, were returned to parliament by handsome majorities. The great offence which roused the wrath of the *Lancet* after the election of Captain Grosvenor, was that Lord Grosvenor, his father, from his place in the House of Commons, had called for the report of the homœopathic practitioners and hospitals; these reports having been withheld by the committee appointed to ascertain the results of the various modes of treating the cholera which prevailed in 1854.

In reply to this call from Captain Grosvenor, the Medical Council returned the following resolution: "*Resolved*, That by introducing the returns of the homœopathic practitioners they would not only compromise the value and utility of the averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice, alike opposed to the progress of science and the maintenance of truth." The reports so unjustifiably withheld were published in a second Parliamentary paper. By these reports, which the allopathic officials had shown themselves so unwilling to have made known to the people, it was shown that the mortality under allopathic treatment of cholera was 36 per-cent.; and that at the same time the mortality under homœopathic treatment of cholera was but 16 per-cent. And let it be borne in mind that these reports could not be denied, since they had all been verified by the Allopathic Medical Inspectors. It is to be supposed that the allopathic officials would have opposed the publication of these reports had they favored allopathy instead of homœopathy? Would they not have paraded them everywhere in triumph?

Thus it happened that the Medical Council, with the President of the College of Physicians at their head, could no longer hide their ignorance of homœopathic treatment; and could no longer pretend ignorance of its greater comparative success. Nor could they any longer withhold from the people the statistics which would enable the people themselves to institute a comparison between the two modes of medical treatment. Nor could they any longer escape the charge of having, in the interest of allopathy, betrayed the trust reposed in them by the people. No longer could they deny having attempted to sacrifice the interests of the people at large, to promote the aggrandizement and maintain the dominant and domineering position of their aristocratical medical class. They could escape none of these consequences of the unexpected failure of their nefarious attempt to withhold most important public information from the public. But ten years later we find them incapable of learning a lesson of wisdom from their former folly,

and still more foolishly attempting to persuade the people to reject the son, because the father was instrumental in exposing their own selfish betrayal of the trust reposed in them by the people themselves. But they succeeded in this case as badly as in the other. And in view of the failure of their original attempt at fraudulent suppression of the truth (fraudulent because based on false pretences), and in view of the signal failure of their recent attempt to punish those who exposed their first, it is highly probable that these high and aristocratical medical officials are now employing themselves in seriously considering *whether honesty is not the best policy!*

Miscellaneous Items.

Ophthalmological Contributions. By THEODOR LIEBOLD, M.D.

OPHTHALMIA NEONATORUM.

THIS disease comes now and then under the treatment of every physician, and therefore every one ought to be well acquainted with it and its best modes of treatment.—“Cured, only a small speck on the cornea remaining,” is frequently the reported result; but this small speck is no small affair for the patient, especially if situated right over the pupil. Aside from the fact that it does not look well, it is always a serious inconvenience for the patient, as even the slightest haziness prevents distinct vision, and the rays of light being diffused, it dazzles the eye very much, and keeps up frequently a hyperæsthesia of the retina. So much for those who consider it only a slight affair, easily cured by internal homœopathic remedies.

My position is that it is a purely local disease, and must be treated locally. That it is inoculated is best proved by the fact that it produces its own species again, just as well and sure as gonorrhœa and chancroid, moreover, it produces itself only again on the spot where it was engrafted, and that in a relatively short time, from a few hours to at most two or three days. Herein it differs from those infectious diseases, as syphilis (indurated chancre), small-pox, diphtheria, &c., which infect and infest the whole constitution before they show their external marks, and their state of incubation is therefore much longer.

A purulent or blennorrhœic infection may be caused at any time during life, on a mucous membrane, and, therefore, what holds good for one, will so for the other. It would have been better to make the heading read, “Purulent Ophthalmia,” than to single out the one part, which affects new-born children, but as it is once there, we will let it stand, as its most frequent representatives in numbers, and the purest in type. Ophthalmia neonatorum, only that inflammation can strictly be so called, which manifests itself not later than three days after birth. Some have spoken and written of the same in children six and twelve months old, they are cousins, I think, of the Doctor, who diagnosed cholera infantum in a patient fifty years old.

Causes.—Bad care, crowding (in lying-in-asylums), strong light, sudden

change of temperature, &c., &c., have been accused, in my opinion, with not more right than if the same were said now-a-days to cause syphilis. But as syphilis can be undoubtedly inoculated in any way besides that during coition, provided that only the *sine qua non*, the syphilitic matter is brought in contact with a surface denuded or insufficiently protected with epithelium, is fulfilled, so a purulent ophthalmia may be occasioned at any time, and in any way that brings purulent or blennorrhœic matter in contact with the mucous membrane of the eye. A towel, a sponge is frequently the medium. Those DANGEROUS SPONGES, as von Graefe calls them, have certainly caused not only many a blind eye, but even death by purulent infection or pyæmia. They ought certainly, and the time will come when they will be banished from all well regulated hospitals, as cleaning instruments, because they cannot with any possible ordinary care be kept clean themselves from pus, which finds a secure resting-place in their porous substance. The higher temperature of the sick-room certainly deteriorates the pus, "*bonum et laudabile*," into a poisonous matter, and, therefore, not only another person may suffer from it, but even self-infection is possible. I tried, when in Point Lookout General Hospital, to disinfect the sponges, as they are undoubtedly a very convenient and handy mode of cleaning wounds seemingly: but Chlorine as well as Permanganate fluid destroys them very quickly if done carefully; this makes this disinfecting process too expensive in large establishments, and, on the other hand, patients or nurses will not do it carefully, and each time after using them. So I discarded them, too, after a while entirely, telling the patients "why and wherefore," using the syringe and litter balls of oakum or picked lint instead. I cannot say that I saved this or that one from gangrene or pyæmia, but I know that those dreadful scourges were most frequent in those wards where the cleanliness was only superficial, and due care in this respect not exercised.

Strong light is certainly not a cause of a *purulent* ophthalmia: if it affects any structure, it is that of the *iris*, and by reflex action the moment too much light strikes the same, the *eyelids* are closed involuntarily in the newborn as well as in the old. All children I have seen come into the world, had their eyes closed with a will and a determination, that has certainly protected many a one from purulent ophthalmia, provided they had plenty of water at their disposal immediately after.

I do not say that every mother whose child becomes affected with purulent ophthalmia has a gonorrhœa;—by no means, it may be an acrid leucorrhœa, but it is certainly purulent matter of some kind. Here it will be perhaps the best place to allude to that application of the homœopathic law by allopathic oculists, known as the *cure of pannus by inoculation*.

Dr. Piringer, of Germany, made the first experiments, I think, some thirty years ago, to cure, by means of exciting a flesh inflammation, pannus of the cornea, the effect of granular conjunctivitis, some cases of which really appear incurable under any kind of treatment. He inoculated from a new-born child affected with purulent ophthalmia such a case. A violent inflammation was the consequence, which after running its course, left the mucous membrane smooth and the cornea clear. Certainly one of the most wonderful applications of the homœopathic law.

Dr. George Lawson, Assistant Surgeon to the Royal London Ophthalmic and Middlesex Hospitals, writes in "The Royal London Ophthalmic Hospital Report, Vol. IV., Part II., 1864 :

"The number of cases of severe granulations of the lids, accompanied with vascular cornea, which have been treated by the inoculation of purulent matter at the Hospital proves indubitably the success of this line of treatment. It is, however, necessary that the disease should be sufficiently advanced before such a mode of dealing with it can with safety be resorted to. The greatest success has resulted in those cases, where the lids were not only severely granular, but where the whole cornea was completely vascular, semi-opaque, thickened, and the pupil scarcely visible; where, in fact, there was little if anything to lose, and all to gain. Such eyes will bear strong purulent matter, as the yellow pus from an infant with purulent ophthalmia, whose mother may have suffered from gonorrhœa, and after a long course of suppuration, will almost invariably recover, and good useful sight will be regained.

"In the treatment of granulations by inoculation, much discrimination is required in the selection of the cases, and in the quality of the pus which should be used.

"The strength of the pus, with which you wish to inoculate, may be judged of: 1st. by the color, and 2d. by the severity and duration of the inflammation which it has excited in the eye from which it is taken. The yellow pus is always more active, than the whitish discharge so commonly seen. Again, the period of the disease at which the pus is taken influences materially the amount of inflammation and suppuration it is capable of setting up. Pus from the eye of an infant in the early and most acute stage of purulent ophthalmia, will produce much more serious effects than that taken from the same eye at a later period of the disease, after it has undergone some treatment, and is in the decline.

"Another point of practical importance is settled by the experience of the Hospital.

"Pus fresh from the eye of an infant gives rise to a more moderate suppuration, with less œdema of the lids than when taken from an eye which is suffering from inoculation. The strength or virulence of the pus seems to increase in its travel through one or two eyes, so that if A. is inoculated with mild purulent matter, the pus from A.'s eye will produce more intense ophthalmia in the eye of B. than the original pus which inoculated it.

"The most certain and effectual cure of severe and otherwise intractable granular lids undoubtedly is inoculation.

"Many other remedies give great, but temporary relief, and many cases, in course of time, get, to a certain extent, well; but the only remedial agent which will for a certainty destroy the granulations, and leave the lining membrane of the lid smooth within a definite period of time, is inoculation."

The disease is too well known to need a minute description here, and it remains to discuss its treatment. First the allopathic.

The most approved method is the caustic, and this is undoubtedly homœopathic again. He who uses the Nitrate of Silver against purulent ophthalmia, is using a homœopathic remedy, because if applied to the

healthy mucous membrane, it produces an inflammation and a consequent suppuration very similar to that caused by purulent matter or other causes. It is not my intention to enlarge here upon the use of caustics in ophthalmic practice, I will leave this for another article. Only to a few points I would call the attention of those who use the Arg.-nitr. in this disease.

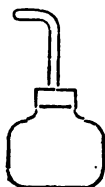
1. In fresh and acute cases we dare not use it too strong, that is not over iij. to v. gra to ℥j. of water; if used too strong, it takes too long before the eschar is thrown off and reaction established, and in the mean time, the presence of the eschar after 12 to 20 hours seems frequently to have given rise to affection of the cornea, which persists afterwards.

2. Repeat only after reaction has set in completely again, and this must be studied in every case separately; in some cases it is not only allowable, but *must* be repeated in six hours to secure the full beneficial results of this treatment, and in others, thirty-six hours are too early for a repetition.

3. If ulceration of the cornea exists already when the case is taken in hand, the Arg.-nitr. and the lead washes *should be discarded entirely*, because they not only throw down a deposit, but frequently enter into an organic compound, forming tissue, impenetrable to light, and unimprovable to even nature herself, which often very much thins and disperses other common scars and spots on the cornea, in the young in the course of time.

Though there is happily little danger that homœopaths will use the Nitr. of Silver too strong, I doubt very much if weak solutions (gr. $\frac{1}{4}$ -j. to ℥j.) do much good in inveterate cases; then it is generally directed to put a few drops in the eye once in so and so many hours, and thereby a continual irritation is kept up without allowing improvement to set in, or making sufficient impression on the disease. Secondly, the homœopathic treatment, Acon., Apis., Bell., for the inflammatory, and Hepar, Mercur., Sulph., for the suppurative stage, have been, and still are the principle remedies in the different varieties of purulent ophthalmia. They do very well in light cases, but I have never seen them of much benefit in severe cases. In true gonorrhœal ophthalmia, the eye is often destroyed in a very short time, and we need energetic local means to destroy the virus and keep down the intense inflammation which threatens to destroy the organ. Happily we possess such a remedy in the judicious application of cold water. When in Point Lookout, I learned from a surgeon of the army a way to cure gonorrhœa, which has succeeded with me better than any other. The simple prescription is: Patient put to bed, low diet, and urethra syringed out by means of a catheter every hour or two with ice cold water. The catheter, either a very small one or a double, is introduced up to the portio membranacea, already filled with water, so that no air is introduced, and the urethra thoroughly washed out; the patient very soon learns to do it himself. The *rationale* of the treatment is very simply this: to dilute and to wash away the thick and tenacious infecting matter itself, which certainly only acts as a constant source of irritation. The cold contracts the swollen and inflamed mucous membrane, and brings on a healthy reaction. The same treatment I use in all purulent ophthalmias. The syringes for the eye known to me, I found it impracticable to introduce *under* the lids, where in the conjunctival sac often incredible masses of pus collect,

retained by the forcible and involuntary closure of the lids. I had, therefore, a subpalpebral eye syringe constructed, which Messrs. Tiemann & Co., of this City, make now very nicely. The accompanying cut explains itself.



It can be introduced under the lids without any assistance to keep the lids apart, and it is almost impossible to do any injury to the eye, even if one had such a purpose. The mouth-piece is of hard India rubber, and is rounded off everywhere. Any mother of ordinary powers of understanding learns to use it herself very soon, and if told the possible consequences of negligence, generally will use it carefully. The frequency of its use depends entirely on the severity of the disease. If the pus collects every ten minutes, have it syringed out every ten minutes, day and night, until the danger is passed. To save an eye, no trouble is too great. In the inflammatory stage, the external application of cold should be continued with the internal. The best way to do this is to put a piece of oiled muslin on the eye, the rags, which are kept on ice lying on sticks of wood in a basin, are put on the muslin, after the water has been squeezed out of them, as it is not exactly necessary that the patient is kept in a pool of water. In Prof. von Graefe's Hospital I have seen the rags changed every 15-20 seconds by the watch, in cases of gonorrhoeal ophthalmia and diphtheritic conjunctivitis. This is continued until the temperature is sensibly diminished, then rest is given until the heat augments again, when the process is resumed.

How long is the cold to be continued? Patients who are old enough to talk, will soon tell you when the cold becomes disagreeable, and then it is the right time to discontinue the ice; in children, the touch and appearance will show when the inflammation abates.

The cold is not to be used under any circumstances when the cornea is affected with ulceration before the case comes under treatment: then the stage where it does good has passed, and experience has shown that it always in ulceration of the cornea does harm. Then the eye has to be syringed with warm water, and warm moisture has to be employed externally to promote the formation of vessels on the cornea, which are absolutely necessary for the repair of the tissue. The redder a cornea looks, and the larger the vessels leading from the conjunctiva to the ulcer the better. Those pale, gray, central ulcers are most to be dreaded, they lead very frequently to total destruction of the eye.

I think I have reason to believe that the *Hydrastis-canadensis* is a very valuable remedy in the suppurative stage. I employ it in the following manner: An infusion of the *Hydrastis* gr. j. to ʒij. of water or weaker is used to syringe the eye with as often as the case seemed to demand.

In all cases where an infection is to be supposed, and only one eye is yet affected, prudence requires to seal the other hermetically up so that no matter can come into it. First, clean picked lint on the eye, then a piece of lint or muslin, and over this, narrow straps of adhesive plaster; over the crevices, Collodium. But the eye must be inspected every twelve hours at least, to be sure that no inflammation is commencing under it, and the dressing removed if such should be the case.

MEDICAL COLLEGES.

Seventeenth Annual Commencement of Cleveland Homœopathic College.—Address by Prof. Barnes.—Conferring the Degrees.—Social Supper.

THE seventeenth annual course of the Cleveland Homœopathic College closed yesterday, February 21st, and the commencement exercises were held at Garrett's Hall, beginning at four o'clock in the afternoon.

This College is in a very flourishing condition. The class for 1865-6 is the largest ever in attendance at the College, numbering seventy-eight matriculants. The graduating class numbers thirty-seven, three of whom received the honorary degree.

The present Faculty of the Western Homœopathic College are as follows :

O. A. Blair, M.D., Professor of Theory and Practice.

S. R. Beckwith, M.D., Professor of Surgery.

G. W. Barnes, M.D., Professor of Materia Medica.

T. P. Wilson, M.D., Professor of Physiology.

R. F. Humiston, A.M., Professor of Chemistry.

J. C. Sanders, M.D., Professor of Obstetrics.

H. C. Allen, M.D., Professor of Anatomy.

J. Brainerd, M.D., Professor of Toxicology.

George Willey, Esq., Professor of Medical Jurisprudence.

In addition to the regular course of lectures by the professors, an interesting and able series of lectures on Botany, by H. A. Tuttle, Esq.

The College this year sends three diplomas to England, six to Canada, and one to Sweden, showing that the name and fame of this Institution is not confined alone to this city, and State, and country, but extends across the great waters to even to the home of the founder of the great homœopathic system, and to other countries of Europe.

On the assembling of the faculty and students in Garrett's Hall, at four o'clock in the afternoon, the commencement exercises were opened with prayer, by Rev. Mr. Parrish.

The address to the graduates was then delivered by G. W. Barnes. It was a learned and eloquent address, and we regret that we cannot, owing to the crowded state of our columns, give the address entire; but as such is the case, we will have to content ourselves with the following condensations:

He rapidly glanced at the history of medicine from the earliest time of which we have any account, and gave interesting illustrations of the superstition with which it was surrounded and intermingled up to the dawning of even the nineteenth century, and the senseless remedies and mysterious formulas employed to effect cures by the physicians of those days.

During the eighteenth century a few sensible men entertaining a profound contempt for the absurdities of the past, repudiated them and wisely determined to stand aloof from all hypotheses and trust to Providence alone in the treatment of disease until a rational system of medicine should be discovered.

A singular spectacle was still presented by the medical profession when the nineteenth century dawned upon the world. Instead of a consistent theory or a uniform system of cure founded upon past experience, the profession was divided into animists, vitalists, solidists, chemists, eclectic, brunonians, cullenists, mechanicians, expectants, &c.

Up to the time of Hahnemann medicine there continued to be a gigantic system of theorizing from absurd and imaginary data.

A leaven of the superstitions of ancient medicine has been transmitted through intervening ages to the present time. A superstitious reverence for ancient dogmas and ancient names still clogs the wheels of science. But the mummeries of medicine with its cabalistic and unintelligible mysticisms has given place to direct tangible truths, as simple as plain, and as interesting as the palpable principles of all other branches of philosophy.

It is now perceived to be utterly impossible to develop all the nice intricacies of the healing art, or to successfully dispense its numerous blessings without a strict reference to a guiding principle, enabling us to co-operate with nature in her established operations. The existence of such a principle and the mode of its practical application has been revealed to us by the illustrious Hahnemann in the formula "*Similia Similibus Curantur.*"

If homœopathy did not rest on the unalterable basis of truth, it is more than probable that as many so-called systems brought forward from time to time, in medicine, it would have shot up like a meteor to dazzle the eye of the beholder, to fall, be extinguished and forgotten after a short-lived existence. On the contrary, we see daily, evidences all around us that it is grounded in fixed and immutable principles, and that it is destined to an immortal growth. More than seventy-years have now elapsed since its discovery, and every year has witnessed its gradual, but sure and steady progress. In its history we may establish two broad periods; the first dating from the beginning to the time when cholera appeared in Europe, the second from that to the present time. If during the former period its progress was slow and almost exclusively limited to Germany, its development during the second has been so rapid and extensive among both the profession and the public, that despite the malevolent opposition it has encountered at every step of its progress, it has gained a place in the confidence of the people in all parts of the civilized world, from which the assaults of envy and malice can never dislodge it.

Perhaps at no previous period had the prevailing practice manifested more conspicuously the precarious character of its resources and the uncertainty of its results, than when that destructive epidemic swept irresistibly over the European continent; and at no previous period had the truth, certainty and practical worth of homœopathy shone forth more brilliantly. Official experiment instituted by several governments, as well as the early experience of that time led to the melancholy truth that fifty per-cent. of persons attacked with cholera died whether left to nature alone or put under the prevailing treatment; on the other side it was ascertained in the same official manner that only 8 to 8½ per-cent. died when treated homœopathically. Hundreds of contradictory remedies, and complicated prescriptions were recommended and tried in vain by the dominant school, while four or five

different medicines were recommended by the immortal founder of homœopathy and led to these favorable results.

These events did not escape the public eye, and a system which was able to struggle so successfully with an enemy which defied all the weapons of ordinary medicine, could not be what its opponents had always represented it to be; therefore a powerful reaction took place in its favor. Governments, which through their medical councils, had impeded the progress of the new doctrine in every possible way repealed their edicts against it and favored its establishment by grants of public money. The public combined for the establishment of hospitals, dispensaries and other means of propagation, and the impulse which it received at that time became the main cause of its rapid and extensive propagation during later years, and of the imposing external position which it now occupies everywhere. A quarter of a century ago the doctrines of Hahnemann were adopted by only a few medical men, out of Germany, and there is not a country which has the slightest claim to civilization, in which its professional, or at least its unprofessional adherents are not most numerous. There were, for instance, at that time only three or four homœopathic physicians in Vienna, and there are now over a hundred. There were two or three in Paris, and there are now over a hundred. In Edinburgh, the classical seat of medical science, the new heresy made very extensive progress even to the conversion of Dr. Henderson, professor of pathology, who openly embraced it. At that time it was scarcely known in this country, and there are now in the City of New-York alone one hundred and fifty, in Philadelphia a like number, and in the United States about 5000 homœopathic physicians patronized especially by the intelligent classes of society.

In Germany, its native country, it is now after a long struggle, fully recognized. Governments which formerly threw every obstacle in its way, now give it their legal support, and secure it its rights and privileges.

These are but a very few of the statistical data which might be increased indefinitely, but they will suffice to show the fallacy of the statements so often reiterated that "homœopathy is going down everywhere."

Gentlemen, as homœopathic physicians we have bequeathed to us a goodly heritage, and we owe it to those learned fathers who have transmitted to us such noble precepts, that we guard them against desecration; rather should we look upon them as sacred oracles confided to our custody and to be preserved with filial care and affection. It is a legacy rich and precious, and worthy to be transmitted to future generations. Let the chain of succession be perfect; so that the science of medicine may take its place among the enduring things of this world. You, whom I am now addressing, will constitute in part the connecting link between the present and the future; and to you will that future look for the preservation of the trust so soon to be committed to your charge. The elements of knowledge necessary to the performance of this important trust you have sought in this institution; and it will scarcely be necessary to say that the lessons taught here have contained nearly all that is valuable in the "accumulated experience" of past ages; while their greatest charm has consisted in the dissemination of those great truths which are now working such beneficent results for man, and which rest on foundations broad and impregnable.

Gentlemen, we part with you with reluctance. We part, however, as it becomes men who have pressing duties before them. We part to enter upon the great duties of life, and to carry out the final purposes of our being. It is an elevated sentiment to know that you are prepared to answer the intentions of Providence in his greatest dispensations of benevolence to suffering humanity. With what ardor, then, should you strive to enlarge the boundaries of your noble science, nor leave one effort unattempted which may provide a new fact for the great cause of humanity. With what gratitude, then, should you contemplate the power which you have acquired over the suffering and wretchedness of your fellow men. Believing then, that your aspirations are directed to a higher and more enduring object than the attainment of an ephemeral reputation, and that you are anxious to secure to yourselves an honorable distinction in the profession to which you are about to dedicate your lives, allow me, in behalf of my associates, to assure you of the sincere interest which the faculty feel in your behalf. Your welfare will ever be with us a cardinal object. The seal of this institution will soon be confided to your custody; it will, I feel assured, suffer no dishonor in your hands. And if this College is to maintain her present position, it can only be done through the testimony of her alumni. You now stand enrolled among her sons, and having fulfilled her requirements, you are about to receive the highest privileges she can confer on worth. These you will receive with her ardent wishes for your success and happiness. It now only remains for me to bid you an affectionate farewell.

The degrees were then conferred by Prof. J. C. Sanders, the President of the College, who prefaced the presentation of the "sheep-skins" with some most excellent advice to those who were to receive them. The names of the graduates were as follows:

List of Graduates.

Adams, E. T., Canada.	Hibbard, G. C., N.-C.
* Allen, T. R., Canada.	Hayward, Abner, Mich.
* Armstrong, W. P., O.	Hallett, P. S., N.-Y.
Allen, G. D., Mich.	Hall, J. A., M.D., Canada.
Burge, Wm. P., O.	Jackson, B. F., Canada.
Badger, D. P., O.	Moody, J. R., O.
Biggar, H. F. A. B., Canada.	McCreary, J. D., Penn.
Bryan, John, Penn.	Morrill, E. C., O.
Clark, Wm., O.	Marrette, Louis, La.
Croft, H. B., Mass.	Powell, H. E., Eng.
Cadmus, J. M., N.-Y.	Pratt, L. W., Penn.
* Clark, L. D., Wis.	Roberts, A. L., Ill.
Compton, J. A., N.-Y.	Scott, W. G., Canada.
Cowles, Saml., O.	Scott, J. W., N.-Y.
De La Matyr, E. B., Wis.	Sturtevant, M. C., Wis.
Graham, E., Mich.	Schmidt, J. G., M.D., Sweden.
Gatchel, H. T. Fitz, Wis.	Ware, W. G., Mass.
<i>Honorary:</i> E. A. Lodge, M.D., Mich.; P. J. Leidbick, M.D., Sweden;	
Thos. Bryan, Penn.	

* Names thus marked are students who have attended two courses of lectures, and passed a satisfactory examination, but their diplomas are temporarily withheld until the expiration of their required time of study.

Homœopathic Dispensary in Leavenworth, Kansas.

On the 26th of January, 1866, a homœopathic dispensary was established in this new and enterprising city of the once "Far West," now supposed to be the centre of the Universe. The astonishing growth of Kansas in everything else had prepared us to believe that homœopathy would be promptly accepted and acclimated there.

The newspapers tell us that it is not only already there, but firmly established in the minds and hearts of scientific men and benevolent and noble-hearted women.

The man who has lived to the age of threescore, may look back to the time when the First and Greatest Napoleon was about to send a military Colony to Louisiana, but happened to desire to invade England about the same time. He needed *money*, and sold Louisiana to the United States. A year after this purchase, Lewis and Clark, on their exploring tour towards the Pacific, took possession of Kansas for our Government by celebrating the Fourth of July on the banks of the Missouri, above the mouth of the Kansas River. The ceremony consisted in "firing a morning and evening gun, and distributing an *additional gill of whiskey* to each man."

Thirty-five years ago, Fort Leavenworth was described by a travelling artist as "the extreme military post on the frontier, nearly five hundred miles above the mouth of the Missouri." Around him was the "prairie, whose enamelled plains soften into sweetness like an essence; whose thousand velvet covered hills tossing and leaping down with steep or graceful declivities to the river's edge, as if to grace its pictured shores, make it a thing to look upon." At sun-set, "the green hill-tops were turned into gold, and their long shadows of melancholy were thrown over the valleys."

The country is still as beautiful as ever; but the Indian and the wolf have gone farther away. In September, 1854, the first dwelling was erected in Leavenworth City. Its progress since that time has been so rapid that its own *Daily Press* can alone keep up with it. The history of its Homœopathic Dispensary we shall endeavor to notice as often as its friends will give us the opportunity.

We observe among the names associated with the Dispensary, that of D. M. Mayer, M.D., as Attending Physician, and M. E. Halstead, M.D., Consulting Surgeon.

 MEDICAL SOCIETIES.
Homœopathic State Medical Society of Pennsylvania.

CONVENTION CALLED TO FORM A STATE HOMŒOPATHIC MEDICAL SOCIETY FOR PENNSYLVANIA.

AT a meeting of the Alleghany Co. Medical Society of Homœopathic physicians, held Nov., 1865, the following resolution was offered, viz.: "That the Homœopathic Medical Society of Alleghany Co. invite the physicians of the rest of the State to meet in Pittsburg the day previous to the meeting of the American Institute of Homœopathy, for the purpose of forming

a "State Medical Society," which was amended by a motion "that a Committee be appointed to carry out the resolution."

Both the amendment and original motion were unanimously carried.

Drs. Cowley, Hewitt, and Cooper were appointed the Committee.

At the meeting in December, the Committee reported the following address to the physicians of the State in general, which was unanimously adopted:

To the Homœopathic Physicians of Pennsylvania.

BRETHREN,—At the suggestion of Dr. Bushrod W. James to some of the members of the Homœopathic Medical Society of Alleghany Co., the subject of the formation of a State Homœop. Medical Society, and of the holding of a convention for that purpose previous to the meeting of the American Institute of Homœopathy, in June, 1866, was brought before the meeting of that Society, in Nov., 1865; when it was unanimously resolved, "That the Homœopathic Medical Society of Alleghany Co. invite the homœopathic physicians of the rest of the State to meet in Pittsburg on *Tuesday the fifth of June, 1866*, and unite with them in the formation of a State Medical Society." We, therefore, members of the said Society, cordially invite all homœopathic physicians within the limits of the State of Pennsylvania to meet in Pittsburg, on the fifth day of June, 1866, for said purpose. The time and place of meeting will be announced in the journals. Signed, J. C. Burgher, M.D., Pres.; H. Hofman, M.D., Vice-Pres.; D. Cowley, M.D., Sec.; Jas. A. Herron, M.D., Treasurer; C. Bartz, M.D.; A. Black, M.D.; W. C. Borland, M.D.; W. R. Childs, M.D.; J. F. Cooper, M.D.; M. Côté, M.D.; Geo. S. Foster, M.D.; J. P. Harvey, M.D.; Thos. Hewitt, M.D.; P. D. Liscount, M.D.; J. S. Rankin, M.D.; L. M. Rousseau, M.D.; F. Tandt, M.D.; M. W. Wallace, M.D.

The Convention of Pennsylvania homœopathic physicians will meet "at 10, A. M., Tuesday, June 5th, 1866, in the Pittsburg, *Homœopathic Hospital* Building, 2d above Smithfield-sts., Pittsburg, Pa." All homœopathic physicians of the State are requested to be present and assist in forming a State Society.

Homœopathic Medical Society of the City of Philadelphia.

At a stated meeting of the Homœopathic Medical Society of the City of Philadelphia, held Feb. 22d, 1866, the following resolution was unanimously adopted:

Resolved, That this Society heartily endorses the action of the Alleghany Co. Medical Society in calling a convention for the purpose of organizing a State Homœopathic Medical Society, and that we earnestly recommend to the homœopathic physicians of this and other counties, to encourage this laudable movement by sending representatives to the said convention.

(Extract from the Minutes.)

A. H. ASHTON, M.D., *Secretary.*

Action of the Board of Managers of The Homœopathic Infirmary, Philadelphia, on the Call.

At a meeting of the Board, held Feb. 16th, 1866, the following resolution was unanimously adopted: "That this Board learn with pleasure that a convention of the homœopathic societies and physicians of Pennsylvania has been called to meet in Pittsburg on the fifth day of June, 1866, for the purpose of forming a State Homœopathic Medical Society; and feeling a deep interest in the progress of homœopathy everywhere, and especially in our own State, heartily support the measure and the call of the Alleghany Co. Medical Society, and hereby request and delegate the Medical and Surgical Staff of our Institution to attend the said convention, and represent this organization in it."

JOHN WELSH, *President*,
A. ERVIN, JR., *Secretary*.

*Annual Report of the New-York Homœopathic Dispensary,
No. 109 West 34th Street, for the Year ending Dec. 31st,
1865. New-York, 1866.*

In our notice of this Institution at page 313 of the present volume, we gave a condensed abstract of its proceedings for former years up to the end of 1864. It will there be seen that since its first establishment, the number of patients treated up to that time was 26,098. Increase during 1864, 1893. The present Report gives the following figures:

Whole number of patients treated during 1865, - - - -	11,666
This is an increase in 1865 of - - - - -	8916
Total of cases from the establishment of the Dispensary, May 28, 1860, - - - - -	37,764

Classification of Patients Treated During the year Ending December 31, 1865.—Department of Diseases of Women and Children, 1252; Department of Diseases of Head and Abdomen, 2146; Department of Surgery, 1895; Department of Diseases of Chest and Throat, 1773; Department of Diseases of Skin, 822; Department of Diseases of Eye and Ear, 277; Department of Vaccinations, 2327; whole number of cases treated in the Visiting Department, and not included in the above classification, 1134; Total, 11,666. Total number of deaths, 41; Sent to Hospital, 17.

Of the 11,666 patients, there were: Natives of United States, 7377; Natives of Great Britain, 2823; Natives of Germany, 1360; Natives of other countries, 106. Males, 4216; Females, 7450; Over fifteen years of age, 6000; Under fifteen years of age, 5666; Total number of visits, 3250; Total number of prescriptions, 19,117.

Medical Staff.—Augustus P. Throop, M.D., House Physician; C. O. Fichte, M.D., John H. Linsley, M.D., Assistant House Physicians; L. J. G. Burchard, M.D., Visiting Physician; W. O. McDonald, M.D., Diseases of the Eye and Ear; S. Lillenthal, M.D.; C. A. Bacon, M.D.; H. H. Warner, M.D.; S. W. Taylor, M.D.; J. H. Westcott, M.D.

Bond-Street Dispensary.—New-York.

THE Eleventh Annual Report of this well established Institution (59 Bond-street,) is received after the present Number of our JOURNAL is already full. The enterprise and skillful management of the founder are everywhere conspicuous; and the increasing interest felt in the Dispensary by the public is amply proved by the continual increase of patients. Beginning with 521 patients treated during the year ending Jan. 1, 1856, this now large charity has reached the number of 24,086 for the year ending Jan. 1, 1866. The whole number of prescriptions was 46,160; and 8,123 out-door visits have been made. A special clinique for diseases of the eye is under charge of Dr. C. Theo. Liebold, a pupil of Von Græfe, of Berlin, and for three years Operating Surgeon, U. S. Hospital Point Look-out, Md. General Surgery by Dr. H. H. Warner, 3½ years surgeon, U. S. Cavalry.

The Blind of the United States.

FROM the "Thirty-third Annual Report of the Managers of the Pennsylvania Institution" for 1865, we take the following facts:

The whole Number of white blind persons in the United States in 1840 was 5030; in 1850, 7997; in 1860, 10,729.

Increase from 1840 to 1850, 5.9 per-cent., increase from 1850 to 1860, 34 per-cent. Estimated number for 1865, 12,581.

Legislative Appropriations for Homœopathic Infirmary, and Dispensaries.

AMONG the appropriations by the New-York State Legislature for the present year we notice the following:

For the Women's Infirmary, Washington Heights, New-York,	\$3000.
(From N.-Y. City also	2000.)
“ “ Bond-street Homœopathic Dispensary,	“ 2000.
“ “ New-York Homœopathic Dispensary,	“ 1000.
“ “ Seventh-street Homœopathic Dispensary,	“ 300.
“ “ Brooklyn Homœopathic Dispensary,	“ 150.

New-York Metropolitan Board of Health.

THE following Report to the Health Commissioners exhibits the views and expectations of the profession here on the impending invasion of cholera;

The Atalanta arrived last November with the cholera, which she had brought from Southampton; and from the 22d of November to the 20th of December there were 24 deaths on Ward's Island in one particular hospital, where the disease attacked the convalescents from fever. Owing to the coldness of the weather it did not extend, and many were led to believe that this feeble attack was a demonstration of its weakness and that we had witnessed the last struggles of the dreaded enemy. Now, none are sanguine

enough to indulge so cheering a hope. Cholera is already in Halifax, brought there by the steamer *England*, containing 160 cases of this disease, exclusive of the 40 who died on the voyage from Liverpool.

To-day we have received from the State Department, Washington, information that the British brig *Uhla* and bark *Hampton* had reached Bermuda with cargoes of rags, and were quarantined there on the suspicion of having the cholera. These vessels are destined soon to arrive in New-York, and other vessels, undoubtedly will arrive with the disease on board. At Quarantine we have one hulk, which cannot accommodate more than 300 persons, nor have we any places where the passengers can be landed and properly cared for, and it is incumbent upon us as a Board of Health to have our powers increased to meet, in case of pestilence, such an emergency.

Moreover, there is no reason to believe that the present threatening epidemic will differ from the four previous ones. In the summer and fall of 1831 it appeared on the western and northern coast of England, reaching New-York the following summer—that is, on the 5th of July, 1832, when 21 cases were reported from different points in the city. In the summer of 1848 it appeared in the same places, first in England, and then spreading along the southern shores, and then northwardly to Scotland. On the 2d of December, 1848, it was brought by the ship *New-York* to this Port, the vessel losing seven cases during the last week of her voyage. During the following summer the epidemic prevailed in this city. In 1865 the *Atalanta*, as stated above, arrived at this Port with the same previous history of its march through Western Europe, reaching, as in previous epidemics, the southern parts of England, and then coming over to us, generally attacking America one year after it had raged in Europe, and it is highly probable that the same course will be followed the present year.

Cholera, then, is imminent, and, whatever other places may be avoided by it, the great cities of New-York and Brooklyn, which have such free communication with each other and with all the world, can hardly fail to be exposed to its earliest attacks.

It would seem to be destined to come and occupy its previous haunts where filth and the neglect of all sanitary precautions, under a hot sun will develop and disseminate its virulence. In view, then, of this great danger which threatens to destroy thousands of lives and injure the commerce of the District to the extent of millions of dollars, we would recommend that an appeal be made to the Governor of the State to proclaim to the public the danger of an impending pestilence, and thus authorize the Board of Health to take such means and incur such increased expenditure as shall be necessary to accommodate the sick in the district as well as those who arrive at Quarantine; to clean the streets, remove manure heaps, correct the ventilation, drainage and overcrowding of dwellings; to close or remove all buildings which are dangerous to life or health, empty and remove the contents of privies and cesspools re-open obstructed sewers, wash out the gutters and sewers with water, in fact do all that shall be considered necessary to resist pestilence and protect human life.

The policy decided on by the Board will be seen in the following Resolutions, passed by the Health Commissioners at a late session :

Resolved, That in the judgment of this Board, and in the fact, that there is presence of great and imminent peril to the public health in the Metropolitan Sanitary District of the State of New-York (created by Chap. 74 of the Session Law of said State, passed Feb. 26, 1866), by reason of impending pestilence within the meaning of the provision in relation thereto, contained in Section 16 of the said act, and the said Board does now and in good faith hereby declare that the public safety and health demand that for the preservation of the public health the said Board should take the measures and do and order and cause to be done the acts, and make the expenditures (so far as this Board may find needful about said acts and measures) hereinafter specified, that is to say :

Resolved, That the measures to be taken, the acts to be done (or caused to be done) and expenditures to be made in the discharge of its duty by reason of such peril are the following, so far as they can be specified :

1. Gathering and removing in and from built-up portions of the Districts to some proper place, what, if left, might, in the opinion of the Board, tend to develop or increase the cholera this year.

2. Cleaning, purifying, and disinfecting any building, erections, grounds or places, streets, sewers, drains, within the District, and closing any building or erection which, if not so treated, might, in the opinion of the Board, tend to develop or increase the cholera this year.

3. Cause improved drainage and ventilation where it can be readily done in the built-up portions of the District or connected therewith, in any particular, in respect of which the condition of things if left unchanged, might in the opinion of the Board tend to develop or increase the cholera this year.

4. Provide for the removal, accommodation, care, and treatment of those who may this year be attacked by or sick of cholera, or any contagious disease, and for the interment of those who may die, as the Board may find or declare needful.

5. Make and enforce, or cause to be enforced, such regulations or orders for preventing the spread of cholera this year as the Board may find it needful to make.

6. Exercise any powers heretofore given to any health authority or officers applicable to cases of pestilence or contagious disease, in this District, as the Board may find or declare needful.

7. Use the proper means and agencies for the prompt and efficient exercise of the foregoing powers, and what is incident thereto in such manner as the public peril, in the opinion of the Board, may render needful to guard the public health in respect of the cholera.

8. Make such expenditures, incur such pecuniary obligations, and borrow such money about any act, measure, and matter aforesaid, as this board may find or declare needful.

Cholera in New-York Bay up to May 7. Cases 171, deaths 50.

Medical Biography.—Memoir of H. Sherrill, M.D., of New-York. By S. B. BARLOW, M.D. Read before the New-York County Homœopathic Medical Society.

ABOUT the year 1700, an English ship containing some emigrant passengers was wrecked on the south shore of Long-Island, in the vicinity of Easthampton. Among those emigrants was a young Irishman, named Sherrill, who made Easthampton his permanent residence. Pretty soon there was wrought up considerable competition among the young ladies of the place for the hand of the young stranger; and in due course of events he married the successful competitor, belonging to one of the best families of the east end of the Island. The young ship-wrecked foreigner was succeeded by probably four, and possibly five generations before the birth of the subject of this sketch. Jeremiah Sherrill, the father of the late Dr. Hunting Sherrill, was the son of Jacob Sherrill; and in 1783, the father and son removed from Easthampton, L. I., to Stanford, Dutchess County, State of New-York. Jeremiah was a farmer, and had married Ruth Hunting, a native of Easthampton, as was her husband also; and in Stanford, April 8d, 1783, Hunting Sherrill was born. The ancestors of Sherrill were intimately connected with the Conklin's, Hunting's, Miller's, Mulford's, Dibble's, and Pierson's, who were among the best families of Long-Island. At the age of five years young Sherrill began to attend the common district school; and when a little older he was employed in farming operations during the milder seasons of the year, and kept a school during the winters, until he had arrived at the age of seventeen; then, having the misfortune to have a *hernia*, he was placed from time to time at several different schools, one of which, that of Dominic Brower, of Poughkeepsie, was much celebrated, and in all of which he made good progress. After some years spent in such educational pursuits as the times permitted, he entered upon the study of medicine with Dr. Gager, of Sharon, Conn., employing himself a part of the time in teaching, until he commenced attending medical lectures in New-York City. During his pupilage in the City, he was appointed physician to the Alms House, where he received a diploma for skill and ability, which I have seen, signed by William J. MacNeven, David Hosack, Felix Pascalis, physicians of Bridewell and the Jail, and Consulting Physicians to the Alms House. This diploma bears date of January 15th, 1809; soon after which he received a diploma conferring on him the title of Doctor of Medicine from the New-York State Medical Society, signed by Richard Romayne, President, and John Stearns, Secretary, dated Dec. 1, 1809. In the same month of Dec., 1809, he removed to Hyde Park, and succeeded Dr. Cook in his practice, and was married Feb. 14, 1811, to Margaret Mulford, who still survives.

During his residence in Hyde Park, he was the family physician of the late Dr. Samuel Bard; Ex-governor Morgan Lewis; Hon. Nathaniel G. Pendleton; Hon. Peter R. Livingston, and sundry other families of much note. During his residence in Hyde Park, he also received the honorary Degree of Doctor of Medicine from the Geneva Medical College, signed by David Hosack; William J. MacNeven; Valentine Mott; John W. Francis;

John Griscom, Faculty of the College, Jasper Adams, President, and B. Whiting, Secretary of the Board of Trustees, which Degree was dated April, 1825. (*Aprilis calendis, Annoque Salutis, Millesimo octingentesimo duodevicesimo.*)

In the year 1832, Dr. Sherrill removed to Poughkeepsie, where he remained in a good practice, until, in the year 1840, he removed to New-York, where, after an active city practice of twenty-five years, he died in the bosom of his family, after a few days of severe illness with typhoid pneumonia, at the ripe age of eighty-two years, nine months, and thirteen days. He departed in great peace; his life-work well and fully done; greatly beloved by a large circle of neighbors and patrons, leaving, as is believed, not an enemy. He was a man of extraordinary activity of mind and body; of a gentlemanly behavior; he had obtained the friendship and good graces of all who knew him well; and by a long life of laborious usefulness had proved himself a most unselfish and useful family physician, much esteemed. His decease was heartily mourned by a large circle of friends and patrons. He leaves the record of a good and most respectable man in all his relations to the community, the temperance ranks, the medical profession, and the church, of which he was an exemplary and devoted member. Dr. Sherrill was thoroughly versed in the medical doctrines, precepts, and practice prevailing sixty years since in America and Europe, as taught by Cullen, Brown, and Darwin in Europe, and by Rush, Miller, Hosack, Post, MacNeven, Peixotto, Pascalis, Bard, Bushe, and a host of worthies, their cotemporaries in this country; and such was the retentiveness of his memory that in his last days, and almost in his last hours, he discoursed most eloquently of the old theories and practices. And, although for a quarter of a century his mind had been imbued with the milder and more conservative doctrines of the great master and founder of the homœopathic system of medicine, yet the more recent store of new ideas had not abrogated or displaced the old, notwithstanding they had been so long practically laid aside. His mind had breadth and comprehensiveness sufficient to grasp a wide field of ideas conjoined with a tenacity and retentiveness which was remarkable; and those qualities seemed not to have faded or diminished up to the latest period of his life. Indeed, he had not grown old as most men do, as evinced by any considerable loss of physical or mental faculties; and though nearly eighty-three years of age when he died, yet as his form lay in the coffin his countenance expressed a nobility rarely seen in the dead of any age. It was fresh, fair, and lovely.

Dr. Sherrill, during his life of active service among the sick, found time to compose several works relating to medical subjects, and which are not without value to the profession, several of which he published, to wit: "A Treatise on Epidemics as they appeared in Dutchess County, from 1809 to 1825." The first part of this treatise was read before the Dutchess County Medical Society in 1819, he being then president of the society;—a second part was composed at a later day. It was published in 1826, and again in 1832, pp. 101, small 8vo, or large 12mo. This is a work of considerable ability which I have read many times with pleasure and

profit. While physician to the Alms-House he read a paper before the Medico-Chirurgical Society of the University of New-York on Caries of the Jaws of Children, which was published in 1808, pp. 75, 12mo. "A Paper on Dysentery," published in 1826, pp. 10, 12mo. "An Essay on the Cholera as it appeared at Poughkeepsie in 1832; published in 1832, pp. 38; 12mo. In 1835, "On the Pathology of Cholera (Epidemic) with a plan of treatment and means of prevention," pp. 198; 12mo. "On Uterine Diseases; n. d., pp. 18; 24mo. The "Temperance Treatment of Cholera," he published in 1849, pp. 30; 12mo. He published a "Temperance Medical Lecture" in 1859, pp. 48; 12mo. "A Lecture on Diphtheria;" published, n. d., pp. 32; 12mo. Several editions of a "Manual for Homœopathic Prescribing for the Sick, or Domestic Physician;" the first edition in 1845, pp. 182; 24mo. The last edition was published in 1860; pp. 445; 16mo. In 1852 he published "Suggestions for the Prevention of Small Pox, pp. 12; 16mo.

Dr. Sherrill, his wife, and eldest son were all baptized simultaneously at Hyde Park, fifty-four years since, by the Rev. Dr. McVicar, son-in-law of Dr. Samuel Bard, and at the present time Professor in Columbia College. Two sons and two daughters of Dr. Sherrill, all of adult age, and all persons of sterling respectability and worth, still survive. I cannot conclude this short memoir of our worthy brother, without giving briefly, the substance at least, of the estimate of his character, as given by the Rev. Dr. Tuttle, Rector of St. Luke's Church, of which the doctor was a beloved member, on the occasion of his funeral obsequies, (Jan. 18,) in his church, and which I had the pleasure of hearing.

He referred to the loss sustained by the church and society. Dr. Sherrill, he said, was a man that would be missed. Few were oftener seen in the streets of this section of the city. In all weather and in all seasons he was occupied with the duties of his noble profession. It was not one of mere pecuniary considerations with him. He had a zeal for his calling, and was unwilling to ever grow old in it. Indeed, he had a marvellous faculty of concealing his years. He never or seldom referred to his advanced life, and seemed always determined to be superior to feebleness. Few had the slightest idea that, when his last sickness overtook him, he was in his eighty-third year.

On Epiphany night, a night severely cold and only a few evenings previous to his death, he was at church, and there for the last time. The church was a pleasant sanctuary for him whenever he could attend. And he made it a point not only to be regularly on Sundays in his pew, but also to enjoy one or more public services during the week. The rector, in this connection, mentioned some instances showing the great support often rendered to religion by the medical profession. "Few," said the rector, "have departed life with a cleaner record of kindness to the poor." When he had given to the extent of his utility, he did not leave the afflicted uncared for, but sought others interested in their behalf.

His strict temperance and exemplary habits bore their valuable testimony in the clearness of his intellect and fullness of his powers up to his very last hours. He is remembered as a good man, and leaves to his afflicted

family and friends the consolations of having enjoyed the society and example of a faithful laborer, a humble christian, and that of a devoted husband and father in his immediate home.

The Cattle-Plague—Its Progress in Europe.

In a history of the disease compiled by the Commissioners of Agriculture from the voluminous reports of the British Commissions and other official data, the plague is officially declared to be identical with the Rinderpest of Continental Europe and with the fatal murrain of 1745, which ravaged England for twelve years, and in the last year destroyed 80,000 cattle in a single county. It is shown that in 1862 it destroyed 15,000 of 296,000 attacked in the Austrian dominions. In 1863, it overran Hungary and other Austrian dependencies, killing from 65 to 98 per-cent. of those attacked in the several countries. The Commissioners report that France, by prompt action, extirpated the disease last autumn with a loss of 43 cattle, and afterwards, when introduced into the Paris Jardin D'Acclimation, it was again exterminated with a loss of 35 animals, among which were gazelles, yaks, zebus and fallow deer. In England, its increase is reported as constantly accelerating, numbering 11,000 total cases in November, 20,000 in December, 73,000 at New Year's, 120,000 the last of January, and 177,680 the last of March, at which time the number which died was 113,217; killed, 20,958; recovered, 23,769, and unaccounted for, 19,765. Of the herds exposed, the number attacked was at first 44 per-cent., but that has reached 54 per-cent. Of those attacked, the number that died was, in November, 43 per-cent.; at the last of January, 60 per-cent. But the number killed, which was 36 per-cent. in November, was but 13 per-cent. in January; and, in November, 5 per-cent. recovered; in January, 11 per-cent. The English cattle are found less capable of resistance to the disease than the Dutch. No trustworthy specific or mode of treatment is reported.

A Happy Winter Home above the Clouds.

In the autumn of 1865, three learned and heroic Swiss Savans supplied themselves with provisions and fuel for a winter campaign above the clouds; and now they are complacently passing off the winter on the top of St. Theodule mountain, one of the Alps, between the Matterhorn and Monte Rosa, busily making meteorological observations at a height of 12,000 feet. From the 28th of November, all communication with the lower world was cut off by the deep snows. It was not expected that the adventurous hermits would be heard from before about the first of June of the present year; but an unexpected rise of the thermometer about the end of February, enabled the most venturesome of all Alpine travellers to pay them an unexpected visit. Mr. Alexander Seiler, of Brieg, a member of the Swiss Alpine Club, took with him the famous guide, Zum Taugwald, Jr., and ventured up the perilous ascent. The road was indeed difficult and highly

dangerous; but the bold adventurers were rewarded by the triumphant accomplishment of their mission. They found the happy philosophers alive and enjoying the exhilarating mountain breeze, and ready to give their visitors a hospitable reception. The visitors have safely descended to the village of Zermatt; and their arrival at that village was celebrated by bell-rings, bonfires, and illuminations.

The Diamond Alphabet. To read a Brilliant Diamond. Drawn, engraved and colored by JAMES D. STOUT. [Aged 82 years 10 months and 3 days. Published New-York April 25, 1866.]

WE have not much experience in handling diamonds, and still less in wearing them; but we have in this *uniquis* and handsome engraving the means of reading them in the technical language of the lapidary's art. As a work of artistic beauty, carefully colored, and embellished by a side view of the celebrated Koh-i-noor, or "Mountain of Light," belonging now to the British Queen, the DIAMOND ALPHABET is both an ornament, and a curiosity.

But it has another and a higher interest: It is the work of an artist, whose memory runs back to the American Revolution. He lived through the Old Confederation, and saw Washington inaugurated as the first of the Presidents at the Old City Hall in Wall-street, N-Y., in 1789. He has seen the National Capital in New-York, then at Philadelphia, then at Washington.

He has lived through the whole of the Revolution, the wars with the Indians, France, Tripoli, Britain (1812), Mexico, and also the recent Rebellion: and has supported or opposed all of the seventeen Presidents of the United States. He has seen New-York City grow from below Warren-street till it absorbed all the villages of the Island, from a population of 22,000, to one million; and has looked down upon the whole Metropolis from Lowe's Balloon, a thousand feet above the Central Park.

Societies—when and where they Meet.—1866. (Observer.)

Miami Homœopathic Medical Association meets at Dayton, Ohio, May, 3d, 1866

The "*Canadian Institute of Homœopathy*" convenes at Hamilton, Wednesday, May 9th, 1866.

The "*Illinois Homœopathic Association*," at Chicago, May 16th.

The "*Western Institute of Homœopathy*" at Cleveland, on Wednesday, May 23, 1866.

The "*American Institute of Homœopathy*" at Pittsburg, on Wednesday, June 6th, 1866.

Pennsylvania Homœopathic Medical Society, first meeting at Pittsburg, June 6, 1866.

The "*Homœopathic Medical Society of Ohio*" at Columbus, Tuesday June 12th.

The "*Michigan Institute of Homœopathy*" at Detroit, on Tuesday, June 19, 1866.

The "Massachusetts Homœopathic Society" at
The "Homœopathic Medical Society of Wisconsin," at La Crosse, Wednesday, Nov. 21, 1866.

New Hampshire Homœopathic Medical Society at —, Jan. 20., 1867.

J. H. GALLINGER, Secretary, Concord, N. H.

New-York State Homœopathic Medical Society, at Albany, N.-Y., on second Tuesday in February, 1867.

H. M. PAINE, M.D., Secretary, 104 State-st., Albany.

Infantiphobia and Infanticide.

WE receive so many confirmations of the truth and importance of the following sensible and just observations on this subject that we give them place here :

It would be a matter of high social interest to determine accurately—if it were possible to collect statistics regarding a matter so involved in secrecy—to what extent infantiphobia, which has lately been discussed in these columns, gives rise to infanticide, and criminal abortion. Without any idea that the statement is applicable to this country, or even to those localities here, where these crimes most prevail, it is proper to state that in regard to London, the opinion has been expressed, that of every thirty women met with in London streets, one has committed infanticide.

There are, of course, no fixed data upon which any opinion on this subject can be based. Our only means of approximating the extent to which these crimes are practised, are in the observation and casual knowledge which come to the physician in the course of his practice. And, discussing the subject with some gentlemen of the profession, since the article alluded to was published, we have been convinced that rather than having exaggerated the prevalence of these crimes, they probably are much more common than one might think.

What is the most shocking in the general experience which we have heard expressed by physicians is, that the crime of abortion is more prevalent among married women than among the single, and that the only reason given by them for killing their own offspring, and making their bodies dens of murder, is the *inconvenience* of having children. There is no plea of inability to raise children on account of poverty, but in the great majority of cases, the simple desire not to be bothered by babies, and not to be prevented by fulfilling maternal destiny, from running about town, visiting friends, dressing finely, and attending parties, theatres, balls and the like, is the only reason given for these abominable deeds. This is certainly carrying the law of convenience as far as the devil could wish.

In a very interesting discussion which recently took place in the Harveian Society of London, on the medical aspects of prostitution, among the causes of prostitution mentioned by Dr. DRYSDALE are two, which, as far as we know, from the two main causes of criminal abortion among married women—*vanity* and *idleness*.

