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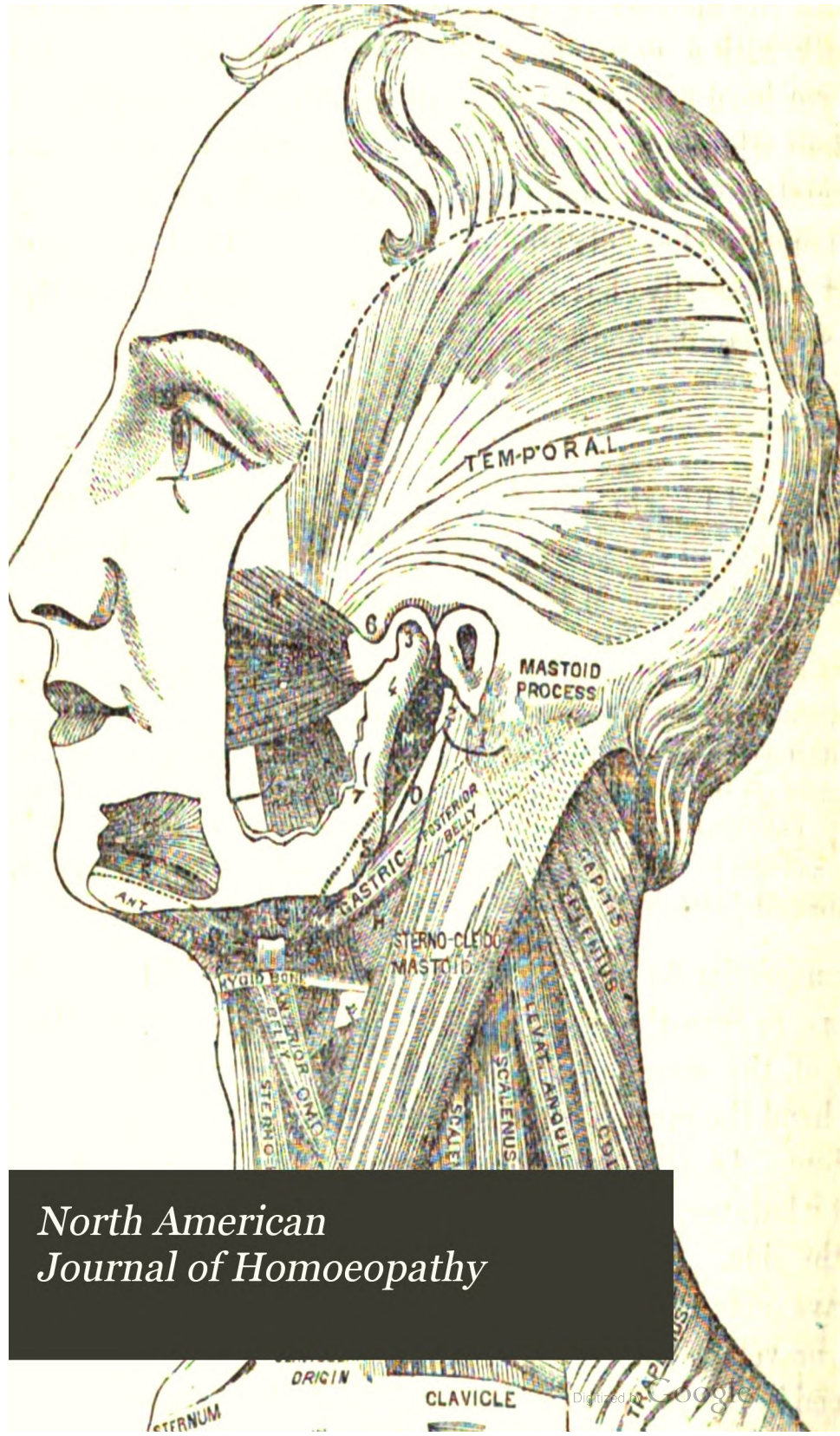
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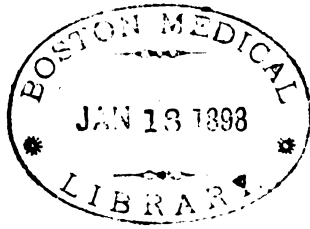
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CHARLES J. HEMPEL, M.D.,

This work should be in the hands of every student and practitioner of Homœopathy. It is likewise adapted to the general reader. The whole field of the venereal diseases is laid open to view with so much order and comprehensive simplicity that, after reading this volume, even the non-professional reader cannot fail to have acquired a thorough knowledge of the subject of which this volume treats. A careful perusal of its pages will amply compensate for the time and labor expended upon it. Even the most cursory glance at this work shows that the subject of which it treats is handled by a master-mind who is perfectly familiar with the importance, nature, treatment and history of the venereal diseases. The views which have prevailed regarding the nature and origin of the venereal contagium, at different times and among leading physicians, are fully and impartially discussed; the different modes of treatment that had been adapted by different Schools, are likewise examined with consummate precision; and if the palm is awarded to Homœopathy, it is only because the author shows it to be superior to any other system of treatment. No work in the literature of Homœopathy can be perused with more pleasure or profit than the present, and we feel justified in earnestly commending it to all those who feel interested in the subject and its Homœopathic treatment.

In perfecting the translation of this work, we desire to tender to our friend and colleague, Doctor LILIENTHAL of New-York, our thanks for having aided us with his valuable suggestions and efficient co-operation in accomplishing a task, the difficulties of which those who are acquainted with Jahr's peculiar, interminable, and fatiguing phraseology will be best able to appreciate. The sense, and even the text of the original work, had to be faithfully rendered in a language, the laws and precise brevity of which are utterly at variance with the heavy and entangled periods of our friend, the Author.

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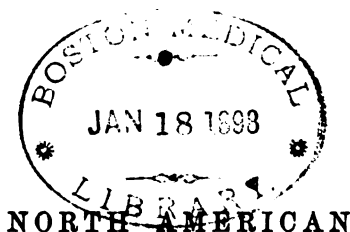
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# JOURNAL OF HOMCEOPATHY.

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## Original and Translated Papers.

ARTICLE I.—*Erythroxylon Coca*. By W. S. SEARLE, M.D., of Troy, N.-Y.

THIS plant has been called the narcotic of the Andes; with manifest impropriety, however, since it has not the property of inducing sleep, but rather an opposite condition. It is however one of the most remarkable productions of the world, and has powerful therapeutic qualities. While almost entirely unknown in Europe and North America, as well as Asia, it has been used in Peru for hundreds of years. At the time of the Spanish invasion of that country, and for an indefinite period previous, the use of its leaves prevailed among the natives of that country, and to this day it forms the delight, the support, and almost the necessity of the Peruvian. At least 30,000,000 lbs. of it are annually raised and used by about 10,000,000 of the human race.

The plant is thus described by Johnston: "The Coca is a bush which attains the height of six or eight feet, and is a native of the tropical valleys on the eastern slope of the Andes in Bolivia and Peru. That which is used by the people is the produce of cultivation. It is raised from seed on the steep sides of the valleys, about 8000 feet above the level of the sea.

In three years the bushes come to full bearing, and yield three or four crops of leaves in a year. The leaves are about the size of those of the cherry-tree, and when ripe they are collected and dried in the sun. When cured, they emit an odor similar to new-made hay. These form the Coca of commerce. When of good quality they are of a pale-green color. Dampness destroys their virtue, and they part with their volatile ingredient, in which is their value, very rapidly when exposed to the air. Their taste is slightly bitter and aromatic; somewhat resembling tea." They are used by chewing with a small portion of quick-lime, or in infusion, as we use tea.

The effect of the Coca upon the human system borders upon the marvelous, and, if not clearly authenticated by authors of undoubted veracity, would be altogether beyond belief. It is credibly reported that, having plenty of these leaves to chew, the Peruvian will labor four or five days without food, and with but little sleep. Von Tschudi, a most reliable traveler, asserts that he employed one of these Indians in very laborious digging, and that, "during the five days and nights in which he was in my service, he never tasted any food, and took only two hours sleep each night. At intervals of three hours he regularly chewed half an ounce of Coca leaves, and kept a chew constantly in his mouth. His work being finished, he accompanied me on a two-days' journey of twenty-three leagues. Though on foot he kept pace with my mule, and halted only for his "*chaccar*." On leaving me he said he would willingly engage for the same amount of work, and go through it without food if I would allow him a supply of Coca. The village priest assured me that this man was sixty-two years of age, and that he had never known him to be ill in his life."

This sounds very like a tale of Baron Munchausen, and would be altogether incredible were it not confirmed by similar reports from sources entitled to the greatest respect.

Dr. J. P. Bloss, of Troy, N.-Y., visited Peru a few years since, and assures me that the men in his employ regularly carried baggage of forty pounds weight, taking but one frugal meal each evening, and keeping pace with the mules of the party. The use of the Coca was constant by these men.

Another extraordinary property of the Coca is that when

chewed or taken in infusion, it prevents that difficulty of respiration which is usually felt in ascending high mountains.

On perusing the account given by Johnston of this curious plant, it occurred to me that it would be an agent of great value in the treatment of many forms of disease. Nearly every severe disease destroys the appetite for food; and it is a wise provision of nature, for food would but add fuel to the fire already burning fiercely. During the progress of disease therefore the tissues gradually waste, and if it be not arrested, the patient expires from exhaustion. Every physician must have seen cases in which if he had had the means of nourishing the body without increasing the disease, the patient might have recovered. Many, too, expire from exhaustion when actually better of the disease under which they labor, than at any previous date during its course. Hoping that the Coca might prove valuable in such cases, I endeavored to obtain it in this country, but failed. However, by the kindness of Mr. Walter A. Wood, of Hoosic Falls, N.-Y., I at last obtained a bale of the Coca leaves in May, 1866. They were forwarded by Dr. Alexander Stewart, of Arica, Peru, on the order of Hon. A. W. Clark, our consul at Valparaiso. The bale weighed twenty-five pounds, and was about one foot square by two feet long. Unfortunately, my request that they should be hermetically sealed in tin, was not regarded, and though they were tightly baled, and enclosed in tarred cloth, the leaves were found to have been injured by dampness, and to have lost a great part of their flavor during their voyage, which lasted three months. Immediately on the reception of the Coca, I addressed a letter to Dr. Stewart, requesting an account of his knowledge and experience in respect to its use. The following reply was received.

San Francisco, }  
Aug. 29th, 1866. }

DEAR SIR,

In May last I was taken ill with intermittent fever and hepatic disease, and was obliged to leave Peru for a change of climate. My experience with the Coca extends over four years; during which period the Native Hospital of Arica, having a daily average of thirty-five patients, afforded me ample opportunity of observing its effects. The patients



were principally Indians from the interior of Bolivia, Lapaz, Cochabamba and Corocoro—they being the people who principally use the plant. They chew the leaves, and from their nutritive properties, and power to alleviate the cravings of hunger, they are enabled to travel day after day for three or four days without food or water. Thus they travel for hundreds of miles through this arid country: water not being obtainable unless carried in calabashes. The statements set forth in Johnston's Chemistry of Common Life, to which you allude, are true in almost every particular. The narcotic effect upon the system is not so prominent a feature as its power to alleviate hunger, and cause sleeplessness. It has a slightly bitter and alkaline taste, and is chewed with lime by the natives. I have frequently observed patients, when convalescent from the low types of fever which prevail here, using large quantities of it. It also has the power of mitigating the difficulty of breathing, hæmoptysis and sleepiness, incident to travelling among the hills, 4000 feet above the sea level. When going to Bolivia, it was with much difficulty that the areria, or mule driver, could keep me awake. Only by repeated shaking and buffeting did he succeed, as sleep under these circumstances is nearly fatal.

It is not an astringent. It does not in any way shorten life. With reference to the latter point, I have made every inquiry from gentlemen living here and in Bolivia for upwards of twenty years, and who employed hundreds of these cholos in their copper mines. They inform me that they have never heard of any bad results from its use; on the contrary, natives have been found in the valleys overtaken by fever, and subsisting on it alone for several days. There may be a gum resin on the leaf when green, but I have not seen it. Its power of dilating the pupil I have never observed.

I have given it with marked benefit in cases of phthisis laryngea when from irritability of the pharynx the stomach would not retain food. At first it was not relished, but on soaking it in warm asses' milk the patients take to it very soon. Humboldt, in his Epitome of Nature, gives a good description of the plant. I believe it would prove a valuable addition to the Pharmacopeia. I have with me some of the seeds, and will be happy to send you a few, and any information I can.

Yours, very respectfully,

ALEXANDER STEWART, M.R.C.S.

The following interesting note was also enclosed:

Coro Coro, }  
 May 29th, 1866. }

DR. STEWART,

*My Dear Sir:*—In answer to your inquiries relative to the Coca, I am happy to give you all the information in my power. In Coro Coro, where I have resided for the last six years, there is a considerable quantity of the Coca used. We receive it dried and pressed in packages (called tambores) of fifty pounds each, the average price being three pounds ten shillings per package. To each of the working people we give a pound weekly, and to the boys half a pound. In eating it they fill their mouths full of the dried leaves, and chew it till the virtue is extracted, and then throw it away. Some in chewing swallow the juice, and some spit it out. Others make an infusion of it with hot water, and drink it like tea. As to the effects—they are very mild. It takes away the desire for sleep and the cravings of hunger. A person constantly using it may go forty-eight hours without sleeping or eating. Though totally unaccustomed to it, I have chewed a quarter of a pound of the leaves in one night, and the only effect on me was to take away the desire to sleep. Many of the working people consume two or three pounds weekly.

Yours, truly,

GEORGE GASSETT.

I may here state that immediately on the receipt of these letters, I wrote to Dr. S. for a supply of the seed, but have received no reply.

The chemical constituents of the Coca are thus described by Johnston. They are an odoriferous resin, a bitter principle, and a species of tannic acid.

1st. *The Resin.*—As they reach this country the leaves are coated with a resinous substance, sparingly soluble in water, but which ether readily dissolves. Digested in ether, we obtain a greenish solution, which on evaporation leaves a brownish resin having a powerful and peculiar odor. Exposed to the air, this substance diminishes in quantity, and loses the whole of its smell. Ether therefore extracts at least two substances, one of which is volatile and has a powerful odor. And it is consistent with this fact that the leaves gradually lose their smell and virtue, and after twelve months are worthless. It

It is also asserted by those who live in the Coca country that only among them are the real virtues of the leaf experienced.

2d. *The Bitter Principle.*—This is soluble in alcohol. It does not crystalize, and has not been rigorously examined. Doubtless the effect of the leaves is due in part to this bitter, but what its exact nature is has never been investigated.

3d. Besides these two substances, the Coca leaf contains a portion of Tannic-acid, which gives a black color with the per Salts of Iron." (*Johnson's Chem. of Common Life.*)

The quantity of the latter ingredient must be quite small since I have never experienced anything approaching constipation from its free use. Immediately on obtaining the specimen of the leaves mentioned above, I began a very free use of them. But in order to preserve the virtue which still remained, I transferred them to a can of tin, which could be very tightly closed. The first effect noticeable was a cool feeling verging on numbness in the mucous membrane of the mouth and throat similar to that experienced after taking strong Aconite into the mouth. This, however soon wore away as the system became habituated to the plant, and is now never felt. It should be stated that no lime was used in chewing the leaves. The next effect noticed was a great diminution of my usually vigorous appetite. I have never tried a prolonged use of them with fasting, but a continued chewing of the leaves altogether suspended the sensation of hunger. As regards sleep they had no effect whatever, either in diminishing the desire for it, or in altering its quality. It was sound and refreshing as usual. I should have remarked that though I ate one-half less than usual, my weight did not diminish, nor my capacity to endure labor. No effect was perceptible on the pulse, nor on any of the secretions. In fact, no very accurate experiments were entered upon since I was informed by Dr. Bloss that my specimen had lost nearly all its virtue during its transportation; and the results recorded are simply given to show that even when comparatively worthless, the power of this drug to suspend hunger still remains to a limited extent. I trust soon to obtain a more perfect specimen of the leaves, and that this short resumé of their qualities may stimulate others to similar experiments. Should this plant ad-

mit of use as a dietetic agent in diseased conditions, and produce similar effects upon the sick to those it manifests when used by the healthy, it must prove of invaluable service in the treatment of disease, and an accurate proving may elicit some symptoms of value which may profitably be employed under our law of cure.

However this may be, the introduction of the Coca into this country would be beneficial in many ways. Every ship which sails from our ports should be supplied with it for use in case of shipwreck. A small bale of it, which could easily be carried in a boat, might be the means of sustaining life till means of rescue should appear. Perhaps it might supplant the use of its more noxious congener—tobacco, and prove far more valuable to the poor man in sustaining life with less food—supplied with this too, an army would be far more efficient, could endure longer marches and battles. In various ways it would prove an invaluable adjunct to civilization.

But *how* does the Coca accomplish the results which are claimed for it? Certainly not to any great degree by any nutritive quality. Let us endeavor to explain this enigma.

No fact in physiology is better established than that the manifestation of life results in death. Every muscle we move, every thought, every passion necessitates waste in the tissues concerned in these functions. Up to a certain point of exertion, this waste is counter-balanced by nutrition; but beyond this point the scale settles in favor of decay; and is only restored to an equipoise by rest and corresponding repair. These are well-known laws of our organism, and yet none are more often and flagrantly violated. The demands of both civilized and savage life prompt men to overstep the bounds of healthful activity, and venture upon greater exertion than the body is able to sustain. The result is excessive waste of the tissues, which if persisted in can only eventuate in premature death.

In view of these facts the existence of certain agents, which are capable of retarding interstitial decay, becomes a matter of exceeding interest. It has long been known that the disintegration of vegetable and dead animal matter can be suspended by combining them with certain elements or by excluding them from the air, but that the waste of living animal

tissue is capable of limitation, has been reserved for modern science to demonstrate. Physiologists now assert that tea, coffee, tobacco, Opium and the other narcotics, as well as alcohol in its various forms possess, among other properties, the power of controlling interstitial decay in the living body. Careful experiment has placed this beyond cavil. That these substances have other and often noxious qualities is not denied. Each and every one of them have properties more or less baneful, especially when used either unnecessarily or to excess. The mode in which these substances thus modify nutrition and decay is as yet an unsolved problem. Grant, however, the truth of the proposition, and we have at once the key to the remarkable fact that mankind of every nation, and in every age have manifested a craving for substances of this nature. No race of men has ever been discovered, however remote and however barbarous, but has found for itself, and habitually uses some narcotic or stimulus. This craving finds its best illustration in the fact that in less than three centuries (during two of which commerce was in its infancy) the use of tobacco has extended from this continent over the whole globe; until now it is estimated that for every man, woman and child, the annual consumption is  $4\frac{1}{2}$  lbs.; while in some countries the average rises to  $14\frac{1}{2}$  lbs. Facts like these can only be explained upon the theory that these substances meet some need of our physical nature, and this need is found in the limit placed by them to the waste of the system. Tea and coffee furnish similar and nearly as striking illustrations.

But if we may yield credence to half what is said of the power of the Coca over the human system, neither tea, nor coffee, nor stimulus, nor narcotic of any kind has a moiety of its influence in limiting interstitial decay.

As has been said, however, no substance having similar virtues is without others of a noxious character; but in Coca they seem reduced to a minimum. Its most noticeable effect—that of limiting the desire for food and sleep, the two prime necessities of existence—appears to arise simply from so reducing the waste of the tissues as to supercede the need of nourishment and rest. Some authorities, it is true, among those quoted by Johnston, draw a picture of the evils result-

ing from its excessive and continued use, which is revolting in the extreme; but others entitled to equal respect deny the existence of such effects. From the balance of testimony, it can scarcely be doubted that its bad effects have been exaggerated, and that absolutely none are observable when it is used in moderation. Certainly, if its sole action be to restrain the waste of the body, a proper amount of it must serve to prolong life. It is, at any rate, to be hoped that the properties of this powerful agent may be thoroughly investigated.

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ARTICLE II.—*Spotted Fever.* By H. BENNETT, M.D., of Rochester, N.-Y.

I WAS called on the 2d of March, 1866, to see a case of spotted fever, or cerebro-spinal meningitis. It occurred in a lad aged thirteen years, recently from England. He came into Rochester on Saturday, and was taken with severe pain in the head the following Thursday. The same evening became delirious, and had spasms frequently during the night. I saw him about 10 o'clock, A. M., Friday morning.

His head was drawn back; pupils dilated, which did not contract when the lids were opened. Livid spots were thick upon his face, breast, arms, and lower extremities, from the size of a wheat corn to double that size. Pulse very feeble, and 115 or 120 in a minute. The jaws were set firm part of the time; then again they could be pried open so that some medicine could be put upon the tongue, which he tried to reject. He had occasionally during the night vomited a green bilious matter. He had put upon his tongue Nux-vom., Rhus-tox., and Cuprum-acet., alternating at intervals of fifteen minutes. I saw him again in two hours, at 12 o'clock, no pulse; but swallowed better. At five o'clock the spasms had mostly stopped; swallowed pretty well; pulse quite distinct; some returning consciousness. Saturday, 9 o'clock, pulse 120; would answer some questions; muscles of the neck less rigid, but he would not open his eyes. At 5 o'clock, P. M., more rational, but complained much of pain in the head and lower limbs. Sabbath morning quite conscious, but some pain continued



in the head and lower limbs. The livid spots were becoming florid. Took some toast-water during the day; passed a more comfortable night; and on Monday ate some toast; since which time he gradually improved. The medicines first prescribed were continued, but at longer intervals after a few hours.

ARTICLE III.—*Diagnosis—A Rapid View of its Historical Development, its Present Condition, and its Relation to the Law of Similia, as Revealed to and Taught by the Immortal Hahnemann.* By B. NOTT LEONIDAS CETLINSKI, M.D.

DIAGNOSIS, or the process of investigating the morbid phenomena of the human frame in a diseased condition, for therapeutic purposes, though it is now considered as the most important branch of general pathology, *is not*, as it may appear, the natural offspring of that branch of the modern *medicina rationalis*, as taught in the old school.

Diagnosis is as old as the healing art itself, of which the ancient medical reformer said, very rightly that it is not an offspring of the science of medicine, but that on the contrary, the latter is the offspring of the former.\*

In the embryonic life of the healing art, when it lay entombed in *ova ecclesiarum*, nursed by priestly, placental arteries and veins; when diseases were attributed *Ad irem Deorum immortalium*, and were expected to be removed by the same agency,† diagnosis must have met with but very little difficulty indeed. The practitioner, in his sacerdotal character, being already familiar with the genealogy, physiognomy and the gastronomic propensities of the celestial magnates and their demoniac cohorts, before he entered the medical profession; a mere glance at a diseased human being must have revealed to him at once, the author of the mischief and the conditions necessary to induce the same *prima causa* to change its *modus operandi* to a beneficial purpose. At a later period, when the business

\* Nec post rationem, medicinam esse inventam, sed post inventam medicinam, rationem esse quæ situm.

† Ab iisdem opem posci solitam.

of tormenting the human family with all kinds of diseases was abandoned to the less aristocratic, invisibles, and their vulgar officials, called simply "evil spirits," diagnosis seems to have assumed a more complicated shape, and become a stumbling-block to the profession; as may be seen, among other examples, in the case of mania complicated with epileptic fits, which perplexed the mind and injured the reputation of the very skilled disciples of Al'assia d' bi-Nazarthoon.\*

At the emergency of the healing art from the dark recesses of foetal life into the light of infantile development, it necessarily had to pass through the hands of many uncouth country nurses before it could attract the attention of the investigating mind.†

Surgery seems to have been the first to engage the sympathy of respectable thinkers. Those among the celebrities who attained some reputation in surgery, seem to have met with very little success whenever they tried their hand on general practice; as may be seen in the poor testimony given by Homer to the chief surgeons in Agamemnon's army.

Diagnosis at that time could scarcely have been anything more than a polite saltem addressed to the patient previous to the settlement about the fee. But no sooner did the healing art pass into the hands of the "*professores sapientiæ*" for further education than it was, at once, submitted to various mental calisthenics and metaphysical gymnastics, preparatory to its baptism by immersion into the very chaotic elements of primitive creation and its final christening as "*medicina rationalis*." Diagnosis during this period appears as a giant column of smoke and mist, marching before the medical Moses, in the desert of human sufferings, without the accompaniment of that other column of fire or electric light to show the way to physical salvation.

Astrology, alchemy, rough cuttings into the human cadaver and agonized criminals, natural history and metaphysical speculation, all and everything else was invoked to build up what is called "*medicina rationalis*;" and the mania of theorizing

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\* Matt. 17, 14-21.

† . . . Nulli clari viri medicinam exercuerunt.

a disease out of the human body instead of curing it, became such a powerful element in medical education that I can easily imagine the poor practitioner of that time, at the very bedside of the sick, lost for hours in profound meditation\* before he could make up his mind whether he was called to verify one of two theories of his preceptor, or to make one of his own; and pressed by the moaning of his patient, he finally prescribed a remedy not according to a theory he had no time to perfect, but according to the *usus medicorum, i. e.,* empirically.†

What success must have resulted from such a learned diagnosis, is easily imagined; "nor are the learned the best physicians," was already a fact thrown into the face of the dominant school of that time.‡

That such a state of things could not last long when the people were in full possession of their right to take care of their physical welfare, according to their own judgment, is very natural; and hence the early struggles for freedom in the medical profession, and the final emancipation of the "*scientia medendi*," the healing art proper, from the "*sapientia*" and its pretensions to the "*ratio-medicinæ*" first proclaimed by Hippocrates, whose very great and universally acknowledged learning protected him against the accusation of quackery, was afterwards defended and better understood by the old eclectics under the leadership of Celsus.§

By the impetus thus given to its centrifugal force, the healing art began very soon to throw off various nebula, not belonging to its proper constituents, towards the periphery, not as waste matter, but as nuclea destined to be developed as separate bodies, each revolving on its own axis until it was fit to take a definite place in the harmonious whole, of which the healing art should be the central sun. Thus it happened that with the separation of the "*scientia medendi*" from the "*sapientia*" arose a variety of mental activities in the medical

\* Cogitatio de obscuris causis.

† Ad enim facisse, quia non ab obscuris causis . . . sed ab experimentis . . . medendi vias traxerint.

‡ Nec etiam sapientiæ studiosos maximos medicos esse.

§ . . . Discipulus Hippocrates Cons, primus quidem ex omnibus memoria dignis, ab studio sapientiæ disciplinam hanc saparavit.

sphere, called in the style of that age "different systems of medicine,"\* of which the spirit of generalization indicates three as the most prominent, viz., dietetic, pharmaceutics and chirurgy; but which in fact were three groups of various departments of a medical system which was just entering upon the process of development.

That the geniuses working in each department claimed for each of them the sole possession of the healing art, was as beneficial as the assumption of the inhabitants of our globe to be the sole intelligent bipeds in creation. It was the motive power for the individualization and completion of each of those departments as the reflectors in the harmonious whole.

During this period, diagnosis could, of course, not assume any definite shape; but it was already moving in an orbit of its own.

Two principles have been already recognized as the immovable foundation of diagnosis:

a. At the bedside of the sick, the practitioner *has not* to theorize at all, nor to make experiments about the virtue of known or unknown remedies.†

b. The mission of the practitioner is the healing of the sick, for which purpose he has only to find an analogy between the morbid phenomena exhibited before his eyes, or otherwise communicated to his senses and those already described or taught as constituents of a named disease, and to administer a remedy recommended for the same by experience‡ keeping account always of the influence of age, temperament, habit and climate.¶

But true and simple as these principles appear to be, diagnosis could afford but little help to the practitioner at a time when the supply furnished by the few diseases described and successfully treated, corresponded so little with the de-

\* *Diversas curandi vias.*

† *Non ideo tamen fore medico de rebus cogitandum obscuris . . . aut novam desiderari medicinam, &c.*

‡ *Sed cum protinus visurum, cui marbo it proximum sit: tantarumque remedia similia illisque vicino malo sæpe succurrerint, et per ejus similitudinem opem reperturum.*

¶ *Enim interest, fatigatio an vigilia, &c. Neque ignorare hunc oportet quæ sit ægri natura, &c., quod is vitæ genus sit, &c., &c.*

mands made upon the healing art by the constant increase of maladies\* resulting from different causes as progress of centralization, luxurious life, mental activity, emigration, &c.

Hence the new struggle to bring the "*scientia medendi*" again under the sole control of the "*sapientia*," known now as "philosophy and science" in order to reduce the healing art, if possible, to general principles, capable of guiding the practitioner in all climes and ages, and under all circumstances.

That this kind of investigation must necessarily have led to the eternal inquiry of the ratio after the *cause* of disease in general, is easily understood; but the same queries became now more complicated and more pertinent.

Why! How can any effect be removed whilst the cause remains? How remove any morbid phenomenon in the human organism without knowing what it is that caused it? No! said the "practical sense," remove the effect by all means! Such a thing can be done, experience proves it. All right! But oh! what shall guide us in the choice of the remedy or treatment? Experience? But there are now a number of preceptors of various systems, each and every one of them claiming and with right, success for his favorite treatment or remedy. But perplexing as these queries were, the investigating mind was now better prepared for a new struggle.

The progress made during the last centuries in physic, chemistry, natural history; methodic and very careful dissections of animal and human organisms; microscopical observations and other useful experiments with a view to the study of the human mechanism, have made the human mind thoroughly familiar, not only with the whole mechanism of the human body [anatomy proper, or a knowledge of the osseous structure with its cartilages, muscles, tendons and the viscera; the vessels for circulating the blood to and from the common centre;

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\* An illustration of the helplessness of the most learned and skilful practitioner of that epoch, resulting from the paucity of resources for comparison, may be seen in the following record made by Celsus of a case under his observation.

. . . . Cum actate nostra quædam, de naturalibus partibus carne prolapsa et arente (gangrenous), intra paucas horas expiraverit; sic ut nobilissimi medici neque genus mali neque remedium invenerint.

the nervous system; the respiratory organs, &c.,] but also with the functions of all these different parts of the system. [Physiology or the knowledge of the laws and conditions governing the normal growth and development of the human body as: the elaboration of the nutritious element by various digestive apparatuses and the chemical process of various salivary dissolvents, into blood which is distributed through its own vessels and capillaries, to all parts of the body for renovating the system; the respiratory function for oxydizing the venous blood and sending it back pure through the arteries; the function of the nervous system for circulating the nerve-fluid, the messengers of the general government residing in the brain; the structures and functions of the latter, the telegraphic apparatus of the head engineer, the incomprehensible human mind; the excretory functions for cleansing the body from superfluous and waste matter.]

A comparison made between the aspect of various organs and structures and tissues of the human body, during the normal operation of various functions of the same, as far as it was possible to observe them, and the aspect of the same organs and structures as they appeared after death, preceded by a certain series of abnormal or morbid phenomena, revealed to the human mind the very important fact that the aspect of the various organs and structures of the human mechanism, is *different in the normal condition of growth from what it is in an abnormal condition of growth and healthy development.*

There remained now but one step to be made by the speculative mind for the final discovery of the *causa causarum* of all disease, known and unknown, and that is the *application of the law of causation to the relations to be established between the morbid phenomena observed during life, and the discovered changes of aspect, structure and tissues of organs after death.*

The inference that these *relations must be those of cause and effect*, forced itself upon the enthusiastic inquirer, who, for centuries, had been anxiously looking for that very thing *i. e.*, the *mysterious cause of disease.*

To inquire: *where and what is cause, where and what is effect in the various phenomena exhibited in the human organism?* would lead the mind in a direction which we are

perhaps, even now, not yet prepared to follow; certain it is that the logic followed by the pioneers of the modern *medicina rationalis*, is as plausible as it is a natural growth of a previous development of the philosophical mind.

If disease is anything, it is an effect of a cause. As cause and effect are inseparable, the cause of disease must be in the immediate sphere of disease, *i. e.*, *in the body itself*. Again, suffering, or the equivalent of morbid phenomena in the human organism, is the expression of *materiality*, since *the soul*, whatever its definite character may be, *does not suffer* independently of the body, nor can it be proven that it participates in any way, in the suffering of the body, by and during its connexion with the latter; hence, if suffering is the expression of *materiality*, its *cause* must be of the same nature, *i. e.*, *material*. Probability did the rest for completing the very sound logical conclusion *that the relation between the morbid phenomena exhibited during life and normal growth, and the changes observed after death are those of cause and effect.*

Thus was discovered the true key to the true (*sic*) *medicina rationalis*. But as the healing art remains inflexible in its demands to *heal sick individuals*, the task of *ratio medicinæ* became very heavy indeed. It had first to ascertain the *relatio-causalis* between each disease [and they were now known in a goodly number] and the changes of structure, tissue or function which is now *a priori supposed* to exist as its cause, and secondly to discover, or select a remedy which has the power to *remove* that change or cause.

The difficulties were now as great as ever, and perhaps more numerous; but once embarked upon that boisterous sea of speculation about the relationship of the multifarious phenomena of the human mechanism, and seduced by various successes obtained by isolated single strokes, the spirit of generalization could not stop, but had to make full sail for the open sea.

Not satisfied with the most useful and sublime discoveries in anatomy (human and comparative), animal chemistry, physiology, surgery and pharmaceutics, &c., it advanced boldly towards the speculative nosology and etiology, discriminating between *causæ abditæ*, *causæ evidentiæ*, &c., then a semiology

or symptomatology where it discriminates between the anamnestics, diagnostics, pathognomic and other signs, and did not stop until it reached the prognosis, the very *prophetic spirit* of the modern *medicina rationalis*.

We should expect now to see the healing art emerging in its full splendor moving majestically in its central orbit, accompanied by its brilliant satellites, the various departments of medical science; but the fact is that that stately matron, so much courted by philosophers and savans, is now living retired under the name of *therapeutics* as a mere branch of the modern *medicina rationalis*.

That diagnosis, this faithful handmaid of the old *scientia medendi*, shared the fortunes of her queenly mistress, has been shown already; but it is very interesting to take a rapid but clear view of the shape and character it has assumed now, after having been submitted to various beneficial and reverse influences.

The pressing demands of the healing art to *cure sick persons* have already fixed well defined limits to diagnosis, which no expansive power can obliterate. Modern *medicina rationalis*, though it believes that it has placed the healing art on the very solid foundation of *ratio causalis*, condescends to reëstablish the old limits of diagnosis in proclaiming that—

1. The practitioner himself has not to look for the *cause* of the morbid phenomena he is observing; this has been done for him by the “theory of disease.”

2. Nor has he to try a remedy or treatment of his own, since the same theory has already indicated the remedies or treatment best adapted to all kinds of diseases.

3. All he has to do then is to find *the similia* between the morbid phenomena he is investigating and those enumerated by the modern *medicina rationalis* as constituting a *named disease*.

4. The *similia* being ascertained, the practitioner will find the *cause* of the morbid phenomena under his consideration, as well as the means to remove them, already indicated.

So far it seems to be but a strict adherence to the sound teaching of the “*scientia medendi*” of old; but the finding of the *similimum* seems to be a great stumbling-block.



If the symptoms, remarks one of the most modern authorities on that subject, by which a disease is recognised, were analogous *in all cases*, the student had but to commit to memory the summary contained in systematical treatises, to be able to *recognize at once* any disease which comes under his observation. But this, confesses the same authority, is far from being the case. [Barclay on Diagnosis.]

Pathology contrived indeed to point out certain phenomena as being characteristics of each kind of disease. The practical sense of our best *text-books*, seems to take advantage of these significant hints, and groups these characteristics separately, under the rubric of "diagnosis" though their real appellation is not yet determined. But that the same question will now force itself upon us more urgently is manifest; since the so-called "diagnostics" are *less* in number and the summary of all these groups can be more easily committed to memory, so that every student may be enabled to recognize any disease on the very day he leaves college, and sooner too. But that this is far from being the case I need not appeal to the memory of conscientious physicians; it is a fact acknowledged by all the modern writers of authority in the old school; who display now no little energy and skill in hunting up *new symptoms* and betray evidently the influence of Hahnemann, in abandoning the importance of single symptoms and strive to obtain rather a more complete picture of disease by multiplying the phenomena ad infinitum, [a *sui generis* totality of symptoms.]

How this has succeeded will be seen further on. For the present I hasten to take a rapid view of the *true* significance of diagnosis as it stands now, and its claims to bring the *conditio sine qua non* of a successful treatment, *i. e.*, a *rational* treatment.

The various definitions of diagnosis given by the best text-books in the old school, in general, relate only to the discrimination between the less reliable and the most characteristic symptoms. Hence such definitions as: "Diagnosis is the art of converting symptoms into signs;" "the interpretation of symptoms" and the like. But the true significance of diagnosis, according to its very nature is thus expressed by the authority quoted above: "all true diagnosis is ultimately

based upon *inductions*, separately framed out of clinical and pathological investigations and experiments."

"In so far as we are able correctly to interpret symptoms and to trace out in connection with them, a REAL CHANGE of structure or of function which affords an adequate explanation of their presence, in so far are we prepared to form a correct diagnosis;" or to be more explicit: diagnosis is a repetition of the same process employed by the *medicina rationalis* itself, in its researches into the causes of disease, with the very significant difference that while the framers of the "theory of diseases" had two positive data and only one supposition from which to draw a conclusion [*a. morbid phenomena under observation; b. actual changes of structure and function; c. a supposed relation between them;*] diagnosis has but one positive datum and a number of suppositions based on suppositions for the formation of its conclusions.

Besides the morbid phenomena exhibited before his senses, the practitioner has to suppose on the one hand: 1. The correctness of similarity. 2. That both series of phenomena must have the same cause. 3. The correctness of the conclusions of previous investigators [pathology]. 4. That those investigators would have drawn in this case the same conclusion. And on the other hand: 1. That the remedy or treatment which has been proven successful in that given case, has been so in virtue of its power to remove the cause. 2. That if it has removed the one cause in one case it will do so in another but similar case.

Such being the true significance of diagnosis, as it is now understood, it is indeed clear that a diagnosis is correctly made only when it has really discovered the cause of the morbid phenomena it is analyzing.

But as the discoverer must have something on hand by which he can test the value of his discovery, the question arises *what is it in diagnosis itself* that constitutes its inherent virtue as a sure test by which the supposed presence of this or that state of an organ or a function may be verified? We are almost tempted to consider that it is either one or a number of symptoms of a certain kind or the aggregate of a certain set of symptoms, when we look to the text-books for informa-

tion, where we meet with various groups of symptoms, variously denominated, and to which the attention of the practitioner is especially called. But as it is now generally acknowledged that even the so-called "pathognomic symptom" is no sure mark of the presence of this or that change of structure,\* and as on the other hand we see the modern *medicina rationalis*, yielding evidently to the gentle influence of the immortal Hahnemann, exhorting the practitioner not to hunt any more for this or that important symptom, but rather to collect all the symptoms in a harmonious *whole*, where a single symptom, seemingly of no importance may decide the balance in favor of this or that conclusion, [Barclay quoted, and then Dr. Beach and the other reformers or eclectics,] it becomes evident that in *flat* contradiction with the maxim established for the limits of diagnosis, as above indicated, the practitioner is, in fact, abandoned entirely to *himself* in his researches for the cause of disease, and that he is in fact *theorizing* instead of fulfilling his mission of healing the sick.

For whatever may be the value of pathological teachings the conclusion which the *practitioner* draws from *his own observations* or diagnosis, is no more nor less than *subjective*, a *creation of his own*, since there is no *complete picture of disease* extant *after which* he has to pattern his. The judgment of the practitioner may be enlightened and it certainly should be, by all those sciences which make the human mind familiar with the human mechanism, its structures, functions, &c., but it certainly would be absurd to make a *given amount* of knowledge of those sciences a *standard for the capability of judgment* in this respect. It seems more rational to follow Mr. Farady who limits the capability of judgment to his own omniscience and to that of a few of his associates.

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\* Crepitation, *p. i.*, is considered a pathognomic of "pneumonia;" but, "it is quite true," remarked Barclay, "that clinical observation has shown in a vast number of cases, that when after death *fibrine* is found effused into the parenchyma, such an obstruction to the admission of air at one period exists, that it enters the lungs with a puff or *crackling* noise called crepitation; but until it can be shown that the noise stands to the fibrine in the relation of effect to cause it is a *false induction* to assume that it is a certain evidence of its presence. And when we consider . . . . . that cases of pneumonia do frequently present themselves in which crepitation is *not heard at all* it will be at once conceded, &c. . . . (Barclay on Diagnosis.)

But even the most complete knowledge of all those sciences can give to conclusions drawn by the *practitioner* from his own observations no other character than that of "hypothesis," since he himself has not sufficient of positive data to draw his conclusion from. [See above page 19.]

Hence the complete impotence of the modern *medicina rationalis* to correct the frequent errors committed by its adepts in diagnosis otherwise than by a *post-mortem* examination, an event it cannot always control, or not always favorably control. Certain *conventional* laws may, to a certain extent, limit the pretensions of the individual practitioner, to correctness of judgment, but the *medicina rationalis* itself has no *means* to do it, and here it may well be said: "If Jehovah does not watch upon the city, in vain does the night-watch watch." Hence the sad blunders in diagnosis committed very often even by the greatest medical authorities of our age; by men whose *knowledge* of the human mechanism, in all its departments, is the glory of the profession, and whose judgment is their law. [Among others, I refer here only to Sir James Clark, who took a disease resembling pregnancy for the latter case, and caused much suffering to an adored creature in the royal family; a leg has been shown to Dr. Beach, during his visit to Guy's Hospital in London, which had been taken from a merchant in consequence of a false diagnosis made by Sir B. Brodie; and others the like.]—*Beach*, p. 163, Vol. "Pa/hology."

Individuals may distinguish themselves in scientific attainments and quickness of perception [the glory of good guessers]; they may rival and subjugate each other, sustained by influences from abroad, but diagnosis itself must necessarily remain an idle spectator, having no power to decide the merits of the combatants.

Diagnosis as pathology put to practice, seems to be the very element of *anarchy* in the *discipline* of science. [Our general knowledge, derived originally from particulars made up of many variable elements, must be *reapplied* in *practice* to individual instances as complicated as those out of which they were originally formed, so that *precision* is, in the nature of things, *impossible* and certainly of *very rare attainment*. (*Grey and others*.)

“Few minds are able to *divest* themselves wholly of hypothesis in considering any series of facts and the more *untrained* the *mind* is, the more readily does it frame such hypotheses for the purpose of explaining them.” (*Barclay* p 20.)

But where and who *is* the best trained mind that is able to divest himself wholly of hypothesis? why! it is easy to guess.—

So far of diagnosis as pathology put to practice; the *use* of diagnosis to the *healing art* proper is certainly dependent upon the correctness of the following suppositions:

1. That we cannot heal the sick unless we know what it is that *caused* the morbid phenomena exhibited in their organism.

2. That when we *do cure* the sick we do so by virtue of *tolla causa*, &c.

3. That the *medicina rationalis* to which diagnosis refers for healing resources possesses in fact all the necessary means for removing the cause.

Now as to the first supposition we need only recall to mind the fact that the modern *medicina rationalis* *does claim* to cure diseases or groups of symptoms, the cause of which it acknowledges itself to be ignorant of, as fever and the like.

With regard to the second point, here is the most humble confession of the proud *medicina rationalis* of our age, “our treatment will *sometimes* be founded on a correct knowledge of the nature of the disease and the mode of operation of our remedy, in which case we *are said* to pursue a *rational treatment*; in other instances we act *in ignorance of both*, and then our treatment is said to be *empirical*. Again our treatment may be *curative* . . . or merely *palliative* . . . a fact which imposes on the physician the necessity of supplying himself with very extensive and precise information on all the subjects which can conduce to a knowledge of the human body on the one hand, and the virtue of the remedies on the other. By such a combination alone can the art of healing be *raised* from the *low level of conjectural* to the *dignity of a rational art (sic!)*” (*Guy and others.*)

Now let us take a glance or two at the *resources* at the command of the dominant school for curing diseases, whether it be in removing the cause and effect united, or separately, or in ef-

fecting a happy flank movement by means of palliatives and the like. As it is taught that the virtue of remedial agencies is to be ascertained only by experiments *on the sick*, it becomes clear at once that the knowledge we get of remedial agencies is merely *accidental*, and *hypothetical* at that. On the other hand the experiments on the effect of non-nutritive elements introduced into living organisms, being made for purely *toxicological* purposes, the effect of remedial agencies on the healthy frame must necessarily remain ignored. What now can be expected from such a poverty of resources for the healing art proper?

## PART II.

Hufeland's half prophetic utterance, that homœopathy, if not checked in time, will "be the grave of medical science," intimidated many an independent mind among the earlier disciples of Hahnemann to such an extent that, though faithful to the teachings of their master in regard to the law of similia as a basis of the healing art, they nevertheless cling with more zeal than wisdom to every speculation of the dominant *medicina rationalis* which had the slightest appearance of a scientific character. Thus, not only pathology, but also diagnosis, this very palest shadow of pathology remained for a long while, and seems to be still the shibboleth in the profession of the homœopathic denomination.

The true significance of diagnosis and its scientific character as the key to a rational healing art have been, I believe, sufficiently elucidated. But in order to understand the relation of diagnosis to the law of similia similibus, &c., it is necessary to bear in mind that what goes now by the name of diagnosis among the practitioners of the dominant school, is not in fact the true diagnosis, which is *pathology* repeated with different data (page 19), but a pseudo-diagnosis, consisting in finding out a *similimum* between a group of symptoms made up in haste at the bedside of the sick, and a set of symptoms given in the text-books as a very *incomplete representative* of what is commonly called "disease," whether it means *cause* (*i. e.*, change of structure or function), or "*striking effect*" (a predominant symptom), or something else (as local relation, &c.).

That such a thing is *legitimate* in the *old school* is easy to understand. The dominant school has too much of science, *besides* therapeutics, not to know the amount and nature of *scientific discipline* which is indispensable to *make pathology* of any value; and it could not expect the numberless incapacitated minds whom it surrounds with the halo of "M.D." to go forth and practice "pathology." Hence the absolute *necessity* for the old school to adopt such an *unscientific thing* as that pseudo-diagnosis mentioned above, a mere index at the end of a book for reference, as a *passee-partout* for the newly-fledged practitioner. Hence on the other hand, the preference given in the old school to a very deficient and loose medical nomenclature instead of the more attractive but "premature" nosological classifications.

Now let us leave the dark regions of the chaotic *medicina rationalis* of the dominant school, and enter into the glorious light of the Hahnemannic revelation, and see what place can be found there for either one or the other kind of diagnosis just examined.

To get at any truth it is necessary to divest one's self of all personal feelings and predilections in regard to *authorities* and individual opinions. Hence I will not refer to Hahnemann's *polemic* against the pathology of his age, nor to his formal declaration that *therapeutics* could never be based on pathology in general, for the reason that the best of pathology is but "a *science of hypothesis* respecting the nature and process of morbid action." I know that there is a good number of respectable physicians in the homœopathic denomination who regard homœopathy and Hahnemann as two different things, just as churchism exhibits christianity and Jesus Christ as two different elements of religion. But in regard to homœopathy itself, there is no divergency of opinion as to the maxim of *similia similibus*, &c., being universally without exception, considered as the *law which should exclusively control the administration of medicine* to the sick for healing purposes.

One or another practitioner may, in certain cases, find either his *knowledge* of the law of similia inefficient, or the law itself inapplicable, and prepare to have recourse to some chemical or mechanical contrivances [I do not allude here to

those parasites of the profession at large who live on all kinds of stuff to which they give the name of homœopathy or some other pathy]; but there is but one voice declaring the law of similia to be the controlling power of the healing art. Now let us see what is the most universally accepted *definition* of the law of similia without reference to any *theory* of Hahnemann's or of any Hahnemannians; it is this: That a sick person who is considered to be in danger of loosing his health or his life, if left to the helpless *vis medicatrix naturæ* can be cured and restored to health only by introducing into his organism such a remedial agent as, in a *healthy* person, would produce a set of phenomena similar to those exhibited in the organism of the sick under consideration. The name which we may have reason to give to the group of morbid phenomena that we find exhibited in the sick may be a matter of opinion, convenience or taste, but the selection and administration of the remedy have *nothing to do with it*. Some speculative minds may believe that they have found, in this very similarity, a given pathological or physiological relation between the remedy and the sufferings of the patient; but the similarity is of *itself sufficient to decide the selection of the remedy and the justness of administration*.

All suppositions concerning the possible relations between the remedial agents and the group of symptoms for the removal of which it is to be administered belong evidently to the domain of philosophical speculations, which *cannot have any influence upon the selection of the remedy, since the similarity itself is a concrete fact, an "objective" resulting from a simple, though intelligently conducted, yet mere mechanical process!* Its existence is a *self-evidence*. The most ingenious speculation about the physiological or pathological relation between the remedy and the morbid phenomena exhibited in the sick may at the most testify to the brilliancy of the practitioner's mind, not as a practitioner of the healing art, but as a well-schooled and philosophically trained intelligence; since in regard to the selection of the remedy and its administration, *i. e.*, the *exercise of the healing art proper*, this splendid mind has to work no more, no less and *in no other way* than that less learned practitioner who has neither means nor taste for philosophical speculation.



It is true, there is divergency of opinion in regard to, or rather a variety of operations for *finding the similarity* between the remedial agent and the groups of symptoms to be removed by it; some look for it in the general aspect, the main outlines; some in peculiar or so-called *striking* symptoms; but all have the same concrete object to work upon, and the *same limits of comparison*.

The pathogenesis of the drugs contains *all the elements* of one side of the comparison, whilst all the elements of the other side are to be found in the sick individual, in whom we have to look, not for some *hidden* or *supposed*, but for *such* phenomena which are *equal* in *nature* and *expression*, not to those of a *supposed disease*, but to those who are *clearly stated* and *well defined* in the *remedial* pathogenesis. It is true again that there is a divergency of opinion in regard to the mode of administering a remedy; some administer the remedy in a more or less crude form, some in a more or less high attenuation; some repeat the dose more or less frequently; some wait for certain indications for a repetition; some alternate and some stick to a single remedy, but all have but the same field of operation, well defined and limited for finding the *similimum*.

This clear understanding of the universal acknowledgment of the similia as *the law of the healing art*, has traced out at the same time, the limits which the practitioner should not overstep in the exercise of his art. It is the old but self-evident truth proclaimed by the antique and venerable "*scientia medendi*," *i. e.*, that the practitioner has not to *theorize* at the bedside of the sick, nor to try a remedy of his own on that suffering individual. All he has to do is to find the *similimum*—not indeed that *similimum* of old, the most absurd empiricism, nor that imaginary similarity of two *supposed* entities, but a *similimum* based on *positive knowledge*, and which is a *law of nature*.

If we turn now our attention but for a moment to the diagnosis of the dominant school, we cannot but be completely amazed at its presence in the camp of homœopathy! What diagnosis is it? Is it the true *one*, the pathology put to practice, or is it the sham-diagnosis—a running with the finger along the index of medical vade-mecums? There can certainly

be no objection to a homœopathician's helping along old pathology, in his leisure hours, to the best of his ability, if that is his pleasure; he can do it as well as tracing a plan for a railroad, or calculate the reappearance of an eloped comet; but if he does it at the bedside of the sick whom he is called to heal, he is wasting time which does not belong to him, and runs the risk of failing in his mission entirely. For it is impossible to serve two masters at once. A therapeutics based on pathological indications, remarks one of our ablest writers, must of necessity be a system of broad *generalizations*, while to the true homœopathic practice the strictest *individualization* is an indispensable condition [Dr. C. Dunham, Am. Rev., July, '64]. The writer, as a strict Hahnemannian, may be, by some, suspected of exclusivism; but this his utterance contains an indisputable truth. For whatever the *extent* of individualization may be with some of the practitioners in their investigation into morbid phenomena, one thing is sure and certain that the *kind* of symptoms to be looked for, in order to prescribe according to the law of similia, is altogether *different* from that looked for by pathological investigation. Pathology looks for symptoms which refer most probably to this or that change of structure or function, and as soon as it believes that it has reached this point, *i. e.*, the presence of a change it expected to find, *the investigation is finished*, while the law of similia, having similarity exclusively in view, looks for a set of symptoms which affords a striking similarity to a set of symptoms found in the drug-pathogenesis. One or more single symptoms may be referable to a change of structure or function; but this is neither necessary to, nor does it enhance the value of any symptom as a constituent of the whole picture, whose main character is not *indication of the presence of this or that change* of structure or function [though it may *accidentally* have the appearance of it], but *similarity*.

Similarity being the sole aim of the homœopathic investigation into morbid phenomena, this investigation may sometimes be finished before pathology has completed one-half its course, and sometimes the contrary will be the case. Let us admit for argument's sake, that similarity presupposes the presence of one and the same pathological condition, what of that? since the similarity may be found most completely in entire

*ignorance* of that pre-supposed pathological state; as it is true on the other hand that the law of similia holds good when no given pathological state can be even guessed at in the present condition of pathological speculation.

But there is another reason why pathology must necessarily remain a *disturbing element* in homœopathic investigation into morbid phenomena. Suppose a group of symptoms manifest in a sick person does in fact indicate a certain change of structure or function as its proximate or remote cause, the question must necessarily arise, what is the *nature* of the *other group* of *symptoms* formed, for a given purpose, *out of the pathogenesis* of a given drug? Is it a *representative of a similar* pathological state? Most probably, if we follow the speculative mind in his pathological meditations. But we do not administer the group of symptoms picked up in a drug pathogenesis, we administer the drug itself. The question then arises what is the relation between the *drug* and a group of symptoms taken out from its pathogenesis, which pathogenesis is the only true representative of the drug or of its effect upon the human organism? Why! the answer is evident. Any group of symptoms formed out of a drug pathogenesis is but a *part* and *parcel* of a *gigantic, most complex group of symptoms*, in which *pathology* will most certainly recognize a representative, not of this or that pathological condition, but of a monstrous *complex of various pathological conditions*. Having arrived at this point, the homœopathic investigator discovers at once that the similarity he fancied he holds in his grasp, disappears and gives place to a most striking *dissimilarity*. For, the relation between the group of symptoms manifest in the sick, and the remedy is exactly that which exists between Bright's disease on the one hand, and on the other tuberculous phthisis accompanied by myelitis, ophthalmia, and a dozen of other named diseases, among which is to be found Bright's disease also. [Any clinical record at the head of the pathogenesis of a polychrest-drug will furnish the picture I have just traced.] What will justify the belief that a drug which produces such a monstrous complex of pathological conditions will, in a given case, as if to accommodate the practitioner, limit its power to the production of a single, well-defined pathological state, similar to that exhibited in

a sick person trusted to our care? Pathology calls out "*non ego!*" certainly. But what *proving* even has been able to ascertain the limits of an *attenuation* which is capable of producing but one *single pathological* state, or a binal trinal complex? The fact that China cured intermittent fever while it has been found to produce in a healthy organism the same disease *together with* chorea, hæmorrhage, and half a dozen of other diseases all at once, would not justify the deduction that China cured intermittent fever according to *similarity*, but rather according to—*dissimilarity*, if viewed from a *pathological* stand-point.

Must not such questions lead the homœopathic investigator either to *dismiss pathology* entirely, at the very threshold of the sick-chamber, or to *look for something* which is *neither pathology* nor *homœopathy*, *i. e.*, an *unthing*. Hence the astonishing slowness with which homœopathy advances in its development as a *progressive science*, and in *its struggle against prejudices* in *practice*, notwithstanding the fact that it possesses all the necessary *elements* for the formation of a *true* and *complete medicina rationalis* based upon eternal principles, and the power to *fascinate* the popular mind by *uniform success* in healing the sick more promptly and more radically than it does at present.

Among other victims of pathological predilections, I will quote here but one, and that is Dr. Schneider, that thorough scientific physician who allowed himself to suffer all the excruciating pains caused by what is termed "diphtheria." This case has been very justly analyzed and elucidated by Dr. L., in the Am. Hom. Rev., Nov., 1864; and I have but to remark that I refer to this case because I happened to go through the same experience in my practice, and arrived independently at the same result.

With regard to the *sham diagnosis* or the easy comparison between a few symptoms collected in haste at the bedside of the sick, and the short description of a named malady, given in the text-books, it is certainly a *very strange thing* in the *homœopathic art* of healing the sick; but as its existence is a stubborn fact, and has to be dealt with fairly if we wish to remedy this evil, it is necessary to have a clear understanding

of those phenomena to which that sham-diagnosis owes its introduction into the homœopathic practice, and the sad necessity which renders its presence, for a while at least, indispensable.

The well meant and laudable endeavors of the earlier followers of Hahnemann to present to the non-homœopathic public the various successes of the homœopathic practice in the form of clinical records, forced the authors of the said records to adopt, for convenience sake, the medical nomenclature current in the old school.

These clinical records soon became a formidable element in the homœopathic literature. That they have been of great service, not only to the outsiders, but also to many a conscientious homœopathic practitioner, cannot be denied; for the earlier clinical records, though they adopted the vicious nomenclature of the old school, contain nevertheless full reports of the various groups of symptoms to which they gave the old names, as well as a detailed exposition of the administration of the remedies so that the *reason why* this or that remedy was selected, and the effect of its administration were easily understood, not so with the latter clinical records which began very soon to flow in from all parts. Carelessness (at times very great) in stating the case as well as in the report of the administration of the remedies and their progressive effects, is now very frequently met with. But the former as well as the latter have their attractive power. Helplessness in handling the *materia medica* [a thing very reasonable in the earlier period of the homœopathic literature] very soon took advantage of this agglomeration of clinical records for facilitating the actual exercise of the healing art, and thus originated a kind of diagnosis in our school to which no character could be given at first. But as soon as the hasty compilers of manuals introduced into their, otherwise useful works, clinical head-chapters, made up of abbreviated clinical records shorn of everything which characterizes their primitive usefulness, the door was at once opened to laziness and ignorance. The immortal Hahnemann saw well the necessity of adopting, for convenience sake, some pathological appellations for groups of morbid phenomena, having in view the useful-

ness of presenting to the non-homœopathic public the success of the practical application of the law of similia; but having a well-founded presentiment of the danger to which homœopathy would be exposed by such a step, he exhorts us very justly to be cautious and explicit in the adoption of the pathological nomenclature, and reminds us of the necessity of *dismissing it* as soon as homœopathy becomes accessible to the outsiders. [*Organon*, § 81.]

### PART III.

#### *Diagnosis According to the Law of Similia as the sole Controlling power of the Healing Art.*

It has been felt, I hope, that through these pages I have kept myself confined strictly within those limits in which there is unity and harmony among the profession, avoiding all points that have given rise to divergency of opinion among the homœopaths, and that I have not even touched upon the intrinsic value of pathology itself, but have admitted it to be a natural element of pure philosophical investigation which has its own sphere of usefulness.

In entering now into a closer, though brief, examination of diagnosis, viewed from a pure homœopathic stand-point, I wish to be allowed to recall to mind the stress which should be laid upon the *distinction between the education of the practitioner as an artist and the actual exercise of his art*. The former is a scientific disciplinary *training* which makes him a "medicus" in contra-distinction from a "Iatralipta," vulg., cancer doctor. [The term "quack" as used now-a-days, belongs rather to the bar-room, the ring, than to the language of well-bred people in the profession.] The latter is, in fact, the performance of a piece of workmanship, executed according to rules laid down, *well defined* and easily understood. In the former there are elements which, though not indispensable, yet as auxiliaries, are normal and beneficial constituents, which in the latter assume a disintegrating character and must be rejected from it. To this class belong all those that lead the mind into the domain of hypothesis and philosophical speculation which are of no avail in the *exercise* of

the healing art itself. This distinction has been and is still, partly thoughtlessly, and partly maliciously *ignored* by the opponents of homœopathy, and it seems to be not sufficiently appreciated by many a homœopathist, though it was well appreciated and inculcated as long ago as at the time of Celsus. [ . . . Rationalem quidem puto medicinam esse debere: instrui vero ab evidentibus causis, *obscuris omnibus, non a cogitatione artificis, sed ab ipsa arte rejectis.* De medicare Lib. pr.]

The exercise of the healing art proper consists in :

a. Diagnosis, or a methodic investigation into the morbid phenomena exhibited in the sick organism for the purpose of discovering, not that of which we cannot possibly get a *positive knowledge*, but that which *will reveal to us in a most positive manner, the relation* which may exist between the *morbid phenomena* under consideration and a *remedial agent* proper to remove them. It is clear that where *no possible relation* is revealed the *practitioner knows at once* that this class of morbid phenomena is not to be treated by *remedies* but by means indicated by that branch of medical science known as surgery (obstetrics proper included).

b. The administration of remedies, watching their effect and changing them according to circumstances or the application of certain manipulation and instrumental operation when indicated.

c. Hygienic advice and the like.

But as the purpose pursued through these pages is manifest, I will be allowed to confine my attention to the *first step* in the exercise of the healing art as indicated above. When we think that diagnosis, from "*διαγνοσι*," I know means "knowledge," it is evident that the term "diagnosis" ought to be rightly applied *only to such a method* of investigation, the ultimate of which is *positive knowledge*. Pathology put to practice, dealing as it does in hypothesis and guessings, may be at times agreeably surprised when any of its suppositions proves to be correct, as is the allopathic practitioner when his treatment, a strategical movement rather than a fight in the open field, proves successful.

Not so with homœopathy! Based on *experience* and on

fixed laws, its diagnosis must be *eo ipso*, a process aiming at positive knowledge, which excludes whatever bears the character of supposition.

I am not ignorant of the fact that even those who are reputed to be strict Hahnemannians, use, in their *recorded* diagnosis and writings, such expressions and phrases, as betray evidently pathological pre-occupation, but, methinks, that it ought to be considered as a result of habit and inadvertence rather than a product of serious thought. For a little reflection must convince us of the impossibility of admitting in homœopathic diagnosis anything of the kind, since the records of the drug pathogenesis, to which we are referred for a *similimum*, do not contain pathological speculations. The few and far between expressions of such a character are the exceptions to the rule and belong evidently to the imperfection of the compilation rather than to the original expressions of the provers. Nor could they have entered the mind of him who founded and directed the records of the first provings. And here I wish to be allowed to make a general remark in regard to provers and provings.

Provings made by allopathically-trained physicians, if not very carefully reviewed before they are delivered to the public, will always betray pathological pre-occupation, for the reason that those who have been long enough accustomed to associate certain morbid phenomena with supposed or real changes of structure or function in this or that organ, arrive, if they are of a philosophical turn of mind, to what is termed by the German philosophers, "*scientific consciousness*" on many points of a purely speculative character. When this *scientific consciousness* happens to become associated with the *sensational element* it gives to the latter its own character. Hence when such a prover happens to experience an abnormal sensation which according to his scientific consciousness is the expression of a given pathological condition, his very spontaneous manifestation of pain will be the expression of a pathological formula. But as the scientific consciousness of any individual, with regard to any scientific investigation, must necessarily stand or fall with the faith which we may accord to its intrinsic value as such, and as it must be sub-



mitted to some other processes for verification, it is evident that any proving which assumes the expression of a pathological consciousness more or less scientific, can be of no more value to the homœopathic practitioner than the descriptions of diseases in the allopathic vade-mecums. One consideration more and I am done with the *negative side* of diagnosis, or what it ought not to be.

All homœopathists agree that the *similimum* between the morbid phenomena as they appear in the sick organism and a given drug pathogenesis, is the pivot of homœopathic practice. Now we do not expect our *patients* to give us a description of a pathological state of their organisms expressed in pathological style, nor can we expect the mass of the provers to express themselves pathologically either; but both those who suffer from an *artificial* and those who suffer from a natural disease feel and express themselves in the same language and both do express their sensations as *nature* dictates to them. A *similimum*, if found amongst such phenomena, must necessarily be *correct* as it is almost a *concrete fact in itself* and needs no philosophical speculation to make it such. The idea of preferring medical men for making provings on account of their *pathological* knowledge, is not only erroneous but *diametrically* opposed to the spirit of homœopathy as a science based on experience and eternal principles.

Now to the *positive* side of diagnosis or what homœopathic diagnosis really is or ought to be.

As the healing of the sick is the sole aim of our investigations into morbid phenomena, and as we know by experience that there are morbid phenomena which can and have been removed by remedial agencies, whilst others require certain mechanical applications for their removal and that there are others again, the removal of which seems to be problematic, if not impossible, it becomes manifest that diagnosis is a complex process to be effectuated progressively, each step having a well-defined object in view.

Diagnosis then, as a *method* of investigation, will be divided into general and special; the first having in view, on the one hand, the discrimination between those morbid phenomena which are of a *dynamic* and those which are of a

purely *surgical* character, and on the other, between those morbid phenomena which are *curable* and those whose curability is *problematic* or *impossible*.

This general diagnosis may appear as somewhat puerile, since a very few prominent symptoms, and indeed at times the very aspect of the patient, suffice to enable the scientifically-trained physician to decide whether the patient is laboring under a dynamic or surgical disease, and whether there is any or how much hope for his recovery. This may seem to be the fact in the dominant school, where the lancet, knife, escharotics and the like, are the passwords, and when the judgment, in regard to curability or non curability, is based on speculative pathology on the one hand and on a strategical therapeutics on the other ; not so with homœopathy, which is based on experience and fixed law. The law of similia has revealed to us not only the true "*scientia medendi*" but also the fact that there are many phenomena of morbid physiological action, which though generally considered as due to what is termed "*causa occasionalis*" are in fact but conditions developed out of a dynamic disturbance and which can be and have been removed by remedies acting on a dynamic plane. And if we consider on the other hand that even those morbid phenomena which are of a decided surgical character are mostly accompanied by dynamic disorder which complicates the case very much and renders the pure surgical treatment, at times, but imperfectly successful and at times a failure, if left to the care of the lame therapeutics of the old school, it becomes evident that the work of the homœopathic practitioner in this first part of his investigation, is in part the work of redeeming old surgery by the saving power of the law of similia, a work for which the practitioner is, at present, but poorly provided. But the other interest involved in this part of diagnosis is of a no less grave character.

The curability or non-curability of morbid phenomena may appear to be a question which betrays prognostic proclivity and does not deserve a serious thought on the part of scientific investigation ; but besides the fact to be taken into consideration that the practitioner is not unfrequently called for the special purpose of giving his advice concerning this most

vexed question, [this happens mostly in chronic diseases, handled already by some practitioner without encouragement]. prognosis, when inspired by positive knowledge, is not only legitimate, but such a prognosis is a very useful auxiliary element in the healing art, in so far as it operates upon the mind of the patient, when favorable, and inspiring confidence, in such a way as to facilitate very much a healthy reaction of the vital process.

That pathology, even in its most scientific character, can in no way decide the curability or non-curability of morbid phenomena, is manifest in the fact that pathology confines its investigations exclusively to the relation of cause and effect that may exist between the various phenomena which it has in view and does not pretend to know any thing of the extent of the power, or of the *modus operandi* of the "*vis medicatrix naturæ*," or of the extent of the power and *modus operandi* of the remedial agencies. Our most complete knowledge of the physiological action of the vital forces in the animal organism, can at times decide the question of curability in a negative sense, but in such a case the decision is self-evident and does not answer the question of curability as embracing the whole extent of morbid physiological action.

A therapeutics which is a *mixtum compositum* of empiricism and other isms as well as of all kind, of strategic processes, is certainly not fit for solving that question, hence the just popular contempt for the prognosis of the old "*medicina rationalis*."

The only thing which is capable of throwing light upon the very vexed question of curability or non-curability, is, on the one hand, a *materia medica*, which is the true reflex of the most of the phenomena of morbid physiological action, and on the other a knowledge of the laws which govern the action of a remedial agent as such, i. e., its action upon the sick.

Such a *materia medica* is our *drug-pathogenesis* which is capable of enlarging our knowledge of the various phenomena of morbid physiological action, almost to its utmost extent with the increase of drug-provings, whilst on the other hand, the law of similia has revealed to us the true power of the remedial agents and how they can be beneficially and safely applied under all circumstances.

Special diagnosis, as a more close examination, is, according to its nature, divided in the following three main divisions:

A. Investigations into morbid phenomena of an exclusively *dynamic* character.

B. Investigations concerning phenomena of a decidedly *surgical* character.

C. Investigations which concern groups of morbid phenomena, some of which are *dynamic* and some *surgical*.

I will be allowed to confine my attention to the first branch of special diagnosis as it is the characteristic of homœopathic diagnosis in general.

I have, through these pages, repeatedly recalled to mind and variously elucidated how *similia similibus curantur* is not only the *law* which governs *the action* of remedial agents, as a *curative power*, but also how it becomes, *ipso facto*, the sole controlling power of the healing art, as a practical application of a true *medicina rationalis*, to the exclusion of every thing which is not *directly connected with that which decides the choice of the remedy*. Hence the *similarity*, which may be discovered between the sickness to be treated and that which is produced by any of the remedies, as manifested in their provings, *is the object on which the mind of the practitioner*, in this special diagnosis, is supposed to be *completely concentrated*.

The question now arises: *Wherewith consists similarity? What is its nature and its extent?*

The true answer to this much-vexed question [and which I hope will ultimately remove all divergency of opinion in our profession] is to be found only in a just appreciation of the *distinction to be made between those manifestations of force which are the simple expressions of its existence, its potency and extent and those which denote not only that part of its modus operandi in general, which is governed by chemical and electrical laws, but also that part of its modus operandi which constitutes individuality of force, so to say*. For any force as a cosmical agent, acting upon matter in a special sphere, manifests itself first in a series of phenomena which express simply *potency and extent*, both in fact, identical with *existence*; secondly in a series of groups of phenomena, some of which represent chemical and electrical relationship

whilst others reveal the relation which exists between that *special force* and influences emanating from siderial, telluric, plastic and imponderable force, the nature of which it is not necessary here to look into.

This is in accordance with the law which governs the harmonious action of the centripetal and centrifugal forces throughout the masses of cosmical nature. It is particularly in those relations which exist between a special force, acting as such, in one department of nature and outside influences indicated above, that individuality of force becomes manifest, as does individuality of the human soul reveal itself in features expressing the relation between mind as a special, acting force and outside interfering influences. It is in individuality of force that we have to look for *similarity* or *dis-similarity*. In the other class of manifestations of force, there is but *identity*, *pot-ntial difference* and *variety*.

But *ad hominem!* Suppose abnormal physiological action in the human organism to be the manifestation of a force, which we call "disease," this manifestation, if duly observed in *all* its phases and features, will be easily recognized as being composed of two *distinct classes of phenomena*. The one will present the force acting with regard to its *potency* and *extent*, and find its expression in what is termed "*pathological condition*." This pathological condition, whether it is *cellular*, as the one will have it, or a more tangible *change of structure*, &c., as commonly understood, it is no more nor less than an effect of potency and extent of a force, or of the *existence* of force more *generally* expressed. The *number of cells* pervaded by that force, or the *capacity, volume* of an organ, vessel, cellular or osseous tissue affected by that force, will be the arithmetical expression of *potency* and extent; the disintegration of gases, liquids and solids will express chemical relationship. If we compare disease in view of the *first* class of morbid phenomena just analyzed, as pathology put to practice pretends to do, the result will necessarily be either *identity* or *pot-ntial difference*, or again, *variety of chemical proportion*; hence the expression *similarity* or *dis-similarity* would be here, scientifically, a *misuse* of words.

The other class of the manifestations of disease consists of a

variety of phenomena which are not directly connected with the pathological condition proper, but refer evidently to relations which exist between the disease under consideration and influences *foreign* to it, but interfering with its action, as a special force, to a certain extent. Most of these phenomena refer to solar and sidereal influences [as p. and a. meridian, full-moon aggravation or amelioration, periodicity and tidal relation, &c.] telluric, [as nightly coughs, pains, and cause of aggravation and amelioration]; plastic or geometrical [as certain well-defined *direction* of morbid action in vertical, perpendicular, horizontal, triangular, circular, spiral forms]. Other phenomena refer to positive and negative magnetism, [as sides of the body and the like]; others again to the influence of will-power, mentality; again, others to other relations; but all such phenomena, not being directly connected with the pathological condition proper, and completely ignored before Hahnemann's revelation as unimportant and trifling, are the very elements which constitute the *individuality* of disease; and it is among *these* phenomena that we find *similarity* or *dissimilarity* according to the extent of the one or the other. [Modern pathology yielding, although with bad grace, to the gentle influence of the law of similia, speaks now also of "individuality of disease," but as it does not turn its eyes from the pathological condition proper, it looks for the sun in full midnight.]

Hence similarity may be found side by side with potential difference or variety of chemical proportions [as *periodicity* in fever, abnormal formation of structure and tissues, abnormal excretion], while on the other hand we may find decided *dissimilarity* between groups of morbid phenomena clustering around one and the same pathological condition, and not referable to what is termed idiosyncrasis, but to individuality of disease as indicated above. [This dissimilarity is to be met in what is called "diphtheria," "tubercle formation," and some cutaneous diseases."]

Neither time nor space will allow me to enter into a detailed illustration of the above assertion, the fact that similarity or dissimilarity exist independently of what is called pathological condition will not be contested, I hope, by any reflecting mind

who is used to analytical investigations into the various pathogeneses for practical purposes at least. I wish only to remark, before I leave this subject, that what I called "*individuality of force*," in morbid physiological action, does not interfere, in the least, with the various *theories* and definitions of "disease" in general. For whether disease is an *entity* entering the human mechanism and acting directly upon the *cell* or cells, or various tissues, decomposing blood-globules, gases, &c., or that it acts dynamically disturbing the normal physiological processes; whether disease is an expression simply denoting *abnormality* of physiological action *without any reference* to what *caused it*, nor to *any pathological condition*, or a something which affects the human organism *spiritually*, *i. e.*, affecting the spirit as the directing genius of normal physiological action, the fact remains undisturbed that abnormal physiological action, as an *effect* of an *unknown cause* exhibits a *variety of phenomena*, some of which express simply *potency* and *extent* [existence of that unknown cause], whilst others express particular relationship between that which caused the morbid physiological action and outside influence as indicated above; so that as a whole, abnormal physiological action represents *something which* in any other department of scientific investigation would be called *force*. The *nature* of abnormal physiological action in general as well as that of its various shapes and shadows does not, of course, suggest an *appropriate special name* for that unknown cause, as does that of *electricity, magnetism, &c.*, and hence the non-admissibility of the nosological nomenclature from a purely scientific point of view; yet if we consider disease (which denotes abnormal physiological action) as *cause and effect inseparable*, we would certainly remain in *philological* limits, if we used the word "disease" as a general appellation for *force producing disordered physiological action without any reference to special manifestations of that force or forces*.

Any attribute added to the noun "disease," denoting speciality or special disease (force) will have to be looked for in the *variety* of manifestations of disease, a work for which we are, at present, not at all prepared. Hence Hahnemann's classification of morbid phenomena, according to the parts of

the body where the manifestations of disease reveal themselves in a somewhat aggregate way, is the only practical classification, at present, which does not disturb, in the least, our scientific investigations. The only attribute which expresses correctly a distinction between disease and disease is our expression of *natural* and *artificial* disease, the first being a force (which produces abnormal physiological action) brought to bear upon an individual organism without our knowledge, but in obedience to laws of nature mostly unknown to us; whilst the other expresses a class of forces (producing abnormal physiological action) brought to bear upon an individual organism, by our voluntary exertion, and whose action we can control to a great extent.

But although such philosophical investigations concerning individuality of disease will ultimately reduce the laborious work of homœopathic diagnosis to limits better corresponding to our love of ease, as it must ultimately render our drug-pathogenesis a more faithful reflex of a true *medicina rationalis* [which will certainly be the grave, not of medical science, but of an unscientific therapeutics disgracing the science of medicine], yet the homœopathic practitioner does not depend on them for the *process of finding the true similimum* between the natural disease under his consideration and the artificial one produced by a remedial agent. For whatever be the value of any theory explaining the various phenomena of morbid physiological action, the *existence* of those manifestations, which individualize, so to say, each group, is made a *concrete fact by our provings*; so that the practitioner can form the group and find the similimum in his own *mechanical* way quite as well if he is conscientious and does not fear labor; and he can correct any error he may have committed in his diagnosis, by returning, as often as it is necessary to the drug-pathogenesis, either for a new comparison of the drugs among themselves, as does the allopathic practitioner with the so-called, named diseases, or for suggestions to enable him to make a more *complete* inquiry into the symptoms of the natural disease.

This is another advantage of our glorious *medicina rationalis homœopathica*, as a science of decided practical usefulness,



which does not overrate the power of the average mental capacity of the practitioner, and does not trust the life of the patient to the philosophical speculation of individual minds of various degrees of development; but which has laid down rules for actual exercise of the healing art, easily comprehended and applied, and has given also the safest criterion by which the practitioner is enabled to correct his errors most satisfactorily, if guided by conscious and honest desire to aid suffering humanity.

ARTICLE IV.—*Ophthalmological Contributions.* By THEODOR LIEBOLD, M.D., of New-York.

CONJUNCTIVITIS DIPHTHERITICA.\*

(Continued from Nov., 1866, No., p. 161.)

3. *Pr. disposition* as to age, is as marked in diphtheritis of the conjunctiva, as it is in the mucous membranes of the respiratory organs. The child new-born, and up to the end of the first year, is almost positively exempt from *true* diphtheritis. The composition of the blood seems not to be efficient for such a deep fibrinous exudation *into* the mucous membrane. A diphtheritic exudation *upon* the mucous membrane involving its most superficial layer of tissue, may however, though rarely be met with, so that the lid can not be easily turned, the surface looks smooth, and preserves this for a long time, and has a fatty appearance near its limits.

Among 48 cases under Prof. v. Græfe's care, one occurred at the end of the first year; four in the first half of the second year; twenty-three in the second half of second year and during the third year; twelve cases from the third to the eighth year, and only eight after the eighth year, and always

\* *Errata in the last article:* Nov., 1866, No. LVIII.

Page 161. line 5th, instead of class	read :	chaos.
" 161, " 9th, " "	"	leucorrhœic " blennorrhœic.
" 192, " 13th, " "	"	croupous " croup and.
" 164, " 14th, " "	"	coagulated " uncoagulated.
" 166, " 9th, " "	"	two " too.

The Ophthalmological "Conditions" on the headings of pages 162, 164, 166, are the "Contributions" of the type-setter.

at the height of the epidemic. A predilection as to the sex seems not to exist.

4. *The contagiousness* of the secretion is proved beyond all doubt. From the first appearance to the last vestige of the disease experiences with inoculation and pathological observation have shown this. It is most intense at the height of a virulent diphtheritic inflammation when a *serous gray-yellowish* fluid is secreted.

Under *similar conditions*, diphtheritis produces *oftener* diphtheritis again, as blennorrhœa blennorrhœic inflammations. But there have happened cases under Prof. v. Græfe's observation, where the disease originated in a family with ophthalmia neonati; older children from two to three years of age had diphtheritic inflammation; and adults, undoubtedly infected by the latter, as the new-born were already cured, became affected in very rare cases also with true diphtheritis, but much more frequently with mixed forms or genuine blennorrhœa. Those observations proved first: a predilection as to age, and secondly: a predilection as to constitution; the weak, the debilitated, the badly housed and badly fed, are the easiest victims to true diphtheritis. Though a good, healthy and strong constitution even if infected with true diphtheritis secretion may withstand the diphtheritic process in itself, it will not escape without a severe blennorrhœa, and as this is already sufficiently disagreeable and dangerous, it entails upon all coming in contact with diphtheritic patients the most scrupulous care in cleaning, disinfecting or destroying *everything* which might possibly become the medium of transmitting the contagion, especially those things coming in direct contact with the eye, as the hands, instruments, rags, sponges, towels, &c., &c. They should always be disinfected in a strong solution of permanganate of Potash, which is at the same time one of the most agreeable and efficient—though expensive—disinfectants.

Prof. v. Græfe has never noticed in bilateral affections Diphtheritis on one eye and blennorrhœa on the other, though the length of the different stages and the degree of diphtheritic exudation, showed sometimes remarkable differences in both eyes.

Where he could clearly trace the source of infection, the

first pain, and the first pathological swelling occurred 8 to 12 hours after inoculation.

“The diagnosis of a diphtheritic affection could never be made with certainty before 24 hours had elapsed; even then it was only based on the jelly-like chemosis, the appearance of numerous small capillary apoplexies in the comparatively *yellow* conjunctiva bulbi. The characteristic appearance of all the symptoms, of the affection never presented itself until after 48 to 72 hours.—Decidedly predisposing conditions are already existing local inflammations and traumatic influences. Operations will therefore always be dangerous during the time of diphtheritic epidemics; twice we observed diphtheritis after destruction of the lachrymal sac with the hot iron, and twice after the operation for strabismus. In two of those four cases the cause of the infection (by inoculation) was evident; the persons operated upon had, in spite of order, entered a room with diphtheritic patients, and used their sponges.”

Having so far presented to the reader the typical qualities, and the most striking points of the differential diagnosis between blennorrhœa and diphtheritis of the conjunctiva it will be well to draw a concrete, typical and lifelike picture of the disease in its different stages and conditions. We transcribe this almost literally from an excellent translation of Prof. v. Græfe's work by Dr. Homberger.

“A sound eye, or oftener an eye already affected with some inflammatory disease, suddenly, with the sensation of increased warmth and lancinating pain, and more or less augmented secretion of tears, has the upper lid swelled; the rapid increase of the swelling is marked by the disappearance of the natural folds of the skin; the skin therefore looks smooth, or even glossy, and shows a slight redness, beginning at the margin of the lid. Already in the minor degrees of tumefaction, voluntary opening of the eye is very difficult; in the higher degrees, the lid is immovably down. If lifted for examination, the patient suffers considerably, and often begs the physician to desist from further investigation.

“There is beginning chemosis; the conjunctiva bulbi is not much reddened, but offers merely a wide-spread network

of larger vessels, which seems in the beginning to disappear toward the margin of the cornea, but soon reaches it fully. The mucous membrane between the vessels has a yellow aspect, mixed with a weak red, which, as examination with a strong lens shows, does not derive its existence from very small vessels, but from infiltration of blood pigment; very soon after the beginning, there appear numerous small red points, which make the chemosis appear marbled, or finely speckled; they remain small, and are equally numerous over the whole tract of the conjunctiva. The chemosis is not perfectly jelly-like, nor in the beginning of the disease, entirely stiff; it might seem to be serous, only it does not show a pure yellow substance between the vessels, but a dirty reddish one. If the conjunctiva is opened there does not flow anything out of the sub-conjunctival tissue, for this is, like the mucous membrane, infiltrated with gelatinous fibrine. The upper lid when turned, shows a remarkable stiffness, so that even this act can be accomplished only with difficulty, and causes violent pain to the already suffering patient.

“A superficial or inexperienced observer might find little pathological change in the aspect of the conjunctiva, for it appears smooth, and scarcely reddened; compared to the dark red, exceedingly granular, blennorrhœic conjunctiva, the visible changes are in that disease undoubtedly made more striking; yet this smooth, plain, yellow conjunctiva is the infinitely more dangerous enemy, against whom, it is true, we may show a strong opposition, but have not yet in our possession any arms of certain power, while the apparently so degenerated and hypertrophied membrane (in blennorrhœa) with always victorious means, and often with astonishing quickness is brought back to its normal limits.

“The *smooth yellow* surface is not the conjunctiva itself, but a thick exudation of fibrine, which infiltrates the conjunctiva, almost entirely stops its circulation, and threatens the destruction of the membrane and the eye. This yellow exudation cannot, as the above-mentioned fibrinous membranes, be torn off the surface of the mucous membrane. These have no importance in relation to the existence of diphtheritic ophthalmia. It is true, we often can in our cases

tear off such membranes, or even thick skins, but then, even after their removal, we still see always the *yellowish surface above described*—the mucous membrane infiltrated in its parenchyma. On close examination, we are struck by the *scarcity of visible vessels*, or the peculiar aspect of the canals of the vessels yet in existence. We see only short canals, visible at some places, disappearing at others, as if they were cut off; here and there appear small apoplexies, although less marked than on the conjunctiva bulbi. Most the exudation appears when the patient looks downwards, and we can see the membrane in the fold between the conjunctiva bulbi and palpebrarum, where the membrane has a peculiar fatty aspect. Not always, especially in children, is the mucous membrane affected uniformly and even throughout the disease appears more in “*patches*” or “*plaques*” and has a more circumscribed appearance.

“The inferior lid is similarly affected as the superior one, the margin of the lid cannot be drawn down on the cheek, sometimes moved but little from the globe; it looks always redder than the upper one, on account of the want of the tarsus. With these symptoms exists a considerable heat, and a quickly-increasing discharge, which has in the beginning, a *dirty-grayish* appearance, but becomes very soon the bearer of numerous *yellow* membranes. The grayish fluids mostly consist of tears, whose quantity is considerably increased; the yellow-grayish color derives its origin from the numerous epithelial cells, therein suspended from granular detritus, and from the dissolved and decomposed blood pigment, drawn from the echymoses. The yellow membranes are fibrinous coagula, to which numerous pus-corpuscles are attached, and which are sometimes combined with necrotic tissue. This *first stage*, that of *infiltration*, exists for a longer or shorter time, according to the condition of the individual, but more according to the epidemic character. The tumefaction of the lid attains its height already in the beginning of the disease; its disappearance, however, does not always show a decrease of the diphtheritic process, but I saw the latter sometimes even make a deleterious progress, just at the moment of the regressive state of the tumefaction.

“After a certain time, the *second shape*, or that of *softening* or *melting* sets in, with striking changes in the appearance. The lids lose their stiffness, the conjunctival surface begins to soften and to look *spongy*; softened masses of fibrine separate from its surface, which if it takes place at some parts, and not at others, gives a peculiar aspect; single white “*plaques*” stand preserved like ‘*islands*,’ and between them appears the layer of vessels of the mucous membrane, from which not seldom pretty large spontaneous hæmorrhages occur at this period. Through the increased vascularity those uncovered parts tumefy more and more; they get an appearance very similar to chronic blennorrhœa, but they are joined in larger groups than the blennorrhœic papillæ, are bulging and thus form the diphtheritic ‘*buttons*’ characteristic of this stage of the disease. More and more the softening process proceeds, and the mucous membrane presents the characteristics of chronic blennorrhœa.

“Similar changes take place in the conjunctiva bulbi; the chemosis loses its yellow color and its stiffness, the net of conjunctival vessels develops more and more; soft tumefactions surround the cornea, and it would be impossible to form the diagnosis of diphtheria by now examining the eye. Gradually this *second* stage, which we may call a blennorrhœic one, passes into the *third* stage, that of *shrinking*. The originally existing solid infiltration of the mucous tissue becomes more and more manifest by the *contraction* of the tissues, which soon arises; we see the production of a cicatrix, the shortening of the conjunctival sac, and altogether a shrunken form of the lid, similar to that which we notice after trachoma, only more equable and more deeply penetrating.—The duration of the three mentioned stages is exceedingly various. There are cases where the first is so short,—then of course also only superficial or patch-like—this it passes unnoticed; in other cases it lasts from six, eight to ten days; finally, there are cases, where the already begun second stage of spongy softening is interrupted by a repetition of the fibrinous exudation, and so the latter may return two or three times. The second stage shows still greater variety in the type of the disease. Often the succulence of the mucous membrane is so considerable that it

presents the appearance of a strong blennorrhœa. In other cases the succulence is very limited, the mucous membrane cleans gradually off, and so the disease passes almost insensibly into the third stage—that of shrinking.

“Finally as to the latter, it stands of course almost in direct proportion to the extent and depth of the original infiltration from a slight shrinking in the form of a thin, scarred veil, to the total shrinking and destruction of the conjunctiva, all grades are met with.”

*Prognosis.*—The diphtheritic conjunctivitis is of all external ophthalmiæ the gravest and the most dangerous, because we have as yet no remedies which will, if it takes a rapid course, prevent the worst termination. The chief danger is in the condition of the cornea. Nothing is more natural than that in so sudden changes of the circulation, this part, nourished in so particular and tender a manner, is easily affected.

The severity of these affections is very different, from a slight loss of epithelium, to total necrotic destruction. Of the greatest influence is the stage of the disease in which the affection first appears; if at the beginning of the disease or at its height, it is much more dangerous than later. The *quantity* of the exudation, and especially the *parenchymatous infiltration* is of much more importance than the accumulation of fibrine on the surface. The stiffer the lid, the more dry, smooth and yellow, the greater must be the fear of a suppression of the circulation, and consequent suppuration of the cornea.—The more ecchymosis in the first stage the greater the degree of stagnation.—Among the favorable symptoms, the least is the sinking of the tumefaction of the lids, more important is the decrease of heat, but most important the diminished stiffness of the lid; a more reddish color, the development of a layer of vessels shows the approach of the second stage. A tendency to hæmorrhage is therefore also favorable.—The observation of the chemosis is also valuable for prognosis. The more the color is a dirty gray-yellowish, the less vessels or only single large ones, the greater the danger; the more reddish the color, the more small but extensive vascularization, the better.—The same holds good for the cornea

also. A small grayish spot or hue in the middle of the cornea at the beginning or during the first stage is infinitely more ominous than a red, vascularized cornea during later periods. This goes so far that if diphtheritis attacks an eye suffering already from the severest kind of pannus, the cornea is not only safe from further destruction, but may even be cleared up by the disease. If the cornea is not attacked before the seventh day, the prognosis is almost always good, because the later the development, the slower, provided there is no return of diphtheritic infiltration, which destroyed two eyes after fourteen days in Prof. v. Graefe's cases. Totally without danger are affections occurring during the fully developed second and in the third stage; the former always yield to our remedies, the latter may be left to the healing power of nature.

Affections caused by *inoculation* mostly take a more malignant course.

Of forty eyes of children attacked, nine were destroyed, three were affected with adhering leucomata (necessitating the formation of an artificial pupil); in twenty-one cases the cornea was not affected at all; and in the other seven cases it participated only in the later periods, or was only slightly injured; so that synochia anterior and dyscoria were produced but once after perforation, while nothing remained visible, or only very small spots.

The prognosis is much more unfavorable in adults. Out of eight eyes attacked in adults, three times the cornea was destroyed by suppuration, twice there occurred extensive perforation, so that once an artificial pupil had to be formed; even in the three remaining cases the cornea was also attacked, though only at the end of the first or during the second stage. These were all cases of *genuine* diphtheritis; the *mixed* forms, which soon become blennorrhœic, give, if well treated, a decidedly more favorable prognosis.

TREATMENT.—1st. *Allopathic*.—Prof. v. Graefe uses externally in the first stage the ice-cold compresses, changed every twenty or thirty seconds if the disease is severe during night and day. The best way is to cover the eye with a piece of oiled silk, and to put on this the compresses cooled on ice and wrung out, because it is only the cold, and not the wet we



want. The eye should be dried from the secretion as often as necessary, because it is very acrid, making the adjacent parts very sore, and thereby augmenting the pains of the already suffering patient very much. It is also better to use the cold applications in quick succession for five, ten, or fifteen minutes, and then to keep the eye slightly covered with a dry piece of linen for a while, until the patient desires it again, or shows increased heat, than to use the cold in a slovenly, lazy way, waiting until the compress feels decidedly warm or is steaming, the habit especially of old professional women nurses. Better nothing at all than this continual change from steam to ice, which can only aggravate. If done rightly, it gives the patient immense relief and comfort. Let the physician always keep in mind and impress upon the attendants, *what is neglected in the night cannot be made good in the day.*— We come however into a sad dilemma with the cold compresses, if there appears early a non-vascular central affection of the cornea; *if no vessels are formed the whole cornea will be lost, and cold certainly retards or prevents the formation of vessels.* Prof. v. Graefe says nothing definite in his work, only—“they (the ice compresses) must be interrupted as soon as the period of fluid transudation commences, as they otherwise delay (!) the setting in of the second stage. At this period I even sometimes order tepid fomentations, but only with a very careful watching.” Since that time the “*moist heat*” has become a regular therapeutic agent in his and his scholars’ hands, and is used now for affections of the cornea very extensively and with very good results. When I take this into consideration, and also the good reports of the use of steam from hot water, or still better, slacking lime in diphtheritis of the respiratory organs, I think certainly that “*moist heat*” deserves at least a thorough trial, and if “*CAREFULLY WATCHED*” I have a sincere hope, that it will prove what snow does to a frozen limb, *id est*: more *similar* and therefore more curative. In the second or blennorrhœic stage, Prof. v. Graefe uses the Nitrate of Silver, which is entirely inadmissible in the first stage. This must be regulated according to the severity of the discharge and swelling, and to the age and condition of the patient. A solution of grs. 5, 10, 15, 20, to ʒj. or the *mitigated*

*Lapis*, that is, 1 part of Arg.-nitr. fused with 1, 2, 3 up to 8 parts of Nitrum (Kali or Potassa-nitras) and formed into sticks. The application must be *light*, but all over, and especially over the fold where conjunct.-palp. and bulbi join, and must be neutralized after a few seconds by a solution of Natr.-mur., or still better, milk; this is especially necessary if affections of the cornea are existing. It dare be only repeated after the formed eschar has been thrown off and reaction again established, as long as secretion and swelling diminish it is safe to wait, as soon as it augments again, repeat. Only very severe cases require it oftener than every twenty-four hours; sometimes one application is sufficient for forty-eight hours or more. Cold applications after the use of the Arg.-nitr. mitigate the pain. Prof. v. Graefe is a great admirer of leeches, natural and artificial (Heurteloup's). He says in his work: I have had patients (adults), on the nose of whom 160 leeches sucked during seven days, the last of which still furnished large quantities of blood, although the patients were already considerably anæmic." "In children," where he applies them before and behind the ears, he says, however: "the influence is comparatively so small, that I only use them in very full-blooded ones. They do even sometimes harm, and I saw, shortly afterwards, a quick increase of diphtheritic exudation." Mercury he also uses externally and internally up to the point of salivation, and says that he has seen undoubted benefit from its use.

2. *Homœopathic*.—Though for a year and a half in New-York, and treating nearly seven hundred cases of eye diseases in the Bond-street Hom. Dispensary; besides the ophthalmic patients in *the Home for the Friendless* and *St. Joseph's Asylum*, I have as yet seen no case of genuine diphtheritic conjunctivitis, and but two verging towards it, showing decided diphtheritic "*patches*" in brother and sister, of five and eight years, afflicted with purulent ophthalmia. They were the children of a refugee widow from N. C., and as the mother had to go out to make a living, totally without care. As the hom. physicians of New-York, though boasting enough, that their clients are the most wealthy and influential, have not yet a single bed for the not wealthy and not influential, I had

to commit them to the tender mercies of the Blackwell-Islanders, that they might come at least into a decent bed and shelter. So I cannot speak of experience. In a given case I would apply what I said above of cold and warm external applications in the first, and in the second stage Nitrate of Silver, which is more homœopathic to blennorrhœa, than any internal remedy I have yet seen recommended. For the fever: Acon., Bell., Apis; which last remedy would appear, at least by external signs, decidedly homœopathic. We will not debilitate and impoverish the blood of our patients by bleeding, and salivating doses of Mercury. I would rather coax some beef-tea or mutton broth with an egg down the œsophagus or up the rectum.

In the second stage, I would use, if any remedy, Apis. and Arg.-nitr. 2d or 3d dil., and then Hepar and Mercurius in the 2d or 3d trit. Hydrastis certainly deserves also a trial external and internal. I would also recommend the frequent use of my subpalpebral eye syringe, made by Tiemann & Co., to clear the eye from the acrid secretion which collects often in large quantities behind the swollen and closed lids. Water, milk, Glycerine, the two last diluted by the first will be the best; in purulent ophthalmia I have found it of great benefit, not as a cure but as a help. The hermetic bandage of the sound eye in monolateral affections should not be neglected; though perhaps not able to tap very frequently, it may at least, and has done so sometimes. Put a light plumasseau of dry lint on the closed lids, covering it with sticking-plaster; fixate the whole with Collodion to preclude the air. It dare not press, and must be changed twice daily. If the disease notwithstanding appears, remove it, as the diphtheritic lid is in danger to exert any way too much pressure on the globe from the excessive swelling and infiltration.;

ARTICLE V.—*Cases of Paralysis.* By B. F. JOSLIN, M.D.,  
New-York.

CASE I. *Paralysis of both upper extremities.*—Dec. 24th, 1857. Jacob Fries, aged about forty. This patient applied to me to be cured of paralysis of upper extremities. He had some-

what the appearance of a person, who had been poisoned by lead, as there was evidently less power in extensors than flexors of hands; but very careful inquiry failed to elicit any information calculated to corroborate such opinion. His gums had not the characteristic appearance of lead poisoning. The history of himself and disease with which he furnished me was about as follows:

By occupation a farmer in the county of Somerset, State of New-Jersey, born, however, in Germany; always quite healthy until four months before, when he had three attacks of what was called "bilious colic;" the pain was seated in the epigastric region and was accompanied by constipation. For this he took much medicine, with, according to his opinion, little apparent benefit. After this, lost sensibility of surface from waist to knees, so that he was not aware when he was touched. His urine passed without his feeling it. These symptoms lasted about three weeks; about four weeks before I saw him a tremor commenced in the upper extremities, and paralysis gradually ensued, so that he had scarcely any power over the parts affected. Could move his elbow very slightly. The hands he could also move enough to distinguish the fact. He had no pain, and appetite was moderate. Prescribed Nux. 6, three times a day.

Jan. 13th, 1858. He called upon me again, said he thought he was better; he could use his hands more. Nux. 6, at night.

Jan. 21st. Sent word that slight improvement had occurred. I sent Nux 6.

Feb. 5th. A friend of his called upon me. The patient had *written* a letter to him, saying that he had perfect use of his left hand, and much better than before of the right, as evinced by his writing a letter in a fair legible hand. Sent 2 Calc.-c. 30, and Sach.-lact.

Feb. 28th. He called in person. Had continued to improve; three days after writing the letter felt rather suddenly a natural stiffness instead of the weakness previously experienced in the biceps muscle; this has continued. Had been sawing wood. Still had some weakness in extensors of right hand. Felt changes of weather, was stronger in mild, weaker in cold weather. 3 Phos. 30, and Sach.-lact.

April 4th. Received a letter from him legibly written in English. The letter spoken of previously was written in German current hand. He mentioned when he called Feb. 28th, that as he improved he could write in English, which he had done with facility previous to the occurrence of paralysis; so that the receipt of the English letter was an indication of considerable improvement. He wrote that he was better and had been able to work some, to which he attributed a slight swelling of backs of hands which he had. I sent him 4 Rhus-rad. 30, and Sach.-lact. I did not hear from him again until the 27th of December, when he called to tell me that he had been *completely cured* of the paralysis and was in the enjoyment of excellent health. In damp weather had slight stiffness of wrists; I gave him a few doses of Rhus-rad. 30. I have seen this patient a number of times since, he has continued well to the present time, May, 1867.

CASE II. *Paralysis of upper and lower extremities.*—Augustus Ball, about forty-five. Dark hair. Was always thought to be “nervous,” but until he had the cholera in 1849, enjoyed very good general health. His wife thinks the doctor gave “him too strong medicine.” Has never had good health since, and his mind has been much impaired especially as regards memory. Has also been quite irritable. Had, however, sufficient intellect to follow his occupation as a milkman, going his rounds regularly.

Feb. 17th, 1858. Was requested to visit him. He had been confined to the house several weeks under the care of Dr. H—, an old allopathic physician, who had for several days considered him as hopelessly sick. Has been sleepless and much of the time of late delirious, had no appetite, breath offensive; six days ago lost use of upper and lower extremities, the doctor said from weakness; but I find that it is from paralysis, which affects most of the voluntary muscles of the body. His pulse 104 and hard. The paralysis is complete of lower extremities and nearly so of the upper. Bell. 30, every three hours.

Feb. 18th. Pulse 100. Was quite restless last night. Nux. 30, every three hours.

Feb. 19th. Pulse 97. Was quite restless last night, was delirious and has been so to-day, more than usual.—Mind

now less clear than it has been when I have seen him before. Has expressed more desire for food to-day, and has shown more power over his hands, and once slightly assisted in raising himself in bed. C. Nux 30, every three hours.

Feb. 20th. Pulse 101. Delirious most of time, no evacuation to-day. Appetite moderate; not so much fœtor from the mouth. Nux 6, every three hours.

Feb. 21st. Morning. Pulse 108. Slept pretty well last night; appetite much better; discharge of thick mucus from eyes. Can raise hands to the nose to-day; tongue brown; has less pain in wrists than he has had; thirst to-day. Rhus 30, every three hours.

Feb. 22d. Pulse 98. Can move arms more; this morning had severe pains in abdomen and in chest, lasting about two hours; no evacuation. Nux 30.

Feb. 23d. Pulse 84. Seems much better to-day. Had a perfectly normal evacuation to-day; moved his right leg to-day, and turned himself over for the first time in two weeks. Very little discharge from eyes to-day; rather more odor from mouth; appetite not quite so good as usual. Nux 30.

Feb. 24th. Pulse 89, two evacuations to-day rather loose; has general pains in night, about 4 A. M.; mind quite clear to-day; can step on both legs now. Is not deaf now. 3 Ars. 30, every three hours, and Sac.-lact.

Feb. 25th. Pulse 90. One loose evacuation yesterday, none since; restless last night, but mind has been quite clear. Nux 30, every three hours.

Feb. 26th. Pulse 88. Appetite improved. Can stand upon both lower extremities this morning; quite rational but restless during the night. Has pains as usual in various parts apparently of a rheumatic character. Rhus 30, every three hours.

Feb. 27th. Pulse 90. Restless last night; pains general; perfectly rational; can stand well to-day. 1 Sulph. 30, and Sac.-lact.

Feb. 28th. Pulse 80, full and soft. Has been up twenty minutes; had quite a restless night, sleepless and pain in joints; his memory, (his wife says,) is better than before he took sick. Had a small evacuation last night; appetite fair. Sil. 30, every three hours.

March 1st. Pulse 92. Restless and pains in extremities again last night; shootings in thighs. Lach. 30, three hours, solution.

March 2d. Pulse 80, during sleep, 90 when awake; after taking a dose of Lach. yesterday went asleep and woke as if frightened, the same result followed the second dose, after which his wife discontinued its use. Had rather less pain last night. Sac.-lact.

March 3d. Found him sitting up dressed. His pulse 100. Had another restless night, pains commenced about 10, P. M. Slept this morning; appetite good; tongue clean. 1 Merc. 30, and Sac.-lact.

March 4th. Pulse 90. Did not sleep much; had pains as usual. Seems to be gaining strength. Rhus 30.

March 5th. Pulse 90. Had an evacuation at 6, A. M., and another quite loose at 7, A. M. Mrs. B. gave him 2 Ars. 30, which I had left. Had pains as usual last night.

March 5th. Did not sleep much. 1 Sulph. 30, and Sac.-lact.

March 6th. Pulse 94. Had one loose evacuation last night. Had rather less pain than usual, and slept more. Sac.-lact. and Ars. 30, if needed.

March 7th. Pulse 85. Had pains in thighs and legs last night as usual; no evacuation since yesterday. 1 Phos. 30.

March 8th. Pulse 81. His wife thinks he had a better night. Is usually worse in damp weather, but to-day, although it is snowing, he feels better than usual. Sac.-lact.

March 9th. Pulse 80. Had in all three evacuations last night. Took only one of the Ars. 6, powders. Sac.-lact. and Ars. 6, if needed.

March 10th. Pulse 80. Feels inclined to have an evacuation. Mrs. B. gave him one of the Ars. 6, powders. About as usual last night. Sac.-lact.

March 11th. Pulse 80. Had a loose evacuation yesterday; during night slight delirium; pains as usual. 1 Lyc. 30, and Sac.-lact.

March 12. Pulse 80. No evacuation. Sac.-lact.

March 13th. Pulse 80. Had three loose evacuations last night; as usual, pains in lower extremities as from knives. Rhus 30, every three hours.

March 14th. Pulse 80. No evacuation. Restless as usual last night in consequence of pains in legs. Dull and shooting pains in forehead over the left eye. 1 Lach. 200, and Sac.-lact.

March 15th. Pulse 85. Less pain in the head, but had quite severe pains in the joints like knives hacking his limbs. Had a loose evacuation this morning, for which he took 1 Ars. 6. His appetite is good. Merc.-viv. 3, every three hours.

March 16. Pulse 79. His wife thinks the pains were not quite so severe last night. Had a loose evacuation. Merc.-viv. 3, every three hours.

March 17th, 4<sup>1</sup>, P. M. Sitting up, pulse 100. His wife thinks him not quite so well to day; has said something about business not doing well, &c. Some pain in the head extending to the eyes. Pains as usual last night his wife thinks not quite so bad as before. Nux 30, every three hours.

March 18th. Had a better night. Had one evacuation rather loose; took one Ars. 30. C. Nux 30, every three hours.

March 19th. Went out yesterday for a few minutes. Had the usual pains in lower extremities last night. An evacuation last night and another to-day. Chin. 9, every three hours.

March 20th. Has been out again to-day, finds himself pretty weak. Had a loose evacuation last night. C. Chin. 9, every three hours.

March 21st. Pulse 76. Pains are rather less in severity than they were. No evacuation; appetite fair. Chin. 9.

March 22d. Pulse 84, sitting up. No evacuation. Considerable pain in the feet last night. Puls. 6, solution, every three hours.

March 23d. Pulse 80. Had a normal evacuation last evening, and another this morning. Has a pain in the small of his back this morning. Led. 12, solution, every three hours.

March 27th. Improving. C. Led. 12.

March 31st. Appears much better. Has been out; less pain at night. Led. 12.

April 6th. Pulse 84 after eating and walking. Walked three blocks and back yesterday and to-day. Pains at night diminishing. C. Led. 12.

April 23d. Called and found him out. Has still some stiffness of shoulders, otherwise doing very well. Bry. 7, solution morning and night.



June 4th. He says he is as well as ever he was, though he had last week some pain in the limbs. Led. 12, solution, night.

Feb. 25th, 1859. Since the date of the last prescription my patient has remained in excellent health, better than he had experienced for many years. He has attended regularly to his duties as a milkman. His mind is said by those around him to be in a better state, clearer and less inclined to irritability than it had been since the cholera attack of 1849. I have not been called to prescribe for him since the above date, June, 1858. I feel that the earlier portion of the case as copied from my daily record, is not brought out in so vivid a light as it might have been. He was considered to be dying (so I was told) by his former physician; and he certainly appeared as much like a dying man as any I ever saw recover. His mind wandered and was very much clouded. His eye had that glassy look with thick mucus adhering which we sometimes see in the later stages of cerebral disease. The improvement was gradual but almost constant after the first few days of treatment. It will be observed that as he began to recover the use of his limbs they became quite painful. The aggravation produced by Lach. 30 was marked, and even the 200th potency produced quite appreciable effects. I consider Nux 30, to have been the most valuable remedy in awakening the failing spark of vitality. Rhus, Led. and Merc. were useful in relieving the nocturnal pains. Arsenicum was called in play to relieve the complication of diarrhœa.

ARTICLE VI.—*Venereal Diseases.* By S. LILIENTHAL, M.D., of New-York.

1. *Die Venerischen Krankheiten*, by Dr. G. H. G. Jahr. Leipzig, 1867.

2. *Grawogl's Homœopathie.*

3. *Bock's Diagnostio.*

4. *Baer's Therapie nach den Grundlagen der Homœopathie.*

5. *Kafka. Homœopathische Therapie.*

WE take Jahr's definition as the best one, when he says: Venereal diseases are those which originate *ex usa veneris*, and are able to reproduce themselves by a transfer of their virulent secretion to inoculable parts of the healthy organism, showing in the infected the same symptoms, and the same power of further infection. Venereal diseases are divided into:

1. *Simple venereal*—Gonorrhœa.

2. *Syphilitic venereal*—Chancre.

3. *Sycotic venereal*—Tubercula mucosa.

*Lues venerea primaria* consists therefore in those three classes only; and their specific symptoms are, *the direct origin ex usu veneris and contagiousness.*

1. *Simple Venereal Disease or Gonorrhœa.*—We must not confound blennorrhœa urethræ or even urethritis with gonorrhœa; and the distinguishing symptoms are, 1. that blennorrhœa is never contagious; 2. the inflammatory stage is not so regular, however strong the irritation has been; 3. they cease for themselves, after removal of the cause.

A real gonorrhœa runs always through its certain stages from the first imperceptible trickling of a serous fluid increasing to the yellow-green, thick discharge with steady progress of the inflammation, and then decreasing again by degrees.

Another difference we have to make between simple venereal and syphilitic gonorrhœa: The latter is one, produced by a chancre in the urethra; and where the secretion, inoculated on the thighs of the patient, brings forth syphilitic pustules and ulcers.

Baer sets the time of incubation between three and eight

days; the inflammatory stage lasts two weeks; and favorable cases may end in five to seven weeks. Grauvogl has cured many a one in three weeks, when patients came to him from the beginning.

The opinions of our authors on metastases are divided. Bock and Baer deny them in toto, for the gonorrhœal rheumatism might often be the effect of the medicines; orchitis, inflammation of the rectum or conjunctiva can easily be explained by more natural causes. Grauvogl is of the same opinion; only Jahr considers them as frequently originating from the suppression of the flux.

Jahr considers also as secondary diseases the gleet and the gonorrhœal cachexia. But the first is only a symptom of a mucous membrane weakened by disease, producing sometimes callous narrowing of the urethra (strictures).

The question of a gonorrhœal cachexia as secondary disease is not so easily decided. Baer, Jahr and Kafka deny this; for we see so little of it in spite of the thousands of cases treated yearly by so many different methods. Ritter, Hahnemann and Grauvogl are the champions of the gonorrhœal cachexia. Ritter mentions as symptoms of it: severe itching of hairy parts, without alopecia; warts on labia, and small kernels on the scrotum; bluish-white spots and ulcerous erosions in male urethra; in vagina, at a later period in the underlip and cheek; rhagades, erosions, spots and tetter; pains in the periostum of the articulations with enlargement; the pains are trifling and paroxysmal; no caries, diseases of the eyes, or of the lungs.

Jahr mentions here correctly, that all those symptoms do equally belong to syphilis and mercurialism, and syphilitic gonorrhœa belongs in its diagnostic only to our times, and therefore this confusion. With respect to the other symptoms mentioned by Ritter, as symptoms of the progressing cachexia, as smaller or larger fatty tumors on the neck and chest; as well as in and on the organs of the chest and abdomen, with physcony, dyspepsia, heart symptoms, night headache, despondency, malaise, pale-yellow countenance; slow fever; finally increasing tenseness of the abdomen with increasing debility and sudden death, those are all symptoms,

which may be caused by a great many other troubles, and of which a simple gonorrhœa of bygone years is certainly not the *fons mali*. Grauvogl is the great defender of gonorrhœal cachexia, and his argument runs thus, when in a hydrogenoid constitution, a gonorrhœa is suddenly suppressed by injection, the cachexia will develop itself, bringing forth the symptoms mentioned by Ritter. We intend to enlarge upon this point when speaking of sycosis.

*Diagnosis.*—We distinguish therefore three different kinds of blennorrhœa urethræ, but only two of venereal gonorrhœa. With blennorrhœas or leucorrhœas from other causes than impure coition with infected persons we have nothing to do here. Venereal blennorrhœas and gonorrhœas proper are either simple or syphilitic. The simple gonorrhœa remains always local, and its secondary symptoms are also local; the distinctive symptoms of syphilitic gonorrhœa according to Ricord is only inoculation. This gonorrhœa is always more torpid with little painless secretion and hardly any inflammatory symptoms. They are frequently accompanied by chancres or suspicious erosions or condylomata on the mucous membranes of the affected parts.

The prognosis is favorable, when the *infection came from a single accidental coitus*, but where the patient had repeatedly and for a long time connection with the same suspicious person, the gonorrhœa will be more intractable, for the infection will be renewed over and over at every coition. The most difficult to cure are those cases of gleet, treated by the "drying-up method" through injections: as they only disguise the gonorrhœa during the continuance of the injections, to appear again, as soon as they are left off, till at last even the injections do not help any more.

*Treatment.*—The treatment of gonorrhœa shows no bright page in the history of homœopathy, and it is poor consolation, that other schools are no better off. All our authors agree that three weeks is the shortest term for a radical cure, when taken hold of from the very beginning and originating from a single coition.

Jahr always begins his treatment by forbidding his patient all spirits as well as coffee and beer, also all excessive exer-

tions of the body, especially long standing, also the coitus, till every vestige of the disease has passed away. Baer, on the contrary, has succeeded in curing soldiers in spite of long marches and exposures incidental to it, who, afraid of the hospital, kept their diseases a secret from the military surgeon, and preferred private treatment.

It seems, that at the very beginning of the disease our authors have great confidence in antipsorics. Jahr recommends *Sepia* 30, when there is only yet a kind of titillation in the orifice of the urethra with some redness and hardly perceptible secretion of a fluid, glueing up the orifice. Morning and evening, two pellets dry on the tongue. It will then cut short the distemper without reaching the inflammatory stage. Kafka is not so hopeful. He begins with *Sulphur* 6, two doses daily for the same symptoms, till pain in urinating comes, which, without shortening the disease, reduces its severity and keeps all complications away.

*Cannabis-sativa* 3, a dose morning and evening, and *steadily adhered to for several weeks*, Jahr considers as the chief remedy, as soon as the inflammatory symptoms have set in, and all other consensual symptoms, as pains in the testicles, phymosis or paraphymosis; swelling of inguinal glands, dysuria, painful erections do not indicate any other remedy. Kreussler is of the same opinion. Baer is not so sanguine, and circumscribes its use to torpid gonorrhœa with white profuse secretion, and considers *strongly excited sexual instinct a contra-indication*. Kafka puts the hemp among old lumber, and uses only *Cannabis-indica* 1, as more reliable, eight to ten drops in half a pint of water, two teaspoonsful every hour. Jahr relies also on *Cannabis-sativa* in profuse painless discharge, after inflammation has subsided and in gleet, no matter if this remedy has been used before or not. But if it does not help soon, he gives *Mercurius-vivus* 2, half a grain every three or four days, which will soon disperse the remnants of this discharge.

Now, where Jahr ends, Baer begins, for he says: "In the first stage of a genuine gonorrhœa there is no better simile and no better remedy than *Merc-sol*. We find here all the symptoms, as: titillation in the urethra at the touch, at uri-

nating, with voluptuous feeling and sexual desire strongly increased; greenish yellow matterly discharge from urethra with some traces of blood; inflammation of the prepuce and glans with blennorrhœa; formation of small ulcers; tenesmus, with frequent and painful urination. It is the simile in pure gonorrhœa, not originating from the chancre poison. The inflammatory infiltrations in the surroundings of the urethra and in the prostate speak also for it, also the chordee and the gonorrhœal buboes. *One or two grains every morning or every other morning suffices*, and it is not advisable to continue the remedy more than two weeks," when *Hepar-sulph.* takes the place, being indicated as soon as the discharge takes a white color, and the pains decrease. Those two remedies constantly used will commonly cure a moderate case of gonorrhœa."

Kafka favors also the application of *Merc-sol.*, especially when the symptoms are: a high degree of gonorrhœa, thick secretions; the orifice urethræ puffed up; the glans penis dark-red and swollen with gonorrhœal discharge between glans and prepuce; painful erections and tenesmus at micturition; extension of the inflammation to the corpora cavernosa; phymosis or paraphymosis; gonorrhœal bubo, in the later stages of orchitis.

*Cantharis* has insufferable burning in the urethra, with continuous painful erections, severe pressing to urinate, but can only pass a few drops; bloody urine; gonorrhœa sicca; all symptoms indicating the very highest degree of inflammation. Even the third dilution has produced aggravations.

For gonorrhœal, bubo Kafka recommends also compression by a truss or other hard substance, as soon as torpidity shows itself.

In inflammation of the prostate, the same author recommends energetic treatment on account of urinary retention. If the perinæum cannot bear the least pressure, he uses *Belladonna* ʒ, in solution, and *Ungu. Bell.* (*Extr. Bell. gr. vi.*, to *axungia ʒi.*) In very severe inflammation, he recommends also cold, or even ice fomentations, and if the inflammation progresses, we change to *Atropin-sulph.* ʒ, internally, and *Atropin ointment.* Only after the pains have subsided,

Merc.-sol. 3, is able to produce quick dispersion. Chills indicate the formation of pus, requiring hot-fomentations. Should the retention of urine not yield to Bell., Canth., Hyosc. or Stramonium, and uræmic symptoms appear, no time should be lost, and surgical aid called in. Jahr, on the contrary, found Pulsatilla, Thuja, Merc.-v. and Nitr.-acid, the most useful remedies in this painful accompaniment of gonorrhœa. In orchitis also he had great cause to be satisfied with the action of Pulsatilla or Merc. In fact, against all consecutive diseases of gonorrhœa, Jahr considers Puls. and Mercur. the chief remedies.

Another remedy, though never proved, is highly thought of by Kafka, this is Matico 1, five drops three times a day, for he has cured with it gonorrhœa which has baffled injections for months. Although Baer and Kafka do not entirely reject the use of injections, after all inflammatory symptoms had passed, and only a profuse discharge remains; yet they confess that their aid is uncertain and never radical; and we believe with Jahr, that except for cleanliness, they had better be dispensed with.

Another consecutive disease, obliging us sometimes to use external means, is stricture or callous infiltration in the urethra, where bougies are indicated. All internal remedies have so far been unable to remove them. Aurum has done good in one case in connexion with bougies, sometimes Sulphur. Baer is right, when he considers gleet one of the greatest plagues for physician and patient. Hahnemann recommends *Thuja* and *Nitric-acid*. Jahr considers them, when they are perfectly painless and not copious, as symptoms of debility in the mucous membrane, for which he found *Ferrum*, *Acidum-phosphoricum* and *Sulphur* useful.

A few hints on diet, given by Baer, may conclude this article. Moderately strict diet he insists on. To obviate the nightly erections, a spare supper ought to be taken early, and no drink taken after it. Perfect cleanliness is necessary, as this gives the best means of keeping off balanitis and phymosis. Never forget to warn your patient against the danger of the gonorrhœal matter to the eyes. Great benefit is derived from the methodical use of cold water, rendering the urine less

concentrated. Especially irritating is the *urina noctis*. The patient ought therefore to take two or three glasses of water before rising, and not urinate under forty or fifty minutes, as the water will have reached the bladder by this time. During the day let him take a tumbler full of cold water every hour.

*Balanorrhœa Venerea.*—As there is a blennorrhœa urethræ, caused by any irritation from whatever outside cause, so we have also an innocent balanorrhœa, but with either one we have nothing to do, being not venereal, and healing through cleanliness in a short time. The balanorrhœa ex-venerea is always syphilitic, ulcerous, and carries all the characteristics of other syphilitic productions. Relative to their beginning, they may be primary or secondary. *Sepia* and *Merc.* are its best remedies, and all external applications ought to be rigidly excluded.

*Leucorrhœa Venerea.*—Here the same distinction is necessary, and we exclude therefore all leucorrhœas, not caused ex usu veneris. Venereal leucorrhœas may be simply venereal or syphilitic. There is no part of the mucous membrane, from the pubes to the uterus, where it may not have its seat. A few days after the suspicious coition, a feeling of heat, tension and dryness will show itself in the affected parts with some swelling. The itching sometimes produces a great desire for coitus. The mucous membranes are reddened in its infected parts with or without slight excoriations or granulations. In urinating the last drops cause severe burning pains, even when the urethra is not affected, but if the latter is affected, urination is painful from beginning to end. Frequently it alters the menstrual blood in color and consistency. The discharge is a puriform mucus, *coloring the linen with sharply bordered spots, yellow, green or brown*, only towards the end the discharge gets milky. Not only to the uterus, but even to the ovaries the gonorrhœal inflammation may extend, and many ovarian diseases in old prostitutes may have been caused by a gonorrhœa. Another complication, only possible in women, is its extension to the anus by the trickling down of the virulent discharge. *Cannabis-sativa* is also here the chief remedy as long as the inflammatory stage lasts;



then comes *Sepia*, no matter what part is affected, and it acts well, even if excoriations are present. For syphilitic gonorrhœa we have *Merc.*, *Nitr.-acid*, *Thuja*, *Lycopodium*, *Phos.-acid* and *Zincum*. The same strict diet and abstinence is necessary, till every vestige is banished, as frequently a very small error will renew it in all its strength.

*The Different forms of Chancre.*—Bock defines chancre as *an ulcer, caused by syphilitic infection, whose secretion, when inoculated, will produce a new syphilitic ulcer.* Its latent period is different according to the manner of its origin. It may produce itself from a lesion (excoriation, chap), altering itself in a day or two to an ulcer, but when appearing on a second place, it begins with a red spot, from which a vesicle or pustule proceeds, which soon bursts or dries to a crust, leaving an open ulcer of more or less circumference, mostly of a roundish form, but sometimes irregular, its puffy edge is formed by a dark, brownish red, undermined, slightly indented or sharply cut rim, turned a little outwards, and a membranous aphthous exudation rests on the fatty gray or brown-red bottom, which easily gets ichorous and corroding. The whole ulcer is surrounded by an erysipelatous halo, paling into the sound skin. For about fourteen to eighteen days the ulcer increases in size and in deepness; it remains then stationary for days, weeks and even months, before entering into the stage of granulation and reparation. The red halo disappears by degrees inwardly; the puffy undermined edge, loosely jutting in the ulcer, adheres to the base, appearing whitish macerated on its surface; the bottom cleanses itself, does not produce any more inoculable exudation, and covers itself by-and-bye with granulations, the skinning over goes on from the periphery towards the centre; and the usual time for a cure takes six weeks, healing frequently without leaving a vestige of a scar.

All other chancres, running a different course during the stage of destruction and granulation, are irregular, as the phagedænic diphtheritic, the serpiginous, the gangrenous, the elevated, the indurated, the atonic; but they all belong to one species. Baer also accepts only one and the same virus for all sorts of chancres, originating nearly always by contagion,

although its spontaneous origin remains yet an open doubtful question.

We call the *syphilitic ulcer phagedænic* when increasing rapidly in deepness, and covered on its base with an ichorous, then profuse and stinking secretion. In its form it is irregular and indented; spreads rapidly, destroying all tissues, and may thus cause death. They are very painful, and are frequently caused by Mercury. They heal by throwing off the the infiltrated parts, and have after healing great loss of substance with deep scars. We find them mostly in cachectic individuals.

A *serpiginous chancre* is that one, which, healing on one side, spreads about on the other side.

In *gangrenous chancres* the edges of the ulcer mortify, and the deliquescent diphtheritis exudation gets gangrenous, quickening the spread of the chancre in breadth and depth. On the periphery of the edge is a very painful inflamed wall; hæmorrhages from erosions of blood-vessels are frequent and sometimes dangerous. After throwing off the gangrenous parts, they heal quickly.

The *ulcus elevatum* only arises when in the stage of reparation granulations spring up too fast, rising in the form of spongy tissue above the edge of the ulcer.

The *indurated or Hunterian chancre* is only a simple chancre, arising by the formation of fibrinous exudation, put by the reactive inflammation in the circumference of the ulcer, this fibrin thickens, so that the ulcer rests on a cartilaginous base. It is a transition state from primary to secondary syphilis.

We call a *chancre primitive*, being the first manifestation of the syphilitic infection, appearing on the same place, which was in contact with the virus. Latent period from a few days to three or more weeks after infection.

A *consecutive chancre* appears mostly more or less distant from the place of infection, sometimes after the disappearance of the fast primitive chancre.

Jahr considers the only safe diagnostic of the syphilitic ulcer, *its power to produce constitutional syphilis*.

Concerning its prognosis, it may be well to ask always *after the age of the ulcer*, for if it has already lasted four weeks

or more, secondary symptoms may be looked for. Primary ulcers in urethra and vagina, says Baer, are not often accompanied by discharge. Urethral chancres may run their course without any gonorrhœa, and with a very severe and painful one. The secretion of a gonorrhœa, caused by chancre, has the peculiarity of a strong disagreeable smell.

Primitive chancres do not only appear on the genitals, but may also be found on the mouth through kisses, given by persons having venereal ulcers in the mouth or throat, on the mammæ in wet-nurses, nursing syphilitic born-children, who have ulcers in the mouth; on the arms in people exercising criminal coitus, or in females by the descent of the discharge on the face and skin. Chancre in the eyes is of the most destructive kind.

*Therapy.*—Syphilis in all its forms, without any complications, needs Merc. for its cure. Baer uses for the simple soft chancre, the second trituration of Merc.-sol., one grain every day. There is never in the beginning a tendency to heal, it rather enlarges, there arises next to it from three to eight new chancres, but they all pass away in about ten weeks without leaving a scar. This multiplication is rather a favorable symptom, as secondary affections hardly ever follow. To hasten the cure, we are in the habit of touching once a day the chancre with the same trituration. The ulcer thus purifies itself more quickly, and granulations rise sooner. Those granulations are a sign for us to stop the external applications, and to use internally higher dilutions at longer intervals, even after cicatrization has taken place. In paraphimosis we always advise to divide the prepuce, for if ever the cut surface ulcerates, it will heal with the others. Wash the infected parts frequently with cold water, and cover the ulcers with lint, moistened with cold water. As the indurated chancre is only a simple chancre, we use the same remedy in the same form; only we must not lose our patience, as *syphilis in any form is always a tedious complaint.*

Frequently two or three weeks have passed before the patient seeks advice; and Jahr advises then, as long as the ulcer keeps its primary aspect, to trust to Merc.-sol., even if the patient should have taken it in some form or another: and

only in neglected cases would he change to the red precipitate or to Cinnabar. But, even if the ulcer has passed into the granulating stage already, no other remedies are indicated. In fact we can only caution against a too early application of the Nitric-acid, producing a too sudden cicatrization, and changing the whole to secondary syphilis with general infection. Acid-nitr. is only indicated: 1. when the patient with his *granulating* ulcer has already taken much Mercury; 2. when in spite of treatment the ulcer granulates too luxuriantly; 3. when in spite of our treatment with Mercury, the ulcer increases and gets aggravating granulations; the elevated ulcer, as long as it keeps its grayish-white fatty appearance, finds its best remedy also in the Soluble. Only a combination with condylomata would indicate a change to Cinnabar or Nitr.-acid.

The phagedænic ulcer finds its antidote in the corrosive Mercury. But as soon as it has limited the ulcerative destruction, we had better change to the milder Red precipitate to finish the cure.

Whatever complications may arise, may they be gonorrhœa, buboes or mucous tubercles, they do not alter anything in the treatment, and will heal with the chancre; whatever preparation we use, one dose a day, or every other day suffices; and certainly more mischief is done by too strong treatment, than by small and not repeated medication.

*Bubo.*—Jahr distinguishes *a.* sympathetic and genuine; *b.* primary, consecutive and constitutional buboes.

Sympathetic buboes are only simple, more or less painful swellings of the inguinal glands, appearing in gonorrhœa as well as in chancre, and are only a continuation of the inflammatory irritation to the the neighboring glands. They do not need any treatment. The genuine bubo on the contrary owes its origin to the direct influence of the syphilitic virus. It is more or less painful, comprising several glands in one single swelling, with great inclination to suppurate. They are primary, as long as the pus keeps the full power of infection; they may appear before, during or after the sudden cicatrization of the chancre. Cauterization, and thus too sudden driving away is a frequent cause of bubo. The

acute bubo follows frequently the simple chancre, especially when seated near the frenulum, on account of the irritation of the ulcer. Bad issues, as progression of the inflammation to the surrounding tissue and peritoneum, formation of fistula or of downward digging of the pus have only to be feared, when the bubo was opened artificially, the chronic indolent bubo is slowly forming, obstinate, mostly a sequel of indurated chancre, and forms a great, hard, uneven swelling, being a conglomeration of several glands. Secondary symptoms commonly follow the indolent bubo. Buboës following phagedænic chancres are very apt to take also the same character; and if such a phagedænic bubo appears in a scrofulous constitution, it makes one of the worst and most dangerous complications. *Noli me tangere* is the parole for either chancre or bubo, in fact for all venereal diseases, without incurring the danger, to induce secondary symptoms. Only warm poultices may be permitted, when we cannot any more prevent the opening of the boil. Applied before that period, they hasten only the opening, which might have been prevented by suitable means. For the genuine bubo, *Præcip.-rub.* or *Cinnabaris* are the best remedies, as long as dispersion is yet possible; but as soon as suppuration threatens, *Carbo-animalis* is indicated, if, as usual, the chancre does not need any special notice, to which I only prefer *Nitr.-acid*, if the chancre is luxuriously granulating. Open buboës and chancres need only one and the same treatment according to their nature. If the bubo appears after cicatrization of the chancre, we give, as long as it is not fluctuating, and if the patient has not yet taken any Mercury, either *Merc.-sol.*, red *Præcipitate* or *Cinnabar*; but prefer *Aur.*, *Nitr.-ac.*, or *Hepar*, if the patient has taken Mercury. For fluctuating buboës we prefer, under any circumstances the animal charcoal and the *Nitr.-acid*. For gangrene, either in chancre or bubo, our sovereign remedy remains the *Arsenicum*; and it is remarkable that gangrene, as it were, kills the syphilitic virus; for it is hardly ever followed by secondary symptoms. The indolent bubo, frequently a certain symptom of constitutional syphilis, is always tedious, and *Merc.-iod.* is commonly the best remedy for it.

*Tubercula Mucosa, humida, plana s. lata.*—They are a

primary syphilitic production, showing themselves from the sixth to the twenty-eighth day after an impure coition; and consist of an eruption of some moist, flat, broad or rounded tubercles, not very numerous, formed by a morbid development of the skin or the mucous membrane of the diseased parts. They are mostly found on the inside of the labia majora, on the glans penis, near the anus; the mammæ of wet-nurses of syphilitic babies; on the outside of the labia majora; on the skin of the penis; on the scrotum, perinæum and on the inside of the thighs. They are usually more or less dark-red; three to six lines in diameter, round and flattened on their surface, group together in two or three, without getting always confluent, and exude a slimy viscous matter, whose specific smell suffices alone to recognize the nature of the disease. They are most frequent in women and in unclean persons. Sometimes they unite at their edges, and form more or less broad disks, whose edges are raised a few lines above the skin or mucous membrane. Their surface is always rough, granular or deeply furrowed, frequently surrounded by a coppery red areola, especially when they are on the external skin; whereas the tubercle itself is less red: but those on the mucous membranes are always of a lively red. Only very seldom do we find them without any secretion; but sometimes they get ulcerous, and then they look like an elevated chancre, only their base looks differently. In women they appear sometimes in the course of a gonorrhœa, and in both sexes during a chancre; but often they appear unawares, without any other symptom of syphilis preceding; and in other cases they have appeared, after all the primary symptoms were gone for months. Neglected or wrongly treated they produce all the symptoms of constitutional syphilis. Their substantiality is proved, that by coitus they produce always the self-same tubercle, but they are not inoculable like a chancre; and exterminated by external means they are sure to provoke, like every primary syphilitic virus, constitutional symptoms. This is also the syphilitic leucorrhœa, whose discharge never produces a gonorrhœa in men, but only mucous tubercles, which might only be confounded with balanorrhœa. These tedious leucorrhœas form the greatest

number of those cases, in which a presumptive so-called gonorrhœa infects the men not only with chancre-like products, but results after a shorter or longer period in producing secondary syphilis in either sex. Those leucorrhœas even continue frequently after the tubercles have passed away; but the discharge keeps up its infective power; and they constitute most of those infectious leucorrhœas and balanorrhœas, where the anamnesis neither shows infection by gonorrhœa or chancre, nor the examinations of the parts any syphilitic production. *Those are most probably the gonorrhœas wherefrom Ritter gets the symptoms of gonorrhœal cachexia.*

That Grauvogl means only these tubercles, when speaking of gonorrhœal cachexia, is clear: for he says, Vol. 2, p. 224: There is a constitution, based on gonorrhœal cachexia, *i. e.*, of an infection caused by *sycosis*.

Now this word *sycosis* brings up the old question, what is *sycosis*? what is syphilis? and we allow the disease here to bring up the new and original ideas of Grauvogl: (Vol. 2, p. 296.)

“The chancrous and gonorrhœal cachexia occur not only to married or single persons exposed to an infection, but also to married people, who wedded in a perfectly healthy state, and never swayed from the path of chastity.

“Syphilis, in reference of which homœopathy understands *the non sycotic chancre* with its sequels, destroys numerous azotic formations in a specific direction, though no fat and no glue, but even the azotic soft parts of the bones. Mercury, in small or large doses, acts in non-syphilitic persons equal to the syphilitic virus. We make the following propositions:

1. From the same woman, on the same day, even at the same hour some may get infected with chancrous ulcers, others with sycotic ulcers, and others again may remain perfectly free from any infection.

2. That woman, who uses juast before and after the coitus, the bidet and the klysopampe, cannot get sick herself, nor is able to infect others.—Therefore,

No matter can be an absolute poison, which does not infect all persons alike, and it cannot be identical poison, having different products. It is therefore only a relative poison, having its origin in the vagina; for that is certain, that no

body ever suffered from a syphilitic ulcer or a sycotic affection without having connection with a woman; and then the vagina may suffer from a variety of diseases before ever being touched by male and insalubrity contracts in woman by mixture a virulent disease of the vagina. This substance may therefore be, as also in animals, only a sequel of a specific decomposition of the different male and female secreted and excreted substances left in the vagina. If we are not infatuated by the unnatural idea, that syphilis since thousands of years is transmitted from person to person like the hereditary sin, without any possibility of being produced anew; then we may admit that this decomposing product may form itself fresh and anew every day in any vagina whatever; it is therefore *one and the same vaginal poison, which may be forever destroyed by a prophylactic measure* according to the second proposition.

Before such a disease can develop itself, the conditions must be given beforehand; and only within and in connection with the hydrogenoid constitution the vaginal poison will be the cause of the sycotic secretion, the so-called gonorrhœa. It may produce gonorrhœa or ulcers, but Mercury only aggravates them; and, suppressed by external means they are very apt to produce the gonorrhœal cachexia, just as a suppressed syphilitic chancre will produce the chancrous cachexia on the base of the oxygenoid constitution. Chronic diseases of the latter kind are cured by Mercurials, whereas the former are benefitted by Thuja or Natr.-sulph.

The most important accompanying symptoms of the chancrous cachexia according to Dr. Wolf, are: sleeplessness; dryness of the throat; crackling of the joints; chilliness before a motion of the bowels, and a gradually increasing paralysis, after the previous hyperæsthesia has ceased to rage. The syphilitic cachexia has never such an absoluteness as the sycotic. Based on a hydrogenic constitution, it forces this constitution to a terrible development; and if the syphilitic cachexia gets complicated with the carbo-nitrogen constitution, our treatment will be the more complicated and difficult. *The indication for the treatment of those diseases is dictated by the fact, that the procreation of syphilis and sycosis depends on the constitution, and not on the causes."*



Now, to find out what sycotic excrescences are able to produce those gonorrhœal cachexias, we must go back to Jahr, to find out their different diagnostic symptoms: Mucous tubercles could only be confounded with the elevated chancre, with condyloma or mercurial ulcers; but such ulcers are never raised, always flat and expanded, and of a milky color: whereas the tubercle is more elevated, has a clear, fleshy, perhaps spongy appearance, and mostly we find several tubercles. The diagnostic symptom between mucous tubercles and flat condylomata is the *gristly hardness of the latter*. Experience in the treatment of mucous tubercles has shown, that they are more amenable to the powers of Nitr.-acid. and Thuja, remedies against sycosis rather than against pure syphilis; although cases are on record, where the corrosive and Cinnabar have been used with benefit.

*Sycotic Excrescences? Condylomata.*—We distinguish two different kinds:

1. The implanted excrescences of greater density than the skin, in which they are implanted with their base or with a pedicle.

2. The hypertrophic excrescences are only a simple intumescence of the cellular tissue of a fold of the skin or mucous membrane, get easily sore and ulcerous, and discharge a foul smelling pus.

The first kind is more frequent, manifold in their forms, and they appear in greater number, than the moist condylomata. They are either cauliflower or warty, or long stalky excrescences; the warty are usually paler, than the surrounding skin, the stalky a little more red; the most red are the cauliflower or the raspberry form, which are frequently full of blood. They are mostly dry, except the cauliflower excrescences, which discharge a profuse yellowish, and sometimes even bloody moisture. Except when irritated, they are seldom painful; the most sensitive are the raspberry and cauliflower forms.

The hypertrophic condylomata are either caricous, scolloped or jointy, are most frequent in the region of the anus, sometimes near the entrance of the vagina, near the labia majora or minora, on the penis between the prepuce and glans, sometimes

on the perinæum or on the inside of the thighs. These condylomata are more or less flattened tubercles, rounded on their free edge, except where they have a stalk.

Both forms are usually hard, cartilaginous; not very painful, red, and easily excoriated, where they then secrete a stinking, slimy, more or less acrid matter of a yellowish color. These excrescences are of venereal nature, protopathic or consecutive, infectious by the touch, and producing similar products. They follow gonorrhœas as well as chancres; but the hypertrophic are commonly syphilitic, and in those following gonorrhœas, the old question arises again, if they were not mistaken for chancres in the urethra. All condylomata are very stubborn to treat; and even after a radical cure of all other syphilitic symptoms, they remain in an indolent state. Only those remains of an extinct syphilis may be touched by the juice of Thuja; in all other cases the internal use of remedies is alone indicated. Baer also says, that condylomata do not need any particular treatment; and the other constitutional symptoms are the index for the suitable remedy. Mercurials remain the chief reliance; and even after they remain alone without any other symptom, the sublimate internally and externally will eradicate this last remnant of that loathsome disease. In other remedies, as Thuja, Nitr.-ac., Cinnabar, Sabina, Staphysagria, he has not so much confidence. Jahr prefers Nitr.-acid for all moist excrescences, and Thuja and Staphysagria for dry ones, especially cauliflower. For condylomata with pedicles no remedy is equal to Lycopodium. Rummel remarks, that Mercury after a fair trial ought to be discarded, and Nitr.-acid or Sulphur given. The identity of syphilis and sycosis will always remain an open question, but Mercurials cure neither every case of chancre nor of condylomata; and, as in every other disease, to individualize every case properly and minutely, will always remain our only duty.

A second article on Secondary Syphilis will follow in the next num! ~

ARTICLE VII.—*Case of Cholera.* Communicated by HENRY B. HUND, M.D., Assistant Physician at the Bond-street Homœopathic Dispensary, New-York.

MRS. ESAIAS, of No. 46 Suffolk-street, aged fifty-nine years, an active and healthy old person. She has had for about three weeks bad appetite and moderate diarrhœa; but as she expressed herself, she did not mind it much, as it did not prevent her from doing her usual housework. On the day before I saw her, she washed clothes, and afterwards became extraordinarily weak. During the subsequent night, the diarrhœic stools increased in number and became more watery; then headache; burning thirst, with prostrating debility set in and forced her to keep the bed. During the night her condition gradually grew worse; she had vomiting; cramp-like pain in the abdomen and calves of the legs followed, and there was no discharge from the bladder for more than twenty-four hours.

I saw the patient at 7 o'clock in the evening; her countenance was pale; the eyes sunken; skin dry; the pulse feeble and somewhat slower than in a state of health; the stools were watery, mixed with epithelium, and of a penetrating odor. I immediately proceeded to purify the air by evaporating vinegar, and prescribed Veratr.-alb. 2d, to be taken in alternation every half an hour with Cupr.-acet. 2. The improvement of the patient's condition was immediate, so far as the vomiting and the pain in the abdomen and calves were concerned; her skin became moist, but the number of the stools and their quality remained almost unchanged. At midnight, when I saw the patient again, the pulse was imperceptible; she had not had any discharge from the bladder, and complained of burning in the abdomen with burning thirst. Arsenic 2, was given, and continued every hour until the next morning. At 9 o'clock she vomited, had cramps in the abdomen, calves, and toes; the stools like pure water, without any odor whatever; the hands and feet quite cold; darkness before the eyes, followed by fainting. Camphor tinct. in one-drop doses was now given every five minutes, but without any beneficial results.

At 10 o'clock the patient's condition was nearly hopeless; her pulse was so weak that it could hardly be felt; her breathing was difficult; she was in a state of insensibility; discharges from the bowels continued without any interruption. As a last resource, I prescribed an injection of Spirits of Camphor  $\text{ʒi}$  in a half pint of lukewarm water. The effect of this was immediate; the injection was retained by the patient for more than two hours; during which time she began to sweat profusely; and the first consistent stool was attended with a discharge of urine. Patient recovered completely and rapidly after a few doses of China 2.

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ARTICLE VIII.—*The Pathology of Puerperal Convulsions.*

By R. LUDLAM, M.D., Prof. of Obstetrics and the Diseases of Women and Children, in Hahnemann Medical College, Chicago. Read before the Ill. State Hom. Medical Society at its Seventeenth Annual Meeting, Chicago, May 22d, 1867.

MR. PRESIDENT AND GENTLEMEN:—

Of all the contingencies of parturition perhaps none is so alarming and serious as puerperal convulsions. Fortunately, however, they are among the rarest complications and sequelæ of labor. Cazeaux gives a table of 38,306 deliveries by English obstetricians, in which only 79, or one in about 485, had convulsions. In a thousand labors superintended by him at La Clinique, Velpeau did not observe a single case. In 10,387 cases of labor Dr. Joseph Clarke met with 19 cases of convulsions; Dr. F. H. Ramsbotham, in 68,435 deliveries, had 67 cases, or less than one in a thousand; Dr. Collins in 16,414 labors, encountered 30 cases of convulsions. As with præternatural labors in general, so their very infrequency affords a powerful argument for the careful study of the pathology and treatment of puerperal convulsions.

These convulsions have been divided by obstetrical authorities into the epileptic, the hysterical, and the apoplectic. There is good reason, however, for considering the true puerperal eclampsia, an affection which is quite distinct from, although not unfrequently complicated with, epilepsy, hysteria, apoplexy, and sometimes with chorea, catalepsy and tetanus.

Only a very small proportion of women who have puerperal convulsions are predisposed to, or have ever had epilepsy. In those who have been subject to epilepsy prior to conception, the pregnant state is more likely to arrest than to increase the frequency and severity of the paroxysms. Dr. Tyler Smith reports that in 51 pregnancies occurring in 15 epileptic subjects, only two had puerperal convulsions, while only one of all Dr. Churchill's patients afflicted with epilepsy had them. The manner of approach of the fit, the absence of the "*aura epileptica*," its frequent recurrence, its various causes, its relation to the uterine contractions and sympathies, and its clinical history throughout, prove that the epileptiform symptoms present in the convulsions of child-bed are mere contingencies thereof, which may modify, but are not essential to, and do not explain the real nature of the disease.

The hysterical convulsions are more liable to occur in the earlier than during the later months of pregnancy. They scarcely deserve the title of convulsions, and their consequences are not often directly serious. Patients of a well-marked hysterical constitution are perhaps more strongly predisposed than others to puerperal convulsions. The local and limited spasmodic phenomena that sometimes accompany or follow labor, in nervous and highly excitable women, are purely hysterical. In brief, hysteria, like apoplexy, catalepsy or tetanus, "may occur in the puerperal state, either as the principal disease, or as a termination or complication of eclampsia."

It is because of a confusion of types and complications of this form of convulsive disorder that the remark of Denman holds good even in our day:—"The true puerperal convulsions have not been accurately described." The same general reason explains the unsettled and unsatisfactory therapeutics of this fearful disorder.

*Clinical History.*—The attack may set in at any period of pregnancy, during labor, immediately subsequent to the delivery of the child and the secundines, or some hours, days, or even weeks after parturition. Of 59 cases reported by Ramsbotham, 17 commenced before labor, 28 during its progress, and 14 after its termination. In the experience of Braun and Weiger 24 per-cent. set in before the commencement of uterine

pains, 54 per-cent. during labor, and 24 per-cent. after the birth of the child.

Depaul cites a case of puerperal convulsions which occurred in the fourth month of gestation; Perfect two cases before quickening; Meigs one at five months; Empson one at the tenth day after delivery; Ramsbotham one at the sixteenth day, and Sever, Hardy, Braun, Simpson and Devilliers report examples commencing as late as the sixth week. It is generally conceded that the convulsions incident to the pregnant state are more likely to occur at and after, than prior to the seventh month.

When they take place during labor, the convulsions are apt to terminate with delivery. In some cases they continue for a period, but recur at longer intervals, after the uterus has been emptied of its contents. More rarely, however, they do not seem changed either in degree or frequency by the conclusion of the labor proper. Braun says the fits completely cease after the evacuation of the womb in 37 per-cent., become weaker in 31 per-cent., and in 32 per-cent. only continue of the same severity.

Convulsions are most likely to commence when, having escaped the os uteri, the presenting part occupies the vagina, lies upon the perineum, or is about to protrude at the vulva. There are, however, exceptions to this rule in which rigidity of the anterior lip of the os may prevent the passage of the head, and convulsions begin before it has emerged from the uterus. A highly irritable and sensitive condition of the soft parts renders the more nervous and delicate women liable to attacks of convulsions during labor. This state being always more marked in those who are in labor for the first time, it follows that such patients are more subject to convulsions than those who have already borne children. More than two-thirds of all the cases of puerperal eclampsia occur in primiparæ. Of 30 cases of this disease noted by Dr. Collins, 29 occurred in women for the first time in child-bed; and of those reported by Dr. Merriman the same was true of 36 out of 48.

In the great majority of examples of this disorder, excepting of course where there are twins, the child is of the male sex. Of 28 cases cited by Dr. Collins, in 17 the offspring was a

male. So also, in nearly all cases of puerperal eclampsia we have head presentations. In the Dublin Lying-in Hospital only a single case of convulsions coincident with malposition occurred in 48,397 labors. The only variety of præternatural labor, due to false position or presentation, to which convulsions are incident is placenta prævia.

It is not certain that because a woman has had puerperal convulsions in her first labor, she will therefore have them subsequently. Nor will one attack exempt her entirely. There are exceptional instances in which the pregnant parturient and lying-in states may always be accompanied by them. An example of this kind is reported in the Proceedings of the London Obstetrical Society (Vol. I, p. 108), in which abortion with convulsions occurred six times successively in the same patient. Lumpe relates a case in which convulsions were experienced in the first, second and fifth deliveries; Dr. J. S. P. Lord one in which a woman had convulsions in three, and Litzmann another in which a like result followed in nine successive pregnancies.

The fit may set in abruptly, or there may be premonitory symptoms which vary in individual cases. Excessive restlessness, irritability, rigors, flushed face, headache, malaise, delirium, imperfect vision, amaurosis with dilated pupils and staring expression, rumbling noises in the ears, hypochondria, vomiting, a slow pulse which rises very quickly when the paroxysm has commenced, and twitching of the muscles of the face and extremities are among the prodroma of this dangerous affection. An intent look of the patient at the ceiling or corner of the room upwards, and following of an object by the eye is a threatening symptom.

In the majority of cases, however, there will have been observed, by the modern and more intelligent physician, a tendency to anasarcaous swellings in various parts of the body. This symptom first observed by Hamilton and Demanet more than sixty years ago, may sometimes be remarked many weeks before "term," and, although it is not always followed by convulsions, is really to be interpreted as a foretoken of *convulsibility*. This dropsical puffiness may be limited to the upper extremities and the face, but is more frequently seated in the

lower limbs, the ankles, the feet and even in the labia majora. In exceptional cases, it nearly or quite disappears towards the end of gestation, so that its significance is sometimes overlooked by one who sees his patient for the first time during the parturient act.

As the fit approaches, the eyelids wink incessantly, the eyes are rolled upwards and fixed, the pupils dilated, the features are changed, the facial muscles twitch and jerk spasmodically, the angle of the mouth is drawn to the side corresponding with the unnatural position of the eyeballs, the head rotates slowly in the same direction, and the muscles of the neck, arms, trunk and legs are successively convulsed. The throat, the larynx, the pharynx, the diaphragm and other respiratory muscles are also seized, and respiration becomes interrupted, irregular, tumultuous, or is altogether suspended. There is stridulous expiration with hasty inspiration. In consequence of these latter spasms there is asphyxia, with discoloration of the surface and turgidity of the skin, neck, features, eyes and tongue. The anal and vesical sphincters may be affected, and involuntary passages of fæces and urine follow. In some cases the uterus is suddenly emptied of its contents. The hands are clenched, and occasionally the arms thrown wildly about. I have read of an example in which the head of the humerus was luxated from this cause. The muscles of the jaw are spasmodically contracted and the teeth closed firmly and suddenly, in consequence of which the tongue, mouth, and cheeks may be badly bitten. The salivary glands secrete an unusual quantity of saliva, which is discolored by blood from the wound caused by the sudden closure of the jaws. M. Finney cites a case in which the lower jaw was dislocated during a convulsion. Denman observed that the forcible expiration of the breath through the teeth, which are firmly set, produces a hissing sound that is quite pathognomic. Sometimes this is the first symptom noted in an attack.

There are several items of interest connected with the natural history of convulsion. We can only name a few of them in this connection. The progress of the spasmodic action from above downwards is peculiar and significant. In all the cases treated by your Committee, the head has been turned to the



*right* side. Meigs has remarked that the spasms affect first the extensor and then the flexor muscles of the extremities, and this is followed by a rigidity of both.

Although, if long continued or frequently repeated, the interruption of respiration and consequent asphyxia may result in fatal effusion into the cerebro-spinal cavity, yet the discoloration of the blood and complete insensibility induced thereby are to be regarded as a species of critical anæsthesia, which is designed to put an end to the paroxysms. When the fit is over, the patient may sleep quietly, or it may be followed by stertorous breathing. Where the convulsions have not persisted for a considerable time, and are neither very frequent nor severe, there is a gradual return of consciousness. Otherwise the patient becomes comatose and finally quite insensible to external impressions. In plethoric subjects who are predisposed to apoplexy, this symptom is observed at an earlier period of the disease, and is of much more serious import. The more rapid the paroxysms, if truly eclamptic, the more sudden and complete the loss of consciousness.

Litzmann has remarked that at the onset of the convulsion the pulse is slow and then rises very quickly to 120 or 150 in the minute. It also becomes smaller and quicker as the intervals between the convulsions are lessened.

The duration of the fit, of which I have given but a brief outline, varies from one to five or more minutes. If they take place during labor, they are likely to recur with the regularity of the uterine contractions. Sometimes, although rarely, the convulsions commence before the pains. Wegscheider reports a case in which the fits began forty-eight hours in advance of labor. In *post-partum* convulsions, even in primiparæ, your Committee has observed that they usually return with each "after-pain," and, if all goes on well, they diminish in frequency as these tormenting sequelæ of labor disappear. They may continue, at longer or shorter intervals, for from a few hours to several days. The patient may have but one fit, or she may survive, or succumb to thirty, forty or even an hundred of them. As a rule, if the mother has more than three or four severe convulsions prior to delivery, the child or children will be still-born. Where they occur subsequent to labor, the milk and lochia are suppressed.

*Etiology.*—The causes are predisposing and exciting. Among the former are the hysterical constitution, and all those influences and habits of life which develop it, whether directly or indirectly. A tendency to apoplexy, epilepsy, anæmia, and renal disease, also predisposes to an attack of puerperal eclampsia. The same is true of an hereditary liability to spasmodic affections generally. Puerperal convulsions are more frequently met with in cities and larger towns than in rural districts.

The exciting causes are numerous and varied. Eminent authorities have observed that convulsions in child-bed are in a sense gregarious. In 2000 deliveries, of which Cazeaux had charge at the Hotel Dieu and the College de La Faculté, there were but three cases of convulsions, while in his service at La Clinique during only four months there were seven cases of this kind. Ramsbotham remarked the same fact, and also the occurrence of several cases during warm weather, when the clouds were charged with electric fluid. In private practice your Committee once had two patients, who were in no wise related or acquainted, seized with puerperal eclampsia during the same week,—a coincidence by no means grateful or desirable.

Certain emotional states may predispose to, or precipitate an attack. In one of my patients, a primipara, the *post-partum* seizure was induced by mental agitation of the mother, lest scandal might come of the fact that her child was born at somewhat less than nine months after marriage. Fear and dread of the fit is a powerfully exciting cause. In rare cases, where the parts are in a state of hyperæsthesia, or the patient is more than ordinarily averse to the necessary examination, the "touch" may bring on the first paroxysm. Excess of joy and demonstration over the birth of the child, especially if the labor has been brief and rapid, fright and anger, shame, misery, disgust, or the meeting between husband and wife during or subsequent to delivery, may have the same effect. The eating of improper food in the later months of gestation has been known to induce convulsions. Mr. Owen Davies reports a case of this kind occurring at the eighth month, that was caused by eating mussels. In advanced pregnancy shell-fish

are, for this reason, objectional articles of diet. Individual idiosyncrasy explains this singular result. I have a little patient, a boy of five years, who can never eat oysters without having convulsions afterwards. Great exhaustion from excess of fatigue, protracted labor or profuse hæmorrhage will in some cases occasion puerperal convulsions.

But the causes we have enumerated are not in themselves sufficient in all cases to account for the production of this frightful disease. Concerning the conditions and circumstances that are necessary and adequate to this result, authorities are not agreed. There are three several theories on this subject which for the sake of perspicuity we shall style (1.) the mechanical, (2.) the nervous, (3.) and the toxæmic.

The *mechanical* hypothesis attributes the symptoms of puerperal eclampsia to pressure of the gravid uterus upon the larger vessels, and consequent derangement of the circulation both in the abdomen, the lower limbs, and also in the head and upper extremities. Not only is the proper distribution of the blood directly interfered with by this means, but its quality is impaired, and it becomes less nourishing and more noxious to all the tissues with which it is brought into contact. The nerve-centres being especially susceptible, are the more likely to suffer from this cause, and nervous and convulsive phenomena are the natural and necessary consequences. This view is supported by the fact that convulsions more frequently occur in those whose abdominal parietes and tissues have not been developed and relaxed by a previous pregnancy; that the liability to them, and the danger from them, increases as the uterus is more largely developed; and also, that they are so often arrested by emptying the womb of its contents and securing its involution.

Those who hold to the *nervous* origin of puerperal convulsions may be divided into two classes. The first of these recognizes in the pregnant state a peculiarly impressible condition of the nervous system in which slight causes not ordinarily harmful, may engender the most fearful consequences. This morbid "irritability" constitutes, according to this view, a powerful predisponent of convulsions. With respect to its mode of operation, no very definite idea appears to be enter-

tained; but a vague notion prevails that, in some manner, at this particular period, the nervous apparatus is easily deranged in its action, and spasmodic and convulsive movements thereby induced.

The celebrated Marshall Hall proposed the rationale adopted by the second class. This theory holds that morbid complications and modifications of reflex action through the spinal cord are quite sufficient to explain all the phenomena proper to this as to other varieties of eclampsia. The development of the womb during the whole period of gestation, but especially after the fourth month, involves very considerable changes in its nervous, as well as in its sanguineous circulation. Its afferent conductors may convey such impressions to the spinal centre as are not capable of being reflected upon and appropriated by the generative system. These impressions, or so-called currents, which are abnormal in quality, and perhaps in degree also, are made to take a new direction. Other and remote muscles are thereby implicated, and convulsive symptoms result. So also of mammary, ovarian and other varieties of excitation of the puerperal nervous filaments, which indirectly produce the same results.

If the fit sets in during labor, the pressure of the presenting part, the forcible dilatation of the os uteri, an unyielding perinæum, the contact of the finger of the accoucheur, or of instruments when the forceps are attempted to be applied, or of the hand in the operation of version, may be the exciting cause of impressions that are telegraphed to the spinal centre and thence to the medulla oblongata, to be reflected upon the muscles successively convulsed during the paroxysm.

*Post-partum* seizures may result from the presence of clots, or of placental fragments retained in the womb, an incomplete folding of the organ upon itself, or from actual displacement thereof.

Either of these irritants applied to the sentient extremities of the nerves may thus indirectly originate and perpetuate the convulsive attack. The fit may derange, or supersede the proper uterine contractions. Labor may be arrested and life jeopardized by the mal-appropriation of the very forces designed to consummate and insure them.

The *toxæmic* theory refers the symptoms of this affection to the presence of one or more poisonous principles retained in the blood. Their correspondence to those of uræmia led to the inference that they might be identical in origin. The defective elimination of urea by the kidneys, the presence of albumen in the urine, and the œdema, which sometimes occur at an advanced period of gestation, imply a state of convulsibility, or of liability to convulsions. The non-elimination of urea from the blood, and its conversion, according to Frerichs, into the carbonate of ammonia, is believed by Braun and others to be the chief cause of the phenomena presented in puerperal eclampsia.

The history of the renal complication in this disease is singularly interesting and suggestive. The presence of albumen in the urine in almost every example of puerperal convulsion is something more than a mere coincidence. According to Blot the average proportion of albumen in the urine in albuminuria without eclampsia is 33 per-cent., while in the eclamptic it may be 74 per-cent. There are doubtless many cases of albuminuria in pregnant women that are not accompanied or followed by convulsions, but the converse of this proposition is not true. As an accidental ingredient of the urine, a considerable proportion of albumen implies a great drain upon the nutritive resources of the economy. It also signifies that the elimination of urea is less thoroughly performed than it should be by the kidneys. Viewed as a premonitory symptom of puerperal eclampsia, albuminuria is of the utmost significance. The œdema of the inferior extremities, ascites, and dropsy of the amnion, which are not complicated with albuminous urine, containing fibrin cylinders, are not followed by uræmic eclampsia in the parturient state.

Whether we regard the albuminuria as resulting in a majority of cases from acute desquamative nephritis, which, in this instance is self-limited and will therefore subside when delivery is accomplished; or if we recognize it as a neurosis, a functional derangement of the kidneys dependent upon nervous causes, the meaning and the hint are equally obvious. So also, if it be true that kiestine is separated from the blood by the kidneys and mistaken for albumen, as Simpson and Bed-

ford have suggested. It is not so much that the renal function suffers, as that idiopathically or symptomatically, the nervous system is implicated. Whether it be the urea, the carbonate of ammonia, or some other primary, secondary or tertiary product of the depurating process that is dammed up in the circulation and works all this mischief, we may perhaps never know. That some post-organic material is responsible therefor, is evident. That it is urea, is very probable, and it is to the action of this noxious principle that the cerebro-spinal centres are especially susceptible. Frerichs, Bichat, Courten and Gaspard did indeed inject filtered urine, and even a solution of urea into the veins of animals without ill effect. And there can be no question that in some cases of granular or fatty degeneration, of dropsy and extensive disorganization of the kidney in the human subject, the patient has shown a remarkable exemption from nervous and convulsive symptoms. These are facts of curious interest and real clinical import, but they do not prove that the pregnant state may not render the patient peculiarly susceptible to the toxic effect of a substance that should have been eliminated. Uræmia appears greatly to augment the hysterical excitability of pregnant women, and to predispose them to convulsions. Simpson believes that "this diseased condition of the blood produces a preternatural excess of irritability or polarity of the nervous system, and more especially of the spinal system of nerves," in consequence of which they are more easily affected by the exciting causes that indirectly occasion convulsions.

It is evident from the foregoing remarks that an exclusive view of the etiology of puerperal convulsions is not to be entertained by the enlightened and experienced physician. Mechanical impediments to a free circulation of the blood, and pressure of the uterus upon the vagina, the rectum, the bladder or the stomach and renal vessels, may undoubtedly produce them. The same is true of a state of hyperæsthesia of the general or local nervous system, and of causes which derange the distribution of nervous influence through the excitatory system. Yet other attacks may be due to uræmic intoxication and poisoning, of which the albuminuria, œdema, and general infiltration of the cellular tissue in successive portions of the body are the first and more prominent symptoms.

Your committee would venture the suggestion that a single and significant physiological fact has been overlooked by obstetrical writers who have treated of this subject. Although not hitherto recognized, it is nevertheless true that *certain of the bodily tissues are especially susceptible to the action of those post-organic products that have once entered into their individual composition.* This view is confirmed in the effects of cholestrine upon the nervous system in a large class of diseases dependent upon hepatic derangement. Urea results from the destructive metamorphosis of muscular tissues. The kidneys are designed for its excretion. When by reason of its non-elimination, its proportion in the blood is greatly increased, the muscular system is likely to suffer. Cramps, spasms, and convulsive movements are the natural result of the circulation of this noxious agent, not only in the nerve-centres, but in the muscle-cells themselves. Grant that these cells have an inherent power of contractibility, a point conceded by some modern physiologists, and we can readily conceive that the direct contact of urea with them might produce the most mischievous consequences. It is for this reason, we apprehend, that in some cases the convulsions induced are decidedly tetanic, and in others cataleptic. We submit therefore, that in certain examples of puerperal eclampsia dependent upon uræmia, the muscular lesion may anticipate the nervous, the latter system being implicated in the fit and its inter-paroxysmal consequences. Nor does the idea, advanced by Frerichs, that the urea is decomposed into the carbonate of ammonia alter the fact, or change the inference with respect to the mode of its operation. Tessier, Piberet, Rilliet, Barthez, Picard and others have remarked the absence of lesions of the nervous centres in those who have died of uræmia.

*Pathological Anatomy.*—The *post-mortem* record of this disease is not very complete. The lesions noted in other organs than the kidneys are accidental and not pathognomonic. Changes in the structure and vascularity of the brain vary with the apoplectic tendency of the attack. The same is true of serous and sanguineous effusion into the ventricles or between the meninges of the brain and spinal cord. Sometimes there is a bloodless appearance of the brain, with diminished

consistence or *ramolissement* of the cerebral mass. In most instances the heart is empty and flaccid. The pleura and pericardium may be the seat of effusion. The lungs are sometimes pale, œdematous, and even emphysematous. Traces of abdominal and uterine inflammation may also exist.

In 1843 Dr. Simpson noted the first case of granular disease of the kidney on *post-mortem* inspection after the death of a patient from puerperal eclampsia. Numerous well-authenticated cases collected since that period establish the relative frequency of Bright's disease of this organ as a coincident affection. Braun is cognizant of more than thirty cases, and Hasse, Hohl, Blot, Cohen, Simpson and other authorities swell the list of those who confirm this observation. The renal lesions revealed by the scalpel in cases of uræmic convulsions are those proper to one of the three stages of Bright's degeneration of the kidney. In the first, there is congestion of the organ, slight hæmorrhagic effusion, the epithelium is not changed, but the uriniferous tubes are filled with coagulated or fluid exudation in which are fibrin cylinders, discoverable with the microscope. In the second, the kidney is increased in weight, is more friable, fatty, soft and milky. This is the stage of exudation. In the third stage the organ is shrunken, diminished in bulk and weight, indented, tuberculated, and of a dirty yellow color on its surface. The urinary tubules are completely denuded of epithelium. This latter condition is proper to the chronic form of Bright's disease and is seldom witnessed in those who have died of puerperal convulsions.

Much discussion has resulted concerning the origin of these evident symptoms of Bright's disease, revealed upon autopsy in this form of eclampsia. Scanzoni is the principal champion for the theory that, when they do exist, they are to be regarded as among the consequences, rather than the causes of the convulsive seizure. But Brücke declares that "the occurrence of uræmia depends not so much on the *intensity* of the textural changes as on the *extent* of the morbid exudation of the kidneys. Christison has also shown that 'coma and convulsions may come on in the very earliest stages of Bright's disease, and that then indeed they advance more rapidly than when the degeneration is more advanced. He also mentions



their occurrence independently of any dropsical effusion, and their occasionally coming on shortly after dropsy has been dispelled.” The transient duration of the albuminuria in most cases of puerperal convulsions proves that the lesion of the kidney is not necessarily very deep-seated or disorganizing. The presence of fibrin cylinders and of fatty casts in the albuminous urine, and in the renal tubes on *post-mortem* examination with the microscope, is evidence that structural changes are begun, which, but for the termination of pregnancy, would probably in every case result in granular degeneration of the kidney. It would be an interesting and profitable inquiry if we could ascertain whether those women who have suffered from eclampsia in several successive pregnancies are afflicted with the chronic form of Bright’s disease. Simpson is of opinion that “albuminuria with convulsions, &c., occurring in any labor later than the first, generally results from fixed granular disease of the kidney, and does not disappear after delivery.”

*Diagnosis.*—Puerperal convulsions are so generally complicated with symptoms of hysteria, apoplexy or epilepsy that it is scarcely necessary to separate these affections differentially.

The hysterical convulsion partakes more of the nature of a spasm; the muscular contractions are neither marked nor regular in the order of their coming; the muscles of the trunk and extremities are affected to a greater degree than those of the face; there is no frothing at the mouth or biting of the tongue; no stertorous breathing or hissing respiration; no anæsthesia, with turgidity of the features and blueness of the skin; no marked increase in the frequency of the pulse after the beginning of the paroxysm; no gradually increasing coma; no albuminuria before the fit, and, if it is present afterwards, no tubular casts, fatty, fibrinous or epithelial; no regularity in the recurrence or duration of the paroxysm, which often ends with an emotional outbreak in the form of sobbing, sighing, weeping or laughing, or with the eructation of flatus. It is no doubt true that many cases of hysterical convulsion have been mistaken for puerperal eclampsia.

From the outset the apoplectic convulsion will be recognized as dependent upon intra-cranial effusion and compression.

Consciousness is suspended; sensibility is lost; the coma comes on suddenly and is profound, with stertorous breathing; the convulsions are slight and afford no reliable criterion of the gravity of the attack, the muscles becoming flaccid and powerless.

We have already detailed the diagnosis between the epileptic convulsion and puerperal eclampsia. In epilepsy, as in hysteria, the renal symptoms are essentially different from those proper to puerperal convulsions. The presence of albumen in the urine with cylindrical casts has never been observed as a sequel to the epileptic paroxysm. Epileptics may have Bright's disease, and during gestation, labor or childbirth, be seized with uræmic eclampsia, but this is a mere coincidence. The frequent connection between epileptic convulsions and imperfect eliminatory action of the kidneys, however, led Dr. Todd to designate a variety of this disease as *renal epilepsy* (*epilepsia renalis*.) The antecedent and co-existing symptoms, in a given case, would enable one to decide between epilepsy with renal complication, and puerperal eclampsia dependent upon uræmia.

*Prognosis.*—Out of 328 cases of puerperal eclampsia tabulated by Churchill, 70 mothers were lost, or about 1 in 4½. Wieger records that of 65 women seized with convulsions at different periods of pregnancy, 25 died. Of 48 cases reported by Dr. Merriman, 37 recovered; and of 30 reported by Dr. Collins, only 5 died. Of the latter, three of the fatal cases were complicated with laceration of the vagina, one with twins and one with peritonitis. Braun is of the opinion that 30 per-cent. have proved fatal to the mother. These tables display varied results and are defective for the reason that no distinction is made between the several forms and complications of the convulsions incident to parturition. The relative mortality which in Hunter's time amounted to one-half, and has already been so considerably reduced, will doubtless be still farther lessened by a more discriminating diagnosis and rational treatment.

The prognosis is favorable in proportion with the predominance of hysterical and epileptiform symptoms, especially if the convulsions have not been preceded by albuminuria and anasarca, and if they continue synchronous with the uterine

contractions, subsiding when the womb is emptied of its contents. Hysterical eclampsia will, other things equal, recover under almost any treatment, providing it is not too severe. In this form the attack is self-limited.

The earlier the advent of apoplectic symptoms, the more profound the inter-paroxysmal coma, and the implication of the brain, the greater the danger. This variety of the disease may terminate very abruptly, or a single fit may throw the patient into a state of coma to which she shall succumb when one or more days have elapsed. If one pupil is dilated and the other contracted, it signifies a dangerous lesion of the brain on the side opposite the dilated pupil. It is safer to base our prognosis upon the condition of the patient between the paroxysms, than to judge by the severity of the fits only. Drowsiness and obliviousness between the fits, where there is no coma, are less fatal symptoms. Mania after coma is less dangerous than low delirium, which latter is a symptom of puerperal pyæmia. Stertorous breathing is a more dangerous sign than sibilant respiration. Excessive rigors, which are in reality a species of convulsion, if frequently repeated, imply great danger. The same is true of syncope, collapse of features and the coldness of the extremities induced by excessive exhaustion from protracted labor or hæmorrhage. Davis says explicitly that:—"Convulsions complicated with profuse hæmorrhage, and *a fortiori* if the loss of blood shall have been very great, should be considered as harbingers of a rapidly approaching death, the convulsions in that case being a part and parcel of the dying state;"—and Braun, "anæmic convulsions are justly regarded as a symptom of the last agony."

In convulsions occurring in twin deliveries, and in cases of placenta prævia, the prognosis is generally unfavorable. Where during the later months of pregnancy, albuminuria with infiltration of the cellular tissue has existed, and the urine is nearly or quite suppressed, it implies a complication from which the patient is not likely to recover. If the renal affection is of long-standing, and has already passed into the third stage of Bright's disease, recovery is still more doubtful. In case the fits occur at longer intervals, the amount of urine voided is increased, and of albumen diminished, the patient

may get well after a somewhat lingering convalescence. Until the albumen has disappeared from the urine, however, there is a liability to a sudden return of the convulsions, even when some days or weeks have elapsed since the last fit. "After from six to ten days, if the child-bed patient continues to go on well, there is generally no trace of albumen to be discovered. If during child-bed the albuminuria continue for weeks, it arises either from the admixture of pus from an acute catarrh of the bladder, or from nephritis metastica, or from a far advanced destruction of the kidneys being present, and the Bright's disease being chronic."

Where violent mental emotions, especially if they are depressing in character have been at work, and the patient has been possessed with the idea that she is about to die of convulsions in child-bed, recovery is exceptional. The alarm of bystanders is a source of great danger to those patients who are very impressible.

Authorities are divided as to the relative danger in convulsions coming on before, during, or after delivery. Ramsbotham is of opinion that "convulsions coming on after labor, if the patient has not suffered an attack before, are not so dangerous as those which arise during pregnancy and labor." Dugés is of the same mind, and Churchill regards the *post-partum* variety nearly as manageable as those which occur during gestation. Churchill's worst examples are those in which the convulsions commence while labor is progressing and continue afterwards. In the opinion of your committee, the most dangerous cases are those in which the convulsions begin with little or no premonition shortly after the birth of the child or children. When from twelve to twenty-four or more hours have elapsed after delivery, and convulsions ensue, they are almost always of an hysterical character, and therefore less dangerous. The only exception is in case of convulsions from an attack of acute nephritis from cold during the first fortnight of the lying-in. It is said that *post-partum* convulsions are most likely to make their advent towards evening, or in the early part of the night.

Braun sums up the progress of this disease as follows: "The dangers of eclampsia are greatly increased by complications

with diseases of the heart and lungs, rupture of the uterus, &c. The prognosis in other kinds of eclampsia is the same as when pregnancy has not occurred. Cholæmic, apoplectic, toxic and anæmic eclampsie are very often fatal; hysteric and epileptic attacks, and chorea, almost never so."

The mortality of the children, in cases of convulsions occurring in the mother, is proportionally large. What the ratio is we are unable to say. In *ante-partum* convulsions perhaps one-third of the children are lost. The danger to the offspring is more imminent in case the fits commence before labor has really set in. Under these circumstances the paroxysms may be very numerous before delivery is effected, whether artificially or naturally, and it is an exceptional case for the foetus in utero to survive any considerable number of them. The same is true where "the waters" have discharged prematurely, or where for any other cause, as for example, a considerable disproportion between the size of the foetal head and the pelvic brim or outlet, on account of hydrocephalus, or deformity of the pelvis; mal-presentation; rigidity of the soft parts; uterine inertia; or profuse flooding; a prompt delivery is rendered impossible. Many of these little innocents are sacrificed to the obstetric expedients of version, the mal-adjustment of the forceps, and the more barbarous and unwarrantable resort to the perforator and crotchet. Given in such an extremity, ergot has doubtless slain its thousands.

Concerning the actual cause of death in children under these circumstances, and who are not the victims of "meddlesome midwifery," there are differences of opinion. It has been attributed to an interruption of the circulation in the maternal side of the placenta, to the sudden shock of the paroxysm experienced by the mother and communicated to the foetus, and to poisoning of the blood contained in the foetal vessels. In some cases life is abruptly destroyed, while in others it gradually becomes extinct. Not unfrequently the child is born in an asphyxiated state, from which it may be rescued by appropriate means. If they survive, such children are apt to be weakly and delicate, frail and nervous, and are not in general long-lived. Exceptionally they are subject to spasms and convulsions from the moment

of birth. When the mother dies during parturition, the child's life can very rarely be saved, for the Cæsarean section discloses that it is already lost.

According to Braun: "If after numerous uræmic convulsive fits, the child is born alive, a large quantity of urea is found in the blood taken from the umbilical cord; but if it is born dead, we can, immediately after birth, demonstrate the presence of carbonate of ammonia in the blood."

*Sequelæ.*—However gradually affected, recovery from this disease is perfect. The exceptional cases are those in which some pre-existing disorder has been aggravated thereby, or in which the harmful consequences of the shock to the nervous system, or of mal-treatment are perpetuated. A very common sequence of the attack is a species of obliviousness to what has passed, and of continued indifference towards the child, the father, and all her domestic interests and relations. Sometimes this mental aberration is of a less passive nature, and positive mania sets in. Under these circumstances she would destroy the infant, denounce the husband, and deny that labor has been completed. This form of mania is temporary, self-limited, and generally recovers of itself, providing the physician is sufficiently sane and determined to keep her from being sent to a lunatic asylum. The mental faculties are often weakened and impaired for a considerable time.

Paralysis is sometimes a sequel of the apoplectic form of puerperal convulsions, but it never follows true and uncomplicated puerperal eclampsia. The hysterical type may be succeeded by various derangements in the functions of calorification and sensibility. In rare cases the extremities become flexed and immovable, as in catalepsy, a condition which passes away after a few weeks have elapsed.

Although Denman and other authors insist that puerperal peritonitis is a frequent sequel of puerperal eclampsia, the idea is not confirmed by modern or more extended experience. Indeed there appears to be a greater liability to pulmonary than to puerperal disease of any kind. The pectoral affections that sometimes result are, the rapid development of phthisis, œdema and emphysema.

The danger from exposure to either of the zymotic diseases,

as for example erysipelas or diphtheria, during the lying-in period is referable to the depraved and poisoned condition of the blood which renders the organism more susceptible to the action of specific disease-producing agencies.

In rare cases vision may be impaired. Amaurosis, which is a frequent concomitant of albuminuria, sometimes continues for weeks or even months after an attack of puerperal convulsions. Unless consequent upon granular disorganization of the kidneys, or structural changes in the optic nerve itself, it is not a very serious affection. It sometimes disappears entirely after recovery from the convulsive attack, and returns at or after a subsequent labor, even when there are no convulsions. Ingleby cites a case of this kind in which a patient "had common puerperal convulsions in her first pregnancy; and who in a subsequent accouchement, was attacked with complete amaurosis, which continued during the whole period of her labor. Vision was gradually restored."

NOTE.—From careful inquiry of the number in attendance upon this session of our Society, I learn that in the aggregate they have treated seventy-seven cases of puerperal convulsions. Of these, seventy mothers were saved, and seven died; fifty-seven children were saved, and twenty lost.

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ARTICLE IX.—*Cactus Grandiflora in Diseases of the Heart.*

By GEORGE N. TIBBLES, M.D., of Hudson City, New-Jersey.

MRS. MARIA COLE, aged twenty-eight, came to the dispensary on May 30th, for shortness of breath, palpitation of the heart when any exertion was used, also excessive pain over the whole left side between the scapulæ and over the sacral region.

She had never borne children, had been irregular in her menstruation most of her life, was of a bilious temperament. On placing my ear over the heart, I could distinctly hear a whizzing to-and-fro-sound or *bruit de soufflet*.

Her pulse was of a strange character, beating twice quickly, small, and hard; then an intermission, and a full and soft pulse. I prescribed for her *Cactus* tincture in powders, three

times daily, and told her to come back the third day, which she failed to do.

At the end of a week she came, saying that she was so much better on the third day that she thought it unnecessary to come; that all pain had left her, that she breathed easily and could work; but that on June 7th she felt her old symptoms slightly, which led her to think that she might have a return of her trouble. At this time her pulse was slow, regular, and full. I gave her Cactus, as before. On the 15th I saw her again, when she said that she was perfectly well, having neither pain nor palpitation.

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ARTICLE X.—*Carbolic-Acid.* By JOHN HORNBY, M.D., of Poughkeepsie, N.-Y.

SINCE my first article on the above, I have had the following additional experience with it, which I take pleasure in presenting to the profession.

Patient, a physician of fifty-nine years of age, of bilious fibrous temperament and strong constitution. About six years ago he felt, he says, a feeling on the right side of the bridge of the nose, over the levator labii superioris muscle, as if a hair rested constantly on it, and necessitated him to wipe the part. This continued for three years, when there appeared on the spot a "kernel" under the skin, "about the size of a pin's head," which suppurated, and discharged a thin sanious matter.

The tubercle increased, and continued to discharge, sometimes more than others; attended with a feeling as if "something alive were crawling within it."

The part was treated with all known remedies and applications, without benefit.

About three months ago I proposed the application of the Acid to the part; which was applied in the concentrated liquid form.

After the second application, there came away a hypertrophied sebaceous gland, three-quarters of an inch long, and one-quarter of an inch thick; leaving a cavity which quickly filled with healthy granulations, and healed over, forming a straight scar in its place.



A married lady, wife of a farmer, about fifty-five years of age, of bilious nervous temperament, and feeble constitution; affected for many years past with chronic dyspepsia and ascarides. For the last six months they had become particularly troublesome, invading the vagina, and giving her incessant torment from the irritation they caused; hindering her sleep and impairing her health. Her mentality from this cause had become so much affected, that her husband feared, as he said, that if she were not immediately relieved, she would lose her reason.

The Carbolic-acid in the first decimal dilution, used as an injection, in warm rain-water at bed time, five drops to two ounces of the liquid, effected a speedy destruction of the entozocæ; when her health gradually returned with the recovery of her digestion, by the aid of similars, administered internally; and she has now as good health and spirits as she had had years ago.

About twenty cases of Psoriasis diffusa, or "Prairie Itch," have been successfully treated with the second decimal dilution in water, 1 drop to 100 of the fluid, applied to the parts affected with the itch, by Dr. Hubbard, of this city, to whom I gave the Acid for trial last year.

I have proved it a success in scabies ferrina in a spaniel dog, who was ordered by the veterinary physician of our city, last winter, to be destroyed for incurable "mange."

Ten drops of the acid in half an ounce of alcohol, mixed in a pint of rain water, was applied as a lotion to the animal's back night and morning; and although his back was covered with the itch, after a weeks' use of the wash, he was cured, and remains so to the present time.

ARTICLE XI.—*Lachesis—Probative Cases and Posological Observations.* By B. FINCKE, M.D., of Brooklyn, N.-Y.

The truly strong and sound mind is the mind that can embrace great things and small.—DR. JOHNSON.

THE following provings were made with the one-hundred-thousandth high-dilution potency of Lachesis (Cm), which is a further centesimal dilution of the forty-one-thousandth cen-

tesimal dilution-potency used in the Lachesis-proving reported in the *Hahnemannian Monthly*, Vol. I., p. 341, and the preparation of which is known from descriptions previously published.

Since the efficacy of this remedy is confirmed by experience in many cases, and among others in the remarkable case of Dr. H. N. Martin, where it cured "dark, hard and very offensive stools mixed with undigested food, besides other symptoms corresponding to Lachesis.—(*U. S. Med. and Surg. Journ.*, Vol. I., p. 248):—We deem it proper no longer to delay the publication of the probative experiments heretofore made with the same remedy. Perhaps it may serve to induce others to communicate the results of their labors in a field, the exploration of which, so far, has only tickled the sense of curiosity and ridicule, but which is of the greatest importance for homœopathy and natural science generally.

When Rosse had perfected his telescope, which was said to penetrate into space twice as far as the celebrated refractor of William Herschel, the news of it was at first received with great doubts and occasional sneers. But, when the instrument really opened the heavens wider than Herschel had done, dissolving nebulæ by him left undissolved, then the fact was gladly accepted, and due credit given to the originator of what had been believed to be incredible. And yet, in that case, the astronomer did nothing but what Hahnemann did in his case, and what the homœopathician is doing when refining his remedies on the Hahnemannian plan to an extent previously unknown. The astronomer, by gradual grinding and polishing, rendered the huge crude metallic mass capable of receiving and reflecting from heaven a greater amount of rays than had ever before been obtained. Just so the homœopathician by gradual triturating and diluting renders the crude drug-substance capable of producing and reflecting in the organism more characteristics than were ever before observed.

In either case the work is the same, namely, *development of power by dequantitation and refinement*. And that is potentiation. The astronomer potentiates his mirror, and thereby increases the powers of light. The homœopathician potentiates his drug, and thereby increases the powers of medicine.

As an infinity of infinitesimal particles of light impinge upon the mirror and forms the heavenly picture in the telescope, just so an infinity of infinitesimal particles of matter, known as to their origin, impinge upon the sensitive organism of man, and reveal the picture of their medical action. In the heavens it is nebulous matter and stars that are observed by the astronomer; in the human organism it is distinct sensation and change of state of the prover, that are observed by the homœopathician. And the observation of the homœopathician is of the same positiveness as that of the astronomer.

In such proceedings, curiosity will find its satisfaction, but, after the success, ridicule will go to naught. By the clear light of the mirror, and of the homœopathic high potency, revealing the mysteries of the heavens and the mysteries of the human organism, the shadowy doubts of those who seek secrets, where there are none, disappear. But the earnest seekers after truth receive new assurance of the infinite and proportionate powers of all things, great and small, and of the homœopathic dose in particular.

PROVINGS I.—The prover is the same person described in the provings of Gelsemium-nit. 1m. (*North American Journal of Homœopathy*, Vol. XV., p. 413.)

March 28, 1864. Mrs S. complains of cramp-like pain across the upper part of the sacrum, like labor-pains, though not so very painful. It does not extend into the abdomen. Has it now for the third time, four to five days before menstruation, which is usually copious and lasts eight days. She is now forty years old. Has a dry tickling cough. Otherwise well.

Induced by other provings I had made upon a widow with a high potency (not published) I gave her

March 28, 1864, *Lachesis Cm.*, about twenty pellets dry upon the tongue.

March 29. Reports that she was relieved immediately.

April 5. This morning her courses came on a few days too soon, lumpy, thick, black, but without molimina.

9, A. M. Left side of the face distended. Left eye red. Tearing pain in the nape of the neck upwards on either side as far as the top of the head, over the hind-head, into both

ears with sensation, as if the whole joints of the lower jaw were swollen, with difficulty to move the jaw on swallowing, pain in the throat as if swollen; at the same time speech is altered, because it is impeded by the sensation of swelling. Nape of the neck painful to touch and stiff.

April 6. In the night she did not know how to lie; little sleep. The whole hind-head is like being pressed asunder, as if the contents were swollen. In the morning much slime in the mouth with flakes of blood, of disgusting taste and smell. Nose-bleeding from both nostrils. On swallowing, sensation as if the tonsils were sore like a wound, with stinging through the ears. Sometimes a chill runs from the hollow of the back upwards over the shoulders, the nape of the neck, the hind-head as far as the mid-head, with a sensation as if it draws at the basis, with goose-flesh on the parts affected. On opening the mouth, cracking in the submaxillary joints and sensation like swollen. The tongue feels like getting thicker; whitish coat from behind forwards; papillæ enlarged anteriorly. The dry, tickling cough is gone. Left side of the face distended. On autopsy, the back wall of the throat was found to be covered with slime. The mucous membrane of the pharynx is pale, somewhat degenerated and varicose (from previous inflammation of the throat in her younger days). The left tonsil is wanting, of the right tonsil only a small relic could be found. The throat is neither inflamed nor swollen, and its appearance does not account for the symptoms observed.

April 7, 2, P. M. Trembling in the whole body, she thinks she must sink down for weakness, as if she should faint, for half an hour.

2½, P. M. Momentary shaking chill over the whole body, a few times. The tongue, jaw, throat, and neck difficulties lasted till this morning, when they suddenly subsided. Only the rawness in the throat remained, which, however, also left after noon. The menses lessen (third day), and seem to cease. Weakness. Then she was well. The next menstruation was regular.

II.—The prover is the same lady which furnished the proving with *Lachesis* 41m, published in the *Hahnemannian*

Monthly, Vol. 1., p. 341, and which will be remembered as a most aggravated case of nymphomania.

Since that proving had occurred, she has had the characteristic sore throat of *Lachesis* in July and November, 1864, but less severe than formerly, and in February, 1865, which now, March 10, 1865, is hanging on yet. Merc.-sol. H. 200 L., relieved some last summer, but did not cure. At this moment this sore throat presents the following symptoms:

In stooping down, sharp cutting pain in the region of the root of the tongue, as if the thumb and fore-finger of one hand were grasping it on either side and strangling her, with rush of blood into the ears and forehead; tenderness at the throat outside in spots; difficulty in enunciating some letters, *f i t*; accumulation of slime at the back part of the tongue and swelling and tenderness of the nipples.

She has taken no *Lachesis* since January, 1864. (*See Hahnem. Monthly*, Vol. I., p. 345).

She now (March 10, 1865,) received *Lachesis Cm.*, two pellets in a powder of Sacch.-lact., to be taken dry before bedtime.

March 11, 1865. About noon milky leucorrhœa set in, lasting twelve hours. She is expecting her courses in a week or ten days. She used to get this leucorrhœa when weakened from the *Lachesis-angina*.

March 12. After twenty-four to thirty-six hours, an exaltation of mind came on, with clearness of perception; discernment of the inner meaning of things; luminosity of the mental state, bordering almost on the prophetic; it is as if the mind works without friction; and this is withal a very happy state of mind.

After this passed off she was entirely well.

Since this proving she does not so easily take cold, as used to be the case in former years.

Feb. 6, 1866. She never had any sore throat since, till after a dose of *Thuja-occid.-amer.*, 108m., taken at 11½, P. M., January 12, of this year.

Shortly after that a complex of symptoms appeared which may be considered as caused by that remedy, and which, for the sake of comparison, may just as well here be interpolated.

Throat sore at the right side, at first throbbing and aching, then the palate elongating, right tonsil swelled till it almost closes the passage and very deep-red, with a sharply defined line at the arch, soreness up to the ear, knotted cords at the neck, not sore to the touch, but sore in moving, that it almost strangled her. Putting the finger in the right ear would give a sharp pain. The sore throat is attended with nervous chills, leaving goose-flesh. She took herself Belladonna 200 L., in half a tumbler of water, one tea-spoonful once in twenty-four hours. Ten days after she commenced taking this medicine, the right tonsil began to ulcerate, and then Merc.-vividus 200 L., removed the sore throat.

OBSERVATIONS.—1. In the course of our posological studies, pursued ever since 1849, by investigations and experiments with highly refined medicines, for the purpose of discovering the *terminus ad quem*, if any, of the medical action and efficaciousness of homœopathic remedies, we have now reached the one-hundred-thousandth dilution (centesimally), and found, that Lachesis Cm., produces not only curative, but also probative effects upon the human organism.

Hence we infer, that the action and efficaciousness of homœopathic remedies are not limited even to the 100,000th high-dilution-potency, and that the question, where the said *terminus* is to be found, at all, by potentiation, must still be considered an open one.

2. This Cm potency is the result of potentiation by actual dilution without strong succussion. And this fact, together with the effects produced, confirms, what has been stated heretofore, in regard to High-contact-potencies, that succussion is not an essential element of high-potentiations (on High Potencies and Homœopathics, p. 26).

3. The cures and provings above reported verify the reality and presence of the drug-substance (the venom of Trigonocephalus-lachesis) in a potency as high as 100,000; and this again proves the fact of the physical existence of the remedial matter in its highest potentiated state of dilution and refinement, hitherto obtained.

4. The correctness of these provings, as such, is evidenced by the cures effected through this high potency, together with

the fact, that the symptoms from it characteristically resemble the symptoms of the medicine already known. Hence the results are reliable for practical use in the given case.

5. The cases reported show, that the Cm proves efficacious in single doses, probatively as well as curatively.

6. They also show, that the Cm presents the phenomena of homœopathic aggravation, in a peculiar manner, being an aggravation of the remedial symptoms occurring after the cure, and thus differing from the Hahnemannian aggravation, which takes place before the cure, and within the first hour or hours, (*Organon*, 5th Ed., § 157).

This kind of aggravation which we propose to call *homœopathopœtic*, in contradistinction to the homœopathic aggravation, already known, may be taken, for all practical purposes, to be tantamount to a proving, and in certain respects, even paramount to a proving upon the healthy. (*Aggravatio Homœopathopœtica.*)

7. The homœopathopœtic aggravation presents not only mere augmentations and increasings of the symptoms present, but also a train of pathopœtic symptoms, entirely different from the symptoms present, and peculiar to, and characteristic of the given high potency.

In order to discriminate between such pathopœtic aggravations by remedies in the sick body, and the pathogenetic symptoms pertaining to the nature of the case, or the increase of the natural pathogenesis or disease, the most perfect knowledge of the pathopœtic or probative action of the remedies is necessary. And such discrimination forms one of the highest claims to the name of a homœopathician.

8. By comparing the homœopathopœtic aggravation with the *materia medica*, it is found, that the symptoms brought out by the high potency are mostly micrographical descriptions of the symptoms obtained by the lower potencies.

Wherever such similarity is shown, and doubtless there the specified symptoms obtained by a high potency, and appearing as aggravation in a given case, are true pathopœtic symptoms, available for cure.

9. The aggravations in the sick stand in direct ratio to the pathopœses in the healthy, or, in other words: that, which is

aggravation in disease, that is pathopoësis in health. For, absolute health is, practically, nowhere to be found. Health is practically the average of a state of self-preservation of the organism, oscillating within certain limits, not properly considered as diseases.

10. Pathopoëtic aggravation must not be confounded with the homœopathic aggravation described by Hahnemann, which is merely a quantitative heightening of the symptoms for a short time after taking the medicine. Pathopoëtic aggravations are, in fact, properly involuntary provings, (*probatio involuntaria*) obtained by the action of the given remedy upon an organism the susceptibility of which is heightened by disease, when the organism resembles a healthy organism, endowed with much susceptibility, and stands in the same relation to the medicine as persons, otherwise healthy, do, when afflicted with idiosyncracies for certain substances.

11. This probative character of pathopoëtic aggravation is expressly acknowledged by Hahnemann himself, who says: "But how even in disease, especially in chronic ones, mostly remaining unchanged, we may find out among the complaints of the original disease, some symptoms, 1. of the simple medicine applied for healing, is an object of higher art of judgment, and to be left over only to masters of observation"—and who, in the note appended explains those symptoms to be "the symptoms which are either observed in the whole disease a long time ago, or never, and, therefore, are new ones belonging to the medicine." (Org. § 142.)

Such symptoms, therefore, are, under the proper conditions, entitled to form a part of the *materia medica pura*.

12. This *materia medica pura* is named *pure* not according to a disjunctive and disparate fallacy of an æsthetical syllogism, but on the true logical ground, that in the words of Hahnemann everything supposed, merely asserted, fictitious, is wholly excluded, and all is *pure* language of nature, carefully and honestly interrogated. (Org. § 144.)

13. It is an established fact, that high potencies produce in persons of high susceptibility pathopoëtic pictures, possessing a remarkable clearness and precision, and attacking the organism with a velocity, force and intensity, similar in this



regard to the action of large doses of active drugs, poisons, and miasms.

14. Provings of high, middle, and low potencies control each other by their similarity of pathopoësis in healthy persons.

In order to compare physiologically new provings, obtained by high potencies, with those by lower potencies, it is necessary to have a *materia medica pura* more complete, than we hitherto possess, that is to say, one which comprises all the provings known up to the present time. Dr. Hering's collection of provings, than which there is none more complete in all the world, would accomplish the object, if it only could be published.

15. Though the question of the supposed *terminus* of potentiation is still open, yet this does not open the question of the *dose*. That was already settled in the beginning by Hahnemann himself, when he said: "I hold none to be my follower, who, besides an irreproachable truly moral conduct, does not exercise the new art at least in such a manner, that his remedy given to the patient contains in an unmedicinal vehicle, (sugar of milk or watered alcohol) the medicine in *such a little fine dose*, that neither the senses nor chemical analysis, could discover in it the least properly medicinal thing; all of which presupposes a littleness of dose, which, beyond contradiction, makes all apprehension of every medical state superintendence disappear." (Kleine Med. Schriften, ed. Stapf, Vol. II., p. 199.)

16. All efforts by abstract generalization, to confine the proper dose in a given case to either lower or higher potencies absolutely appear to be premature, because there is still wanting the experience with the other end of the series of potencies. However, what experience is known so far, holds good in confirmation of the Hahnemannian rule, *that the least possible dose is sufficient to cure*.

As far as can be done safely, the posological principle or the law of the dose is covered by the formula: *The more susceptible the organism, the higher the potency and the lesser the dose*. And, as a matter of further experience, we may add to this, that, *the more correct your selection of the remedy is, according to the similia, the smaller may be your dose, and, conse-*

quently, the higher the potency, you are required to give. For the susceptibility of the organism,—depending upon the dissimilarity of the remedy, which again depends upon the similitude of the pathogenetic and pathopoëtic pictures in the given case, together with the potentiality of the organism,—increases with the similitude of the pathopoësis and pathogenesis.

17. This susceptibility is a field comparatively unexplored, as yet. The potentiality of the organism, being of itself unknown, must be found out, individually, by physiological diagnosis, whilst the pathogenetic picture of the case and the pathopoëtic picture of the remedy are already known to a great extent. (*Endeixis physiologica.*)

The labor of such physiological diagnosis is materially aided and facilitated by the use of the high-potencies. Where they, under correct selection, fail to act favorably, we may certainly assume a low potentiality of the organism. And, sometimes, when the potentiality is too low and fatally decreasing, the high-potency, in correct selection, will determine the sinking of the vital force at once and end the suffering in the mildest manner possible.

18. People should be interested at large, in provings with high potencies. Such would frequently turn out to be equivalent to real cures, and tend to the regeneration of the prover and, finally, to the regeneration of the whole race,—if only conducted with proper care.

Provings, as a general rule, should always be made upon persons, as nearly as may be, approaching the limit of health.

Those symptoms which are mere reproductions of former symptoms of disease, should be particularly marked, and considered as mainly belonging to the pathogenetic action of the organism, but not so much to the pathopoëtic action of the remedy, and, though they must be described, they should be eliminated and rejected as elements not properly belonging to the *materia medica pura*.

To this class of symptoms belong the so-called *symptomata mortis* (*Todeszeichen*); first observed by Jenichen, the great potentiator, and which persist, in spite of pathopoëtic or hygiopoëtic treatment, to the end.

19. The observation, that high-potencies are apt to produce severe nosopoëses, in health and disease, imposes it as a still higher obligation, in any probative or curative case to make a careful and correct individualization of the actual state of the organism, and its susceptibility for the remedy, and of the size of the doses and of the potency, and of the regimen withal.

It also enjoins with especial force the rule: to give only one remedy and one dose at a time. Mixing, or alternating, or needless repeating, often throws the organism into unstableness and perturbation, and thus makes the treatment more difficult and migatory.

20. What we have to do, then, is to prove as many kinds of high-potencies as we possibly can, in single doses, one at a time, in cases of health and disease, and to describe the symptoms present, before, and after, with scientific accurateness and exactitude, so as to avoid all self-created delusions, and, finally, to make the facts observed publicly known.

Another Hahnemann will then arise, and with the ample new material he will go to work and draw out the final conclusions and general rules of posology for guidance *in praxis*.

21. The observations here presented claim no other consideration than such as may be accorded to them, when confirmed by observations of others, well versed in this peculiarly difficult department of our healing art.

We cordially invite the brethren of the profession, to institute investigations of the kind suggested, every one with his own remedies, potentiated after the several methods published by Hahnemann, Korsakoff, Fincke, and others, or in any manner of his own invention, and to publish the results, whatever they may be.

Let every one go to work for himself, like a true American, that is, independently, as a pioneer in the progress of nations. Competition will promote coöperation, and coöperation will secure the accomplishment we all desire for the common welfare—the certainty of *homœopathic posology*.

ARTICLE XII.—*Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic Indication involved.* By E. P. BANNING, M.D., of New-York.

(Continued from p. 547, Vol. XV.)

WE propose now to consider this subject in its bearings upon the uterus, and to take a wider range than was taken in our recent article on uterine displacements, which was written before conceiving the plan of the present series, and referred more especially to uterine versions.

I first propose to take a cursory view of the normal pelvic arrangement, and, for the time being, to consider it as an independent matter, complete in itself, and isolated from any other relations with abdominal or other parts.

1st. Unlike any other cavity, the pelvic walls are strong and unyielding, and hence, the insertions of the uterine ligaments are more fixed than those of any other trunkal viscus; and also, the uterine situ is more exempt from outside pressure.

2d. The uterus is suspended, supported, and braced in mid pelvis, in the exact axis of the superior pelvic strait, by the combined supporting action of the cellular and membranous connections with the surrounding parts; the circular contraction of the strong vagina below, and the *suspending* action of the broad and round ligaments.

3d. Notwithstanding the normal uterus is absolutely *insignificant* in point of weight and size, it has, by the above combination, a greater support lavished upon it, by several times, than it of itself could appropriate, or than any other viscus of three times its size has provided for it. Hence, before leaving this consideration of the pelvis, as an *isolated* arrangement, I submit whether any comprehensive mind can locate the cause of uterine prolapse, or version, in any of the pelvic tissues, all things being equal. To our mind the bare idea is absurd. Inasmuch as it would appear, that in view of the *weighty* extraneous contingencies, infinite wisdom has made a special display, in arranging a large *contingent* support.

If it were not so, what would become of the uterine situ,

during the first four months of pregnancy? Whereas, it is patent, that but few cases of gravid uterus are prolapsed as a consequence; and also, that not one case in ten of prolapsus, can refer to pregnancy as its primary cause;—two most significant and instructive facts. Nevertheless, uterine prolapsus, versions, and flexions, are numerous, not only with matrons, but with virgins. And, as we are driven by anatomy, facts, and reason, from the pelvis, for the *primary* cause, where shall it be found? For a solution of this important question, we must examine into the influence of the whole superior trunk (and especially of the mass of overshadowing viscera) upon the uterus. But neither do we here find the cause of prolapsus in the shape of superincumbent weight. For, as has been repeatedly shown before, when the superior trunk is in its true mathematical bearing to the pelvis, such is the depressed and retreated position of the pubes, and the consequent oblique bearing of the pelvic floor (like half a roof), and the shallowness of the hypogastric abdominal cavity, that, but the most anterior portion of the abdominal floor is exposed to pressure, and also the *vertical* force, upon this portion even, is *broken* by the incidental angle at which the weight strikes; and then, to complete the negation of weight in the event of sudden depressing influences, as in jolting and coughing, the shallow inferior abdomen, and tense oblique, pyramidalis and rectus muscles, ever cause an instantaneous rebound, before the weight can exert more than a mere exercising and stimulating action upon the uterine conservators in the pelvis. Thus then, it appears, that so far as the uterus itself is concerned, the supporting, bracing, and balancing tissues of the pelvis are more than adequate to maintain the physiological status of that organ; and, that in connection with the peculiar curves, plane and angles of the skeleton trunk, the abdominal muscles consummate and preside with elastic dignity, and are a positive protection of the uterus against what would *seem* to be a crushing force from above; and also, that we are still without discovering the primary physical cause of uterine displacements. In this state of the facts, even our few successes by tonics, antispasmodics, and distending pessaries, are attended by the humiliating consciousness, that our treatment is

unintelligent and uncertain, inasmuch as our pathology is crude.

We now despair of finding the object of our search, either in primary pelvic weakness, or abstract visceral weight, in the general or local conditions in Fig. 1, and, as a last hope, we turn our consideration from supposed morbid states of *local* parts, to the morbid bearings involved in Fig. 2, and here, the most clear and inductive light breaks, at the threshold of the investigation. (Vol. XV., p. 75.)

How striking and complete is the contrast between the combinations of the two figures; in 2, the pelvis is horizontal, the pubes high, the dorso-lumbar spine retreated, the ensiform cartilage depressed, the head and chest fallen forward; the distance between the sternum and pubes is diminished; the abdominal muscles flabbed, the antero-posterior hypogastrium greatly deepened, and the whole line of mobile viscera descended, and pressing with an unbroken and perpetual force directly upon the uterus; and, of consequence, imposing at least twenty times the burden upon the immediate uterine supports they were ever designed to carry.

Need I ask what must be the result? Of course, by degrees, the very strongest vagina, cellular tissue, and uterine ligaments, must yield to the depressing force; under these auspices the uterus may wedge itself gradually into the vagina, until its contractile force is exhausted, the cellular and membranous connections become inoperative, and the ligaments elongated. Thus then, whatever may be the shortened and relaxed state of the vagina, the depressed, verted, or flexed state of the uterus, elongated state of ligaments, or depressed condition of viscera and trunk, we pass them all as secondary, and trace their cause to infidelity of the dorsal and abdominal muscles, which are charged with the high function of a *band*, which compacts the straws of a sheaf, rendering it portable; or, of a federal constitution, which governs, protects, and binds all the states and territories into one harmonious union.

But it may be contended, that whilst in some cases a relaxed condition of the trunkal muscles, and a consequent morbid bearing of the abdominal viscera may aggravate, and even produce prolapsus, there may also be such an *indepen-*

*dent* relaxed condition of the *pelvic tissues*, as may cause prolapsus without any muscular relaxation; and also, that versions, flexions, and obliquities, may be produced, without any abdominal influence, by an unequal action of the abdominal guys.

To this, I summarily reply, that general and especial *abdominal* relaxation, is pretty sure to accompany a *pelvic* one; that even if it did not, still the merest normal visceral weight (for there must be some always), will remain, and act as a culminator and sustainer of evil, or, in other words, as "*the last grain that breaks a camel's back,*" but for which, nature might have resisted the evil. And lastly, that the question pending is not, what are *all* the influences in the interest of the evil? but, what are the ones which *culminate* it, which, if removed, would enable the vital forces to educe the depressed energies of the parts concerned?

But before taking leave of the relaxed trunkal muscles, as a fundamental agency in prolapsus, I must first harmonize an apparent paradox in the above reasoning, viz.: In some of the most obstinate cases of prolapsus, there is neither drooping of the body, or enlargement at the hypogastrium, as in Fig. 2, but, on the contrary, the form is erect, and very flat, thin, and straight from sternum to pubes, and so far from there *seeming* to be visceral pressure upon the uterus, there would seem to be the absence of any viscera to press. At first blush, this would seem to be an argument against our premises, but closer thinking confirms the principle. For such cases, whilst there is less visceral weight to press, the pressure is usually more positive and *direct*, owing to two facts, viz., 1st. The pubes not breaking the pressure in front, as when there is considerable fullness at the lower belly. 2d. In such cases the small volume of viscera so imperfectly fill the abdominal cavity, that the inferior abdominal muscles cannot elevate them, on the one hand, and on the other, what contractile action there is, is from the *superior* rectus and the transversalis, whose action is chiefly *constricting* at best, and, in the premises, exert a depressing, rather than an elevating influence. In defence of our position, it only remains for me to barely notice an opposing opinion of a distinguished writer on dis-

eases of females, whose opinions it is hazardous generally to controvert.

This writer, attributes prolapsus to a positive and contractile shortening of the vagina, whereby the uterus is dragged down; and, in proof of this, he alludes to the fact, that in prolapsus, the vagina is always found shortened. This doctrine, to my mind, is so obviously untenable, that but for its distinguished source, I should not feel called upon to consider it. But seriously, how can this be? since the contractions of the vagina are chiefly *circular*, and not longitudinal. Again, while it must be true, that the vagina will be short, in the ratio of existing prolapsus, it is also equally true that its diameter is increased in the ratio of its diminished length; and also, that in such cases, there is the most palpable proof of a *passive* or *negative* condition of the vaginal tissues, the depression of the uterus having shortened and flabbed it; just as drooping the body necessarily untenses and flabs the abdominal muscles, by approximating their distal extremities.

*Diagnostic Conditions in the Premises.*—Having now considered the strong trunkal muscles as the culminating conservatories of the true centripetal condition of the visceral bearings, and also a relaxed condition of the same, as the deciding influence in uterine displacements, we now propose to take a comprehensive and critical glance at the status of each part concerned in decided prolapsus, with a view to a clear and ready diagnosis in such cases.

First, a digito-vaginal examination, shows the uterus more or less low, and the soft parts more or less pushed before it, giving an open and full appearance and feeling to the vulva. In such a case, the uterus occupies correspondingly below the line of the round and broad ligaments, and they are, of course, not only tensed, and the insertions dragged, but they are forced to occupy a more or less oblique position,—somewhat as would the arms to the body, in a crucifixion. The cellular and membranous connections must also be strained by the fact, that the normal relations of the *bladder*, uterus, and rectum, are materially broken up in the downward direction. In the abdomen we find the intestinal chain elongated, on the one hand pressing heavily, and on the other ceasing to support



the hypochondria and epigastrium as they should, and putting the whole set of superior ligamentous moorings upon the strain.

These are the leading physical facts, which, if philosophically considered, will furnish us, in most cases, with the clearest diagnostic indication, in the shape of sensations, quaintly, but forcibly expressed. For instance: in such a case, if the patient's contour is intelligently noticed (as a general rule), the form is comparatively narrow at the hypochondria, and the hypogastric and iliac regions are correspondingly full and heavy; and when the lady sits, she about uniformly chooses a low chair, a stool for her feet, and the drooped position, as the easiest: all these of themselves are sufficient to put the physician on the *qui vive* in the right direction: and, in order to the full benefit before pulsing his patient, or examining the tongue, request her to tell you of her sensations in the plainest way. She may commence variously, but give her time, and she will, with the aid of her hands, and various expressions of countenance, deliver herself of something like the following: "Have aching, gnawing or grinding pains in the small of the back; hips feel as though they were coming apart; limbs tremble on standing and walking; feet are cold in summer time, and swell toward night; veins are varicose at the inner thighs; have an open feeling at the *parts*, as though something wanted to be born, or drop away; have a feeling of dragging, falling, or cramp in the groins; also a great sense of bearing down, and weight, at the bottom of the stomach, with cramps, and stinging pains in same regions, all aggravated by standing, have a great load, pressing or boring feeling in the end of the back-bone; am costive, or have sense of obstruction when bowels want to be moved, cannot retain my water, or else have difficulty in passing it."

I have given this unprofessional phrase, just as it is so apt to come from the unintimidated patient, for the benefit of the very young practitioner, who is fresh from his books and fluent tutor, and is likely to trust to his own acumen, with the pulse and tongue for his guide, and not to encourage the poor woman, to spin all of her yarn of troubles. Or, if he does,

not to fully appreciate or rightly interpret the force of her luminous but unprofessional expressions.

Now I submit, that, considering the location of the pelvic nerves and bloodvessels; the tensed uterine ligaments, and the places of their insertions; the connections between the bladder and the uterus, the pressure of the latter upon the rectum, the weight of bowels upon the inferior abdominal walls, and the uterine ligaments; and the tensed condition of the ligaments of the prima via, together with the want of natural support at that point;—I say, I submit whether in the above descriptions, so quaintly expressed, we have not almost an infallible index and guide in the case of physical uterine trouble, which far exceeds the ambiguous indications of the skin, pulse, and tongue;—although, the latter need not be ignored.

The truth is, that there is such a thing, as an *unerring language of sensation*; and when it comes to be rightly understood, it will greatly shorten our examinations, reduce our misjudgments and mistakes, and gladden our hearts with certain diagnostic and prescriptive criteria, and elevate us in the eyes of ourselves and the world, as angels of mercy to suffering humanity.

Besides these, there are several sympathetic concomitants of importance, such as palpitation of the heart, hysteria, and disturbance of the head, with fickleness of memory, confusion of ideas, melancholy, causeless crying, &c. But among them all, I can say with confidence, that an oppressive heat in the top of the head comes nearest being a pathognomonic of uterine displacement; and when I meet with it, in the absence of other most common symptoms, I press my investigations in expectancy of discovering some variety of uterine trouble.

Before closing on this division of the subject, I ask attention to the modifying, and even controlling influence of temperament in the premises; for, without a good understanding on that point, the most accurate physician is liable to err in his diagnosis and treatment. Indeed, temperament, at times, seems to mock at ordinary rules of judgment, in different degrees of displacement, and, but for a full knowledge of this fact, would entirely mislead the practitioner.

For instance; cases have come to me with the known physical and sympathetic symptoms of prolapsus, saying, "my physician says I have no displacement of the womb;" yet treatment had failed to meet the case. On strictest examination I could discern but slight uterine subsidence.

But, on treating them as decided cases of prolapsus, the symptoms, as a rule, speedily disappeared. On the other hand, many of phlegmatic or lymphatic temperaments, have come under my notice, where the uterus was completely extruded, and carried between the thighs, under the regular performance of household and maternal duties; and yet the woman suffered barely local annoyance, and none of the usual sympathetic symptoms. Howbeit, these, of course, are exceptional cases. But the instruction drawn from them is, that when almost any form of morbid, nervous, mental, or other symptoms occur, *without* the ordinary physical signs of malposition or ulceration and do not readily yield to ordinary treatment, I do not hesitate to treat them as of uterine origin, and quite usually, with the happiest results.

In conclusion, I sum up on this point, with this opinion, that the *character* of a uterine condition is of more significance than the degree or extent of it.

*Curative Indications in Prolapsus Uteri.*—At this stage of the discussion, it follows as a simple matter of course, that, in uterine displacements, the first indication is to correct the trunkal bearings toward the uterus, in order to the eligibility of any other remedy to a radical success. But, before fully considering this proposition, I propose first to glance at the merits of older and far different views, which, either separately or collectively, have been the basis for treating this malady.

1st. As until within a few years, this affection has been regarded either as an uncomplicated and independent local weakness in itself, or as a mere *local* development of a *constitutional* fault, it has been laid siege to, *by the year*, with tonics, anti-spasmodics, nervines, and astringents. But, passing the soundness or unsoundness of such a pathology, and also all questions as to the selection of remedies, the merits of this view may be summarily disposed of by the light of its

own *history*, which seems to be made up of three items, viz. 1st, a tedious failure; 2d, a long bill; 3d, no professional prestige resulting. And what better could be rationally expected, in view of the fact, that the main operating elements in the case are as *mechanical* as in those of fractures and luxations. Indeed, as well might we expect a pulv. ip. comp. to act as a modern fracture-splint, a dislocation of the hip to be reduced by an alterative dose of blue mass, or total depravity, to be evacuated by tartar emetic.

Said a very distinguished man to the writer, "I dread this class of cases; they will neither recover nor die."

Next, under the idea that the displacement is mainly the result of "general debility" of the system, and especially, of local exhaustion of the vagina and uterine ligaments, many, either with or without constitutional treatment, propose to meet the requisites by *rest*, in perpetual recumbency. But here also, immediate palliation excepted, the history of the treatment is that of failure, as ought to have been expected. The utmost ever gained by this process, in confirmed cases, being improvement barely sufficient to serve as the basis of a relapse. Nor, ought this to excite surprise, since it is known that *action* (according to order) is the law of accumulating vigor in all tissues, and that the immediate comfort derived from recumbency, is more than overbalanced by the enervating effect of inaction upon the visceral functions, and the ligamentous and muscular energies.

Others, seizing upon this isolated truth, pursue just the opposite regimen, under the idea that a dormant condition of all the parts directly or indirectly concerned, is the cause, which is to be immediately attacked by enforcing the law of labor; consequently, (irrespective of secondary conditions, which have now become independent of their primary cause,) the patient is put to riding, walking, climbing, gymnastics, &c., under the questionable logic that causes and cures must be opposites, and bear some analogy to each other. This reasoning, if it were applied only where the effect has gone no further than the cause has pushed it, and exists no longer than the procuring cause continues to operate, might do. But in the premises, when the case comes to treatment, we

have to meet the *effects*, isolated from their constitutional causes, and treat them as independent conditions. Consequently, to waste time and strength in endeavoring to educe muscular strength by labor, when the uterus is already in the inferior strait, and even resting on the perineum, or in the meatus, is but to aggravate and confirm the prolapsus. In my experience, I have ever noticed such to be the result of this merely *logical* therapeutics. The fact simply is that the abettors of such a treatment have failed to discriminate between what might have *prevented* and what will *cure* uterine displacements; or, in other words, they have perceived *some* truth, and mistaken it for *the* truth, and in so doing, have exemplified the fact, that *truth misapplied becomes practical falsity*; and this all the more from its close alliance with truth.

But, at the present day, the profession generally have abandoned the exclusive practice of these ideas and modes, and are recognizing the absolute necessity of some *mechanical* aid in the premises. Although, this conclusion does not seem to be based upon a comprehensive survey of all the bearings in the case, but simply upon the non-success of the old modes, and the fact, that the uterus, being unable to hold itself up, must be *propped up*. This is a very direct rule of reasoning, and if neither anatomy nor philosophy had anything more to teach, the soundness of the conclusion would be unquestionable. Consequently, the desideratum has been sought in some form of support *within* the pelvic cavity. But, whilst this is a move in the advance, here too the highest expectations have been dashed, the success nearly never extending beyond a little immediate *rest* at a great expense. In other words, a temporary palliation of one evil, by the institution of a greater.

But before discussing this point, I *submit* that, if uterine displacements must be relieved by pessaries, it is certain that the latter should act in the interest of the following items, viz., the education of the contractile energy of the round and broad ligaments; the elongation and circular contraction of the vagina; and the protection of the perineum and vulva from weight, and of the uterus from direct pressure from any extraneous substance; and in laying down these propositions

as fundamental, I certainly cannot hazard a single *reluctant* assent.

*Pessaries.*—Of these there is a multitude, and the variety of their effects, corresponds with their number, or formed upon the bladder and the respective characteristics of all of which are embraced within the four following classes. Those which propose, by their *bare volume*, to crowd the uterus, *per force*, to its normal altitude; those which are less voluminous, and act by resting upon the vagina, those which support chiefly, by resting their distal points upon the rectum and pubes, and those which support the uterus from an external base. But, as will be seen, not one of them can accomplish more than questionable good, and that little, is in direct contravention of the interests indicated above.

*The Globe Pessary.*—Of the first class, which act by their bare volume, the *globe* stands foremost. In ordinary prolapsus, without version or flexion, the uterus is usually compelled by it, to be elevated, provided the apex of the globe strikes the os fairly; but in case it does not, then the uterus is shoved back against the rectum, and very little, if any elevation, is effected.

But if you assume the utmost to which the globe is eligible, its use must in the end be subversive of a permanent good, as its distension of the vagina and pressure upon the perineum and vulva, must steadily increase their surface and their weakness, and compel a steady increase in the size of the pessary, until it entirely fills the inferior strait, overcomes all the reactive powers of the vagina and perineum; and finally, large as it may be, cannot be retained during defecation, coughing, &c. This I have seen confirmed by ladies exhibiting to me a set of these globes, (each of which they had used successively,) varying in size from that of a billiard-ball to that of the smallest used in the bowling-alley—at least, the size of the largest was nearly incredible—and yet, so perfect was the relaxation of the vulva, produced by the wedging action of the globe, that she would introduce it in a twinkling, and expel it with a most vexing facility. In these cases a digito-vaginal examination showed the pelvis to be full of the pelvic and abdominal organs, and when the

patient is recumbent, the pelvis is empty, and the perineum and vagina as destitute of all contraction as a wet bladder. This condition, most obviously is often the result of the *remedy*, and not of the primary malady. But, notwithstanding all this, there are not wanting intelligent men who are so *stupid* as to advocate the treatment of prolapsus by this form of pessary.

"Doctor," said one practitioner, "of all the means for relieving prolapse, it is my opinion that the *globe* pessary excels them all; for, being round, it enables the contracting perineum to gradually wedge it up higher and higher, whilst it has not an opportunity to wedge up the flat pessaries in this way." To this, I propounded two questions, to which I have never yet received an answer. To wit: "If prolapsus originates in the pelvis, and there is such vigor in the vagina and perineum, how came there to be any prolapsus, and what need was there of any distending globe to wedge up? Or, if there is such a deficiency of strength in the vagina and perineum as to cause prolapsus, where, in the name of Esculapius, (in this bankrupt state), is this surging strength in the perineum, to wedge up the globe, to come from?"

*Circular, Square, and Oval Pessaries.*—But the most common form of pessaries, belonging to the first class, are of a circular or oblong form. They practically differ from the globe, chiefly in this, that whilst the area of their circumference is usually greater than that of the globe, they are flatish, and essentially thinner, with an opening for the partial reception of the os. These, compared with the globe, are less pernicious; for, whilst they equally shorten and distend the vagina, and so increase its weakness, their flatness and thinness protect the perineum, comparatively, from this downward wedging action of the globe upon the perineum and vulva. They also produce less bruising and indurating pressure upon the os, and secure a more certain elevating action upon the uterus.

But, having said all, such is their irritating and distending influence, as to almost surely induce leucorrhœa, and often congestion, irritation, induration, ulceration, and scirrhus, by pressure on the os; compel the patient to wear them as an

*institution*, and accept of prolapsus as her heritage; such says history. Of this latter class, those composed of glass are the most reprehensible, owing to their weight. The balance of the account against *all this* class of pessaries is, that they render their little temporary support by *resting upon other parts which themselves need supporting*.

Of the second class of pessaries, the double S and the horse-shoe constitute the chief of those which are worthy of notice. In the main, I regard these instruments as superior to all others; not in that they accomplish so much more, but in that their use is attended with fewer evils.

The double S may be called an oblong hollow square, of round metal or rubber rods, and is of insignificant weight compared with most others. When introduced, it floats in the pelvic cavity, and gives support to the uterus, only in proportion as the vagina is strong enough to force it upward; or, in case of a very weak vagina, in proportion as its area is so large as to totally distend the vagina, and so find a point much as a *sweep* maintains his position by pressure on the walls of the chimney. In this way, not only, is the pessary supported, but, by its distension of the vagina, the inferior portion of the latter (if it has any remaining strength), is forced upward into the hollow of the square, and gives some support to the os.

But, be it now remembered, that all the support the double S can give to the uterus, is derived from the vagina, and at the expense of its distension; and, that whilst some respite from the local and sympathetic symptoms of prolapsus may result, it is at the expense of a weak part, which must ultimately *bankrupt*. The principal advantage over the first class of pessaries is, that of *its lightness*, and the protection of the os, the perineum, and the vulva, from pressure. But the amount of its support to the uterus must be in the exact ratio of its improper and distending pressure upon the vagina; and, in uterine *versions* and *flexions*, it, or any of its class, can never be effective, as it is without an external base, and must lack a point from which to restore the uterus to its normal axis.

Another form of this S pessary is simply longer and nar-



rower, with a view to less lateral distension of the vagina. But, it is found, that in proportion to the narrowness of the S, the greater is the difficulty of keeping it in position; consequently its support is even less reliable than that of the wider one. Besides all this, the act of defecation is either obstructed by the pressure of both these instruments on the rectum, or else they will be displaced by that act.

To obviate these casualties, the U, or horse-shoe pessary has been tried. It consists of the double S open at one end. But, whilst it obviates the obstructing or displacing effect of contact with the rectum, if the open space is wide enough, and the instrument be in its precise proper position (which is very problematical), still, if the instrument be *long enough* to secure its supporting position, the small surfaces at the open end of the instrument are liable to produce painful pressure upon the sacral nerves, and an ulcerative pressure upon the soft tissues against the unyielding sacrum.

A fourth form of this class, is the ring pessary, which in principle, is the same as the others, differing only in that it is circular, and neither square nor oblong; and in its pressure being more uniform against the entire circumference of the vagina. And, in view of this fact, its effectiveness is greater than that of the others, but, for the same reasons, its evils are also greater.

The third class of pessaries, consist in the main, of those composing the second class—the S, the horse-shoe, and the ring; only the *principle* of their action is different: for, whilst those of the second class *float* in the pelvis, and depend upon the vagina, perineum, and vulva, for their base, the latter are made enough *longer* to have a *fixed* and *immovable* point of support at the sacrum and pubes. These instruments, indeed, when thus immovably fixed between the sacrum and pubes, must give a firm and unyielding uterine support. But, here again we are met by the great liability to the unpleasant effects of pressure upon the rectum, the sacral nerves, and the soft parts which so thickly line the sacrum and pubes—effects which are often very annoying, and sometimes very terrible, in the shape of paralysis of the limbs, cramps in the hips, and ulceration through the rectum, not to speak

of habitual constipation. It is true that the pressure upon the urethra may be obviated by an accomodating curve in the anterior extremity of the pessary; and the unyielding, irritating, and ulcerative pressure upon the pubes, sacrum, and the rectum, may be mitigated by doubling the longitudinal rods of the pessary, and having them slide upon each other under the pressure of a contained spiral wire. But, I submit, that in such cases, if the relief from painful and obstructing pressure is so complete, then there cannot be sufficient firmness in the instrument to give it a fixed position.

It remains now to notice but one more form of pessary (the fourth), for simple prolapsus. It consists of a cup, mounted upon a small stem, and the lower end of the stem attached to a T bandage, which is secured about the pelvis. This stem-cup, when introduced, and firmly fastened to the pelvis certainly has the merit of giving direct support, and that, without distending or resting upon the vagina, perineum, or vulva; but it is compelled to exercise the most direct, unnatural and injurious pressure upon the irritable os; and this the more so, inasmuch as its pressure must not only be sufficient to elevate the nominal weight of the uterus, but also that of the abdominal viscera and upper trunk, which we have before shown to be bearing with undue force upon the uterus in such cases.

In these remarks I do not pretend to have critically canvassed all of the declarative or comparative merits of all pessaries, but to have shown that, take them all together, they cannot act in the interests of a radical cure, inasmuch as by unnatural pressure on the os, they are liable to induce flexions, and versions, and irritation, ulceration, congestion, induration, and scirrhus, of the os and cervix; or else, by distension of the vagina, or pressure upon the perineum and vulva, they are liable to produce leucorrhœa, and increased, and ultimately irrecoverable debility of all those pelvic tissues, which, by their proper tone, in connection with the proper trunkal bearings, were ordained to perpetually act as important conservators of the normal uterine status. (*The Medical and Surgical Reporter.*)

## General Record of Medical Science.

1. *Anomalous Case of Sympasia.* A Lady who did not Sleep or Eat for Months. Abstract of a Case reported to the Massachusetts Homœopathic Medical Society. By Dr. BARROWS, of Providence.

— A case, protracted, peculiar, marvelous. Protracted, because of more than five years' standing. Peculiar, because its physiological, pathological and moral, or mental, developments defy all known laws of explanation. Marvelous, to me, because I do not understand it, and cannot explain it upon physiological or any other logical laws, so far as I have been enabled to understand them.

May 9th, 1860, was called to visit Miss —, a young lady, eighteen years of age. When a teething child, had been subject to convulsions. Grew up a tolerably healthy girl. Passed through the primary school, was attending to higher branches of education when, at fifteen, she was attacked with rheumatic fever. Her joints were much affected, especially the vertebral joints. Seven months she was unable to walk. Two years and four months before she was able to return to school, and then was very weak, and suffered much with palpitation of the heart. Continued at school eight months, and then—May 6, 1860—complained of chilliness and severe headache. May 7, Unusually quiet, and wandering about the house, unconscious of what she did, scarcely tasting food, oppressed with drowsiness. May 9th—first visit—She is stupid, pulse small, frequent, irregular. Tongue dry; skin hot, dry. May 21 to June 1—Convalescent suddenly, and with no *apparent* cause; relapse of fever, headache, dry tongue, delirium, convulsions, loss of consciousness, suppressed urine. The whole vertebral column sensitive to slight pressure. Hard pressure upon the cervical and upper dorsal vertebræ produced spasm. Pulse quick, weak. Countenance haggard. Several times friends thought her dying. Spasms tetanic. Sometimes the whole body was rigid, resting only upon her head and feet—episthotonos. Again, the head alone was affected, drawn backward, eyes wide open. Tongue protruded, or thrust out and in rapidly. Muscles of the face contorted. Tetanic state lasted about fifteen minutes, and the prostrated comatose state, which always followed, from thirty to sixty minutes. Such is the programme for two weeks. June 15th—Apparently unconscious of everything around her; emaciated, haggard, hippocratic, seemingly about to die; her toes began moving as if trying to form letters on the sheet; then with her forefinger as if trying to spell some word. Paper and pencil were then given her, and she began writing names of persons long since dead. Then followed directions about her sickness, and predictions about her future, saying, "A" will be a long time sick, lose her sense of smell, be blind many months; doubtful if she ever walks again; her sickness will develop many phases and strange phenomena." Continues to be very sick. Spasms increase in frequency and

severity. June 26—Throat paralyzed. Cannot swallow food or drink. Complains of hunger and thirst. Makes great effort to swallow; holds water in her mouth; rinses her mouth; chews food; spasms increase, and are of the most rigid character. Opisthotonos, emprosthotonos, and pleurothotonos succeed each other rapidly. Arms, legs, fingers, toes and facial muscles are contorted into every conceivable shape of which they are capable of being drawn.

Becomes sensitive to magnetic influence. The touch of many persons, a rubber comb, fur, cause her to start with pain and induce spasms. Continues with but slight change, calling for food and drink. Chews about three quarts, and rinses her mouth with about two quarts of water daily, this consuming about two hours.

July 30—To-day form of spasms changes. The whole body bounds up and down upon her bed rapidly some dozen times, then remains perfectly quiet some three to five minutes; and this continues with little interruption five days.

August 5—Twice thrown from her bed with bounding spasms; bruised her hips.

August 6—Spasms all day, continuing into the night; screams with pain; called at one o'clock at night. Tried animal magnetism; succeeded in putting her to sleep. The next night magnetism failed to quiet her, and spasms continued through the night.

August 12, and since that time, can be relieved for several hours together by magnetism.

As there is not much change we pass over the diary to

September 5—Paralysis of throat continues. Has not spoken for ten weeks. All communication is in writing. Thinks she sees pain in five rings. Catches at them. Continues to rinse her mouth with water and chews food. Gnaws her hands for hunger. Cries, and writes to have her right arm and legs cut off because of pains, and to have her throat cut open to put in food.

September 13—Complains that the room is dark; cannot see. Symptoms of clairvoyance appear. Tells what is going on in an adjoining room. Tells the time on a clock in another room.

14th and 15th—Writes: "Balls of pain in back and head."

September 16—Morning, delirious; evening, a raving maniac. Pulls her hair out by handfuls; fights and bites all who come near her. Succeeded after a long time in quieting her with magnetism.

September 17 and 18—Wild with delirium. Tears her hair and bed clothes. Four pillow-cases, two sheets and a night dress torn to fitters. Does mischief with her left hand and teeth, while her right hand seizes her left arm and strives to prevent her from pulling out her hair. Throws the food which she chews around the room. Imagines herself a parrot. Makes sounds somewhat resembling the sound made by that bird.

September 25—Talks again in whispers.

September 29—Complains of intense pain in her right arm, when suddenly it falls down by her side. She looks at it in amazement; thinks it belongs to some one else, and imagines to this day that she sees her own

right arm drawn around upon her spine. She believes her spine is her right arm, her right arm being a foreign object and a nuisance. She believes it being an arm and a hand, but not hers. She treats it as if it had intelligence, and might keep away from her. She bites, pounds, pricks and pinches it, and in many ways seeks to drive it from her. She calls it "stump," "old stump." Sometimes she is in great excitement and tears, pounding "old stump;" says he has got this, that and the other that belongs to her.

Not much variation during the month of October. October 15, has a spasm; opisthotonos lasting twenty minutes. Suddenly she is drawn into a sitting posture, with both arms extended over her head, motionless, every muscle rigid. Remains thus fifteen minutes. Spasm passes off—is speechless. Remains speechless several days. Personates different people.

Oct. 31—Right hand writes: "On Nov. 21, at 5 o'clock precisely, she will swallow water. Will swallow nothing but liquid until 1st of December, when she will swallow a piece of cracker about the size of a wafer." Delirious—spasms continue. Thinks red hot balls are rolled up her back and strike against her head. Thinks we might hear them, they strike so hard. Strings beads of divers colors, makes baskets and lamp mats, every bead in its exact place. Works with her eyes closed, and the same in the evening without light as in the day-time.

Nov. 21—Continues delirious—frequent spasms. This is the day predicted that she will swallow water, at 5 o'clock, P. M. At fifteen minutes before 5 took off the striking weight from the clock: filled two tumblers with water, into one of which I secretly dropped two or three drops of medicine. At three minutes before five, offered her water, each glass successively; it was rejected. At five o'clock a gurgling sound was heard in her throat. She motioned for the water; passed her the tumbler containing the drops of medicine; she motioned it away, but took the other; drank one swallow, a part of it running out of her mouth. The deglutition was performed like one attempting it with the mouth wide open. From this time to March, over three months, she is most of the time delirious, pulling out her hair, pounding her head, tearing her bed-clothes; becomes blind; reads with her eyes closed, her book upside down, and as well in the dark as in the light. Has many spasms every day; opisthotonos, pleurothotonos, trismus, emprosthotonos, and every variety of tetanics imaginable? Has suppression of urine requiring assistance; quarrels with her right hand, which she calls "stump"—"old stumps"—pounds and pinches it. Thinks she can drive it away. Writes poetry, draws pictures, and personates different people, most of whom have long since passed away.

During the two ensuing months to May 1, spasms continue about the same, both as to frequency and character. Complains much of headache. Most of the time realizes her suffering.

May—No improvement. Delirious. Eyes crossed. Conjunctiva much injected. Imagines she is Queen Anne; makes a paper crown. 18th. Has a spasm in which she remains rigid two and a quarter hours. 19th. I supposed I had witnessed every variety of tetanus, trismus, opisthotonos, emprosthotonos, pleurothotonos, and every other variety of pus and os ter-

mination. But if I had not witnessed what appears in the future record, I think I should reject the statement. Like the Indian who listened patiently to the reading of the miraculous dispensations in the history of Samson and Daniel and Jonah, and believed them because they were in Sacred History, when the story of Shadrach, Meshach and Abednego, was told, rejected even the fish story; I should doubt what appears to me most marvelous. Here is a patient who has been confined to her bed more than one year. She is weak and emaciated with hunger and disease; for months she has barely subsisted by chewing food and by enemas of milk, gruel and beef tea. Her legs are drawn under her, her knees nearly to her chin, and rigidly and permanently contracted by spasms. Her spine is so sensitive that slight pressure is unbearable, and hard pressure produces immediate spasm. On the 19th of May, during the morning, she has, as usual, several spasms. At 2 P. M., she has emprosthotonos, her head is drawn downward and rests upon her knees, but suddenly her body elevates and she balances upon her head. She remains in this position a few moments, falls over upon her right side, her body forms an arch, while she rests upon the right side of her right foot and upon her right hand, and remains in this position half an hour. I am amazed and do nothing.

I have read, to some extent, reports of cases of spasms in medical works, and read with interest the record of those marvelous cases by the sacred historians; but this exhibition exceeds in marvelousness all my previously conceived ideas of the wonderful.

June.—Imitates dogs, barks, howls, sets dogs in the street to barking, growls, gnashes her teeth, foams at the mouth, attempts to bite, laps water, trembles, starts back from it as if she had hydrophobia. Spasms, in which her legs are drawn under her, her chin upon her knees, somewhat resembling a ball. She rolls rapidly from right to left and from left to right. Rolling or revolving spasms.

Anahulisma.—Swallows during the month as she predicted. Not much variation through the year. In September has a severe spasmodic cough resembling whooping cough. Spasms jerk the body from side to side, motion like the pendulum of a clock, but rapid, sometimes making a thousand vibrations without intermission.

January, 1862.—Nine weeks since she has spoken aloud, twenty-two since she has swallowed. Has phlegmonous erysipelas. Face much swollen. Pounds her head, shakes it, whispers "Red wafers on the brain!" "Red flannel on the brain!" During this month her sight is restored, having had erratic vision for eighteen months. During these months she has read with her eyes closed and her book upside down. In April small purple spots appeared on the feet and legs, gradually spread over the body.

Is this really the result of disease or am I deceived? I will know. Take warm water and soap and wash one cheek. Sit down and watch the result. In two hours the cheek has become quite dark again; in four hours it is as black as before washing. I am satisfied it exudes from or through the skin. This lasted about four weeks.

June, 1862.—Recovers her voice; one year since she has swallowed;

still derives nourishment, mainly from chewing. No changes of importance through the summer.

In September, absent eight days; on my return found her sitting on the floor raving crazy. Growls, barks, laps water, attempts to bite; has not slept; face flushed; eyes crossed. Put her on the bed; she tears her dress and bedclothes. Magnetize her; she sleeps several hours; keep her in magnetic sleep most of the time for a week; last of the month she becomes rational. When her delirium was at its height, as well as at other times, her right hand is rational. Asks and answers questions in writing; gives directions; seeks to prevent her from tearing her clothes, from plucking her hair, by seizing and holding her left hand. When she sleeps the right hand carries on conversation; the same writes poetry, acts the part of nurse, draws the bedclothes over her, if she can reach them, when uncovered; thumps on the head-board to awaken her mother if anything happens, as remaining uncovered or having a spasm. The right hand is not as rigid as the left during the spasms, and can generally manage to give a signal; this hand never sleeps.

January, 1863. "Stump" writes poetry during her sleep—writes *Hasty Pudding*, by Barlow, in nine cantos, which she had never read; all correctly written, except that one line belonging in one canto was transposed with a line belonging in another canto.

She sleeps only by magnetism. If this is omitted two or three days, as it sometimes is from necessity, she has raving delirium. Plucks her hair, pounds her head, tears her clothes, imagines she is Queen Anne, Queen Elizabeth, Victoria or Empress of Spain.

June, 1863. She is able to swallow again, having derived her sustenance, excepting in two or three instances, from enemas and chewing for twenty-two months. She has no sense of feeling in her right half, nor below the dorsal vertebræ.

Not much change through the year. At the end of about four years there is some slight improvement. The sense of feeling has commenced in her toes and gradually extends upward. Spasms less frequent and less severe. It is now seven years since this sickness commenced, and there has been for the past three years a gradual improvement. She does not yet recognize her right arm. She will not believe it belongs to her. She cannot will to move it. She has no knowledge of its motion. This arm appears to have a separate intelligence. When she sleeps it writes or converses by signs, or acts the part of nurse. It never sleeps. It seems to possess an independent life, and to some extent, fore-knowledge.

I have thus given a meagre description of this most singular case. I cannot infuse life into it. To have a just conception of it, one must witness it.

[The latest reports received from this interesting case, assure us that the young lady is improving, and will be likely to recover. Ed.]

## Reviews and Bibliographical Notices.

1. *The New-York Trade Sale of Books, Stereotype Plates and Stationer*. Catalogue, &c., of Books to be Sold at Auction, without Reserve, at the New Trade Sale Rooms, 498 Broadway, New-York. LEAVITT, STREBEIGH & Co. 1867.

A CATALOGUE of books to be sold at auction on a given day, can hardly possess a prominent interest after the day of sale is past. This list, however, is worthy of notice, as it is itself a *book* of over 300 pages, 8vo., of considerable value to collectors of books. It at least reminds us of the immense extent of the business of the *Trade Sale Rooms*, and of the enterprise and influence of the various publishing houses of our country. The present volume is only a matter of to-day; but its successors will perpetually hereafter recall to our memories the names of authors and books of the past and present which are soon to be placed within every body's reach.

2. *Valedictory Address* delivered at the Nineteenth Annual Commencement of the Homœopathic Medical College of Penn., March 2, 1867. By JOHN C. MORGAN, M.D., Professor of Anatomy.

THIS address is a bold and clear exposition of the present position and claims of homœopathy. It shows conclusively that this system of practice is based on the soundest physiological and philosophical principles; that it is continually growing in public favor and confidence; that it not only maintains its old ground as it stood in the days of Hahnemann, but is continually conquering new territories, making new converts, and ameliorating by its sunshine the colder climate of orthodoxy. The address is too good to be mutilated by taking out of it the extracts for which we have now no room.

3. *Annual of Scientific Discovery for 1866 and 1867.*

*The Annual of Scientific Discovery for 1866 and 1867*, edited by Dr. SAMUEL KNEELAND, is issued, after a suspension of one year, by Gould & Lincoln in Boston. The past two years, as the editor remarks in his instructive preface to the present volume have been uncommonly prolific in almost every department of scientific discovery. Among the practical operations which have excited the interest of the scientific world we may note especially, the completion of the Atlantic telegraph cable, the Chicago tunnel under Lake Michigan, and the progress of the railway over Mt. Cenis. Improvements in engineering have been effected in the direction of economy in fuel by modifications of furnaces and flues, and by the due supply of air for perfect combustion. The substitution of steel for iron in various



parts of locomotives, and for rails, has greatly diminished the wear and tear of machinery, and added to its permanence in a remarkable degree. The extensive use of steel in ship-building has contributed much to the strength and safety of sea-going vessels. The new gun-powder made from wood, bids fair to rival the old explosive for certain purposes. Nitro-glycerine has also been successfully introduced for blasting, and gun-paper for small arms. The important theory of the correlation of forces has received fresh illustration by the course of experimental research. It may be considered as proved that light, heat, chemical affinity, electricity, and magnetism, which are universal attributes of matter in all its forms, are interchangeable forces with each other and with motion. Many points of great practical moment are connected with this subject, as whether we can produce heat by the expenditure of other forces than those locked up in our coal beds and forests, whether we can absorb and store up for future use, by chemical or mechanical means, the rays of the sun now wasted for human purposes in the desert and the tropics. The remarkable results of spectrum analysis, from the labors of Kirchhoff, Bunsen, Huggins, and Miller, have thrown a flood of light upon the structure of the heavenly bodies. Physiology has made great progress, mainly owing to microscopical and chemical investigations. The law of uniformity in the development of cells, as the foundation of organic structures, has been fruitful in consequences. It is now believed that the simple forms of animal and vegetable life are perfectly alike, that "the tough oak plank, the blade of grass, the lion's claw, the contracting muscle, and the thinking brain," all emanate from similar sources. The theory of Darwin that species have not been created at various times complete and unchangeable, but that they have been gradually modified by external circumstances, has continually gained ground, and now numbers among its advocates many of the first naturalists of Europe and this country, although the opponents of this theory, like Agassiz and others, bring forward many strong points. On the whole, the tendency seems to be to the belief that the divisions into species, genera, and families, are not founded in nature, but are merely convenient terms for subdivisions, having a permanence which may outlive many generations of men, but which yet are not absolutely fixed. Time is the great element, both in the development of vegetable and animal life, and also in the progress of man from barbarism to civilization, and this must be held prominently in view in the consideration of the theory of Darwin. In selecting the facts and authorities for the materials of this volume, Dr. Kneeland has evinced an experience to which the conclusions of science are as "familiar as household words," and an excellent judgment in the arrangement of details. His work does ample credit to his accomplishments as a naturalist, and forms a manual no less valuable for practical reference, than as a historical record.

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#### 4. *Dr. E. M. Hale's Work on Abortion.*

THIS important and valuable work having been in one point entirely misunderstood by many, and being perhaps, by some still not entirely ap-

proved, we take pleasure in publishing Dr. Hale's statement of the doctrine he desires to teach, with the *new reading* which he wishes to be substituted for that of his First Edition. In a letter he says: "I enclose you my emphatic denial of any intent to teach such damnable doctrines, "as those attributed to me, and wish you to publish such denial, with a few words of your own." [No words from us are needed,—his own are sufficient.] Elsewhere he says:

*"I wholly disavow any intent to teach that the induction of abortion is at any time proper or allowable for the purpose of protecting the mother from any of the ordinary diseases which may occur during pregnancy, or afterwards, but only in those instances where serious and dangerous disease places the life of the mother in imminent danger."*

E. M. HALE, M.D.,

Chicago, Feb. 11, 1867.

The following is Dr. Hale's "New Reading" of the page criticised. See page 319.

I cordially and sincerely subscribe to the elevated doctrines above enunciated by my eminent colleague, especially in so far as they relate to the destruction of the impregnated ovum, without good and sufficient cause.

I may, however, be allowed to differ somewhat from some of the profession, in relation to the propriety of inducing abortion or premature labor, when certain dangerous diseases and conditions exist.

I hold that in no instance should the *life* of the mother be *sacrificed* to save that of an impregnated ovum, at any period of pregnancy.

I hold, also, that no disease should be allowed to reach such an extreme, as to place the mother in *imminent danger* before the induction of abortion or premature labor is resorted to; *provided always*, that we conscientiously believe gestation to be the cause of such disease.

Both medical and legal authorities still differ as to the relative importance of the embryo, before and after the date of "quickening," and before and after the date of "viability." In the present advanced state of physiological knowledge, however, we can not believe otherwise than that the *impregnated ovum at any date is a human being*.

Viewing the matter in this light, we can not do otherwise than designate the necessary or unnecessary destruction of the embryo at any date after conception as *murder*.

For the conscientious physician this deduction must be unpleasant in the extreme, and we do not wonder that there are many who shrink from a duty to which is attached such a repulsive and criminal name.

Is it not time that the truly representative lawgivers, theologians, and physicians of the world should, after due consideration, agree upon some human law, to be generally enacted, which shall correctly define the designation to be applied to the necessary destruction of the impregnated ovum, as well as to its wanton and *criminal* destruction? Is it not time that one uniform, just law shall exist in every country, which, while it punishes sufficiently the criminal destroyer of the impregnated ovum, shall also protect the honorable physician in all cases, in the discharge of a most disagreeable duty, and give such duty a less terrible name than *murder*?

It is interesting and curious to note, in this connection, that while *we*

carry the criminality of abortion back from "full term" to the period of *impregnation*, the laws of the ancient Hindoos carried the criminality of the deed back to the period of *ovulation*, and believed the voluntary loss of an *unimpregnated* ovum was a criminal act.

According to Robertson, early marriages in India were obligatory, in consequence of an ancient theory of generation much resembling the latest modern ovarian theory. It was taught that if an unmarried girl had the menstrual secretion in her father's house, he incurs a guilt equal to the destruction of the fœtus.

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5. *Asiatic Cholera.* History,—Description,—Causes,—Prevention,—Treatment,—Allopathic,—Homœopathic,—Comparison,—Results, &c. By EDWIN A. LODGE, M.D., Editor of "American Homœopathic Observer," Secretary of Michigan Homœopathic Institute, &c., &c., &c. Detroit, Michigan, Homœopathic Pharmacy, 51 Wayne-st. 8vo., pp. 32.

WE have already in the last volume of our Journal noticed many works devoted to the history and treatment of the much dreaded *Cholera Asiatica*. We now receive one more which reminds us that the season is again advancing towards the summer solstice. The work of Dr. Lodge, like many published within the year, is intended for popular use, and is calculated to be very instructive and useful to people who may not be within the reach of medical aid at brief notice. But it is also a very respectable compilation from the innumerable publications already before the world. The physician will find in it a well-arranged and useful history of the progress of cholera; also, a description of the disease; its causes; prevention; allopathic and homœopathic treatment; comparisons and results of treatment. On each of these points the statements of fact are clear and accurate, and the practical instructions judicious.

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6. *La Homœopatía.* Publicación Mensual de Instituto Homœopático de los Estados Unidos de Colombia. Volume II., No. 1. Bogota, Colombia, S. A. January, 1867.

THIS welcome visitor from the Land of the Sun brings its usual burden of good names, good words and valuable practical matter. May it flourish so long as Heaven's own sunshine shall continue to throw its morning and evening halo of glory over the super-nubal heights of the Andes.

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7. *Circular from the Bureau of Organization and Statistics.*  
*Amer. Inst. of Homœopathy.*

THE Bureau of Organization, Registration and Statistics, of the American Institute of Homœopathy, consisting of Drs. Henry M. Smith, of New-York;

Horace M. Paine, Albany, N.-Y.; Bushrod W. James, Philadelphia; Edwin A. Lodge, Detroit; Thos. G. Comstock, St. Louis, is engaged in preparing a Register of all the Homœopathic physicians in the United States; a list of all the organizations, such as Societies, Dispensaries, Infirmaries, Hospitals, Colleges, &c.; a list of all books published on Homœopathy, including pamphlets, &c., and a collection of interesting historical facts relating to the introduction or present status of our system of medicine.

The Bureau will be greatly obliged for any assistance the members of the profession can render in furnishing information regarding:

1st—Names (in full) and address of physicians, when and where graduated or licensed, and their previous address (that lists may be more readily corrected).

2d—Lists of all organizations, as Societies, Dispensaries, Colleges, &c., with the date of formation, list of officers from beginning, number of members, names of deceased members, time and place of meeting, and, if possible, copy of printed transactions, reports, or announcements.

3d—List of books, pamphlets, &c., and articles contributed to journals, of which the physician is author, with reference to the periodical in which articles were published, and a copy of the pamphlet.

Prepared under the auspices of the American Institute of Homœopathy, this is a work in which all are interested, and one more likely to succeed than an individual enterprise.

Yours truly,

HENRY M. SMITH, *Chairman.*

8. *Valedictory Address to the Graduating Class of Hahnemann Medical College.* February 27, 1867. By G. D. BEEBE, M.D., Professor of Principles and Practice of Surgery. Chicago: Beach & Barnard, 1867. 8vo. pp. 14.

THE duty of addressing a class of young men who, having passed through the time and the labors required for the acquisition of the elements of a thorough medical education are just preparing to enter upon the practice of the profession, is always a pleasant one; and, it having often been well and handsomely performed, the task of doing it well is thought to be none the less easy of accomplishment. It is a sufficient compliment to *any valedictorian* to say that he has judiciously, neatly, happily, and eloquently fulfilled the task assigned him. That these requirements are amply met by the production now before us will be seen in the following extract:

"Secondly, we believe you are thoroughly qualified in the science and art of medicine and surgery, to enter upon the great work before you, not only with credit to yourselves, but, in a spirit of emulation, to confer some lasting good upon humanity, and honor your Alma Mater and the profession of your choice. You cannot all be Harveys, or Jenners, or Hahnemanns, in the promulgation of discoveries of such magnitude as to constitute epochs in history, but each of you may, by diligent and patient application, add something to the onward roll of events which marks this age of reform. Not every river can with Niagara's voice wake the echoes

of a continent as it pours its volume to the sea, yet the smallest stream may gladden and fertilize the meadow, making it vocal with the song of birds, as it, too, winds its way to swell the ocean currents that girdle the globe. Do not wait for some great achievement to call down upon you the benediction of Heaven and the plaudits of mankind, but scatter good deeds as seed by the wayside, and flowers of beauty and fragrance shall spring up to brighten your pathway. The grateful tears of that mother as she clasps her child, snatched by your agency from the embrace of death, and the prattling welcome of childhood which greets you on your daily round, are rewards far sweeter than fame can bestow: with these, strive to be content. Many are the deeds of merit recognized only when their authors have passed away.

Thirdly, we believe that you possess in an unusual degree that crowning qualification of the medical man—good, sound, common sense.

We look with undisguised admiration upon that general who successfully commands armies. If he can with equal success negotiate treaties, and exhibit those high qualities of the statesman which give direction to legislation, then do we well nigh yield him homage, and deem him truly great. But no! he lacks patriotism. The whole beauty of his character is marred, and we turn away in disappointment.

How many are there in the profession, men of genius, men of scholarly attainments, to whom is given an easy flow of language and pleasing address, who disappoint the expectations of friends and make an early shipwreck, because they fail to exercise good common sense. He who possesses this jewel knows full well its use; I need not therefore enlarge.

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9. *Publications of the Massachusetts Homœopathic Medical Society, from 1861 to 1866, Inclusive: "Certioorem Medendi Usam Maluit."* Volume II. Cambridge: Press of JOHN WILSON & SON. 1867. pp. 572.

WHEN Bishop Wilkins founded the *Royal Society* by entertaining a few philosophers at his house in London, the mutual advantages derived by the members of this small circle were immediately recognized by every individual who had been invited to be present. It was at once discovered, says the historian, that each man "was compelled to exert his best faculties to escape free from the scrutinizing criticism of his brethren in science," to whose eyes all his observations, experiments and reasonings were submitted. When this private circle of philosophers had learned so much of the value of each others' presence that they could not keep apart, and had encountered many obstacles which necessarily arose from the want of organization, they were formed into a "body corporate" by a sovereign who was not much of a philosopher himself. It was declared that they were incorporated for the purpose of "*promoting the knowledge of natural things and useful experiments.*" They were to make so many observations of natural things, collect so many facts in nature and art, "that the present, as well as after ages, may be enabled to put a mark on errors which have been strengthened by long prescription; to restore truths that have been

long neglected ; to put those already known to more various uses, and to make the way more passable to what remains unrevealed."

We have here a Second Volume of Transactions just sent forth by an association of philosophers just *two centuries* younger than the Royal Society. It is already seen that the parent of British and American Scientific Associations was originally established on a very good basis ; but it is required of Societies, as well as the authors of good homilies, that they "stick to the text." And it has long ago been believed that the Royal Society has not always done that. It has also been charged that this learned corporation together with all its immediate lineal descendants and successors, have failed to come up to the standard marked out for it and accepted by it and them ; and that in justice to afflicted humanity, the "rights, immunities and prerogatives of all the highly privileged societies and colleges were, and by right ought to be forfeited, re-assumed by the authorities by whom they were originally conferred, and given into charge and keeping of *other Societies and Associations* of more true and more faithful philosophers '*bringing forth the fruits*' which the old Societies, whose heads were now whitened by the frosts of many winters, had failed to produce. The old and the new Societies and schools are now on trial before the world. The claims of the old institutions have already been weighed in the balance many times ; and they are said to have been found wanting in many points. It is our purpose to-day to give a partial examination of the claims of some *new Societies* ; and for this purpose the present (second) Volume of Transactions of the Massachusetts Homœopathic Medical Society is before us. What then has it been doing in the way of "putting a mark on errors which have been strengthened by long prescription?" in restoring "truths that have been long neglected?" in putting "those already known to more various uses?" or in making "the ways more passable to what remains unrevealed?"

The book as we receive it appears in a more attractive and respectable dress than any volume of Scientific Transactions we have ever seen. The paper, the binding, the printing are clear, chaste, beautiful. It was at Cambridge that Stephen Day, the first printer in America, showed the New Englanders how printing *could* be done. It is evidently a good place yet to learn how it *ought* to be done.

But the contents of the volume must be closely scrutinized before we can bestow upon the Massachusetts Society "*the laurel wreath that glory weaves.*" Let us see if it has been wisely and industriously engaged in "*promoting the knowledge of natural things and useful experiments.*" In the publications of 1861, we find :

The Address of the President, Milton Fuller, M.D. ; Report of the Committee of Clinical Medicine, H. C. Angell, M.D. ; Statistics for 1860 ; Report of the Committee on Materia Medica ; Provings of Gnaphalium, J. H. Woodbury, M.D. ; of Kali-Cyanuretum, by Dr. Wesselhoëft ; Annual Address, by I. T. Falbot, M.D., on "The Common Sense of Homœopathy," how true it is that "*common sense is rare sense.*" Here we have also, "The manner of ascertaining the power of *Drugs.*" This must certainly come within the range of "*Useful Experiments,*" which the founders of the British Society desired to promote. But surely it does not come within

the range of those "experiments" with which Allopathic Medicine has often tortured its victims. "Thus," says Dr. Talbot, "did Becquerel, for a whole year treat his patients, in the hospital of La Pitié, with electricity, to ascertain its effect in different diseases; and Andral, in his much-boasted experiments, administered one dose of some Homœopathic medicine to each of his patients, for the purpose of proving its inefficacy." And these reckless and wicked experiments were made on "poor unfortunate human beings," who had been "induced to enter these institutions to become the subjects of these experiments!" What a desecration of the holy object for which Charitable Institutions were established!

In the publications of the Society for 1862 we have: The proceedings of the Annual Meeting; Address of the President, C. M. Weld, M.D.; Report of the Executive Committee; Resolutions in relation to Homœopathy in the Army; Memorial to Congress. Resolutions, &c., by T. R. Nute, M.D.; Report on Clinical Medicine, Dr. J. E. Linnell; Annual Address by Dr. Wesselhoest on "Homœopathy in some of its leading features." Proceedings of the Semi-annual Meeting, 1862. Report of Clinical Medicine for the South-eastern District, Dr. Henry B. Clarke. Arsenicum in Chronic Diarrhœa; Headache cured by Nux-vomica; Tracheotomy in Croup, by Dr. Talbot, an article which presents many serious and valuable points for consideration; Chelidonium-majus in Typhoid Fever we have already published.

Meeting of 1863. Address of the President David Thayer, M.D., Annual Address, by Dr. J. E. Linnell. "On Some of the Characteristics of Old Physic." Semi-Annual meeting of 1863. Xanthoxylum, Gnaphallium, -Diphtheria. Clinical Medicine; Statistics, by Drs. Linnell and Dr. Colran. Dr. E. V. Jones on Diphtheria and Scarlatina. Dr. Thayer on Bromine in Disease of the Heart.

Meetings of 1864. Death of Dr. J. A. Tarbell. Remarks of Dr. H. L. Chase; Xanthoxylum; Address of the President, Daniel Holt, M.D.; Report on Materia Medica, by Dr. Cullis. Xanthoxylum-fraxineum; Annual Address of Dr. Cote on "Correct Observation in Medicine."—Tœnia. —Franklin and Hahnemann compared; By-Laws of the Society.

Publications of 1864-5. Semi-Annual Meeting; Dysentery; Early Annals of Homœopathy, by Dr. Samuel Gregg; Operations and Improvements on Cataract by Dr. H. C. Angell; Hypodermic Use of Remedies; Dr. Woodbury; Ice in Treatment of Ovarian Tumors; Dr. Wesselhoest on Dysentery; Dr. Burpee on Gamboge in Diarrhœa. Obituary—Drs. Daniel Swan, Charles Wild and J. C. Baker. Materia Medica. Myricin, by Dr. Chase, Dr. Cullis, Dr. Wesselhoest, Dr. Krebs, Dr. Linnell; Homœopathic Pharmacy, Dr. Chase; Medical Expedients, Dr. W. F. Jackson;—Rum Sweat, Sore Nipples, Calendula in Gonorrhœa, Nasal Catarrh, Croton Tigilium in Eczema, Dysenteric Diarrhœa, Acetate of Morph. in Aconite; Annual Address by Henry B. Clarke, M.D., on "Clinical Homœopathy,"—Hippocrates and Hahnemann.

Publications for 1865-1866:—Semi-Annual Meeting, 1865; Leutz's Edition of the "Organon."—Gall stones: Address of the President J. E. Linnell, M.D.; Committee Report on Pharmacy;—On Materia Medica; Physostigma, Dr. Deal Bean; Provings:—Dr. Chase, Dr. Cullis, Dr. Wes

selhoeft, Dr. H. B. Clarke, Dr. Christison, Mr. Bowman; Cina-officinalis in Gall stones by Dr. Thayer; Clinical Medicine, Dr. Cate.—By Dr. Saml. Gregg; Diseases of the Nerve centres, by Dr. J. P. Paine;—Dr. Carroll Dunham on Scarlatina Renalis: Annual Meeting, 1866. Discussions. American Institute,—Cholera; Address of the President Wm. F. Jackson, M D.—Organization of the Society in 1840. Early Trials, Statistics; Centennial Anniversary of Hahnemann's Birth-day; Notices of Samuel Gregg, J. F. Flagg; Drs. Spooner, Wild, Cutler, and Luther Clark; Statistics and Members; Report on Pharmacy, on Clinical Medicine,—Cases,—Reports by Drs. Seales and Woodbury. Annual Address.—Dr. H. L. Chase, on the "The Law 'Similia, &c.'"; Lists of Members, &c., &c. Index. And, lastly, we have the satisfactory and useful Index prepared by E. U. Jones, M D.

In looking over this Index we at once perceive its value, and are reminded of the many good books which are left nearly useless, by the omission of an elaborate and faithful Index. We remember also that some of the wisest of men have spent much of their time in compiling and arranging, each for his own use, an INDEX RERUM. A good one should be now compiled. It should range the labyrinths of Homœopathic Literature; it should refer to the Remedies that have been proved, and the diseases that have been monographically investigated, as well as to all the fountains and sources of important facts, and the clearest reasonings that trustworthy observers and thinkers have yet established. Such an Index was commenced by a Philadelphia Professor forty years ago. But little of it was ever published,—just enough to show what *might*, THEN, be done. How much better might the task be done now.

But, *back to our theme!* The Publications and proceedings of the Massachusetts Homœopathic Medical Society bring before the profession, in one form or another, the principal medical questions which have within these years been discussed in the various Medical Societies of our country. That these questions should all be treated with ability, with true professional dignity and wisdom is the least that we could expect of such an association. We therefore find, everywhere dissertations and lectures displaying talent of a high order, and criticisms, debates and practical suggestions growing out of them. In the same pages that reveal the personal opinions, characteristics and fragments of the history of individual members, we also learn their clinical experiences in various forms of disease, and gather new facts and practical suggestions of great value, which will be found useful to others in *similar*, as well as in widely *dissimilar* cases.

Massachusetts had made some contributions to the world's history before this Society was organized, and she has since done something of the same kind. We may decline further reference to this portion of history for the reason once given by Mr. Webster: "The world knows it by heart." The medical history of the state must forever be closely interwoven with the mental, moral and physical progress of our race. It will hereafter be studied in the transactions of sundry learned Societies. Of these the best yet organized is that which has just laid its latest contributions to science before us. Its "Sphere of Action" may not now be well defined. This much we may safely say: The Massachusetts Medical Society *has* done



good service in "putting a mark" on many "old errors" which had been packed away in the old musty closets known as the "*the wisdom of Ages*;" it *has* "restored" some "long neglected" truths; it *has* put others to "more various uses;" and it has already smoothed the rough paths of truth, and is making them "more passable" to the truths that "yet remain unrevealed."

10. *Fifteenth Annual Report of the New-York Ophthalmic Hospital.* For the year 1866. At No. 387 Fourth Avenue, Corner of 28th-Street. Incorporated April 21st, 1852. New-York, 1867.

This has for years been known as one of the best of the many New-York Charities. Our friends abroad will be interested in seeing the names of the Officers and Directors: President, Solomon Jenner; Vice-President, Thomas C. Smith; Directors for 1867: Peter Cooper, John M. Seaman, Solomon Jenner, Thomas C. Smith, Geo. W. Clarke, Washington Hadley, John W. Whitfield, Charles H. Giffin, Jr., Hon. Benj. Maniere, John Q. Adams, Edward C. Pease, Herman C. Fisher, Josiah Shove, Cornelius O'Reilly, Amos C. Chase, Jr., Cor. C. Corson, Charles E. Bostwick. The Report before us (the last published,) says:

"Thousands afflicted with disease of the eye have been successfully treated, and have had perfect sight restored to them, which blessing we can not too highly appreciate." The officers acknowledge the aid received from the State, and also from the City of New-York. But their "warmest acknowledgments" are bestowed upon the Surgeons of the Hospital to whose "fidelity and scientific skill" all their successes are attributed. The names of the Surgeons are at once recognized as among the most distinguished of the City. But since this Report was published the Directors happened to discuss the merits of Homœopathy. They found that of the *Seventeen* members of the Board of Officers and Directors **FIFTEEN WERE HOMŒOPATHISTS**. Upon further consultation it was agreed that the patients at the Ophthalmic Hospital ought to have as good treatment as the families at their homes, and thenceforth they must have it. The Institution was immediately placed under the control of the Homœopathic School, the officers making their own selection of physicians and surgeons to whose care and skill they could entrust the Hospital for the future. The next Annual Report will inform the public with what success Homœopathy can combat ophthalmical diseases without, exactly following in the footsteps of its illustrious predecessor.

*Rules for Finding and Tying of the Principle Arteries.* By J. GRANT GILCHRIST, M.D. Winona, Minn. pp. 16. C. S. Halsey, Chicago. A Surgical Library for the pocket case. Minute, plain, accurate, useful.

*Diphtheria*, as it prevailed in the United States from 1860 to 1866. Preceded by a *Historical Account of its Phenomena, Nature and Homœopathic Treatment.* By C. NEIDHARD, M.D., late Prof. of Clinical Medicine, in the Hom. Med. College of Penn. New-York: Wm. Radde, 550 Pearl-st. 1867. 8vo. pp. 176. Just published. The latest, the most thorough and practically complete work on Diphtheria yet published.

**Miscellaneous Items.****MEDICAL SOCIETIES.***Second Annual Meeting of the Homœopathic Medical Society of Pennsylvania. Philadelphia, June 3, 1867.*

THE annual meeting of this society commenced at 11 o'clock in the Homœopathic Medical College building, Filbert-st., above Eleventh. Dr. James B. Wood, of Westchester, President, took the chair and announced and explained the following action of the Board of Censors:—

“At the suggestion of a member of the Western members of the Homœopathic Medical Society of Pennsylvania, the Board of Censors have directed me to call a meeting for the transaction of the business pertaining to the annual meeting, at Philadelphia, on the first Monday of June, 1867, at 11 o'clock, A. M., in order that they may have an opportunity during the same trip to attend the meeting of the American Institute of Homœopathy, at New-York.

The regular business of the meeting heretofore called for the second Wednesday of May, will therefore be transacted on the first Monday of June.

J. B. WOOD, M.D.,

Jan. 2, 1867.

*Pres. of the Hom. Med. Soc. of Pa.”*

The chairman of the committee of arrangements of the Philadelphia Co. Homœopathic Medical Society, Dr. Bushrod W. James, on behalf of that society and the whole homœopathic profession of the city, then made an informal address of greeting to the members of the State Society and extended to them a cordial welcome.

The roll was then called and the list corrected.

Propositions for membership being in order, a number of names were proposed and referred to the Board of Censors. In the absence of two of the censors, Drs. J. D. Johnson and J. C. Morgan were appointed to act with Dr. H. H. Hoffmann in that capacity.

A motion was made and carried, that an afternoon session be held as well as an evening session immediately after the delivery of the annual address, and that 3¼ o'clock be the time fixed for the election of officers for the ensuing year.

The proposed amendment to the constitution, laid over under the rules, from last year, was then taken up, and, on motion, it was laid on the table indefinitely.

The treasurer then made a report, in his absence, through Dr. J. C. Burgher, and accompanied with a draft properly signed, for the amount of balance in his hands, sixty-nine dollars and fifty-five cents (\$69.55.) The recording secretary reported an additional six dollars received from members since the making out of the report.

Drs. W. Williamson and S. S. Brooks were appointed auditors.

Delegates from the various homœopathic organizations throughout the

state presented their credentials and were admitted to seats in the body during its annual session.

Visitors from other states, and delegates from other state societies were, on motion, likewise admitted to the floor with privilege of taking part in the discussions of the society.

The committee on charter then reported through the chairman, Dr. R. J. McClatchey, that, in prosecuting the duties of their office, the committee had found that the power to grant such charters is vested in the courts of law and not in the general assembly, and asking for a continuance with full power to procure said instrument from the proper authorities. On motion of Dr. J. Jeanes the report was adopted, and the committee continued with full power to act.

The auditors then offered their report duly signed, stating that they had carefully examined the treasurer's accounts and found them correct. The report was accepted and the auditors discharged.

The reports from societies were then received. The recording secretary read a report from the Homœopathic Medical Society of the counties of Chester and Delaware, signed by its secretary. Referred to the publishing committee.

The announcement was made, that in Dauphin county a homœopathic medical society had been recently formed, and in the city of Harrisburg a homœopathic dispensary established.

A report from the Philadelphia County Society was read by Dr. McClatchey and referred to the publishing committee.

Dr. L. H. Willard read an interesting report from the Alleghany County Society, containing a number of clinical cases. On motion of Dr. J. Jeanes, the report was accepted and ordered to be filed away among the Scientific papers.

Dr. J. H. Marsden reported on behalf of the Cumberland Valley Medical Society. Report accepted.

Dr. W. Williamson stated that he had in his possession twenty-two provings of *Hydrastis canadensis*, and, if any of the members of the state society had any provings of that drug to present, he desired that they would offer them to the society now. He had kept the symptoms separate. 1. The provings; 2. The cured symptoms; and 3. The clinical observations in the use of the drug.

On motion, the society adjourned until 3½ o'clock.

*Afternoon Session.*—Dr. F. H. Krebs, of Boston, a delegate from the Massachusetts State Homœopathic Medical Society was introduced, and addressed the meeting and offered a report from his society, after which he presented a copy of the Massachusetts State Society's proceedings for the past six years to this society, for its library. The volume was received and a vote of thanks tendered for it.

The Society after electing some new members went into an election of officers by ballot for the ensuing year. Drs. C. Preston and H. H. Hofmann, were appointed tellers. The vote resulted as follows:

*President:* W. Williamson, M.D., Philadelphia.

- 1st *Vice-President*: J. H. Marsden, M.D., York Springs.  
 2d " " W. James Blakely, M.D., Benzinger.  
*Rec. Secretary*: Bushrod W. James, M.D., Philadelphia.  
*Cor. Secretary*: Robert J. McClatchey, M.D., "  
*Treasurer*: H. H. Hofmann, M.D., Pittsburg.  
*Censors*: { R. Ross Roberts, M.D., Harrisburg .  
 { C. Preston, M.D., Chester.  
 { J. C. Burgher, M.D., Pittsburg.

Doctor W. Williamson the president elect was then conducted to the chair and made a neat and appropriate address.

A vote of thanks was then tendered the retiring officer.

A Resolution was then passed that the proceedings of this Annual meeting together with those of the convention and meeting at Pittsburg in 1866 be published in pamphlet form provided the funds of the Society will warrant their publication and also that a committee be appointed to carry out this resolution.

On motion, the two Secretaries were appointed the publishing committee to which Dr. J. H. P. Frost's name was added by vote.

Sundry Bills from the Secretaries were read and ordered to be paid.

Dr. J. C. Burgher then presented a report from the Pittsburg Homœopathic Hospital, which was read and referred to the publishing committee. The committees on Scientific Subjects were then called.

1. Dr. M. Friese on the subject of "Homœopathic and Clinical Medicine," reported by letter that his paper was unfinished and that sickness in his family prevented the completion of the paper. On motion he was continued for another year on the same subject.

2. W. James Blakely on "Drug provings and new Remedies" reported. Report was read and ordered to be printed; he also presented two interesting specimens of "Gangrene of the Lungs" preserved in alcohol, for the inspection of the members.

3. Dr. John C. Morgan on "Anatomy and Pathology" reported—report referred to committee on publication.

*Evening Session.* The Society met at 8 o'clock and listened to the annual address by Doctor J. B. Wood, of West Chester, after which the society went into executive session.

On motion the thanks of the society were tendered Dr. J. B. Wood for his able and interesting address and a copy solicited for incorporating with the archives of the society.

4. Dr. Bushrod W. James reported on "Surgery," the report was read and referred to the publishing committee.

5. No report on "Anæsthetics."

6. Dr. J. H. Marsden on "Obstetrics" report read and referred to publishing committee.

7. Dr. Thomas Hewitt on "Chemistry as applied to Medicine," report similarly disposed of.

8. No report on "Physiology." Adjourned until 9 o'clock, A. M., Tuesday.

*Tuesday, June 4.* Pursuant to adjournment the society met and the Scientific-committee-reports were resumed.

9. Dr. J. H. P. Frost on "Asiatic cholera," report read and handed to the publishing committee.

10. Dr. D. Cowley on "Statistics of Cholera and other Diseases treated Homœopathically," subsequently received and referred to the same committee, and Dr. Cowley continued on the subject of "Statistics" for another year.

11. Dr. R. J. McClatchey on "Medical Diagnosis," report read and also referred.

Dr. J. B. Wood offered a Resolution which was amended by Dr. H. N. Martin and finally adopted as follows viz. :

*Resolved,* That the Homœopathic Medical Society of Pennsylvania in accepting and publishing reports of committees in their proceedings does not necessarily endorse the same.

*Resolved,* That no longer time than fifteen minutes shall be taken up in reading any single report. If the report is of such length as would occupy a longer period, a synopsis of the same giving the principal points may be read, and the report itself referred to the publishing committee.

On motion the appointment of the committees on Scientific subjects, on Reports and Delegates of other Homœopathic Meetings, except the American Institute of Homœopathy, was left to the discretion of the President of the Society.

The following were then appointed Delegates to the American Institute of Homœopathy to meet in New-York on June 5th, 1867, viz:—Drs. J. B. Wood, J. C. Morgan, J. H. Burgher, R. C. Smedley and J. D. Johnson.

Harrisburg was fixed as the next place of meeting; and the time of meeting, the first Tuesday in May, at 10 A. M., 1868. Drs. R. Ross. Roberts and M. Friese were appointed the committee of arrangements for the next Annual meeting with privilege of adding to their number.

Dr. Burgher offered the following, which was carried.

*Resolved,* That the physicians of the place of Annual meeting are not expected by this Society to offer a public banquet to the Delegates and members.

J. C. Burgher, M.D. of Pittsburg was selected as orator for the next meeting, and J. H. P. Frost, M.D. of Philadelphia as alternate.

The following physicians were proposed for membership during the sessions of the Society, referred to the Board of Censors, who reported favorably thereon, and afterwards were duly elected by the Society :

Pemberton Dudley, M.D., Philadelphia; H. C. Wood, M.D., West Chester; John E. James, M.D., Philadelphia; J. H. McClellan, M.D., Pittsburg; Walter Ure, M.D., Alleghany City; Richard Koch, M.D., Philadelphia; Gustavus E. Gramm, M.D., Philadelphia; C. H. Lee, M.D., Pittsburg; H. N. Martin, M.D., Philadelphia; Chas. B. Barrett, M.D., Philadelphia; Smith Armor, M.D., Columbia; Jno. J. Garvin, M.D., Philadelphia; A. P. Bardin, M.D., West Philadelphia; Wm. Y. Urie, M.D., Bethlehem; O. S. Wood, M.D., Philadelphia; W. C. Harbison, M.D., Philadelphia; M. M. Walker, M.D., Germantown; Thos. C. Bunting, M.D.

Mauch Chunk; B. B. Gumpert, M.D., Philadelphia; Alvin Williams, M.D., Phoenixville.

The following appointments were made by the President:—

*On Scientific subjects:*

1. Proving:—Ad. Lippe, M.D., Philadelphia.  
R. C. Smedley, M.D., West Chester.
2. *Homœopathy and Clinical Medicine*: M. Friese, M.D., Harrisburg; M. Preston, M.D. Norristown.
3. *Improvements in Surgery*: J. J. Detwiller, M.D., Easton; L. H. Willard, M.D., Pittsburg.
4. *Recent Improvements in Obstetric Science*: H. N. Guernsey, M.D., Philadelphia; H. N. Martin, M.D., Philadelphia.
5. *Dietetics*: M. Côté, M.D., Pittsburg; Edward Reading, M.D., Hatboro.
6. *Homœopathic Statistics*: D. Cowley, M.D., Pittsburg; J. C. Richards, M.D., Lock Haven.
7. *Epidemics and Endemics*: Jacob Jeanes, M.D., Philadelphia; Walter M. Williamson, M.D., Philadelphia.
8. *Hygiene*: W. James Blakely, M.D., Benzinger; J. D. Johnston, M.D., Kennett Square.

*Other Committees:*

*On Reports*: J. B. Wood, M.D., West Chester; Crates Preston, M.D., Chester; J. F. Cooper, M.D., Alleghany City.

*On Charter*: R. J. McClatchey, M.D., Philadelphia; R. R. Roberts, M. D., Harrisburg; J. K. Lee, M.D., West Philadelphia; J. C. Burgher, Pittsburg; Bushrod, W. James, M.D., Philadelphia.

*Publishing Committee*: Bushrod W. James, M.D., Philadelphia; Robert J. McClatchey, M.D., Philadelphia; John H. P. Frost, M.D., Philadelphia.

*Delegates to other Homœopathic Meetings.—International:*

*Homœopathic Medical Congress, Paris, France, Aug. 1867*—Bushrod W. James, M.D., Philadelphia; Charles Neidhard, M.D., Philadelphia.

*State Homœopathic Medical Society of Maine, 1868*—S. S. Brooks, M.D., Philadelphia; H. M. Logee, M.D., Linesville.

*State of Massachusetts, 1868*—W. H. Cook, M.D., Carlisle; J. P. Johnston, M.D., Latrobe.

*State of New-York, Feb., 1868*—Jno. R. Reading, M.D., Somerton; Wm. T. Urie, M.D., Bethlehem.

*State of Ohio, 1868*—Robert Faulkner, M.D., Erie; J. H. Marsden, M.D., York Sul. Springs.

*State of Illinois*—J. C. Morgan, M.D., Philadelphia; James A. Herron, M.D., Pittsburg.

*State of Michigan*—M. W. Wallace, M.D., Alleghany City; A. H. Ashton, M.D., Philadelphia.

*State of New-Hampshire*—O. B. Gause, M.D., Philadelphia; W. H. H. Neville, M.D.

*State of Wisconsin*—Geo. S. Foster, M.D., Alleghany City; A. P. Bardin, M.D., West Philadelphia.

*Miami Medical Society of Ohio*—W. R. Childs, M.D., of Pittsburg; L. M. Rousseau, M.D., of Pittsburg.

*Western Institute of Homœopathy*—J. K. Lee, M.D., West Philadelphia; Smith Armour, M.D., Columbia.

*Canadian Institute of Homœopathy*—D. James, M.D., Philadelphia; Wm. Stiles, M.D., of Philadelphia.

A vote of thanks to the faculty of the Homœopathic Medical College was tendered for the use of the building by the Society.

A vote of thanks to the physicians of Philadelphia for their courteous reception of the members from other parts of the state, was passed.

The minutes of the annual meeting were then read and, on motion, adopted.

A motion to adjourn was then made but withdrawn, to allow Dr. C. H. Von Tagen to offer the following resolutions:

*Whereas*, The success which has hitherto marked the progress of homœopathy since the immortal Hahnemann's discovery of the law of cure, though in the face of the vilest opposition and persecution: and

*Whereas*, Both in this country and in England there has of late years, and more recently in the United States, been given to the homœopathic system an element of great strength, whereby the truths and results of our system are placed clearly and practically before the people, tending rapidly to popularize homœopathy: therefore

*Resolved*, 1. That we hereby express our gratification in the organization of life insurance companies which recognize the superiority of homœopathy over other systems, in a reduction of premiums to its patrons.

2. That, in view of the fact that life insurance has become an important coadjutor with us in medical reform, basing its preference on the increased longevity of practical homœopaths, it becomes the duty of every intelligent practitioner to make himself acquainted with the principles of life insurance, and the special features of life companies, that he may be able to give such information to his patrons, and aid to the friends of our system, as opportunity may offer and propriety dictate.

3. That the attitude certain life insurance companies have assumed toward our system, has linked homœopathic life insurance to it in such a manner, that the failure to achieve a marked success must react upon homœopathy, and, at least, materially retard the progress now being made throughout the civilized world.

They were read, accepted, and ordered filed.

The society then adjourned to meet in Harrisburg, at the next annual meeting, the first Tuesday in May, 1868.

BUSHROD W. JAMES, M.D., *Rec. Secretary.*

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### *The American Institute of Homœopathy.*

WE forbear making observations on the Meeting of the Institute for the year 1867. These proceedings have been fully given in the official Report by the Competent Secretary which we elsewhere publish. The early history of the Institute has become a matter of classical interest, and it

deserves to be often recalled, though it is long since we referred to it. It originated in a call of "*the New-York Physicians' Society*," issued in July, 1843. On the 10th of April, 1844, a convention of "practitioners of homœopathy of the United States," was held at the Lyceum of Natural History in the city of New-York. President, Dr. Constantine Hering; Drs. Josiah H. Flagg, of Boston, Wm. Channing, Vice-presidents; and Henry G. Dunnel, Secretary, Dr. J. F. Gray, General Secretary, and Dr. S. R. Kirby, Treasurer. The following names of well known pioneers of homœopathy appear on the minutes: Drs. Clark (of Maine), Okie, Taft, Cook, Fairchild, Gosewich, Williamson, McManus, Pulte, Piper, Mose, Spalding, Pilkin, Lingen, Jeanes, Neidhard, Albus Rea, E. Clark, Jno. Merrill, Charles Wild, L. Clark, F. Clark, Wesselhoeft, A. S. Ball, Abram D. Wilson, Taylor, Cator, Williams, Robinson, Humphreys, Kitchen, Green, Haynel, A. Gerald Hull, Paine. These names appear on the journals as "original members" of the institute *twenty-three years ago*. It was observed that *twenty-three* of the same men were present at the meeting of June, 1867. THE AMERICAN INSTITUTE has now become the *National Congress of American Homœopaths*; we will not say, in the language of the military, "*to take rank from the date hercof*." The institute had reached this height long before the grand anniversary of the present year. There are now 3637 homœopathic physicians in the United States, and of these, two hundred and fifty were present at one time in New-York, just as many as existed in America when the institute was organized.

*American Institute of Homœopathy. Proceedings of the Twentieth Annual Session.*

[From the New Eng. Med. Gazette.]

THE twentieth Annual Meeting of the American Institute of Homœopathy was held in the Gallery of Fine Arts, corner of Fifth Avenue and Fourteenth Street, New-York, on June 5, 6, and 7, 1867.

PRELIMINARY MEETING.—The customary preliminary meeting was held on Tuesday evening, June 4, at eight o'clock, at which upwards of one hundred members were present.

Dr. George E. Belcher, of New-York, President of the County Society, called the meeting to order about nine o'clock, P.M., when Dr. J. F. Gray, of New-York, was elected the presiding officer.

The programme prepared by the Committee of Arrangements was adopted as the order of exercises of the meeting.

A committee on nomination of permanent officers, consisting of one member from each state represented, was elected. The committee was composed as follows:—

Maine, W. E. Payne; New Hampshire, A. Morrill; Vermont, G. E. E. Sparhawk; Massachusetts, I. T. Talbot; Rhode Island, C. F. Manchester; Connecticut, W. W. Rodman; New-York, P. P. Wells; New Jersey, J. J. Youlin; Delaware, D. W. Thomas; Pennsylvania, Walter Williamson; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Ohio, W. Webster; Indiana, O. P. Baer; Illinois, N. F. Cooke; Michigan, E. A. Lodge; Wisconsin, J. S. Douglas; Iowa, E. A. Guilbert; Minnesota, C. B. Williams;



Missouri, William Tod Helmuth; Kansas, T. J. Ward; Louisiana, W. H. Holcombe; Georgia, F. H. Orme; Nova Scotia, Walter Wesselhoft.

After the election of this committee, the meeting adjourned to a hall below, where a bountiful collation was spread. The tables were loaded with strawberries and cream, salads, sandwiches, &c. An hour was spent in a social manner, during which there was a general renewal of old acquaintanceship, and formation of new.

**FIRST DAY.—MORNING SESSION.**—The Institute assembled on Wednesday morning, June 5, at ten o'clock. In the absence of the President, the General Secretary, Dr. I. T. Talbot, of Boston, called the members to order, and Dr. H. D. Paine, of New-York, was elected chairman. The Rev. Dr. Tuttle, of New-York, opened the session with prayer. The roll of members was called and corrected, when about one hundred answered to their names. Sixty-eight Medical Societies and Homœopathic Institutions were represented by ninety-seven delegates.

The committee appointed at the preliminary meeting reported the following list of nominations of officers for the ensuing year: President, William Tod Helmuth, M.D., St. Louis; Vice-president, P. P. Wells, M.D., Brooklyn, N.-Y.; General Secretary, I. T. Talbot, M.D., Boston, Mass.; Provisional Secretary, H. M. Paine, M.D., Albany, N.-Y.; Treasurer, E. M. Kellogg, M.D., New-York; Censors, W. E. Payne, M.D., Maine; E. U. Jones, M.D., Mass.; B. W. James, M.D., Penn.; J. C. Burgher, M.D., Penn.; A. T. Bull, M.D., Buffalo, N.-Y. These gentlemen were unanimously elected.

The Institute then adjourned for half an hour to partake of a lunch, which was served in the large room beneath the assembly hall.

**AFTERNOON SESSION.**—At two o'clock the Institute re-assembled, and the newly elected officers assumed the duties of their positions. The President briefly addressed the Institute, thanking the members for the unexpected honor that had been conferred upon him, and expressing his great pleasure at the large attendance from all parts of the Union. He was especially glad to see so many of the old and tried standard-bearers of homœopathy present at the meeting, which he hoped would prove of great value to the profession. He referred to the progress that homœopathy had already made in St. Louis, and stated that the whole West was a fertile field for the progressive school of medicine, and any efforts made by the American Institute for the advancement of homœopathy would be heartily seconded throughout the West.

Dr. George E. Belcher, of New-York, chairman of the Committee of Arrangements, then addressed the members of the Institute in the following remarks:

*Gentlemen: fellow-members of the American Institute of Homœopathy.*—As Chairman of the Committee of Arrangements, I have the honor of greeting you in this our city of New-York. Allow me also to bid you welcome in behalf of the members of the New-York County Homœopathic Medical Society,—a legally organized body of regular physicians. We welcome and honor you as representatives of that portion of the medical profession, which has sought to make therapeutics a science, and to accomplish this

has superadded to the studies of ordinary medical practitioners the study of therapeutics foreshadowed by Hippocrates and practically illustrated by the genius and labors of Hahnemann. Meeting together as disciples of Hahnemann, and believing in the general applicability of the homœopathic law, we can congratulate ourselves, that the influence of our school has already increased the usefulness of the medical profession, not only by its milder and more scientific management of disease in the case of the sick and suffering, but indirectly by inclining a large number of practitioners to doubt more and more the propriety or safety of heroic treatment, and to prefer that their sick be left to the operations of nature alone. May the results of our meeting be the renewal and forming of fraternal relations; the continuance of the freedom of discussion and investigation such as Hahnemann always maintained; an increase of all influences which tend to lessen the harshness of the medical treatment of former days; a more comprehensive grasp of the great law of cure; and redoubled energy to fulfil the mission we have undertaken! Hoping your stay in New-York will be agreeable and satisfactory, we give you a hearty and sincere welcome.

On motion of Dr. Swazey, the President appointed a committee on credentials, consisting of the following gentlemen:—

G. W. Swazey, M.D.; J. J. Youlin, M.D.; T. F. Allen, M.D.; David Thayer, M.D.; W. Webster, M.D.

On motion of Dr. Williamson, a committee to audit the Treasurer's accounts was appointed, as follows:—

W. Williamson, M.D.; S. Gregg, M.D.; E. B. Thomas, M.D.; R. J. McClatchey, M.D.; George E. Belcher, M.D.¶

The Secretary then read such portion of the minutes of the last meeting as related to unfinished business.

The committee on a complete code of medical ethics was called upon for a report. In the absence of the chairman, Carroll Dunham, M.D., of New-York, H. M. Smith, M.D., read the report, which was accepted; and, on motion of Dr. Gregg, the thanks of the Institute were tendered to the committee for the able manner in which they had prepared the report.

Considerable discussion ensued in regard to the adoption of the code of ethics as reported, which was participated in by Drs. Samuel Gregg, S. R. Kirby, W. Williamson, P. P. Wells, J. F. Gray, W. H. Watson, J. H. P. Frost, and others; when, on motion of Dr. Gray, the report was referred back to the committee, Drs. S. R. Kirby and G. W. Swazey being added, with instructions to consider the advisability of abridging the code, and to report at eleven o'clock, A.M. on Thursday.

The Treasurer, E. M. Kellogg, made a report, from which it appeared that the receipts of the Institute for the past year were \$892.50; and the expenses, \$1,038.18; showing a deficit of \$145.68. The report, which had been examined and approved by the Auditing Committee, was accepted.

The Board of Censors presented the names of the following persons, one hundred and fifty-seven in number, as having complied with the by-

laws, and therefore eligible for membership. They were accordingly elected :—

J. A. Albertson, M.D., Detroit, Mich. ; J. R. Andrews, M.D., New-York ; James H. Ashorne, M.D., Bridgeport, Conn. ; Henry N. Avery, M.D., Morristown, N. J. ; O. P. Baer, M.D., Richmond, Ind. ; George W. Bailey, Elizabeth, N. J. ; J. B. Bailey, M.D., Charlestown, Mass. ; William C. Barker, M.D., Waukegan, Ill. ; Edward G. Bartlett, M.D., New-York ; B. L. B. Bayliss, M.D., Astoria, L. I. ; I. G. Belden, M.D., Tarrytown, N.-Y. ; James S. Bell, M.D., Napierville, Ill. ; Ralph Blakelock, M.D., New-York ; Harris S. Benedict, M.D., Corning, N.-Y. ; Eleazer Bowen, M.D., Jersey City, N. J. ; Horace Bowen, M.D., Jersey City, N. J. ; Julius C. Brey, M.D., New-York ; William Brink, M.D., New-York ; John B. Brooks, M.D., Geneseo, Ill. ; Melville Bryant, M.D., Brooklyn, N.-Y. ; E. V. Brown, M.D., Tarrytown, N.-Y. ; Henry P. Brown, M.D., Waterbury, Conn. ; Titus L. Brown, M.D., Binghamton, N.-Y. ; Gardner S. Browne, M.D., Hartford, Conn. ; Thomas C. Bunting, M.D., Mauch Chunk, Penn. ; S. J. Bumstead, M.D., Pekin, Ill. ; Stephen P. Burdick, M.D., New-York ; Benajah J. Burnett, Jr., M.D., Mount Vernon, N.-Y. ; C. E. Campbell, M.D., New-York ; B. Cetlinski, M.D., New-York ; Israel P. Chase, M.D., Henniker, N. H. ; William L. Cleveland, M.D., Atlanta, Ga. ; Albert L. Comstock, M.D., Mount Kisco, N.-Y. ; E. G. Cook, M.D., Buffalo, N.-Y. ; Elliot L. Cook, M.D., Buffalo, N.-Y. ; J. D. Craig, M.D., Niles, Mich. ; O. B. Currier, M.D., Middlebury, Vt. ; Andrew M. Cushing, M.D., Lynn, Mass. ; J. W. Dowling, M.D., New-York ; E. H. Drake, M.D., Detroit, Mich. ; Pemberton Dudley, M.D., Philadelphia, Penn. ; John P. Ermantraut, M.D., New-York ; J. T. Evans, M.D., New-York ; Daniel L. Everitt, M.D., Brooklyn, N.-Y. ; John N. Fairbanks, M.D., Hightstown, N. J. ; Thomas C. Fanning, M.D., Tarrytown, N.-Y. ; H. Barton Fellows, M.D., Aurora, N.-Y. ; Charles F. Fish, M.D., Newark, N. J. ; W. M. L. Fiske, M.D., Rochester, N.-Y. ; Levi W. Flagg, M.D., Yonkers, N.-Y. ; William D. Foster, M.D., Hannibal, Mo. ; E. C. Franklin, M.D., St. Louis, Mo. ; Thomas S. Goodwin, M.D., Port Richmond, Staten Island ; Lewis Grasmuck, M. D., Leavenworth, Kansas ; B. Barton Gumpert, M.D., Philadelphia, Penn. ; William Hale, M.D., Washington, D. C. ; Evon B. Harding, M.D., Northampton, Mass. ; John Hawks, M.D., Brooklyn, N.-Y. ; James Hedenberg, M.D., Medford, Mass. ; Horace P. Hemenway, M.D., East Somerville, Mass. ; H. B. Henry, M.D., New Orleans, La. ; R. Walter Heurtley, M.D., Newburgh, N.-Y. ; Robert L. Hill, M.D., Dubuque, Iowa ; W. H. H. Hinds, M.D., Milford, N. H. ; E. F. Hinks, M.D., Thomastown, Me. ; H. M. Hitchcock, M.D., New-York ; William F. Hocking, M.D., Washington, Heights, N.-Y. ; N. Webster Holcomb, M.D., Farmer's Village, Conn. ; Jabez Bunting Holtby, M.D., New-York ; John Hornby, M.D., Poughkeepsie, N.-Y. ; Henry O. Houghton, M.D., New-York ; Temple S. Hoyne, M.D., Chicago, Ill. ; F. W. Hunt, M.D., New-York ; Henry F. Hunt, M.D., Camden, N. J. ; John P. Hunting, M.D., West Edmeston, N.-Y. ; H. B. Hund, M.D., New-York City ; F. W. Ingalls,

Kingston, N.-Y. ; W. F. Jackson, M.D., Roxbury, Mass. ; DeWitt C. Jayne, M.D., Florida, N.-Y. ; Henry C. Jones, M.D., Mount Vernon, N.-Y. ; William A. Jones, M.D., Lyndborough, N. H. ; J. Lester Keep, M.D., Brooklyn, N.-Y. ; Alexander Kirkpatrick, M.D., Burlington, N. J. ; Elam C. Knight, M.D., Waterbury, Conn. ; C. W. Kuhn, M.D., New-York ; W. C. Leech, M.D., Cincinnati, Ohio ; William H. Lewis, M.D., Boston, Mass. ; C. Theo. Liebold, M.D., New-York ; S Lilienthal, M.D. ; New-York City ; Constantine Lippe, M.D., Tremont, N.-Y. ; Charles Lowry, M.D., Greenwich, N.-Y. ; A. P. Macomber, M.D., Malden, Mass. ; M. M. Mathews, Rochester, N.-Y. ; S. R. Mason, M.D., Sheffield, Ill. ; J. H. McClelland, M.D., Pittsburgh, Penn. ; Daniel McNeil, M.D., Hudson city, N. J. ; F. B. Mandeville, M.D., Newark, N. J. ; Henry B. Millard, New-York ; J. W. Mitchell, M.D., New-York ; R. E. Miller, M.D., Oxford, N.-Y. ; Reuben C. Moffat, M.D., Brooklyn, N.-Y. ; William D. S. Montanye, M.D., Rondout, N.-Y. ; John C. Morgan, M.D., Philadelphia, Penn. ; Henry B. Morrill, M.D., Boston, Mass. ; Nathan R. Morse, M.D., Salem, Mass. ; Barton Munsey, M.D., Verden, Ill. ; Aug. Negendank, M.D., Wilmington, Del. ; Frank Nichols, M.D., Hoboken, N. J. ; T. Riker Nute, M.D., Roxbury, Mass. ; James H. Osborne, M.D., Brooklyn, N.-Y. ; Frederick W. Payne, M.D., Bath, Me. ; S. I. Pearsall, M.D., Saratoga Springs, N.-Y. ; Clement Pearson, M.D., Mount Pleasant, Iowa ; Albert William Phillips, M.D., Birmingham, Conn. ; Joseph G. W. Pike, M.D., Boston, Mass. ; Peter William Poulson, M.D., San Francisco, Cal. ; Leonard Pratt, M.D., Wheaton, Ill. ; William M. Pratt, M.D., New-York ; Elias C. Price, M.D., Baltimore, Md. ; Nathaniel B. Rice, M.D., Saginaw City, Mich. ; John F. Rose, M.D., Oxford, Penn. ; W. H. Sanders, M.D., Newton Corner, Mass. ; Charles E. Sanford, M.D., Bridgeport, Conn. ; Isaac W. Sawin, M.D., Centredale, R. I. ; Edward P. Scales, M.D., Newton Corner, Mass. ; N. R. Seeley, M.D., Elmira, N.-. ; D. E. Seymour, M.D., Calais, Me. ; Levi Shaffer, M.D., Kingston, N.-Y. ; Henry P. Shattuck, M.D., Boston, Mass. ; Thomas Shearer, M.D., Baltimore, Md. ; William H. H. Sisson, M.D., New Bedford, Mass. ; A. P. Skeels, M.D., Cairo, Ill. ; Henry N. Sloan, M.D., Binghamton, N.-Y. ; William H. Smith, M.D., Philadelphia, Penn. ; Gustav Justus Moritz Sommer, M.D., East New-York ; C. W. Sonnenschmidt, M.D., Washington, D. C. ; S. Swan, M.D., New-York ; Solomon E. Swift, M.D., Colchester, Conn. ; J. H. Thompson, M.D., New-York ; Virgil Thompson, M.D., New-York ; M. A. Tinker, M.D., Brooklyn, N.-Y. ; Silas B. Tompkins, M.D., Newark, N. J. ; Walter Ure, M.D., Alleghany City, Penn. ; T. D. Wadsworth, M.D., Southington, Conn. ; George S. Walker, M.D., St. Louis, Mo. ; E. Cook Webb, M.D., Orange, N. J. ; Walter Wesselhoeft, M.D., Halifax, N. S. ; Alexander W. Wheeler, M.D., Cleveland, Ohio ; J. Ralsey White, M.D., New-York ; W. Hanford White, M.D., New-York ; James Peterson Whittle, M.D., Weare, N. H. ; C. A. Wilbur, M.D., Chicago, Ill. ; Alexander Wilder, M.D., New-York ; L. H. Willard, M.D., Alleghany City, Penn. ; Henry C. Wood, M.D., West Chester, Penn. ; William Wright, M.D., Brooklyn, N.-Y. ; Alfred Zantzinger, M.D., Philadelphia, Penn.

Dr. H. M. Smith, chairman of the Bureau of Organization, Registration and Statistics, made a report, briefly surveying the progress of homœopathy in this country. The first homœopathic publication in this country was Dr. Gram's. During the decade, beginning then, there were published six works; during the second decade, commencing 1835, there were published fifty-two works. In the third decade, there were two hundred and four, and in the next ten years, ending 1864, there were one hundred and seventy eight different publications. During the latter period the character of the works had changed. There were fewer of a polemic character and pamphlets for popular reading while books for the professional reader were in greater demand. The works published since 1865 have been of a more scientific character and probably a larger number than has ever before been published in the same length of time. In 1848, Dr. J. S. Smith published a list of homœopathic physicians in New-York, and the number then was 39; now homœopaths in the United States have 3637 physicians, distributed thus: Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81; Delaware, 12; District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Kentucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 215; Minnesota, 42; Mississippi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New-York, 818; New Jersey, 90; North Carolina, 2; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; and Wisconsin, 199. There are fifteen State organizations, forty-one local societies, and ten periodicals. There are homœopathic colleges in New-York, Philadelphia, Chicago, Cleveland, and St. Louis, and hospitals and dispensaries in all the principal American cities. The Committee close their report with a recommendation that the Institute publish a periodical which may be a kind of directory for the profession.

On motion, the report was laid on the table, to be discussed at some future time during the present meeting. Adjourned.

**EVENING SESSION.**—In the evening, at eight o'clock, the members, with their wives and friends, re-assembled. The President, William Tod Hel-muth, M.D., introduced N. F. Cooke, M.D., of Chicago, who delivered the annual address. He compared the homœopathic treatment with that of the old school, claiming that the time was come when patients were no longer to be tortured to death in the effort to cure them. The progress of homœopathy, he said, was only less than that of Christianity itself. The law of homœopathy,—*similia similibus curantur*,—like NEWTON'S law of gravitation, had been discovered by accident. They who had adopted it could point to the past with a feeling of exultation, while the people generally had not been slow in recognizing its superiority. Homœopathic physicians to-day had more patients than they could attend to. The people who believed in the practice, not satisfied with what had already been obtained, should proclaim the efficacy of it, and insist that the government should take measures that would place it on an equal footing in all respects

with allopathy. He enlarged upon the opposition which had been met and overcome in advancing homœopathy to its present position. He argued against the assertion of its enemies, that its supporters were not true to their principles. He compared the two systems, and what they were effecting, and placed before the Institute a table which set forth, that, where the mean proportion of deaths by allopathy was from nine to ten per-cent, that of homœopathy was from four to five per-cent; that, where the time of curing diseases by allopathy was from twenty-eight to twenty-nine days, that of homœopathy was from twenty to twenty-one; and that, where allopathy cost one dollar and sixty-three cents for each patient, homœopathy cost eighty-eight cents. He concluded an eloquent address by appealing to the press to aid homœopathists in their work of reform.

On motion of S. S. Guy, M.D., a vote of thanks was tendered to Dr. Cooke for his very masterly exposition of the advantages of homœopathy, and its claims for earnest support on the part of the public; and a copy was requested for publication. The Institute then adjourned till Thursday at ten o'clock, A. M.

After the adjournment, the Committee of Arrangements invited the members and their friends to repair to the lower hall, where tables were spread, loaded with all the luxuries of the season. A band was in attendance, which furnished delightful music; and the complete success of this, as well as the subsequent entertainments, must have been as gratifying to those who so generously furnished them as they were acceptable, and the social intercourse to which they contributed will be memorable to the partakers.

SECOND DAY.—MORNING SESSION.—The Institute assembled at ten o'clock, A.M., President Helmuth in the chair.

The Secretary reported, that, in accordance with the instructions of the Institute, he had distributed six thousands copies of the cholera circular, prepared by the Bureau of Clinical Medicine. This had been copied into numerous newspapers in different parts of the country, and had been gratefully received by the profession generally.

The chairman of the Bureau of *Materia Medica*, Conrad Wesselhœft, of Dorchester, presented a paper upon the subject of drug provings. He stated that our original work on *Materia Medica* is in German; it is therefore accessible to most American physicians by means of translation only. It is now proposed to collect the scattered materials, add new and complete provings of American drugs, and create an American *Materia Medica*, conveying its meaning, directly from the pen of the provers, in idiomatic English, to the reader. In this way only would they escape the appellation of irrational empirics. Although the German *Materia Medica* had established the truth of homœopathic principles in every country, far greater results might be looked for, when each country, with its peculiar language, climate, and territorial idiosyncrasies, shall possess a *Materia Medica* of its indigenous drugs.

Dr. Wesselhœft then read an abstract of a very thorough and careful proving of *Pulsatilla-nuttalliana*, the *Anemone-patens* of Gray, covering some eighty or ninety pages.

Dr. Payne presented and read a partial proving of *Lilium-tigrinum*.

Dr. Williamson read an abstract of a very extensive and thorough proving of *Hydrastis-canadensis*, covering some hundred or more pages.

A letter was read from Dr. Hale, stating that his proving of *Ptelea-trifoliata* was not yet complete; but, if he should be continued upon the bureau, he hoped to present a carefully prepared proving of this drug at the next meeting of the Institute.

The report of the bureau was accepted, and referred to the Committee on Publication.

On motion of Dr. Gregg, the thanks of the Institute were presented to the members of the bureau for their laborious efforts and carefully prepared reports.

Dr. B. Fincke presented a detailed proving of *Lachesis*, made with the one-hundred-thousandth potency. It was referred to the Committee on Publication.

Dr. D. D. Smith then addressed the Institute on the subject of the proving of drugs; giving his idea of the manner in which it should be done, objecting strongly to the making of violent assaults upon the system with large doses of the drug which is to be proved.

Dr. Moore spoke in favor of physical diagnosis, inspection, &c., and would not be wholly dependent upon subjective indications. A physician should be a naturalist, should study his patient in all possible ways, and then select his remedies accordingly.

A very interesting discussion then ensued upon the general subject of drug provings and drug action. Many of the members participated in it.

The Board of Censors reported the name of Mrs. Mercy B. Jackson, M.D., of Boston, who had applied for membership.

The Secretary stated that her application as reported last year was still upon the table.

It was taken up, and Dr. David Thayer, of Boston, said that Mrs. Jackson had been longer in homœopathic practice than the majority of the members of the Institute. She was well educated, and a regular graduate of a legally authorized medical college in Massachusetts. There were physicians present who knew her to be well educated, and of high moral character. The question whether females should be admitted to the membership of our medical societies could not longer be avoided. We shall soon ascertain, if we do not know it to-day, that the world moves. While it is physically revolving along its orbit, it is at the same time morally advancing. It is useless for us to contend against manifest destiny, and it will not be long before women will have the right of suffrage in the Empire State. He was not particularly a "woman's-rights" man, but conceded the largest liberty to all. He favored every thing that tended to progress and order; and was satisfied that the female mind was naturally well adapted to the practice of medicine, particularly to that minute and careful investigation of symptoms which we recognize as peculiarly adapted to the practice of homœopathic medicine. He wished to know if the American Institute of Homœopathy was sufficiently advanced to admit women to equal privileges of membership.

Dr. D. Holt, of Lowell, said that he had met the lady proposed some years ago, and was favorably impressed with her. If ladies were to be admitted to the Institute, he knew no objections to the one now proposed. The question of admitting females to membership must be met by the Institute: and he should vote in the affirmative, because he thought well of the sex generally; and because some of them had qualifications fully equal, if not superior, to those of male practitioners in general; and because the Institute would have to come to it, the issue being unavoidable.

Some discussion ensued upon the fitness of the applicant for membership, which was participated in by Drs. Thayer, Sherman, McManus, and others.

Dr. Talbot said that he considered the question before the Institute to be one of broader scope than mere individual qualifications. It was one of the great moral questions which were forcing themselves upon the attention of society in various phases; and he would prefer to see it discussed upon its abstract merits, rather than upon any consideration of personal qualifications.

By consent of the Institute, Dr. Wells offered the following resolution as a substitute for that under consideration:—

*Resolved*, That the American Institute of Homœopathy admit to membership properly educated females.

Dr. Donovan, of Staten Island, said that he thought it proper for the Institute to do every thing in its power to elevate and improve the standard of female practitioners of medicine. There were many circumstances in which a female physician was preferable to a male, especially in the treatment of diseases of her own sex; but the admission of women to the membership of the Institute was quite a different question. They would here impose a restraint upon the deliberations, and prevent the discussion of many reports of great importance to the profession. It was therefore better that they should form associations of their own. He accordingly introduced the following resolution, as a substitute for the one offered by Dr. Wells:—

*Resolved*, That the American Institute of Homœopathy, while admitting the importance of educating women as practitioners of medicine, and the advantages that will result in many cases from their employment as physicians, cannot approve of their being associated with males in our medical societies, or as students in the classes of our medical colleges; as such association, we believe, will, in the one case, tend to fetter freedom of discussion, and, in the other, violate that sense of propriety, and sentiment of delicacy, which the community deem so important to preserve the proper relation of the sexes.

The substitute was rejected by a large majority; and the question then recurred upon the original resolution.

Dr. Cooke, of Chicago, said that he believed women had a right to engage in medicine, but they should not ask to join male homœopathic societies: they should establish societies of their own. If they were admitted to the membership of the Institute, they would not only embarrass the proceedings, but keep the other members in a constant ferment.

After some further discussion, the Institute adjourned till two o'clock.



**AFTERNOON SESSION.**—The Institute assembled at two o'clock, the Vice-President, P. P. Wells, M.D., in the chair.

The discussion of the resolution was resumed, and several members spoke on the subject. The yeas and nays were then called for, and ordered for the first time in the history of the Institute. The resolution was lost by a vote of fifty-six yeas to sixty-eight nays.

H. D. Paine, M.D., of New-York, chairman of the Bureau of Clinical Medicine, read a report of the action of the bureau during the past year. He also read a paper on the alleged change of type in diseases within the last twenty-five or thirty years, during which the allopathic treatment of most diseases had undergone a complete revolution in all parts of the world, and among all classes of physicians: a milder course of medical treatment had taken the place of the system formerly in vogue.

D. H. Beckwith, M.D., read a report on the treatment of diphtheria. He described several typical cases, with the treatment which had been adopted, and the results of his careful study of this disease. The remaining reports of this bureau were continued to the following day.

Reports were received from the delegates of the State and local societies, all of which showed that homeopathy was flourishing in their respective localities. The Institute then adjourned until Friday.

**THIRD DAY. MORNING SESSION.**—The Institute met at nine o'clock, the President in the chair.

The report of the Bureau of Clinical Medicine was continued. A very carefully prepared paper by T. G. Comstock, M.D., of St. Louis, on the subject of cholera, was presented. It gave a full and interesting account of the epidemic which prevailed in St. Louis with such severity last summer.

The various reports of the Bureau of Clinical Medicine were accepted, and referred to the Committee of Publication.

The report of the Bureau of Surgery was then taken up; and, in the absence of the chairman, Dr. Wm. Tod Helmuth, one of the members of the bureau, gave a detailed account of new operations performed by him, improvements for the treatment of fractures, &c. He described in a graphic manner a very difficult operation of perineal urethrotomy which he performed in St. Louis, accompanying his account with a minute description of the anatomy of the parts. He also presented to the Institute specimens of the cuboid, scaphoid, and cuneiform bones taken from the ankle of a patient suffering with caries of the bones of the ankle, and described the operations which he performed to save the foot, securing at the same time motion at the ankle-joint. He also showed the Institute the entire bone of the lower jaw, which he had removed from a boy in Indianapolis. He performed this operation while attending the recent meeting of the Western Institute of Homeopathy. In two days after the operation, the patient was able to talk. This difficult operation had been performed but three or four times in the United States. The bone was removed because of necrosis, and a pin was found imbedded in the substance of the bone. He also described a new method of applying the ligature in the operation for varicocele.

Dr. Bushrod W. James, of Philadelphia, then described a new apparatus for treatment of the transverse fracture of the patella. He explained that the difficulty of retaining in apposition the two fragments of the patella in a transverse fracture was well known to all surgeons into whose hands such cases fall. The ordinary apparatus was very apt to slip out of place, or to produce such excoriation of the surrounding parts, where strong pressure must be constantly made, that the appliances must either be very insecure or very painful to the patient. This defect in the apparatus has usually resulted in ligamentous union of the fracture, and the patient has been rendered permanently lame thereby.

Dr. William A. Reed, of Philadelphia, exhibited a remarkable bone taken from an ovarian tumor during a post-mortem examination. It resembled in shape the temporal bone, and had three teeth, resembling molars, inserted in different portions of it. It was taken from a subject forty years of age, who presented unmistakable evidences that this could in no wise have been the result of pregnancy.

Dr. B. F. Bowers, of New-York, described new instruments for use in cases of ectropion, and an appliance for umbilical hernia.

Dr. George F. Foote, of Philadelphia, read a paper on the external use of drugs in surgical diseases, taking strong ground against it. He had no faith in the use of drugs in such cases, and would put the patient under hygienic conditions. Where there are symptoms indicating certain remedies, he would use them in the same manner as if the patient had no local or surgical affection.

J. Beakley, M.D., chairman of the Bureau of Surgery, being now present, stated that he had been unable to prepare any report of his bureau, but promised to do so in a few days.

The Secretary read a letter from Dr. Sheffield, of Nashville, Tenn., descriptive of a monstrosity, partially bicephalous, which had recently come under his observation. The letter was accompanied by a photograph of the child, who lived twenty-four hours after birth.

Dr. L. H. Willard, of Pittsburg, read a paper on the fracture of the femur, and its treatment by a new apparatus, which was illustrated with drawings. The object is to do away with the wooden splints and apparatus now in use.

Dr. N. F. Cooke, of Chicago, presented a paper on dislocation of the kidney, or, as it is sometimes termed, floating kidney.

Dr. William Hause, of Adrian, Mich., presented a paper on otitis.

Dr. C. Theod. Leibold, of New-York, read a paper on astringents, and a new form of eye syringe.

These papers were severally referred to the Committee on Publication.

At twelve o'clock, in accordance with a previous assignment, the consideration of the report of the committee on a complete code of medical ethics was taken up.

Dr. Swazey, from the sub-committee, reported several amendments, which had been thought desirable. Most of these were of an unimportant character. He paid a high compliment to the careful and erudite manner in which the report had been drawn up. He suggested striking out the entire

section which makes it derogatory to a physician to hold a patent for any improvement or invention pertaining to the medical profession.

An earnest and spirited discussion arose on this proposition, in which Drs. Thayer, Swazey, Kirby, Clarke, McManus, Gregg, Wells, and Talbot participated.

Pending the discussion, the Institute adjourned till the afternoon.

**AFTERNOON SESSION.**—The Institute assembled at two, P.M., the President in the chair.

The discussion on the code of ethics was continued. Dr. Carroll Dunham explained to the Institute the efforts which the committee had made to prepare a complete code of medical ethics, but with what success the Institute could best judge. On motion of Dr. H. B. Clarke, it was ordered, that the report be referred to the Committee on Publication, with instructions that it be printed in the Transactions.

It will accordingly come up for consideration at the next meeting.

In the absence of the chairman, H. N. Guernsey, M.D., of Philadelphia, Dr. J. C. Sanders, of Cleveland, presented a report of the Bureau of Obstetrics. A portion of it was read, and it was referred to the Committee on Publication.

The report of the Bureau of Statistics was then taken up, and the several recommendations and resolutions contained therein were adopted.

Dr. H. D. Paine, Necrologist for the year past, presented obituary notices of the deceased members. It was referred to the Committee on Publication.

Dr. Hoffmann, of New-York, exhibited a new form of pessary, and explained its use and method of construction.

Dr. E. B. Harding exhibited a new kind of uterine supporter, which excited some discussion as to the necessity of any instrument of the kind.

Dr. J. C. Sanders offered the following resolution, which was adopted:—

*Resolved,* That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education.

Dr. Verdi moved that the subject of establishing an institute in other countries similar to the American Institute, and to be in correspondence with this, which was presented at the last session, be referred to a special committee. The motion was carried, and Drs. Carroll Dunham, T. S. Verdi, I. T. Talbot, and B. DeGersdorff, were appointed as the committee.

On motion of Dr. Smith, Drs. H. D. Paine, S. B. Barlow, and E. M. Kellogg, were appointed a Finance Committee, with power to settle all claims against members of the Institute for back dues.

On motion of Dr. Clarke, the President was instructed to appoint the members of the several bureaus and the special committees.

On motion of Dr. Smith, the Secretary was instructed to cause the seal of the Institute to be suitably engraved for use in official publications.

Dr. Clarke moved, that, when the Institute adjourn, it be to meet at St. Louis, on the first Wednesday of June, 1868. After considerable discussion, the motion was carried.

Dr. Swazey offered the following resolution, which was adopted :

*Resolved*, That the names of our deceased members be arranged by themselves in the published Proceedings, with the date of their decease affixed.

Dr. Swazey also offered the following, as an amendment to the Constitution, which was laid on the table, to be acted on at the next meeting :—

*Resolved*, That the third article be amended by inserting the words "male or female" after the word "others."

Dr. H. M. Paine offered the following resolution, which was adopted :—

*Resolved*, That, in the organization of life-insurance companies which discriminate in favor of practical homœopathsists, we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.

The President announced the following appointments :—

*Bureau of Materia Medica.*—Drs. Conrad Wesselhoeft, of Dorchester, Mass. ; Walter Williamson, of Pennsylvania ; William E. Payne, of Maine ; E. M. Hale, of Illinois ; and Samuel B. Barlow, of New-York.

*Bureau of Clinical Medicine.*—Drs. Henry D. Paine, of New-York ; S. M. Cate of Massachusetts ; D. H. Beckwith, of Ohio ; P. P. Wells of New-York ; and J. C. Burgher, of Pennsylvania.

*Bureau of Obstetrics.*—Drs. H. N. Guernsey, of Philadelphia, Penn. ; J. C. Sanders, of Ohio ; J. H. Woodbury, of Massachusetts ; R. Ludlam, of Illinois ; and T. S. Verdi, of Washington.

*Bureau of Surgery.*—Drs. William T. Helmuth, of St. Louis, Mo. ; Jacob Beakley, of New-York ; G. D. Beebe, of Illinois ; E. C. Franklin, of Missouri ; and George F. Foote, of Pennsylvania.

*Bureau of Physiology.*—Drs. J. H. P. Frost, of Philadelphia, Penn. ; C. Vastine, of New Jersey ; T. P. Wilson, of Ohio ; H. P. Gatchell, of Ohio ; and J. J. Mitchell, of New-York.

*Bureau of Hygiene.*—Drs. Carroll Dunham, of New-York ; George E. Shipman, of Illinois ; T. G. Comstock of Missouri ; J. H. Pulte, of Ohio ; and C. William Boyce, of New-York.

*Bureau of Anatomy.*—Drs. T. F. Allen, of New-York ; John C. Morgan, of Pennsylvania ; H. C. Allen, of Ohio ; Melville Bryant, of New-York ; and J. Holtby, of New-York.

*Bureau of Organization and Statistics.*—Drs. H. M. Smith of New-York ; Horace M. Paine, of New-York ; B. W. James, of Pennsylvania ; William F. Jackson, of Massachusetts ; and G. T. Duncan, of Illinois.

*Committee on Medical Education.*—Drs. John C. Sanders, of Ohio ; George S. Walker, of Missouri ; S. R. Kirby, of New-York ; Daniel Holt, of Massachusetts ; and D. S. Smith, of Illinois.

*Orator for 1868.*—Dr. Henry B. Clarke, of New Bedford.

*Alternate.*—Dr. William H. Watson, of Utica.

*Necrologist.*—Dr. H. D. Paine, of New-York.

*Committee of Arrangements.*—Drs. T. G. Comstock, E. C. Franklin, J. Hartmann, G. S. Walker, and William T. Helmuth, of St. Louis.

On motion of Dr. W. E. Payne, resolutions were unanimously adopted, tendering the thanks of the Institute to the General and Provisional Secretaries and the Treasurer, for their arduous labors in behalf of the Institute during the past year; to the presiding officers, for the impartial manner in which they have performed their duties; to the members of the various bureaus, for their untiring and successful efforts; to the press of New-York, for their careful and extended reports, and to the Committee of arrangements, the New-York Homœopathic Medical Society, and the physicians generally of New-York, for the kind and hospitable manner in which they had entertained the members of the Institute during its session.

The Institute then adjourned, to meet in St. Louis on Wednesday, June 3, 1868.

I. T. TALBOT, *General Secretary.*

*Dispensaries, N.-Y.—Annual Report* by B. F. JOSLIN, M.D.

DURING the year ending March 1st, 1867, 1100 cases of sickness occurred in the Five Points House of Industry, 15 of which were sent to Bellevue Hospital, 1085 being treated in the institution; of these latter 4 died. 2458 prescriptions were given, and 882 persons vaccinated.

Medical services were also rendered to a considerable number of the outside poor. Many cases of sickness were brought into the House for medical treatment and good nursing.

Notwithstanding the very large number of sick reported, the sanitary condition of the institution has been remarkably good, owing, it is believed, to the extreme cleanliness and good ventilation of the building. But 19 cases of typhus fever are reported, a less number than for several years past; all of these were treated successfully in the institution. Of ophthalmia 185 cases are reported. Many of these were quite severe, and in 2 patients the sight of one eye was permanently impaired, making 3 instances of this kind within the past six years, in which period about 700 cases of ophthalmia were treated. We hope, with the exercise of extreme care, to have no worse, but possibly better success to report in the future. But taking into consideration the miserable, scrofulous constitutions of a large number of our patients, we consider it a subject of congratulation that we have done no worse. We hope to have the means of classifying our patients, and so lessening the chances of communicating typhus fever, ophthalmia, or other contagious diseases.

Of croup we have treated 20 cases, 1 of which proved fatal. Severe attacks of croup are not uncommon in our experience, 4 fatal cases having occurred during the past six years. No other acute disease has furnished so many deaths. We believe that with separate wards for different forms of disease, we could do better, as the moderate temperature and thorough ventilation suited to the fever patients does not agree well with the subjects of croup.

Of acute bronchitis we have treated 105 cases; of measles 14 cases; of sore throat, 34 cases; of diarrhoea, 91 cases; and of dysentery, 6 cases.

It is believed that of the 91 cases of diarrhœa cured, a considerable number would have developed into cholera but for the fact of their receiving prompt attention. Two cases, in dissipated adult inmates, of a character more nearly resembling developed cholera occurred; but neither proved fatal.

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NEW-YORK HOMŒOPATHIC INFIRMARY FOR WOMEN. Corner of Sixth Avenue and West 48th-st., incorporated 1863. This Institution formerly at Washington Heights, has been reorganized with favorable prospects, and is ready for patients.

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*The New-York Homœopathic Medical College.* 151 East Twentieth-street, New-York. Session of 1867-68.

THE Eighth Annual Announcement presents the following *Faculty of Medicine.*

J. BEAKLEY, M.D., *Prof. of Surgery and Surgical Pathology*; D. D. SMITH, M.D., *Prof. of Obstetrics and Diseases of Women and Children*; S. R. KIRBY, M.D., *Prof. of Forensic Medicine*; S. B. BARLOW, M.D., *Prof. of Materia Medica and Therapeutics*; F. W. HUNT, M.D., *Prof. of Special Pathology and Diagnosis*; H. M. SMITH, M.D., *Prof. of Physiology and Histology*; T. F. ALLEN, M.D., *Prof. of General and Microscopic Anatomy*; P. P. WELLS, M.D., *Prof. of Practice of Medicine*; CARROLL DUNHAM, M.D., *Prof. of Clinical Medicine*; J. J. MITCHELL, M.D., *Prof. of Chemistry and Toxicology*; J. B. HOLTBY, M.D., *Demonstrator of Anatomy*; WILLIAM BRINCK, M.D., *Prosecutor of Surgery*; J. H. OSBORN, M.D., *Assistant Chemist*; ENOS HALL, *Janitor.*

The claims of the College to the notice of the profession, are thus set forth by the *Board of Council.*

"Every facility is offered for the acquirement of a complete and thorough knowledge of every branch of Medical Science.

"The number of professors has been increased, a chair of Special Pathology and Diagnosis having been added to the Faculty.

"Material will be abundantly supplied for demonstrations in Anatomy, and special attention will be given to the applications of the microscope to Histology, as well as to practical medicine.

"Vivisections will be resorted to whenever they are deemed necessary to illustrate the principles and facts of Physiological Science.

The Public Charities of the City of New-York offer an immense field for the practical study of diseases, and they are freely open to the students of the College.

The Directors of the New-York Ophthalmic Hospital have placed the Institute under the exclusive charge of homœopathic practitioners. Three of the Board of Physicians and Surgeons are Professors of this College.

"Medical, Surgical and Obstetrical Clinics form a prominent feature in the course of instruction, and opportunity will be afforded to students of watching and treating cases under the guidance of the professors."

The New-York Legislature at its last session incorporated a *Homœopa-*

*this Hospital* to be associated with, and under the control of the college. We learn that an arrangement is just completed for uniting this hospital with another large charity now known as the "*New-York Homœopathic Dispensary.*" Such an arrangement will greatly benefit both Institutions, as well as the public. The College opens the third Tuesday in October.

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*Homœopathic Medical College of Pennsylvania.* Session  
1867-68.

FACULTY.—*Institutes of Medicine, Pathology and Diagnostics*, A. R. Morgan, M.D.; *Materia Medica*, Ad. Lippe, M.D.; *Obstetrics and Diseases of Women and Children*, H. N. Guernsey, M.D.; Geo. W. Foote, M.D.; *Anatomy*, W. L. Arrowsmith, M.D.; *Physiology*, J. H. P. Frost, M.D.; *Chemistry*, (this chair is to be filled); *Prosector of Surgery*, Malcolm Macfarlane, M.D.; *Janitor*, Frederick Habermehl.

This college presents a good programme; proposing to teach "Homœopathy in its simplicity and purity, its principles and its practice, and the Hahnemannian Monthly will continue to represent the doctrines taught in the school." And other facilities for improvement are of the best character.

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*The Hahnemann Medical College of Philadelphia.* Session  
of 1867-68.

THIS is a new (second) homœopathic medical college in the city of Penn, a city which has always been celebrated for medical colleges, as well as for "brotherly love." It is organized under the charter of 1853; and it now comes before the profession and the public represented by the following able *Faculty of Medicine.*

Constantine Hering, M.D., *Prof. of Institutes and Materia Medica*; Chas. G. Rau, M.D., *Practice of Medicine, Special Pathology and Diagnosis*; John C. Morgan, M.D., *Prof. of Surgery*; Henry N. Martin, M.D., *Prof. of Midwifery, Diseases of Women and Children, and Lecturer on Clinical Medicine*; Richard Koch, M.D., *Physiology, General Pathology, and Microscopic Anatomy*; A. R. Thomas, M.D., *Prof. of Anatomy*; Lemuel Stephens, M.D., *Prof. of Natural Philosophy, Chemistry and Toxicology*; H. Ryland Warriner, Esq., *Lecturer on Forensic Medicine*; C. H. Von Tagen, M.D., *Lecturer on Surgical Anatomy*; William Ware, *Janitor.*

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*Homœopathy in the Bahamas.*

Dr. W. R. AMBRISTER, the pioneer of Homœopathy in the *Bahamas*, is in need of a partner. For particulars as to location in *Nassau*, address J. W. Mitchell, No. 19 West 21st-st., New-York.

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SEVERAL NOTICES OF COLLEGES and BOOKS are crowded out. Let us have all contributions at the earliest moment.

Ed.

NORTH AMERICAN  
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VOL. XVI.

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No. LXII.

Original and Translated Papers.

ARTICLE XIII.—*Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic Indications Involved.* BY E. P. BANNING, M.D., of New-York.

(Continued from p. 123.)

HAVING considered the declarative and relative merits of pessaries, and shown their inadequacy and unadaptedness to the physiological and therapeutic wants in uterine displacements, and also, that in the *main*, their use is prejudicial in point of *fact*, we now return to our first proposition,—that the first thing to be done in uterine displacements is, to correct the trunkal bearings toward the uterus, rather than to correct the uterine bearings toward the trunk. On this point, our arguments have been fully set forth in a previous number of this JOURNAL, and several times hinted at in our present series on the trunkal muscles; consequently, I shall here content myself with a summary statement, as to the reasons for pursuing such a course, requesting the reader to fully consider the figures 1 and 2, in the former volume. (XV. p. 74.)

When we fully comprehend the working bearings of Fig. 1, which represents the normal and healthy female body, without and within, we see that conjointly by the depressed and



retreated position of the pubes, the advanced position of the sacro-lumbar spine, the swaying of the head and shoulders behind the spinal axis, and the consequent tensed condition of the abdominal muscles, the inferior abdominal cavity is rendered antero-posteriorly shallow, and the viscera gathered and elevated by the advancing dorsal and receding abdominal walls; so that there can be no more than a normal visceral pressure upon the pelvis, and that *that* little rests chiefly upon the pubes. Also, to complete the uterine protection, we find the uterus and rectum largely sheltered below and behind the sacro-lumbar promontory; we also find the uterus suspended at perfect rest, in the superior pelvic straight, and the vagina comfortably contracted upon itself below, as the fruit of the taught and well-balanced state of all the parts above.

But in Fig. 2, each of the above particulars are so completely reversed, that we find the unsupported viscera elongating and descending with unbroken force, through a horizontal pelvis, upon the uterus, rectum and bladder, thereby putting the uterine ligaments and the vagina upon an immense strain, comparatively, and compelling them to act rather as *beasts of burden*, than as gentle braces of the two ounces of uterus. We also see that a relaxed state of the dorsal and abdominal braces are the immediate causes of this state, and that whatever pushes forward the dorso-lumbar spine, in imitation of the active lumbar muscles, and gently lifts the abdominal viscera, in imitation of the active abdominal muscles, removes or diminishes both the cause and the burden, and places the relaxed and exhausted muscles in a state of recuperative rest. This being obvious, how this is to be effected becomes now the question before us.

First, then, can medicine accomplish it? manifestly not; so testify both history and facts. Shall exercise do it? not in the premises; for in the most cases, the relaxed condition has not been the result of inaction from indolence, but of exhaustion under untoward influences; and hence, to apply the law of labor to them, as though they had never anything to do, would be to squander their remaining strength, and in the mean time, to increase the uterine depression and the ligamentous strain, inasmuch as in a depressed condition of the

uterus, the influence of muscular effort will be downward—and aggravating in the premises—and pessaries, at best, only serve to crowd the uterus against contending visceral force.

Under these necessities, we introduce the mechanical appliance denominated the abdominal and spinal shoulder-brace, see Fig. 3. This instrument, when held before the eye, by

### Abdominal and Spinal Shoulder Brace.

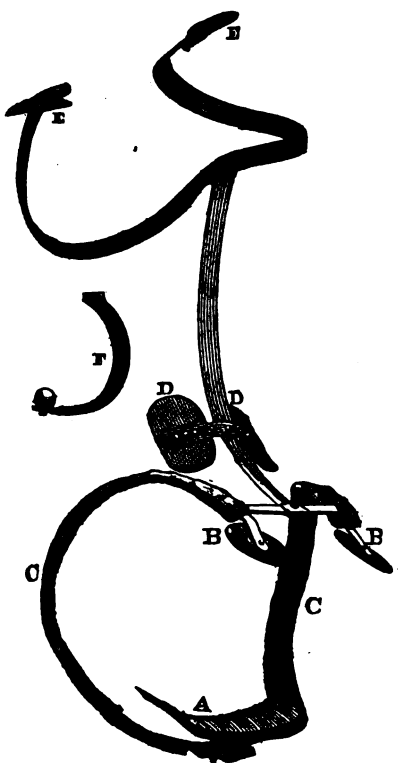


Fig. 3.

- a. Front-pad elevating abdominal viscera.  
 bb. Pads supporting the gluteal muscles on either side of the sacrum.  
 cc. Bows of main-spring rising above the innominate, sitting immovably upon the body.  
 dd. Aggressive support to either side of the dorso lumbar spine.  
 ee. Spring support resting upon the head of each humerus. The combined action of all the parts being, to elevate the viscera, sustain the spine in proper form, and poise the upper trunk behind the spinal axis.  
 F. Spring support for prolapsus ani, and hæmorrhoidal tumors attached to the base of the spring supporting the spine.

the side of figure 1, would seem to be a kind of counterpart of the normal body, both in its form and bearings. When analyzed, the instrument purports to be a sort of artificial pelvis, sitting *immovably* above and inside of the innominati; and, as in the body, the spine, abdomen, &c., seem to be rooted in, or to spring from the pelvis, so from the main spring, or innominati of the brace, radiated its subsidiary parts. For instance: First, the abdominal pad has an upward and revolving action from its lower edge, upon the lowest hypogastric region and imitates the abdominal muscles in *lifting* and *wedging* the viscera away from the pelvis, and against the diaphragm, and also, by the pressure and the undulating vibration of this pad, there is, as in the case of the active abdominal muscles, a stimulating motion given to the viscera and the relaxed abdominal muscles, which is adapted to *educe* both the muscular and visceral activity. This is in contrast with the deadening and life-squelching influence of ordinary compressing, squeezing and heating supports, which have so long constituted the standing professional objection to mechanical supports.

Next, from this artificial pelvis, shoots up a *steel spine*, curved a little more like a spine than the spine is curved *like itself*, with a view to an aggressive or lever action, and upon this is mounted a set of lumbar muscles, in the form of a saddle, which presses the retreated *point d'appui* forward, (like the active lumbar muscles,) to its proper position between the ankles and the head; thereby causing the pelvis to swing upon its femor heads, and to depress and retreat the pubes. This, as in the action of the healthy spine, and active spinal muscles, is not done by an *arbitrary*, but by an aggressive and yielding action, which at once *rests* the muscles, and *excites* to activity, admitting of all necessary motions, but prompting the body to quickly return to a state of rest in the spinal axis, which is also the axis of the instrument.

Next, in the living body, we find the chest poised upon the spine, and depending upon the latter for strength; so, upon the top of this steel spine, is a shoulder bow, (more properly a set of artificial scapular muscles,) armed with a pair of concave caps, to fit the anterior convexity of the heads of the humeri.

When these are drawn under the arms and placed upon the shoulders in front, they bring into play not only each particular part of the instrument, but also of its parts; the combined action being to elevate the abdomen, crowd forward the spinal axis, and draw back the upper chest, so as to poise it behind the spinal point, by a sort of spring-pole action.

The whole of this appliance constitutes a *double lever*; the spinal saddle acting as the fulcrum, the front pad as the lower, and the shoulder band and caps as the the upper levers, in precise imitation of the body, where the dorso-lumbar spine is the trunkal fulcrum, and the abdominal and scapular muscles the two levers which act from that point. In all this, the instrument touches only at the three points of trunkal power, to wit, the spinal fulcrum, the base of the abdomen, and the anterior shoulders; the latter two being constantly drawn toward the fulcrum, and leaving all intermediate points perfectly free and uncompressed. In a word, so concordant and human is the action of this combination, that between the strong and erect body without it, and a weak and drooped one within it, the difference simply is, that the one is so by an inherent *natural force*, and the other is *rendered so* by an external and artificial one, which acts in the interests of returning energy.

I have now, in the light of the clearest mathematical law, made the following points, viz., that visceral weight must always be a primary or make-weight element, in the production and maintainance of uterine displacement, whatever the concomitant pelvic relaxation may be; that to diminish visceral weight to the last degree, is first indicated in a radical cure; that ordinarily, in proportion as the pelvis is properly horizontal-vertical, the upper trunk poised *behind* the spinal axis, and the abdominal and dorsal muscles duly tensed, the aggregate actions are, to shield the pelvic organs from pressure, by virtue of simple position, and to elevate the viscera from the pelvis; and lastly, that when from habit or debility these bearings are lost, the mechanical combination just described, is mathematically *compelled* to restore the proper bearings, elevate the pressing viscera, remove the aggressive agency in the case, and fully enfranchise the pelvic forces in elevating

the uterus. So much for theory, based upon anatomical and physiological philosophy. But, no longer shielding myself behind the ramparts of bare philosophy, I boldly and earnestly assert, that out of about five thousand tests of mechanical support, without the aid of pessaries or constitutional treatment, but about one-fifth of the whole failed of *perfect* relief, and that these were mainly confined to the *extremest* conditions of procidentia, versions, and flexions. Indeed the few exceptions, really proved the rule. When its application was accompanied by a tempered perseverance in *proper* exercise, and by prudence in all things, the relief has not only been immediate, but permanent; and the imitative and eductive action of the instrument upon the muscular susceptibilities, have reinstated the muscular strength, and left no further call for artificial aid. But in the worst cases, although the relief has been great, such has been the age, constitutional infirmity, injuries received in labor, and many other unfavorable circumstances, that the artificial aid has been retained as a perpetual comfort. To this, it is just to add, that an added interest is derived from the fact, that a large portion of these cases were *forlorn hopes*, who had had the benefit of every conceivable treatment at the hands of eminent physicians, and that the most successful of them were so confirmed, as to have been unable to *stand* or *sit* for several years. In illustrating the treatment of all grades of uterine displacement, by lifting and bracing abdominal and spinal support, the difficulty is to *select* from so vast a number of cases, and I content myself with a very few.

*Case 1st.* Unmarried; had been seven years under the treatment of many physicians. After several alternations of rest and effort, the case was finally abandoned as "*hopeless*." On examining her I found the *os* lying in the meatus externus. Constipation about total. Constant urinary stilicidium; great *boring* feeling in the sacrum; unbearable sense of weight and tension in the hypogastrium, and more particularly in the region of the broad and round ligaments; great tenderness and sinking at the epigastrium, together with such a tendency to spasms as to compel the constant use of morphia, for four years successively. The pressure upon the pelvic nerves and

arteries was such as to cause the greatest coldness and emaciation of her limbs. To this case no application but that of the brace was made, as everything else had been faithfully tried before. On the same day of the application, her feet became warm, bowels moved, and the patient slept sweetly. Gradually the spasms ceased, and in six weeks the lady walked some. She is now perfectly well.

*Case 2d.* A married lady of about 40; had for four years been so desperate a case of prolapsus as to have been abandoned by her physician, and after that was taken from one institution to another, with no good result. In this case symptoms of paralysis ensued. She could neither bear the sitting posture, nor allow her limbs to depend. As in case 1, there being no hope in any other treatment, the brace was carefully applied, and the results were very marked. On the first day, the patient stood, and walked a little, and in a few weeks took a journey. This lady is now well.

These cases must suffice, and were selected because they were of an extreme character. To me it appears, that the lesson of these cases is, that the timely application of abdominal and dorsal support was the missing link in the chain of treatment, which would have saved a vast amount of suffering and expense. On this point I cannot expect to influence that portion of the profession who have for so many years been the defenders of the *exclusive* tonic, anti-spasmodic, and pessary practice; and, to a considerable extent, have staked their reputation as practitioners and teachers upon it. But, as nothing can be lost by it, and much may be gained, I may properly press upon others, the propriety of testing this principle, not in forlorn cases only, but in moderate and incipient cases also.

*Objections Considered.*—Philosophical as is this reasoning, and sweeping as is its attendant train of incontestable *facts*, there are those who, with a toss of the head, reject the whole as unworthy the consideration of mature minds for a moment, on the score of its *impossibility*. Said the editor of a respectable medical journal, "Doctor, your theory of curing uterine displacements by external support is really very fine; very ingenious; but I don't believe a word in it. The truth is, that in a course of articles, with drawings, I have settled the

whole question, and proved the utter *impossibility* of the thing." "There, Doctor," (exhibiting his drawing,) "don't you see that even in the normal, and much more in the prolapsed state, the uterus is located so low that no external support can possibly get hold, so as to raise it; the fact is, it must rather hold it down." He then moved the previous question, and the whole subject was settled! But, I could not but think it a pity, that so much good wind, should have been wasted in proving what nobody denies, and also that my enlightener had not learned, that there is no falsity equal in mischief to that of *truth*, when perverted or misapplied. The truth is, that this objection *fires so wide of the mark, as to be totally irrelevant*. Were it our proposition, that any form of abdominal support would actually support the uterus *directly*, that would be one thing; but our proposition is, that muscular laxity and a consequent undue visceral descent, produces or maintains prolapsus, and that our combination of abdominal and spinal support, so imitates the abdominal and dorsal muscles, as to diminish the superincumbent burden, and wholly or partially re-enfranchise the uterine ligaments, just as a sinking ship rights up on a portion of her cargo being thrown overboard.

Thus much for the force of the editor's squelching objection. But, if you *admit* the pertinence of the objection for a moment, it cannot set aside the overbearing and incontestable *cures* which follow the judicious application of external support. These are patent, and stand and contest the objector. And I submit, that inasmuch as other treatments have done and promise to do so little, it is the part of wisdom (if not of logic) to accept the facts, on their own account. Philosophy is ever true, but may be misapplied; but *established facts* are always scientific; and, whilst upon this point, I venture to whisper to the student, and to the very young practitioner, that *any means whatever*, which most *surely cures*, should outweigh the most illustrious opposing authority, in our election of remedies; for it is the *facts* of important discoveries which usually first appear, afterward their true philosophy.

Other gentlemen assert with great doggedness, the non-feasibility of abdominal support, on the score, that admitting

undue visceral descent to be the agent in maintaining prolapsus, external support cannot possibly remove it, inasmuch as all such appliances must rather *press* than lift; and hence, that whilst they may give some general *sense* of support, (such as the *corset* furnishes,) the action, like that of the corset, must be illusory and injurious in the ratio of its use. To this there are several things to be said. And first; if this sweeping statement be true, *per se*, then it proves too much, for then it must be equally true, that the more erect the body, and the more tense and strong the abdominal and dorsal muscles, the greater must be the prolapsus, from visceral descent; for the scientific support in question, immediately restores the form and the bearings of Fig. 1, in which form and bearings no prolapsus occurs; whereas, that of Fig. 2, is the one which accompanies visceral descent. But to deal less summarily with the objection, Fig. 2, represents the ordinary case of prolapsus, where the medial plane of the pelvis is comparatively flat, like a dish, and presents a large surface to visceral pressure.

The small of the back has retreated, the upper trunk has settled, and the abdominal muscles are flabbed. Now, if we apply an *ordinary squeezing* support at the base of the abdomen, without repositing the shoulders behind the spinal point, and without tensing the abdominal muscles, by rendering oblique the pelvis, it is certainly true, that the objection will be in force; it cannot well be otherwise. But in the premises, the case is far different; for the brace is obliged, not to squeeze, but to lift upward and backward, and restore the form and bearings of Fig. 1, by erecting the trunk, restoring the form of the spine, depressing the pubes, and of consequence, tensing the muscles, and elevating the viscera; for in the latter case, the antero-posterior abdominal distance is comparatively much less than in that of Fig. 2; and besides, the abdominal floor is oblique, and not horizontal, thereby favoring upward action.

We see, then, that the force of this objection also is dissipated; first, because if it is real and proves anything, it proves too much; and 2d, because our support acts, not so much by force upon the *viscera*, as by so restoring the natural bearings, as to compel nature to remove the visceral incubus.



But a larger class of respectable objectors, step with indifference completely over these two objections, and take the broad ground, that no matter how completely any support acts, nor how great the immediate relief they afford, still support is not feasible. First, they urge that God inspired each tissue with the requisite amount of inherent force, and that to render artificial aid is to make the weakness permanent, by teaching the delinquent parts to depend upon borrowed, and not upon inherent effort.

I reply, that this objection applies as strictly to *pessaries* and *medicine*, as to the abdominal support; and that notwithstanding the homilies written and talked against external support, their authors are the very men who never weary of singing the virtues of this peculiar form of pessary or of that, without any fear of weakening the vagina or perineum by weight and distension, nor of perpetuating weakness of the round and broad ligaments, by doing for them by the pessary, what the ligaments should do for themselves; nor, of perpetuating torpor of the liver, by doing for it by blue mass, what it ought to do for itself. For our part, we are ready to act upon their grave objection, when they, in consistency, will act correspondingly in relation to medicine and pessaries. But the objection falls to the ground for the following reasons, viz., the brace does not do the work for *lazy* muscles, but simply *rests exhausted* ones, and acts by an aggressive but yielding force, which *provokes* them to activity, without the compression of a single nerve or blood-vessel, or the constraint of a single motion; also as a timely loan to an embarrassed merchant, or as a boost to one in a death struggle, to gain a summit. Said the venerable Prof. DE LAMATER, "this instrument is a complete suggester;" "it is so combined as to *make action*; all others *squelch action*." "It is like the difference between holding a body perpetually, and poisoning it upon its axis, where it is held by its own gravity."

But suppose for a moment, that it be true, that the best form of abdominal and spinal support cannot be dispensed with, without a relapse, after it has rendered a cardinal comfort to the patient, what then? How stands the balance sheet? Why, plainly this, that under other treatment, she has failed

of even a promise of so much temporary relief, as she has already received by the brace. But now, she is immensely comforted, and made comparatively eligible to the immunities of life, and to the forces which inhere. Is not her condition an immense advance on her former state and prospects, even though she must wear permanently a comfortable brace? She has got what she desired; comfort and enjoyment, whether it be scientific or not, and could get it in no other way.

If she cannot dispense with her brace, but is comfortable with it, what then? She is no worse off in that respect than before, as the brace did not *produce* the necessity, but only discovered it. It existed before.

And again; is it not passing strange, that grayheaded medical men, should stand by and refuse support to patients, which they have for years failed to cure, under the horrible fear of the *habit of wearing it*, and never once have the *least* fear of the *habit* of being miserable without it, or of the habit of constant *medication*, under protracted weakness, (for patients will do something.)

The truth is, that to reject truly scientific abdominal support on the score of its being *artificial* and not natural, not only strikes at pessaries and all internal remedies, but also, at the entire idea of remedies in hernia, fractures, tumors, or constitutional states of all kinds; for the great Architect made all things well, and gave them plenary powers under order; one department as much as another; for all remedies are artificial and not natural, and are resorted to under the idea, that the *regular order* is perverted by casualty, and requires to be quickened, corrected or substituted, for the time being, by remedies adapted to the plane of that casualty. Under this fact, then, we leave those who object to resting and helping exhausted muscles, to explain why they allow a truss to a hernia, a crutch to a lame man; or alteratives, deobstruents, anti-spasmodics, tonics, and stimulants, to the constitutionally depraved and vitally weak (for these are all artificial remedies;) and to explain also, why exhausted muscles and dislocated viscera should be excepted, and where the dividing line is, and what the *rule* of the exception. And, let me not be deemed prolix upon this point, (for there is a *cause*,) for even

at this day, old and venerable teachers absolutely *refuse* to yield to the entreaties of their *fossil* patients, for a support, assuring them that it is far better to come up under the powers of nature in two or three years, than *immediately*, by artificial means. Whilst conversing with a gentleman upon this point; said he; "My wife had for years been the subject of great professional anxiety, in one of the largest cities of this country; ultimately, she was removed to a distant town, in a recumbent position, under an injunction from her physician, that if ever she got any better, to let him know, and he would surely visit her, and learn how the cure was effected. Shortly after, the abdominal and spinal support was applied with such success, that she made a visit to the city, in a very comfortable condition. On meeting the kind old Doctor, and informing him that my wife was well, and with me in the city, he lifted his hands, saying, 'I'll go at once and see her; but pray, do tell me, what has effected this miracle?'" I remarked: "Well, she has done nothing but applied the brace." "What!" said he, "*a brace!* I do not believe in it." I replied; "why Doctor, you tried for years, and gave her up; and what else could I do?" "You know," said the Doctor, "that I steadily opposed a brace on the score of its being empirical." "Well, Doctor, but it *cured* her, and she is here, and would like to see her old friend." The Doctor shook his head, and said "it *wont be permanent*; it is *artificial*." The Doctor never called.

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ARTICLE XIV.—*The Secondary Forms of Syphilis.* FROM DR. JAHR'S Venereal Diseases, Translated by S. LILIENTHAL, M.D., New-York.

SECONDARY symptoms are those, which appear in the second period of syphilis, as sequels of the modified effect of the specific pathogenetic matter, after having lost its power to propagate itself by direct contagion. Consecutive products we call all deuteropathic products, which, although they follow the protopathic ones, yet carry all the symptoms of the primary formation of syphilis, as bubo, mucous tubercle or condyloma.

Secondary syphilis will follow the primary symptoms of a syphilitic infection, when the primary symptoms were either neglected or by external applications driven away from their original seat; a chancre in its primary ulcerative stage can only be radically cured by its specific remedies, to leave no vestige behind, but as soon as it has passed to its second granulating stage, even the best treatment cannot give a full assurance against secondary symptoms.

Secondary symptoms may already appear during the continued presence of protopathic primary symptoms, and not only after their disappearance. Granulating chancres, buboes, mucous tubercles and condylomata are frequently associated with secondary syphilitic skin diseases. Secondary syphilis may be propagated by inheritance, but not by direct infection.

Secondary forms are found on the epidermis, mucous membranes, bones, muscles and other anatomical systems. We find the poison pushing itself from the centre to the periphery, where the secretory process is in full blast, as in the diseases of the skin; or this process is not yet accomplished, and the poison finds its slow way to other organs.

I. *Syphilides*.—They are usually the first symptoms, by which the beginning of the second period of syphilis is ushered in. Many a time they appear already during the second stage of the primary period, but never during the first stage of the primary period as protopathic symptoms of a syphilitic infection. Only in children afflicted with hereditary syphilis, they are sometimes the first symptom of their inheritance. *They always run a chronic course.* Their characteristic color is a copper-brown or similar to the color of deers, in fact it is rather a *faint dark brownish gray*. In form they are circular, and even, where they form in groups, it will be in sections of a circle or of a ring. Another distinguishing feature is *the nearly total absence of itching*; only in the first three or four days there may be some itching, but never longer. All syphilides have a great inclination to appear again and again, so that the duration of such an exanthem is really never closed, and new efflorescences appear, before the old ones have dried up and disappeared. Although showing different forms, they

are truly only manifestations, formed by unknown accidental circumstances, of one and the same syphilitic action on the skin, and it is possible, that this merely external, but not essential diversity depends on the different degrees of strength of the evolution of the syphilitic poison.

1. *Roseola syphilitica*.—Irregular, circular, more or less confluent, but after a while yellowish red-gray and under the pressure of the finger slowly and imperfectly paling. After a chronic course they peel off like bran, but always without ulceration or scars, and after leaving one place, may appear in another. Their favorite haunts are the neck, shoulders, chest, upper extremities, sometimes the face, less frequently the sexual organs and the inside of the thighs.

2. *Small vesicular eruptions*.—a.) *Eczema syphiliticum*.—Small, transparent vesicles in irregular, dispersed groups, a little more raised than roseola and each vesicle surrounded by a pale red circle. They remain usually for a great while in the same state, till they desiccate and scale off; but sometimes by the friction of the clothes some of the vesicles burst and form small, dark-colored, compact crusts.

b.) *Herpes syphiliticus*.—a.) Distinguished only from herpes circinnatus by the usual syphilitic color, never ulcerates, nor leaves scars. They are not numerous and commonly in large distances at different places. Mostly united with other eruptions. β.) branlike herpes; small numerous little disks over breast and upper extremities. Vesicles are very thin-skinned and wither away rapidly.

c.) *Varicella syphilitica*.—Large transparent vesicles, getting muddy after a while and either disperse or form black crusts; surrounded by red circles, each leaving after its disappearance a dirty gray spot in its place. These vesicles are circular, globular, jutting out and of different sizes. Their progress is so slow, that a vesicle remains sometimes for more than a week without the least alteration; and thus we see at the same time fresh, well-rounded, stiff, pellucid efflorescences, surrounded with circles, not very dark, but of the clear copper color, and older ones, sunk in, more broad than jutting out, and other ones, flattened out, thick and hard to the touch, with muddy fluid and the oldest ones covered with crusts.

Varicella syph. is frequently combined with syph. angina, exostoses and pains in the bones.

3. *Large vesicular eruptions*.—a.) *Pemphigus neonatorum*.—One or more blisters on the palms of the hands or the soles of the feet, of the size of a hazelnut, broad, flattened, little spread out, round, filled with a serous pus and surrounded by a coppery or violet circle. Sometimes, but not often this fluid dries up and forms a brownish black crust, but mostly the blisters break, the fluid runs out and an ulcer is formed, which is never the case in common pemphigus. Pemph. neonatorum is never accompanied by other secondary symptoms, and the skin of those infants does not show that peculiar dryness and puckered appearance, usual to other syphilitic affections in children.

b.) *Rhyphia syphilitica*.—Broad, flattened blisters with a coppery circle, containing a blackish fluid, drying up quickly and forming a black crust, whose centre is firmer than the circumference, and forming a considerable cone above the skin. The nick gets the darker, the more the crust progresses in its formation, and frequently an ulcer forms, destroying tissues enough, to form round the crust a real *ulcus consecutum*, as it is especially the case in older already further progressed ulcers. There may be fifteen to twenty such blisters, but only the larger ones ulcerate, and as usual we find blisters in all their different stages. *Rhyphia* runs a very slow course and the ulcers leave indestructive round scars, keeping for a long time their characteristic tokens.

4. *Syphilitic pustules*.—They appear on all parts of the body and are frequently accompanied by the severest syphilitic troubles.

a.) *Acne syphilitica*: Solitary dispersed efflorescences of the size of a small lentil, irregularly spread over different parts of the body, not very protuberant, but of the characteristic color, and, passing through an imperfect suppuration form a crust, smaller than the original efflorescence. On the face, breast and back it looks more like the common acne, the efflorescences are pretty large, round and protuberant; suppurating in half their circumference they are then covered by a small thick crust, leaving after falling off a broad depressed scar, resting

often for a long while on a tuberculous base. On the extremities the efflorescences are flattened, especially on their basis and surrounded by a deep coppery circle. They are of the size of a lentil, little raised and at their beginning painful; after a while the centre shows on its raised tip a little pus, changing in a few days to a small not very adhesive crust. The longer this exanthem lasts, the more it looks papulous, but as it runs in subsequent stages, we can always diagnose its syphilitic origin. Those solitary standing efflorescences never pass into ulceration, and end mostly in an indurated basis, which only slowly takes on again its natural color.

b. *Impetigo syphilitica*.—It has two forms according as the pustules appear isolated or confluent. We see in the beginning coppery, lively red spots; whose epidermis rises in its whole extent without showing any hardness. Fully formed they show small, soft, closely standing efflorescences, filled with a puriform liquid fluid and surrounded with a red margin, where the characteristic coppery color is more in the free skin between the pustules, than in the circle surrounding them. The abdomen, the buttocks, the inside of the thighs are its most frequent sites, less often the upper extremities, and very seldom the face. If not torn, the pustules may remain for several days in the same state; then they dry up and form small brownish crusts, broader than the original pustule, leaving a scar, when falling off. When the puriform secretion is larger, several of them may approximate and form a scab, under which an ulcer may form, leaving, when healing a large and more depressed scar, than the single pustule was. The confluent impetigo is only an aggravated form, and is mostly found on the face, forehead, neck and chest. The more they are inflamed at the beginning, the more they will run together, and forming broad scabs with coppery circles, unequal, soft, greenish, elevated crusts, under which ulcers form, leaving deforming scars. They do not spread, like the serpiginous tubercles, but remain on the place where the original redness began.

c) *Ecthyma syphilitica*. — The pustules are larger, consisting in puriform, more or less large elevations of the epidermis; forming small, solitary standing efflorescences, on their

basis more or less indurated, changing soon to thick crusts; which, falling off, leave a depressed scar. According as these ulcers are superficial or encroach deeper in the skin, we distinguish a superficial or a deep-seated ecthyma.

In the ecthyma superficiale the pustules, although voluminous, are not of very large size, perfectly round, coniform, filled with thick yellow fluid, surrounded with a coppery circle, but without indurated basis. With little resistance against pressure they open soon and change to a brown, round, little adhering crust, raised on the edges, but of uniform thickness and resting on a superficial ulcer. These superficial ulcers are usually widely dispersed over the whole surface of the body, although most frequently on the scalp. Commonly solitary, they appear sometimes in groups, but differ always from the impetigo by their roundness and being depressed in the centre and higher over the edges, little adherent to the skin and never very large.

In the deep-seated ecthyma we find larger pustules of a more oval form, which beginning with violet spots, fill themselves soon with a bloody pus, surrounded by a bluish circle, around which we find the skin of a copper-color. There, where the tension of the epidermis ceases, a swelling appears, which makes these pustules appear a little flattened; and when they break and their contents run out by degrees, then this bloody matter forms a crust, increasing in circumference for the first few days, but at last drying up, keeping the form of the original pustule. This crust is thicker in the centre, than that of the superficial ecthyma, and sometimes over-arched. After their removal before their natural falling off, they show below it a true deep ulcer on a gray base, containing small granulations with sharp and close cut edges, overtopped by a whitish border, formed from parts of the epidermis. But if we leave the crust to its natural course, it dries up more and more, sinks in the centre, and after falling off shows a round, more or less depressed scar, keeping for a long time its characteristic color. The extremities are its most usual seat, where few of them appear, one far from the other.

5. *Papulous syphilides*.—They consist in small, firm, full nodes, solid to the touch, containing neither pus, nor any



other fluid, spread out irregularly over large spaces, and showing clearly the syphilitic coloring. They may appear on any part of the body, but their usual places are the exterior sides of the extremities, the back, shoulders and neck.

a) *Lichen syphiliticus* or venereal itch. Small, innumerable papulæ, appearing sometimes like confluent, showing a kind of brilliancy, which gives them in connection with the coppery color, quite a peculiar appearance. In their acute form, during the second period of the primary affection they are ushered in sometimes with headache, lassitude, malaise and more or less fever. Spread out thus over the whole body they last only a few weeks, when they disappear without scars, sometimes with a light peeling off. Its chronic form is more frequent and lasts longer.

The second form shows larger, broader papulæ, originating from small, dirty yellow spots, roundish, solitary, dispersed over large spaces, which they occupy by degrees. We may find them thus in all their different stages. Their usual seats are the extremities, shoulders, neck, but especially the forehead, where they form the *corona veneris*. They never ulcerate, but are sometimes intermixed with other syphilides, as well as with ulcerated throat, exostoses, &c.

6. *Tuberculous syphilides*.—Small, firm, dense, elevated nodes, resisting the pressure of the finger, containing neither pus, nor any other serous fluid. Those small nodes are more or less elevated over the epidermis, sometimes widely spread, sometimes less numerous and solitary, at other times standing in little groups. They show also great diversity in form and size, some are like a lentil, round, shining and clearly coppered, others broad, flattened, spherical, round or oval, sometimes as if they were sticking in the thickness of the skin, or some lines elevated, as if they were put on the skin; they are even and smooth, or scaly or ulcerous and covered with crusts; leave when passing away sometimes only a light gray spot, and in other cases indestructible unequal scars. Sometimes they run their whole course at one and the same spot, whereas in other cases they spread over large spaces, destroying in their course the skin to a great depth. They may form on all parts of the body, but their favorite haunts are the face, nose,

ears, eye-brows, scalp. Their course shows the same diversity. Either slowly appearing or by degrees, or suddenly and unawares, they announce themselves by a general malaise, or combine themselves to syphilitic affections of the mucuous membranes and the bones; and nearly always their breaking out is caused by an accidental circumstance, as a fever or mental agitation, frequently accompanied by great swelling and painfulness of the affected parts, or absolutely indolent and without influence on the surrounding tissues. They may remain unchanged for months, but from the moment of their dispersion or ulceration they may disappear with great celerity or produce the most terrible destruction. Cazenave divides them into five groups.

a. b. *Simple, grouped and scattered tubercles.*—a) *Grouped tubercles.*—Not very large efflorescences, no inclination to ulceration, characteristic copper-color perfect. In most cases the groups are regular, perfectly rounded, and composed of nodes of the size of a large lentil in such a manner, that each of the groups, standing one next to another, form nearly a ring with elevated edge, which leaves in the centre a free space of copper-color, so that we have a ring of interrupted tubercles, of different size according to the number of the tubercles. We find them most frequently on upper extremities, on the forehead and on the neck. But there is a second kind, especially on the cheeks and lips, irregularly grouped and shining, very small and similar to a papular eruption, only their basis is broader. Their color is the usual copper-color, but more extended, than the eruption itself. They are hard, jutting out and resisting to the finger, like the heads of pins. Although never moistening, nor easily ulcerating, they may inflame, run together, and thus form more or less deep ulcers; but mostly they pass off without leaving a vestige.

b) *Scattered Tubercles* are more protuberant on a broader and harder base; their form irregular, badly rounded, mostly oval; perfectly copper colored, and the skin, which covers them, shining and tense. Perfectly indolent, they are the result of a slowly progressing inflammation: never get scaly or ulcerate, but always remain shining without any fluid. Headache and nocturnal bone-pains sometimes come on, before

the eruption appears on the face and extremities, although they may be found also on other places. They run a slow course, and after getting to the size of a small olive they may remain stationary for a great while, and in rare cases inflame and ulcerate, but usually they pass off after two or three weeks.

c) *Perforating Tubercles.*—Large nodes and deeply-seated indurations, increasing rapidly in size. Not very numerous, they show themselves usually in the face, *alæ nasi*, before the ear near the entrance of the auditory passage, but even if they appear on other places they never fail to afflict the face. In most cases they are broad and half globular, the base is as grown to the skin and deeply penetrating the cellular tissue, which they like to perforate by ulceration. They remain sometimes stationary for over a year, then the epidermis begins to turn color, either reddish, or grayish, or coppery, till the suppuration begins on the uppermost point of the tubercle. Henceforth it runs in two different ways. Most frequently it takes a chronic, slow and painless course; the tubercle softens by degrees on one or more circumscribed places, which may unite and either before or after its full evacuation forms a thick, little adherent, not very moist crust, renewing itself several times after falling off, as cicatrization is impossible, till the last remnant of the indurated tubercle has sloughed off. Should cicatrization happen sooner, a new suppuration is certain to take place and this may repeat itself three or four times. But sometimes the tubercle is from the very start tense, painful and surrounded with an inflamed red circle, the ulceration penetrates quickly from the point the whole thickness of the induration, forming a black dry thick crust, which, falling off, shows a funnel-like ulcer, destroying quickly the whole tubercle before cicatrization. Only a long interval after cicatrization assures us against relapses. This syphilide we find mostly towards the end of the second stage of the primary period, and is the most terrible of all, destroying quickly the parts of the face and nose.

d e) *Serpiginous and flat Tubercles.*—The first of these forms, the serpiginous or creeping tubercles, differ from the first, that here the suppuration spreads out, but does not penetrate so deep. We see at the start big, red, round, hard nodes,

appearing without order here and there, not very numerous, from the size of a lentil to that of a hazel-nut. Their favorite places are the back, chest and face, spreading from there over the whole body; with the exception of the palms of the hands and soles of the feet, they love especially those regions, where hair grows. The tubercles are flat, shining, coppery, never covered with scales, remain indolent for a length of time, till they inflame and suppurate from their point; the tubercle now gets quickly destroyed and changed to a thick, hard, coniform, firmly adherent, gray or black crust. If we remove this crust by force, we find under it a superficial ulcer, soon covered again by a new crust, lighter and less adherent, but thicker still in the centre, than on the edges. As soon as this ulceration begins, new tubercles form next to the first ones, or near the edges of the scars; which pass through the same course, thus destroying a large surface of the skin, and we can therefore see on the same patient this syphilide in all its different stages. Its runs a very slow course and usually appears a long time after the disappearance of the primary syphilitic stage.

7. *Scaly Syphilides*.—a) *Lepra Syphilitica S. Nigricans*.—Circular, violet spots of different size, a little raised on the edges and somewhat sunk in the centre. The edges are covered with gray, hard, dry scales. In this state the exanthem remains for a great while, only that the scales fall off and renew themselves again, till this also stops, when they leave behind spots of their original size, a little darker on the edges, losing their characteristic color from the centre. They are found everywhere, but especially on the extremities.

b c) *Psoriasis Syph. Diffusa, Guttata and Cornuta*.—We find in the *psoriasis diffusa* large, round or irregular, yellow, pale-red or copper colored spots, covered with hard, brittle, pale white scales, in the centre of which a small ulcer is sometimes found, covered with a blackish crust. The scaly spot shows frequently small rents, from which a clear serum flows, forming small ulcerations and condylomatous granulations. Most frequently found on the face, hands and ankles, sometimes on the anus and serotum.

*Psor. guttata* is more frequent. Small, projecting spots, usually round or oval, not depressed in the centre, mostly soli-

tary and isolated, but in great numbers. These coppery, then grayish spots cover themselves soon with a gray, adherent scale, not renewing itself after falling off. These spots remain for a great while before they flatten out and even then the redness remains for a while longer, till all passes off without leaving any vestige behind.

*Psoriasis Cornuta, Palmaris et Plantaris.*—Appears in two different forms. In the first form the syphilide shows itself in small warty elevations, resting on a somewhat red base, having a hard, white, horny centre, which may be removed sometimes by the nails, at other times sunk like a wedge in the thickness of the skin. Around these horny elevations there is a ring, one or two lines in diameter, of the characteristic color, rather faint, but plainly visible after washing in cold water. This form is mostly observed after chancres, driven away by external means, whereas the second form is found in cases where much mercury has been used or even after chronic mercurialismus and even without syphilis. It consists in the formation of more or less broad, scaly spots, the skin peeling off in large patches like in scarlatina, the scales being so numerous, that one might think himself able to remove several layers. The skin by tearing forms rhagades, very painful, but perfectly clean, having nothing in common with those formed round the anus or toes. The characteristic circle is a proof of mercurial syphilis.

*Syphilitic diseases of the Nails and the Hair.*—*Onychia Syphilitica.*—A consecutive and frequently also protopathic ulcer of the primary period of syphilis, showing around the nails irregular chapping with fungous edges, betraying by their gray or blueish color and by their foul ichor the syphilitic origin. The nails' hue gets entirely lost.

Another disease, where the nails also fall off, begins with puriform secretion on the inner edge of the nail, and more or less pain, so that patients are unable to use that finger or toe.

The loss of the hair is one of the most frequent accompaniments of secondary syphilis, and this happens not only on the scalp, but sometimes even the pubes; the eyebrows and the eyelashes lose their ornament. This may happen already during the granulating stage of a protopathic chancre, but the

prognosis is so much more unfavorable the longer the disease has lasted. Only where syphilitic ulcers were seated, the hair will never grow again.

*Complaints simultaneous with the Syphilides*.—1) *Primary symptoms, with which Syphilides appear*, are all chancres in the period of reparation, old and new buboes, fresh or already long-standing mucous tubercles, condylomata with or without gonorrhœa, producing generally three forms, which are accompanied at first by general malaise and some fever. But even in the others we find the scars of primary affections still with their copper tint, and in women frequently a leucorrhœa, which is no true gonorrhœa, but tallies rather more with the male balannorrhœa, which we also find so frequently in secondary affections.

2. *Simultaneous Secondary Complaints*.—We will remark at the start, that we hardly ever find one syphilide, but usually they are found pell-mell mixed together. But furthermore they may be mixed up with all imaginable secondary (and falsely called tertiary) symptoms. Not very rarely it happens, that during the presence of a syphilide the most accidental injury to the skin ulcerates, which ulcers show all the symptoms of a chancre. Another very characteristic symptom is, that, where the constitutional syphilis had already lasted a good while, we find a peculiar affection of the pigment of the skin, showing itself especially on the face, forehead, sometimes on the trunk, chest, neck, lower extremities, simulating the so-called liver-spots, and passing away, when the syphilides are gone. Finally, we find a general cachexia, where several syphilitic affections of other tissues accompany the syphilides, even to such a degree, that such miserable people, covered with wounds, sores and scars, and bereft of one or more of their senses, walking skeletons, remind us of all the miseries of cancer.

3. *Non-Syphilitic Exanthemata in connection with the Syphilides*.—a) the syphilide is added to an exanthem, already existing.

b) a new exanthem is added to an existing syphilide.

The first of these complications can only happen in chronic skin diseases; because all acute diseases suspend the course of

syphilis. Either the syphilide blends with the chronic exanthem, changing the latter to a syphilitic one, or both forms exist peaceably next to each other. New exantheams added to syphilides can only be of the acute form; and this combination renders them usually very malignant, especially if the syphilide showed before a malignant character; and on the contrary, if the syphilide was light, it sometimes disappears entirely with the removal of the acute exanthem.

*Diagnosis of Syphilitic Exanthemata.*—Certain it is, that where syphilides show themselves, after the primary symptoms had disappeared for years, yet we will be able to discover a *continual series of phenomena* from the very beginning of the primary syphilis to the present exanthem. Thus we find patients, perfectly unconscious of any former infection, yet suffering or having suffered from exanthemata, which correspond after a careful examination with syphilis; and taking the present states in consideration, we have a right to diagnose them as syphilides; but on the contrary, if a patient was not exposed *for three years to a new syphilitic infection*, and had been rationally treated before that time, we may give him the benefit of the doubt and conclude to treat him for an innocent exanthem, especially when our inquiries cannot detect anything suspicious in the exanthema, nor any dubious spots on the face, chest or hands. Certain local signs: 1) *the peculiar color.* 2) the inclination, in the single spots, pustules or efflorescences as well as *in whole groups* to keep to the *circular forms.* 3) The so-called *subsequency*, so that we can see in every syphilide the different stages at one and the same time.

*Therapy of Syphilides.*—We will present at first in a short sketch, the treatment of the entire disease.

1. *Primary period.*—a) first stage [fresh chancre, proto-pathic buboes and tubercles]: Merc.-sol.; Merc.-cor.; Merc.-præc.-rub. and other Mercurials.

b) Second or transition stage. [Granulating chancres or deuteropathic consecutive buboes, mucous tubercles, condylomata]: Acid-nitr.; Cinnabaris, Thuja, Staphysagria, Lycopodium, Sulphur and, only seldom, Mercurials.

2. *Secondary period.*—a) first stage, with cotemporary remnants of the original primary state, generally the remedies of No. 1 b.

b) Second stage. (Disappeared or fully cicatrized primary states.) Mercurials, preparations, only if none were given before, and then in long intervals, and from the 18th—30th dilution. — Lycopodium, Kali-hydroiodicum, Staphysagrin, Aurum, Sassaparilla, Lachesis.

In treating syphilides we have to take the following points into consideration: 1) how our patient was treated before, with or without Mercurials; 2) All accessory or secondary trouble, accompanying the syphilide; 3) the prognostic differences: if the syphilide is either an evanescent one, disappearing at last without any vestige, or a stubborn and destructive one.

1) If our patient has taken no Mercurials yet, we begin always and in every form our treatment with soluble or præc-rub., and never quit it, except we see no amendment after a few weeks, or the amendment has stopped and will not progress. The same treatment is observed, when the patient has taken Mercury, but the primary symptoms were cauterized away.

2. In syphilides, with accessory primary states, we take only these primary states into consideration, and give Merc.-sol., Cinnabaris, Ac.-nitr. or Thuja, according to their indication; and the exanthem will disappear with the cure of the primary symptoms. In syphilides with secondary states (chancere in the throat, bone-pains, &c.) we take our cue from No. 3.

3. We distinguish the evanescent from the stubborn, destructive syphilides. We treat only the accompanying secondary symptoms in light syphilides, as both disappear together; but in those stubborn and destructive syphilides, our whole aim must be turned against them, whatever the other symptoms may be; and here the application of Mercurials in the second or third trituration, a dose every other day will be found of much benefit.

*The Intermediate Forms of Secondary Syphilis.*—As the chancre is the starting-point of all syphilitic phenomena, so the syphilides ought to be the peripheric end-point, and would be, if the process of elimination would not be hindered by anything in its accomplishment. As this elimination does not possibly result as it ought to, nature tries to throw it out upon other points, and even sometimes on tissues, not capa-



ble of secretion. The mucous membrane, and internal continuation of the external skin, are therefore frequently affected; or the bones get affected, as a symptom of badly succeeded elimination. We find therefore syphilitic diseases of the bones *before, with and after* syphilitic diseases of the mucous membranes; and they are therefore *not a new (the secondary activity following) tertiary* affection, but rather a mere passive symptom, which may appear at any time after the termination of the protopathic process. Several authors speak also of pains in the muscles; and Hahnemann records as a sequel of suppressed condylomata *a shortening of flexor sinews* and gunemata are in our days perfectly distinct from tophy or exostoses. Less frequent are the lymphatics secondarily affected, although there is such a thing as secondary buboes.

1. *Secondary Ulceration and Syphilitic Rhagades.*—They are found on the skin and consist in ulcerous wounds, and distinguish themselves from the real syphilides, that they are 1. no exanthem, but real sores from their very beginning, 2. that they are never spread out over large spaces like the syphilides, but are more a mere restricted local affection. They appear mostly a few weeks after the cicatrization of the protopathic primary ulcer, but they may also show themselves after a lapse of a few years, but during all that time other symptoms of secondary syphilis have preceded them. We find them mostly on the edge of the anus and sexual organs, on the mammæ, on the naval, eyelids and ears, and not seldom between the toes. They resemble generally the primary chancre, and may remain indolent and stationary, or painful, inflamed, deeper-eating or even phagedænic. They begin with a red spot, which gets quickly sore, ulcerates, sinks in funnel-shaped and shows all the symptoms of a syphilitic ulcer. More rarely they are preceded by an induration and swelling of the cellular tissue, which, as in primary chancres, may continue for a long time after cicatrization, if cauterization was used for their cicatrization. On the penis, scrotum, mammæ or other places, they begin with a red, hard, round, solitary standing efflorescence, which soon opens, exuding an acid serum and forming a hard, thick crust, thickening and extending itself in the same measure, as the ulcer progresses. But where the

skin lies in folds or is exposed to constant motion, as on the anus or between the toes we find always open ulcers, which may even take on a longitudinal form, but which will always be circular again, be spreading out the fold, where they set.

True secondary chancres, when they appear on the glans penis, always give evidence of a very old constitutional syphilis. They show themselves on their edges irregularly indented, on their surface red-brown and granulating, or when they get phagedænic, covered with a dirty gray crust and mostly appear after preceding very hard and painful swelling of that place on the glans, where they will ripen. This phagedæna frequently extends up to the orifice urethræ, leaving, if we do not prevent it by probes, an incurable narrowing. Appearing on the præpuce, they cause malignant phymosis and paraphymosis, which neglected may produce gangrene and attacking the penis, provoke severe hæmorrhage, so that we are forced quickly to amputate the suffering parts. Having their seat on the penis, they sometimes destroy the corpora spongiosa, producing also severe and dangerous bleeding. Those chancres are moreover perhaps more frequently consecutive, belonging to the transition period, than purely secondary, yea in many cases they might only be venerable primary chancres, yet we have seen cases, where, after cauterized primary chancres, these new ones appeared simultaneously with pustulous syphilides.

In females those chancres are mostly consecutive, belonging to the transition state from the primary to the secondary period. Most frequently they are found on the lower commissure, on the entrance in the vagina and on the perinæum. When those on the entrance of the vagina remain for a great while and get phagedænic, there is danger of their penetrating the walls of the vagina and carrying their destruction even to the anus, or seated on the anterior wall they may produce incurable vesicular fistulas. On the os uteri they produce stitching pains with more or less ichorous foul discharge, a feeling of heaviness in the rectum, increased heat, swelling, and on the touch we feel the ulcerations, which have been mistaken so frequently for carcinoma. But the anamæsis and ocular inspection ought to remove any reasonable doubt.

Syphilitic rhagades on the anus and entrance of the rectum consist in small, long ulcers or rents, having their seat in the folds of the anus. They are always more or less numerous; appear only in unequivocal constitutional syphilis, resting on a somewhat hard and swollen basis, and showing a grayish lardy base with red, hard, elevated edges. They are painful and exude a bloody acrid serum, which corrodes the neighboring parts.

We find also true chancres in the rectum, as well as on the edge of the anus, but these are always primary chancres, the sequels of a direct infection. In the rectum we always find those chancres to occupy a higher place than the rhagades, and always above the sphincter ani; so that externally we do not find a vestige of it, except in the secretions, which may also pass away with the fæces.

The secondary syphilitic rhagades between the toes are always raised, oblong, deep and of a violet color; spread easily towards the ball of the foot and render walking painful and difficult. We find them also around the nails, secreting an ichorous foul-smelling serum.

Although we find on the mammæ mucous tubercles, produced by direct infection through nursing syphilitic children, yet secondary ulcers have been found on the breasts simultaneously with other syphilitic productions either on the skin or mucous membranes.

Ulcers appearing on the eyelids, where also condylomata are found, are sometimes primary infections, by being touched with fingers, soiled with the contagious matter, but most frequently they are secondary. They appear on the free edge of the eyelids, and spreading inside and outside, produce a severe conjunctivitis. They leave irregular scars and cause frequently the loss of the eyelashes, which never grow again.

Ulcers on the ear appear on the front and back of the ear and on the external part of the meatus auditorius. Located between the ear and the mastoid process, they are oblong rhagades, and their true nature is only found out by their connexion with other secondary symptoms. Sometimes we find deep corroding ulcers with deep thrown up eyelids, lardy uneven base with red bleeding places, or covered with

a crust. When they get phagedænic, they may destroy the internal ear and thus produce incurable deafness.

2. *Secondary Affections of the Mucous Membranes.*—1. Superficial ulcers in all parts of the mouth and throat, forming ash-gray indistinctly circumscribed spots or tethers, surrounded by a dark-red edge and somewhat ulcerous.

2. Deep-seated ulcers, similar to the simple chancre, perforating the whole thickness of the mucous membrane with lardy grayish, granular base, irregularly indented edges, somewhat standing off, and frequenting the fauces and the neighborhood of the wisdom teeth.

3. The real Hunterian throat-chancres, especially on the tonsils, which, without preceding swelling of the tissues under them, perforate funnel-shaped the attacked parts, showing a yellow base and a dark-red circle round them and extending in breadth and in depth.

4. The phagedænic, showing their corroding character from their very start, destroying not only the uvula, velum palati and the pharynx, but also the whole fauces and even the bones may be attacked.

Of affections in the mucous membranes, simulating syphillides we find, although not so frequently:

1. The exanthematic, consisting in irregular, not very red spots, whitish in the centre, found on all points of the fauces and on the inside of the cheeks and disappearing after a short time.

2. The papulous; small, rough, papulous granules, affecting the edges and the point of the tongue, and passing also quickly away.

3. The tuberculous; flattened mucous tubercles on the edges of the mouth, inside of the cheeks and lips, velum palati and root of the tongue.

4. scaly, appearing on all parts and the most obstinate.

Secondary syphilis in the windpipe shows itself usually a long time after the disappearance of the primary symptoms, and we then find a certain malaise; painfulness in the affected portion; changed voice or even aphony; short cough with expectoration of puriform masses with streaks of blood. Progressing, we find fever with night-sweat and all the

symptoms of laryngeal phthisis. When the hard parts of the vocal organs are affected, the prognosis is more unfavorable, as incurable hoarseness remains.

Ozæna narium is also only found after the primary symptoms have passed long ago. It always begins with a severe coryza, discharging a thick, yellow puriform matter, and the sense of smell diminishes. Ocular inspection shows a more or less fungous swelling of the nasal mucous membrane with ulcerations, sometimes attacking also the bones of the nose, which the patient will discharge in small pieces with the matter, and the nose will sink in, without the external skin being broken. This ozæna is perhaps one of the first symptoms, following the primary stage, but passes unobserved for years, till the destructive process has fully set in.

Syphilitic troubles in the internal ear consist in the discharge of a yellow greenish, sticky, thin, more or less fluid matter from the ear, painful and producing hard hearing. Soft cauliflower tumors, condylomata and mucous tubercles have also been observed in the meatus auditorius internus.

The eyes are affected in two forms :

1) Conjunctivitis syphilitica: very painful, photophobia; peculiar, brick-red, sharply circumscribed vesicular circle in conjunctiva and sclerótica, elevated, where the last one passes over in the cornea.

2) Iritis syphilitica: contraction and distortion of the pupil, with immobility of the iris, which is puffed out over the cornea; profuse flow of tears, severe pains in the orbits and changed color of the iris. Iritis syph. runs a slower course than any other, is always chronic, pain is aggravated at night, diffusing itself sometimes over the whole affected side of the head. Left alone it destroys in a short time all the tissues of the eye. When the diagnosis is doubtful, we advise to examine the whole skin as well as the fauces for secondary tokens, which are hardly ever wanting. Condylomata and tubercles on the iris are in the beginning brown-red, later yellow, jut out over the iris and getting larger, push the iris back. Relapses are frequent, and even, when successfully treated, a great sensitiveness of the eye remains against cold and damp weather, a high degree of photophobia and a more, or less plentiful flow of tears.

Concerning the treatment, Mercury in its different preparations is our sheet-anchor. The simple and Hunterian chancre finds its remedy in Merc.-sol.; but for the phagadænic we prefer Corrosivus, till amendment has progressed, and then we return to the soluble. Against condylomata we give Oxid-nitr. or Cinnabar, less frequently Thuja, which finds its best application in ulcerous erosions. The second preparation is low enough,  $\frac{1}{2}$  gr. pro dosi, the first few days morning and evening, the 3d and 4th days only mornings, and then every other day. Against ozæna Aurum does the most.

In the exanthematic, herpetic affections of the mucous membrane Mercurius is hardly ever of benefit, and we prefer Lachesis, Lycopodium, Nitric-acid, Thuja, Cinnabaris and Sulphur; especially as most of these cases were treated in their primary state with the Mercurials and the local primary symptoms were probably cauterized.

3. *Syphilitic Diseases of the Bones.*—1. When only the periosteum is affected, it will thicken up with great painfulness and vivid sensitiveness against pressure, finishing up usually with a deposit of bony matter below it; *nodus syph. or exostosis syph.*, having its usual seat on the tibia. When progressing to ulceration, it will produce *syphilitic necrosis*.

2. *Caries* always begins in the retiform tissue of the bone itself, perforating by degrees the external layer, forming a *soft tumor*, which, when opened, exudes a slimy fluid; the periosteum is here also somewhat thickened and separated from the bone. In the centre of this denuded bone is a hole, which stands in communion with the internal substance. The cranial bones, the tibia, olecranon and lower maxilla are the parts most affected.

3. In the cranium we find yet another syphilitic inflammation, producing hypertrophy. Here the periosteum may remain healthy for a great while, but inflame after a while and form *periostoses* or *tophi*. They disappear in 10—15 days, but others appear and it makes thus several rounds. By suppurating they produce carious ulcers, which cicatrize for themselves in a short time.

The syphilitic bone-pains announce themselves by deep-seated, tearing pains, with a disagreeable feeling of pressing,

boring, stitching and similar sensations in the direction of the axis of the bones with nightly unbearable exacerbations. Not aggravated by pressure they differ from neuralgic pains which follow the course of the nerves and from rheumatic, which are migratory, decreasing by the heat of the bed; whereas in syphilitic pains the patient never knows, from which part of the bone the pain emanates. These nightly exacerbations, worst when the cranium is affected, soon undermine the general health, producing great emaciation, and they may rage for a great while, before they produce a material change in the bones; frequently they are also the precursors of exostosis, necrosis and caries, and may in general be looked upon as the first stage of the other syphilitic diseases of the bones. The diagnosis is facilitated, if we find them accompanied by syphilides of diseased mucous membranes; but this is not always the case, and furthermore there are exceptions, where those pains spend their greatest fury during the day-time.

Periostosis and exostosis syphilitica are mostly caused by a superficial inflammation of the bone itself. True periostosis appears most frequently on bones adjacent to the external skin, as the tibia, clavicle, olecranon, radius, cranium and metatarsal and metacarpal bones. They are sometimes without sensation, at other times very painful; have a doughy feeling; disperse from their own free will or suppurate, forming abscesses, after whose opening we find the bones either simply denuded of their periosteum, or affected with caries or necrosis, and in the best cases already covered by granulations.

The deeper-seated inflammation of the bone may attack any part of it and runs a chronic course. Betraying itself by the well-known pains; it may exist for a long while without the least swelling of the bones, and although forming exostosis in the long run, it ends mostly in discussion.

Necrosis and caries are only the final issues of syphilitic osteitis and periostitis. Syphilitic affections of the cranium begin frequently with pains in the bones; and the exterior part being affected, it swells up and gets sensitive to pressure; and if the internal lamella is affected, we have no symptoms to guide us except more or less injury to the function of the

brain. The external affections end in ulceration, which deeply penetrating and spreading may expose a large part of the brain. Not less malignant are the affections of the orbita and the ear, and blindness and deafness are too often their dreadful sequels. In caries and necrosis of the nose we find painfulness and one-sided swelling with a doughy feeling without any change in the external skin. But soon it reddens, the bones get sensitive to the touch, and the patients discharge puriform matter, sometimes mixed with bony splinters; or a small abscess forms externally, through which the bony sequestra make their exit. After their removal, the nose sinks in; and if syphilitic tubercles are joined to it even the external parts may be destroyed, producing the most terrible disfiguration. It is plain, that voice and speech are great sufferers in this affection. The destruction of the palate forms a round, oval or irregular opening between it and the back part of the nose. The maxillary bones are sometimes affected by syphilitic necrosis, and here the maxilla superior is more frequently affected. The syphilitic affections of the larynx and pharynx are always connected with syphilitic ulcers on the root of the tongue and lateral walls of the fauces, producing a laryngeal phthisis. Those of the pharynx may attack the vertebræ and thus produce a fatal termination. Wherever syphilitic exostosis and periostosis appear, they may end in caries and necrosis; but some authors have gone too far, who cannot see any chronic disease, without ascribing it to a venereal sin, of which perhaps the great grandfather might have been guilty.

Treatment: Most patients, suffering with those affections, have taken a great quantity of Mercury, and we always found therefore in *Aurum* our expectation fulfilled. Only two suffered with throat-chancres and caries on the tibia, and as they never had taken Mercurials, this metal sufficed to cure both evils.

Against bone pains, ostitis and periostitis: Mezereum Phosphorus, Staphysagria, Acid-phosphori, Acid-nitricum Aurum, Guajacum.

Against hypertrophy of the bones, periostoses and exos



toses: Aurum, Acidum-fluoricum, Phosphorus, Staphysagria, Mezereum, (Calcareo), Silicea, Sulphur, Acid-phosphori.

Against caries and necrosis: Aurum, Acid-nitr., Acid-fluoric, Silicea. Most remedies are used in the middle dilutions, 18 to 30. Only Aurum I prefer in the third trituration, a dose every four days.

4. *Syphilitic Affections in other Tissues.*—1. *Gummata*, seated between skin and flesh, are found, wherever cellular tissue is, forming at the start a node, without any inflammation; accompanied only by dull pains and some tension, growing slowly through months, till it suppurates, forming a large ulcer with hard, raised up edges and grayish base. By opening such a tubercle, before suppuration has set in, we find there a cellular substance filled with a yellow fluid, like honey; and the suppuration then never spreads over the whole tubercle, secreting only a small quantity of ichorous thin matter, and leaving a cicatrix similar to those after burns. Those tubercles on the head are a frequent cause of caries of the cranium. The exception of these tubercles happens seldom on all places at the same time; most frequently for months, and even for years new eruptions appear here and there, and frequently one can see several in a heap. They are also found in the cellular tissues below the mucous membrane of the mouth, palate and fauces, yea even in the thickness of the tongue, appearing there as if padded with nuts and simulating scirrhus indurations and cancer.

2. *Syphilitic Affections of the Muscles, Sinews and Aponeuroses.*—Shortening of the flexor sinews of the extremities was already recognized by Hahnemann, as a symptom connected with condylomatous gonorrhœa, and since then confirmed by Ricord and other celebrities.

Another form is seen in the aponeurotic tophi. These tumors are of firm consistency, consisting in a circumscribed hypertrophy of the fibrous tissue of the sinews with effusion of a plastic serum in the interstices. Mostly they are painful, especially in motion. They sometimes accompany exostosis in the neighboring bones, and without suppurating, ossify even to their whole length, or limiting to a small space, form a kind of sesamoid bones. They are most frequently seen on the

surface of sinews and then look like a wen; or they are seated in their thickness and show the shape of an egg or a pivot.

Tubercles in the flesh of muscles form local, circumscribed, *soft* tumors of a little firmer consistency than œdema, filled with a plastic gray mass, softening by degrees and forming a gluey filiform fluid, similar to a solution of gum. But when such a tubercle runs an acute course, then ulceration is produced in the muscle, the softened fibres are destroyed, and wide-spread destruction may follow; it is not impossible, that several inflammatory abscesses of the psoas and other muscles in the loins may originate from syphilis. In other cases induration may follow even to ossification, and the remarkable bony masses found in the muscles of the thigh and buttock, &c. of corpses, may originate from the same source. These tubercles are found in all muscles; especially the lips and tongue are easily affected by it.

In relation to the treatment of these affections the strictest individualization is necessary, and he is the true master, who is able to cure such affections with the smallest doses. We have cured such cases with Silicea, with Arsenicum, and Kali-iodatum is an excellent remedy; but we never used larger doses than the one-hundredth, 4 grains to 400 grains water. (To be continued.)

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ARTICLE XV.—*A Reply to an Unfair and Unwarrantable Attack.* By W. JAMES BLAKELY, M.D., of Benzinger, Pa.

“IN the ranks of believers in homœopathy certain men are to be found who style themselves ‘Hahnemannians.’ They profess to believe that Hahnemann perfected the science of medicine; that it is impossible for any physician to go beyond their master’s teaching, and that few, if any, can attain to his standard of excellence. Some even go so far as to call HAHNEMANN the MESSIAH OF MEDICINE; to assert that the whole of medical truth was apprehended by him; and that, therefore, the homœopaths of the present day ought to remain, in all things, his humble disciples, conforming their practice

exclusively to his tenets, to his dogmas, and to an exact imitation of his practice."

The above delectable *morceau* is taken from the March number of the *Monthly Homœopathic Review*, which true to its Physio-Medico-Pathological instincts attacks, upon all occasions, every thing in the shape of pure homœopathy. Hitherto it has, in some measure, commanded our respect; it has attempted to combat argument with argument, but latterly it has descended to that characteristic billingsgate of which the present article is a fair sample. That the Editors of the *Review* have a right to their own ideas of what constitutes the science of medicine all will admit; that they have the right to decide *ex cathedra* what constitutes homœopathy all true members of our school will most undoubtedly deny. The article in question, which is styled "HAHNEMANNIANS AND PHYSICIANS PRACTISING HOMŒOPATHY," is based upon the very able and sensible criticism of Dr. Bayes' "Impressions and Facts from Ten Year's Homœopathic Practice" by Dr. Fenton Cameron, and is couched in terms the most insulting to all who profess to be true followers of the master, and who, by their actions and their practice, show that their professions are not vain. I wish, through the pages of the *North American Journal of Homœopathy*, to present to the profession in this country, a few of these remarks, and to answer them in the manner which they deserve. I assert that in the extract quoted above there are six distinct falsehoods which I will arrange as follows:

1.—"In the ranks of believers in homœopathy certain men are to be found who style themselves Hahnemannians."

a.—In the ranks of believers in homœopathy there are no men who style themselves Hahnemannians. There are men (and in this country their number is constantly increasing) who practice nothing but pure homœopathy. They adhere strictly to the law of cure; they give the single remedy and do not combine or alternate; they give the least medicine required and have not returned to the swine-husks, to the allopathic nauseous doses of drugs and of nostrums. To these men is applied the term Hahnemannian, as a term of reproach, by the Eclectic-Homœopathists (a title gloried in by the Edi-

tors of the *Monthly Homœopathic Review*). These gentlemen, while not claiming the name Hahnemannian as a distinctive title are still proud to be known as followers of the greatest medical philosopher of any age.

2.—“They profess to believe that Hahnemann perfected the science of medicine.”

b.—There are none among the gentlemen alluded to by the *Review* who believe any such thing. To this unblushing falsehood let the works and labors of Hering, Lippe, Joslin, Wells and Dunham besides a host of others, all true Homœopaths, answer.

3.—(They believe) “that it is impossible for any physician to go beyond their master’s teaching, and that few, if any, can attain to his standard of excellence.”

c.—The works of hundreds of physicians, all striving to bring our system to still greater perfection, sufficiently disprove the first part of the above. The works of the Eclectic-Homœopaths clearly demonstrate that none of *them* have reached “his standard of excellence.”

4.—“Some even go so far as to call HAHNEMANN the MESSIAH OF MEDICINE.”

d.—Homœopaths are more reverent than to apply to any mortal the title belonging only to the Saviour of the world. We do however class Hahnemann as the greatest medical philosopher and reformer the world has even seen, which the Eclectic Homœopaths do not.

5.—(They) “assert that the whole of medical truth was comprehended by him.”

e.—We claim no such thing; the law of cure came from his hands perfect and infallible; his private theories each one accepts or refuses as his judgment directs.

6.—“And that therefore, the homœopaths of the present day ought to remain, in all things, his humble disciples, conforming their practice exclusively to his tenets, to his dogmas, and to an exact imitation of his practice.”

f.—The *homœopaths* of the present day do remain his disciples and are proud to do so, but we do not demand that others shall do so; therefore, let the Eclectic-Homœopaths have no fear; they are not disciples of Hahnemann and we

are glad that they are not. We do not wish homœopaths to accept the dogmas and tenets of Hahnemann, but we would be happy could we make our practice "an exact imitation of his."

These Editors of a Homœopathic (?) Monthly then go on to say: "They (the Hahnemannians) object to any attempt to generalize our knowledge of therapeutics, or to treat disease upon a pathological basis." Poor Hahnemannians!

"They (the same deluded mortals) insist that there are *no diseases*, there are only patients; that when we are called to see a patient we are not to diagnose the case as one of pleurisy or of pneumonia or of bronchitis." We wonder if the Editors of the M. H. R. never come into respectable society; we wonder if it be natural, innate ignorance or simply a love of lying which prompts them to utter such slanderous falsehoods as the above.

"But are to take a note of every sign and symptom of disease present in the case, and then are to search out in the *Materia Medica* for a medicine which shall exactly correspond, in its pathogenetic symptoms, to the symptoms presented by the case to be treated."

We have in our library a work called usually, Hahnemann's *Organon* from which we could copy almost the exact words which the Eclectic Editors of the M. H. R. give above and ascribe to the Hahnemannians.

"Such we believe to be a fair statement of the views of the Hahnemannians." If you confine yourselves, Messrs. Editors of the M. H. R., to the last paragraph we have quoted, we will give a hearty acquiescence, and will moreover say that it is the only true statement in your whole article.

"If it be so, then we say that no medical knowledge whatever is required to be a Hahnemannian, but that any well educated man with keen perception, an average memory, and a good edition of the *Materia Medica* in his study, is as competent to so practice medicine as the most erudite of physicians." Although very silly, we still know, Messrs. Editors of the M. H. R. that you are not such fools as you are trying to make people believe you are; and, with all due deference, we say that you do not believe one word of the above extract

from your article. You know very well that there is no comparison between the amount of study necessary to make a thorough homœopathician (or Hahnemannian, as you please) and that required by one of the genus Eclectic in which you so much glory. Were we to consider the whole of your ridiculous and unfair article we would entirely disgust the readers of the *North American*. We will leave you, then, advising all our friends to read your paper, which if it do not make "Angels weep" will make men smile.

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ARTICLE XVI.—*Surgical Cases.* Treated Successfully with Homœopathic Remedies. By JOHN HORNBY, M.D., of Poughkeepsie, N. Y.

*Epididymitis.*—Patient, a physician of sanguine nervous temperament and middle age. Symptoms, engorgement of the vasa deferentia of left testicle, which was pendulous, and of two years' standing; with shooting pains into the inguina from the diseased testis.

Various remedies had been previously taken, and applications made without relief.

*Spongia tosta* in the 200th potency, of Lehrmann's preparation, taken in six globules for a dose, at intervals of five days, effected a cure in one month, which remained permanent.

*Scirrhus of the Epididymis.*—Patient a farmer of bilious fibrous temperament, and middle age, with trachial phthisis.

The epididymis of the left testicle enlarged to the size of a hen's egg; hard, smooth and elastic to touch; duration two years, with slight shooting pains, occasionally, into the groin of the affected side.

*Spongia tosta* in the 200th potency of Lehrmann, effected a resolution, discharging a thin sanious yellow matter, for two months, when the swelling disappeared, and remained away till the time of his death from consumption, six months later.

*Balanitis.*—Symptoms, free discharge of yellow thin pus secreted under the prepuce of the male, and within the vulva of the female organs of generation.

*Thuja-occidentalis*, in the 30th dilution, and Acid-nitric in

the 3d, effected successful cures; which, followed by Sulphur of the 30th, became permanent.

*Veneræal Excrescences.*—Symptoms: cauliflower growths, barely discernible to the naked eye, but appearing through the magnifyer, as a thickly clustered circle around the corona glandis of the penis; with copious secretion of stinking, offensive fluid.

Thuja-occid. of the 1000th, of Jenichen's preparation, repeated twice, at intervals of six weeks, effected a cure which remained permanent; after low potencies of the same medicine, taken internally, and the tincture applied externally, with the addition of lunar caustic had failed to give any relief.

*Syphilitic Ophthalmia.*—Patient a physician of nervous bilious temperament, and middle age; he had produced ophthalmia of both eyes, by carelessly handling them, after instrumentally treating a case of stricture of the urethra supervening on gonorrhœa.

Symptoms: inflammation of the conjunctiva, with pain, lachrymation and photophobia.

Mercurius-vivus in the 6th dilution effected a speedy and permanent cure.

*Bubo Chancroid.*—Patient a seaman in U. S. Navy, of nervous bilious temperament, and 21 years of age.

Symptoms: bubo of left groin, following on a chancre of the penis, treated while in the service, a few months previous.

Mercurius-vivus 6th centesimal dilution, 6 globules night and morning cured him in a week, without recurrence of symptoms.

*Gonitis.*—Patient a young man of sanguine nervous temperament, 25 years of age.

Symptoms: inflammation of cellular tissue of left knee, which was swollen, hard and inflexible, of 8 months' duration; all which time was spent in ineffectual allopathic treatment.

Characteristic symptoms. Pain in the joint, ameliorated by warmth, aggravated by cold, or cold applications; cured in two months with Rhus-tox. 2000th Jenichen's, alternated with the same remedy in the 12th centesimal dilution, taken at intervals of a fortnight.

The cure remains confirmed to the present time, now 18 months.

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ARTICLE XVII.—*Ophthalmological Contributions.*—Case of Calcareous Cataract. Read before the N. Y. County Hom. Society, April, 1867. By C. TH. LIEBOLD, M.D. of N. York City.

Mr. President :

I present here to the Society a rare specimen of a calcareous lens, which I extracted lately.—It is well known, that the lens of the eye is subject to a great variety of pathological changes.—From the fluid, milky cataract to the deposit of bony substance or calcareous salts, is a wide range, filled up by a great variety of intermediate changes of the normal structure.—It is evident, that such complete disorganizations of the lens, as bony or calcareous deposits indicate, can only be the consequences of ex- and intensive changes in the nourishment of the internal structures of the eye. We meet them therefore almost exclusively in amaurotic eyes, and this is the cause, that their bearers but very rarely demand surgical interference; and if they demand it, judicious oculists will dissuade them from it, as it would not improve their sight, but only their appearance. — Sometimes, however, these concretions become dislocated by some cause or other and fall either forward or backward; where they then act as foreign bodies, and set up an insidious inflammation, requiring either their removal if possible, or if this can not be done, the extirpation of the whole globe, to relieve the pain, and prevent sympathetic injury to the other eye. One of the last named cases presented itself a short time ago in the Bondstreet Hom. Dispensary, and I give you here a short history of it.—Mrs. Dillon, 52 years of age, mother of a large family, born in Ireland and living now in Staten Island, presented herself March 25, h. a. with a very much inflamed right eye, the pain from which, she says, has prevented rest or sleep for the last 14 days, and is increasing still. On inspection it shows itself to be a violent iritis, occasioned by a white flat body, resting in the anterior chamber, pressing on the iris



and ciliary muscle,—evidently a dislocated calcareous lens. — — — She says, that she began to lose sight gradually, when about 15 years old, being then engaged in active agricultural duties in Ireland. She does not recollect any violence to the eye, which however may have occurred months ago before she noticed any change; and the offending cause need not even exert its force prominently on the eyeball. I have an interesting case now under observation, where a snow-ball struck a girl 12 years of age in the corner between left eye and nose, but the latter was most painful. This was during the winter before last; and during the following spring and summer months I had her under treatment for anæsthesia retinæ of that portion of the retina of the left eye, being nearest to the nose. There was some improvement, when I lost sight of her; especially the former frequent and severe headaches were cured by Belladonna after a due severe medicinal aggravation followed the first dose. At that time the lens was perfectly transparent, as I know from frequent ophthalmoscopic examinations, the last about 7 or 8 months after the injury; and I had not the slightest idea, that the lens had sustained any injury. About 14 days ago her father brought her again to me from Paterson, N. J. with a fully developed cataract, and a small iridectomy performed some time after the cataract had developed. He told me that during the winter the change had come on gradually; and that some relatives had taken her to the allopathic Eye Infirmary of this City, where the operation of iridectomy had been performed, but of course without the slightest benefit to the sight, as the lens is equally turbid all over. As the retina has not lost all perceptive power I will perform the operation for cataract as soon as convenient.

To return to Mrs. Dillon. She says, she never had the slightest pain in the eye, and it is only about 15 years since she lost the perception of light entirely. About 8 months ago she had to jump from the 3d story to avoid death by fire; and this violent concussion, which however did her no other injury most probably ruptured the anterior capsule, and allowed the calcareous lens to escape; this however it does not seem to have done immediately, as it was only about 8 weeks

ago, that she first noticed slight uneasiness, increasing gradually to the most violent inflammation and suffering. There was but one thing to be done, and this was thus effected: I removed the calcareous lens the next day by linear extraction, it requiring an incision of over one-fourth of the circumference of the cornea. Taking hold of the corpus delicti, with small forceps, as it would not escape by its own will, it crumbled into three pieces, which enabled me to get it out easier. I combined also a large iridectomy with the operation, and removed that part of the iris, which had been injured and inflamed by the foreign body.

Except the natural soreness of the wound for the first few hours, the pains were removed immediately after the operation, which had been commenced without the influence of an anæsthetic; but she cried and begged for chloroform so terribly, that I reluctantly consented to put her under the influence of a mixture half chloroform and half ether. She is rather stout and short, and I did not think she belonged to the teetotallers; she went however very nicely under the influence of the anæsthetic, and not the slightest unfavorable symptoms marred the further execution of the operation.

The healing process went on favorably without interruption; and though sight could not be restored, the pain and suffering are all gone and she is very thankful for the relief.

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ARTICLE XVIII.—*The Physiological Origin and Uses of Fat.*

Read before the Cook County Illinois Homœopathic Society, Aug. 7th, 1867. By A. W. WOODWARD, M.D., Adjunct Professor of Physiology in Hahnemann Medical College, Chicago.

GENTLEMEN:

IN calling your attention to some of the undecided questions in physiology, I desire, in as succinct a manner as possible, to lay before you the results of experimental observations which are on record and received as established facts, *on the Physiological Origin and Uses of Fat.*

These facts, though isolated, are numerous; and I believe

that by bringing them together, and comparing them with objective phenomena with which all are familiar, we may establish a theory concerning this substance which will be rational; besides explaining many questions concerning the reproduction of tissue; and throw some more light upon the relation of the different functions of circulation, secretion, and animal heat, to each other.

It is generally admitted that fat contributes to two distinct purposes in the vital economy; 1. by progressive metamorphosis to the production of tissue; and 2. by destructive change to animal heat. I presume you will admit that destructive metamorphosis is subject to as strictly chemical explanation within the body, as out of it; while in the consideration of progressive metamorphosis of all substances toward tissue-making, no one will deny the interposition of a formative or vital agency.

You will permit me to remind you that chemically, fat is a neutral substance, "composed (in the human subject) of oleic and margaric acids, united with glycerine as a base; also that fat is found in the blood-current, both in its own form as fat globules and granules, and also as fatty salts.

These facts are significant, shewing a diversity of purpose, and I wish to illustrate the occasion and object of each form in the circulating current; in doing this I must consider briefly the functions of the absorbent system, and call your attention to part of the operations of the liver.

Setting aside the vexed question of the manner of digestion; whether the fat is *emulsified* or *saponified*; whether it is reduced to "Gulliver's molecular base" by mixture with albumen, as is claimed by most physiologists; or whether it be decomposed, forming the "fatty albuminates" as is claimed by Claude Bernard; in either case the substance appears in its original form, immediately after passing the epithelial cell covering the intestinal villi, and is absorbed by the radicles of the portal vein, as well as the lacteals; as was proved by numerous experiments made by Bidder and Schmitt, who found that during digestion the blood of the portal vein was richer in fat, than any other vessel in the body. But while the fat absorbed by the sanguineous capillaries, goes no further than

the liver; that taken up by the lacteals, is conveyed to the mesenteric and lymphatic glands, where it begins to assume a new character.

Müller was the first to demonstrate that the contents of chyle corpuscles were chiefly fatty granules surrounded by an albuminous envelop. Of these granules one or more would become larger than the rest, finally developing into nuclei. These chyle corpuscles and lymph corpuscles, which are essentially the same, are proved to be the peculiar products of the mesenteric and lymphatic glands, and are believed to be identical with the white blood corpuscle as found in the blood-current; and Virchow claims that they are also identical with the plastic exudation corpuscle, as well as with the true pus corpuscle.

These facts have little relation to my subject except as sustaining the doctrine of the agency of fat in the reproduction of tissue, and if it be true as asserted, that these various cells are essentially one and the same, then we are justified in assuming that all provisional or reparative tissues, must develop out of free blastema, which consists chiefly of these elements, that multiply by division.

But these lymph corpuscles, serve yet another equally important purpose, which is to furnish the red-blood corpuscle.

Now whether all that Prof. Salsbury claims,\* is true or not,—“that the lymph corpuscle in its passage through the splenic bodies, is gradually spun into fibrine filaments, finally setting free the nucleus which becomes the red blood disk by taking up hæmatin”—we know by observations made and frequently corroborated by Kölliker that he discovered these lymph cells with red nuclei, circulating in the blood-current.

Upon this hypothesis he based the theory that has been generally accepted by histologists, that the *entire* lymph corpuscle was converted into the red blood disk.

This theory, however, was open to serious objection from the great discrepancy between the size of the lymph and red blood corpuscle, and he endeavored to remove this objection

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\* “Microscopical Observations upon the Anatomy of the Spleen,” by J. H. Salsbury, Cleveland, Ohio. *Am. Journal of Med. Sciences*, April, 1866.

by claiming that it was only the smaller lymph cells that are thus changed. As it is not necessary that this theory should be true, and as Salsbury's assertion is less open to objection, harmonizing as it does with certain pathological conditions with which you are familiar, I see no objection to accepting the doctrine that the nuclei are set free by the destruction of the cell wall, thus forming the true non-nucleated blood disk.

The question might be raised; how can the red blood disk be developed out of the fat granule, when it responds no longer to the tests for fat, neither presents any of its characteristics? No one will presume to claim that hæmatin is identical with fat; but can it be reasonably denied that it may be the specific product of the cell, after the absorption of the mineral substances peculiar to hæmatin? We may as well accept the theory that the specific product of the nuclei of a lymph corpuscle, is hæmatine, as that musculine, chondrine and astrine are the products of the muscle, cartilage and bone cell. Certainly we do not find these substances as ingredients of the blood.

We may sustain this theory of the necessity of fat for the reproduction of tissue, finally by the common observation made first by Lehmann: that "the blood of patients convalescing from severe and protracted illness is always particularly rich in fat;" this is also stated as being true in rapidly growing children.

Besides these purposes served by the neutral fat granules, there is an ill-defined opinion entertained that by oxydation they contribute to the production of animal heat, and that in some way a surplus has been deposited in the areolar tissue to serve mechanical purposes as well as form a receptacle from which it may be reabsorbed at a time of need.

Both these theories I believe to be untenable. In the first instance it is illogical to presume that the phenomena of oxydation are in any way different within the body from without. It is a strictly chemical process, and the conditions must be essentially the same. We know that neutral fats oxydize very slowly, except at a high degree of temperature which is incompatible with life; and if this be the fact in experimental chemistry, it must be equally so in the destructive changes that occur within the system.

Again the doctrine that the fat is simply deposited in the areolar tissue, must be erroneous by reason of the demonstration made by Kölliker, that fat is contained within true nucleated fat cells, which, as a rule, are found in the areolar tissue, but may be developed out of other tissue cells, as demonstrated by Virchow.

If this fact be established, and it seems to be, we have no right to assume that this substance is simply deposited in the tissue, any more than we can claim musculine or ostrine, to be thus produced; and so as before mentioned, we must consider the general law applicable to all cells, that each specific type of cell elaborates, *manufactures* within its own walls, the substance peculiar to their type.

In no other way can we account for the excessive production of fat in those animals who are supplied with a minimum amount, as in the herbivora.

If then we deny that the neutral fats contribute to accumulation, and the production of animal heat, which phenomena are due to this substance without doubt in some form: the question arises, from what elements then is tissue-fat elaborated? And in what form must this substance be to enable rapid oxydation at a comparatively low temperature?

My answer to both queries is, the *fatty salts*. These we know to approximate in the proportion of their elements sufficiently near the composition of the neutral fats, to warrant the presumption that they may be elaborated by the fat-cells into true fat—in the same manner as albumen may be changed into musculine by the muscle cell. And again we are familiar with the fact that all animal and vegetable acids change form and oxydize very rapidly; and we know too that the chemical union of these acids with a base is very weak, unless it be determined by the action of the living cell.

If then the pabulum of the fat cells and the oxydizable element of the blood, must be a substance rich in carbon, but weak in the union of its elements: where are we to look for a sufficient supply? My reply is, in the peculiar secretory function of the liver which supplies an average of about 56 oz. of bile in 24 hours: Of this, Frerich estimates the normal per centage of solid constituents to be about 15 per cent., three-

fourths of which consists of the fatty salts Glyco- and Tauro-Cholates of Soda. This estimate would give a daily yield of about 6 oz. of these salts, which are rich in carbon and, being weak in their union, easily oxydized.

Now the fact that this great quantity of fatty salts is not thrown off from the system, warrants the conclusion that they must be identical with those found in the lacteals and blood-current, though they have lost the reaction peculiar to the biliary salts.

Again, that these fatty salts serve an important purpose, is proved by the amount of oil that is lost in its passage through the liver, two-thirds of which is appropriated by that organ to the production of these elements.

Lehmann quotes many observations made, which prove that the Glyco- and Tauro-Cholates are the peculiar product of the liver; and from the close analogy in the proportion of the elementary acids of oil (Oleic, Margarinic and Stearic) and its base glycerine to the glyco-cholic and tauro-cholics, he believes them to be the peculiar product of the hepatic cells operating upon the oil introduced.

But the hepatic cells have the power of elaborating these fatty acids out of elements in which there is no fat. It has been proved that the secretion of bile is nearly if not quite as great after the digestion of strictly nitrogenized food; and we all know that it is secreted in abundance from the saccharine and farinaceous elements, as we witness in the herbivora. This fact would sustain our theory: that the production of animal heat, and the manufacture of fat must be from the absorption of the fatty salts alone, and that the neutral fats cannot contribute to these processes.

Again our position is substantiated, and a question in pathology answered, when we consider that in diabetes the bile is remarkably poor in these salts. This is stated by Lehmann, and would raise the question, whether the sugars are calorificants directly or only indirectly, by being metamorphosed into fatty salts?

It is certainly a strange fact, if they do contribute to the production of animal heat, and the increase of fat *directly*, that in this condition when the blood is *loaded with sugar*, we find as a rule a deficient temperature and emaciation.

Finally, I would sustain my position on this subject, by the following propositions which I believe will aid in further deductions.

1st. Lehmann's assertion, "that the accumulation of fat is in inverse relation to the abnormal activity of the secretions," in other words—when the secretion of bile is excessive and therefore morbid in quality, causing it to be thrown out of the system, there is an arrest in the formation of fat, and soon emaciation.

2d. The admitted fact, that the activity of secretion, is dependent upon the rapidity of the circulation.

3d. Prof. Flint demonstrated that in pathological conditions, increase of frequency of the pulse, was in ratio with the decreased rapidity of the circulation. Therefore animal heat is in inverse ratio with the activity of the circulation.

Now we can understand the relation between these different functions—why the secretions should be arrested in proportion as the temperature rises, the circulation being arrested, thus as a rule preventing excessive waste; and, on the other hand, we can understand why deficiency of temperature may be caused by too great activity of the circulation within the secreting organs. This occurring, it must also be attended by arrest in the formation of fat, or even by emaciation.

If these propositions that I have quoted be true, they prove the correctness of my theory; that the biliary salts are essential to the production of animal heat, and the accumulation of fat, and that in proportion as the production of these elements is excessive and therefore wasteful, in that degree the system suffers emaciation.

Of the correctness of these points, any observer can judge, and if they are admitted, you must necessarily recognize the validity of the foregoing argument.

I am fully aware of the strength of settled opinions, and I trust they may be strong enough in your minds, to call up a discussion of this subject, which should be more definitely settled.



ARTICLE XIX.—*History of Homœopathy in Maine.* An Address before the Homœopathic Medical Society of Maine, by WILLIAM E. PAYNE, M. D., of Bath, Me, 1867.

GENTLEMEN OF THE STATE HOM. MED. SOC. OF MAINE :

The auspices under which we assemble here to-day, are peculiarly gratifying. For the first time in the history of homœopathy in Maine, its representatives come together as an organized body, recognized by the laws of the State, and admitted to all the powers, privileges and immunities conferred by law, and now enjoyed by all like chartered medical organizations.

Those of us who first embraced homœopathy, and entered upon the practice as pioneers in Maine, can by contrast, more fully appreciate our present position, than can those who entered the profession at a later date.

I propose, gentlemen, to spend the short time allowed me, in sketching the outlines of the history of the introduction of homœopathy into our own State, and its subsequent progress among us.

I have chosen this subject for the purpose of placing on record a few facts for the use of the future historian of homœopathy; while, at the same time it enables me to discharge the duty which the by-laws of this society impose upon me as its presiding officer.

You will pardon me for speaking first of my own connection with homœopathy, as my first practical knowledge of the subject is closely connected with its early history in our State; and in stating somewhat in detail, my own case, it is not improbable that many of you may recognize in the narrative a close resemblance to your own experiences.

Previous to the year 1840 the practice of homœopathy was unknown in Maine; at least, prior to this, it was unknown to me. During my undergraduate medical pupilage, which commenced in 1833, I occasionally saw and read something of homœopathy in the medical journals of the day; but nothing in any way calculated to give me a favorable impression, but on the contrary a very mean opinion of both the theory and the practice. The representations then made were little else

than caricature, as I have since had abundant reason to know. The inevitable conclusion seemed to be, as pronounced by the several writers, that homœopathy was a monstrous fallacy—utterly unworthy the consideration of thinking and scientific men. A similar, and I doubt not honest, conclusion is arrived at by almost every student and practitioner of medicine, whose only knowledge of the subject is obtained from similar sources.

Inexperienced and credulous, the young practitioner enters upon the duties of his chosen profession with high hopes and expectations. The theories so dogmatically enunciated and enforced in the schools, he has little if any doubt, will serve him on all occasions. If there be *sthenia*, depleting measures must be resorted to; and if *asthenia*, then stimulants, and the so-called tonics:—this was the teaching; and to carry into detail this theory of *contraries*, cathartics must be used in constipation; astringents in diarrhœas and hæmorrhages; opium for pain; cold for heat, and heat for cold, and so on—nothing could be plainer; and should stray thoughts like the following—what is the contrary of *albuminaria*, *syphilis*, *intermittent fever*, *enuresis*, &c.? occasionally cast a shadow athwart the mental vision, they must be permitted to pass without too close scrutiny,—this is the accumulated experience and wisdom of the ages, who shall doubt it? Surely not the tyro in medical practice. Such, in general, are the views acquired and entertained by most young physicians on their entrance into the profession; at least such were my views, hopes and expectations. Notwithstanding a natural distrust of my own ability, an increasing and varied practice brought me to see, very slowly and reluctantly, to be sure, that theory was one thing and practice quite another thing. Though successful in practical results as my colleagues, as shown by a rapidly increasing patronage, I had frequent occasions to deplore the unsatisfactory issues of the most direct and unmistakable application of the rule of *contraries*; and it was mainly when I followed the experience of the profession, without regard to theory, that I secured the best results. Notwithstanding every successive year of practical experience showed more clearly the insufficiency of the acknowledged rules, in the treatment of many of the severer forms of disease, yet I did not, for a moment, think

of looking for anything better, for I presumed nothing better was then known—that medicine was purely an inductive science; and though a long period of practical observation had elapsed, and many facts had accumulated, yet many more were needed before a general practical rule could be educed. Little did I think that the law of cure had been already discovered; and much less should I have expected to find it in the direction of that visionary and despised system, homœopathy.

In Sept. of 1840, there came to Bath, from Eastport, an itinerent practitioner of homœopathy, by the name of Sandicky. He took up his quarters at the Hotel where I was boarding, and offered his services to the public as a homœopathic physician. Regarding him as an adventurer, and influenced by preconceived opinions of homœopathy, I studiously avoided all personal intercourse; nevertheless we occasionally came in contact at meal time, where his gentlemanly deportment unconsciously engaged my attention, despite the bravery of professional dignity. I found him intelligent, and as the reserve from professional antagonism wore away, our conversation turned to the subject of medicine. A concise presentation of homœopathy showed that I had, through misrepresentation, misapprehended its principles; and I felt a growing desire to know something more of the system of which I had, up to this time, entertained so mean an opinion. I therefore gladly accepted the doctor's proposition to loan me the *Organon* of homœopathic medicine: and well do I remember with what impatience I looked forward to an opportunity to read it. After the labors of the day were over, I retired to my sleeping apartment, locked the door, and sat down to its perusal. In running rapidly through the introductory chapter, I became intensely interested; for light was thrown upon certain incidents that had occurred in the course of my practice, which I had in vain endeavored to comprehend and explain. Here, I thought, is enunciated a principle which, if true, in practice, will take the place of all the theorizings and speculations of the schools—a realization in fact, of that ideal of accuracy—that precision in medical practice, which had been my day, and sometimes my night dream.—If this be true, what an oppressive

burthen will be lifted from the shoulders of the conscientious physician. Give me a rule that will hold good in all diseases, both the mild and the malignant; and in all parts of the world, as well in the eastern as in the western hemisphere,—in the malarious regions of India, as well as in the salubrious climate of New England, had been my most earnest desire. Is *similia similibus curantur* this rule? If so, I can work on by day and by night, with a cheerful heart, and with unflagging energies. Such were some of my reflections as I read on, unmindful of the passing hours, till the gray morning broke in upon me. Is all this true? Will it stand the test of experience? were frequently recurring questions. I had before me, in the Organon, gathered by Hahnemann, a great number of facts taken from both ancient and modern authorities, as well as from popular and common observation, in attestation of its truth. I determined then and there that I would trust to the opinion of no man; but settle the question for myself according to the best of my ability—taking for my guide, the rules laid down in the Organon. But where was the *Materia Medica* to be obtained? I did not then know that there was another book upon the subject in the English language; I did not know even that there was another physician in the country except Dr. Hering; and of him I only knew as the nominal translator of the Organon. I had seen that the *Mat. Med.* used by Dr. Sandicky was in the German language, and this I could not read. On stating my newly awakened interest, my wish to make a practical test of the theory, and the difficulties in the way, I found that Dr. Sandicky had a copy of Hering's *Jahr* (which by the way I have always regarded as the best edition of *Jahr* in the English language). This copy I purchased, together with the Organon, and a few remedies.

A preparation for the test, which I determined to institute the first favorable opportunity, now occupied all my leisure time. In about two weeks after I commenced the study of the *Mat. Med.* an opportunity quite unexpectedly occurred, in the case of a very sick child—sick with pneumonia, which I was called upon to treat. In this case the skin was burning hot; pulse quick and tense; breathing short and rapid, with constant moaning; cough frequent, dry, and apparently pain-

ful ; comatose ; head hot and dry, with much arterial pulsation ; lips dry and hot, with apparent excessive thirst, which, however, was satisfied for the moment with a few drops of water. There were also frequent small mucous evacuations. In view of the tender age of the child, the gravity of the symptoms, and the prescribed authoritative treatment in such cases, the prospect was discouraging. I so informed the parents, at the same time adding that I would do all in my power. Although I had never, for a moment, thought of making my first experiment with homœopathy in a case of much severity, and more especially in one of doubtful termination ; yet here was a case which, I felt in my own mind, would terminate fatally under the best directed efforts ; and the thought occurred—it could not be worse under homœopathic treatment. I determined to make the experiment in this very case. With the promise to return soon with medicine, I betook myself to the *Mat. Med.* In the provings of two remedies—*Aconite* and *Belladonna*, I found a very fair picture of the case—both had dry skin with burning heat, quick and hard pulse—breathing rapid, with moaning—cough frequent, dry and painful—head hot—lips dry with thirst, and frequent small evacuations ; but there was this difference : the thirst of *Aconite* called for large draughts of water, while the thirst of *Belladonna* was satisfied with frequent sippings. *Aconite* had disposition to sleep, without ability to do so, while the sleep of *Belladonna* was comatose ! *Aconite* had small and frequent watery evacuations, while the discharges of *Belladonna* were frequent, small and slimy, as in this case. I therefore selected *Belladonna* as being better adapted to the case than *Aconite*, according to the rules laid down in the *Organon*. On visiting my patient the following morning, I found all the symptoms much improved—a decided change for the better in the whole aspect of the case—the danger had evidently passed, and the child made a rapid recovery. Did *Belladonna* effect this great and rapid change ? In accordance with the established rules by which human judgment is ordinarily determined, it seemed to me that *Belladonna* should be credited with the result.

Thus on the 16th day of October, 1840, nearly twenty-seven years ago, I made my first prescription in accordance with the

law of *Similars*; and according to the best information I have been able to obtain, this was the first predetermined and conscious homœopathic prescription ever made in Maine by a resident practitioner. My purpose to thoroughly investigate the subject was now fixed; and as I cautiously proceeded onward, success beyond my most sanguine expectations followed my endeavors; and, without further taxing your patience with the detail of my labor and experience, I will simply say that in a few short weeks I attained a firm and abiding faith in the great law of cure as promulgated by Hahnemann. The thought as to how the change would affect my practice never entered my mind. If it was truth, that was enough. I was ready to stand or fall by the consequences. My purpose was, however, to quietly pursue the practice until, by study of, and familiarity with the *Materia Medica* I had gained sufficient confidence in my own ability, to conduct the practice I had already acquired. But this was not permitted: My colleagues, with whom professional opposition had already become rife, got knowledge of the fact, and with a hope, doubtless, of regaining their lost patronage, “blazed” the matter abroad, exceedingly:—ridicule, sarcasm, derision, and misrepresentations were diligently plied—timidity assailed, and pride of intellect appealed to, but with no other effect than to prompt me to openly acknowledge my convictions of the truth of homœopathy, and enter upon its defence earlier than I otherwise should have done; and in this hurried, compulsory transition, I not only carried with me all my patrons, but the notoriety thus given to homœopathy by the efforts of professional antagonism, induced others to inquire and observe more attentively the results of the practice, many of whom became converts and supporters, who previously had given it no thought.

I stood alone in Bath without a professional ally, for nearly twenty years. I now have as co-laborers Dr. M. S. Bing, who in 1859 abandoned allopathic practice, in which he had been engaged for several years, and Dr. F. W. Payne, who took his degree of Doctor of Medicine at the Harvard Medical School, and entered the profession in the beginning of 1866.

Dr. Sandicky remained in Bath a few weeks, and, without

leaving, as the result of his practice, any very marked evidences of the superiority of homœopathy, went to Portland, in the latter part of November, where he remained nearly a year, performing, it is said, "some fine cures, which attracted considerable attention."

Next in order to Bath, came Portland. Whether any special attention had been given to the study of homœopathy in that city prior to its introduction by Dr. S., I am not informed. According to reliable information, soon after Dr. Sandicky commenced the practice, our worthy and respected colleague, Dr. E. Clark, together with the late Drs. Rea and Merrill, entered upon the investigation of the subject; and the following year (1841) renounced the old practice, and entered fully upon the practice of homœopathy. Which of the three is justly entitled to precedence, I am unable to inform you. Dr. Merrill claimed priority. Be this as it may, chronologically there could have been but little difference. In the winter of '41, I first became cognizant of the fact that Drs. Clark and Merrill were engaged in the practice. In the latter part of that winter, I visited them at Portland, and in return was visited by Dr. Merrill at Bath. Meeting and taking by the hand a professional brother, in those early days of homœopathy, was, I assure you gentlemen, an occasion of extreme pleasure. It was like meeting an old and long absent friend.

Homœopathy, from its first introduction, has been popular in Portland: and is now worthily and ably represented by Drs. E. Clark, Moses Dodge, J. M. Cummings, R. Shackford, and Geo. R. Clark. In the autumn of 1843, Dr. John Payne, then temporarily residing at Northport, became interested in homœopathy, through my agency. He made a successful trial of the remedies, and on removing from thence to Belfast in Feb. 1844, he renounced the old practice, in which he had been engaged for more than fifteen years, and devoted himself exclusively to the study and practice of homœopathy, until his decease, which occurred on the 8th day of October, 1857. His son, Dr. L. V. Payne, deceased in 1853, was engaged with him in practice from '46 to '49, and rendered considerable aid in extending a knowledge of the system. Dr.

Payne was instrumental in interesting several allopathic physicians, who afterwards embraced homœopathy, among them Dr. John Roberts, then of Brooks, and subsequently of Vassalboro'. Dr. Payne was a diligent student of homœopathy, and always in effort to make his prescriptions strictly in accordance with the homœopathic law. Since the death of Dr. Payne homœopathy has been represented in Belfast by Dr. D. Flanders, and maintains a firm footing.

The same year (1843) Dr. Snell of Bangor made an attempt, it is said, to practice homœopathy in that city by the aid of a domestic book and box. I am unable to enlighten you as to the result of this essay of the Doctor, either upon himself or his patrons; but the measure of his success may be pretty accurately determined by all educated homœopaths. In the month of July of the following year (1844) Dr. W. Galloupe removed from Concord, N. H., to Bangor, opened an office, and offered his services to the citizens as a practitioner of Homœopathy. This doubtless may be said in fact to have been the beginning of homœopathy in Bangor. Dr. Galloupe was the sole representative of homœopathy in that city from '44 to '49. In the spring of the latter year, Dr. James H. Payne removed from the town of Montville to Bangor, and became an ally of Dr. Galloupe. This was the season of epidemic cholera in Bangor, which you all, doubtless, remember. Homœopathy proved so much superior to allopathy in the treatment of that epidemic, that it suddenly acquired great notoriety, and from that time assumed a prominent standing in public estimation. The practice was represented in Bangor by Drs. Galloupe and Payne till the autumn of '54, when Dr. J. H. P. Frost entered the field, and Dr. Kellogg in the autumn of '55. The latter gentleman, after a practice of about two years, removed to the State of New York. Dr. J. P. Jefferds took the place of Dr. Payne in Dec. 1860 and in 1865 Dr. J. M. Blaisdell succeeded Dr. Frost, who removed to Philadelphia to fill the chair of Physiology, to which he had been elected, in the Homœopathic Medical College of that city. At the present time homœopathy is represented in Bangor by Drs. Galloupe, Jefferds and Blaisdell—all doing a good business. From the time of the introduction of homœopathy into Bangor, it has



gradually gained in public confidence; and the present year, as I am informed, the City Council have elected a homœopath (Dr. J. M. Blaisdell) to the office of city physician.

In 1844 Dr. John Roberts of the town of Brooks, who had been engaged in allopathic practice for about forty years, became a convert to homœopathy. He was induced to investigate the subject through the agency of Dr. John Payne of Belfast. At that time, his grandson (Dr. F. A. Roberts, then a child, but now a member of our society) was suffering from whooping cough. He was much reduced, and, from unmistakable indications, unless soon relieved, must ere long pass on to that "undiscovered country, from whose bourne no traveler returns." The good doctor and grandfather had exhausted his professional skill, and in his anxiety for the fate of the child, and despair of his own ability to conquer the disease with allopathic means, he went to Dr. Payne of Belfast, gave him a story of the case, and asked him to prescribe a remedy. Dr. Payne did so, and in twenty-four hours the child was better. From this time Dr. Roberts began diligently to investigate the subject; and after two years of study and practice in the town of Brooks, in 1846 he removed to Vassalboro', introducing the practice into that town, and then devoting himself to the profession until his decease, which occurred in March, 1856. Dr. Roberts was a firm believer in homœopathy as taught by Hahnemann, and practiced strictly in accordance with the rules laid down in the Organon. He was an able and worthy representative of our cause.

Many interesting anecdotes are related of him, which characterize the man, the spirit of some of which at least, it might be well for us who are left behind, to emulate. His whole aim seemed to be *cure*, rather than multiplicity of cases. It is said he would often spend hours with a suffering patient—watching the symptoms and the effect of his remedies till relief came, or until he was satisfied that he had control of the case. He was accustomed to visit his patients on horseback, and on occasions like the above, he would often turn his horse loose to graze by the road-side, until he had accomplished his object, when he would hunt up his trusty animal, and move on to the next case.

Though he left Brooks without a representative, and the field has since remained unoccupied, yet he inspired the people in that and adjoining towns, with an abiding confidence in homœopathy; and in Vassalboro', where he practiced ten years, he laid a firm foundation for the practice, which has since been sustained by Drs. J. H. Barrows, R. R. Williams, and the grand-son Dr. F. A. Roberts, whose case first led him to the investigation of homœopathy: *Integra mens augustissima possessio.*

In the following year (1845) another important acquisition was made to our ranks, by the conversion of Dr. Richard Bradford of Auburn. Dr. Bradford was a member of the so-called "Bowdoin Banner Class of 1825"—distinguished for numbering among its members Henry W. Longfellow, Nathaniel Hawthorne, J. S. C. Abbott, Geo. B. Cheever, Jonathan Cilley, &c.; and from the Maine Medical School he took his degree of Doctor of Medicine, in 1829. After an extensive allopathic practice of some fifteen years, the results of which he says, were unsatisfactory to himself; and after becoming satisfied, by careful study and experiment, of the truth of homœopathy, he abandoned the old practice in the month of Sept. 1845, and thenceforward zealously devoted himself to the practice of homœopathy.

In 1847 or '48, at the suggestion of Dr. John Roberts, Dr. W. B. Chamberlain introduced homœopathy to the people of China. The field was not long occupied by him; but in 1861 Dr. F. A. Roberts re-commenced the practice in that town, which he prosecuted successfully for about four years, when he removed to Vassalboro', to occupy the place left vacant by his grandfather. At this time homœopathy so far gained in public confidence in China, that the inhabitants have ever since been desirous that a physician of our school should settle among them.

Augusta has been a fruitful field for homœopathy. In 1847 a Dr. Green introduced the practice to its citizens, but, as I learn, with indifferent success. The real foundation for its present standing was laid, I think, in 1850, by Dr. S. M. Cate, now of Salem, Mass. Its popularity rapidly extended into the surrounding towns, so widening the field, as to make the prac-

tice very arduous. This Dr. C. sustained till his health failed, when in 1860 he disposed of his good-will and practice to Dr. D. Whiting, who had been his professional ally some two or three years. Dr. Whiting fully sustained the practice of his predecessor, both in extent and success, until, by over-work, his health also gave way, when Dr. W. L. Thompson, in 1865, assumed his practice, and now occupies his circuit. In 1861, our young friend and colleague, Dr. J. B. Bell entered upon the practice in Augusta. From the first, Dr. Bell has steadily advanced in public and professional favor, and it may not be improper to say in commendation, that he is a strict Hahnemannian, devoted to his calling, and promises much usefulness to the profession. Homœopathy is ably represented in Augusta.

In the month of April, 1849, Dr. W. F. Jackson, now of Roxbury, Mass., formally introduced homœopathy to the citizens of Gardiner. Previous to this time, however, dating as far back perhaps as '43, homœopathy was practiced in Gardiner to a limited extent, and with some degree of success, by an amateur practitioner—a clergyman by the name of Howard; so that on entering the field Dr. Jackson found a few persons prepared to give homœopathy a favorable reception. By devotion to business and marked ability, Dr. Jackson succeeded in making for homœopathy a good name; and, at the end of four years, when he removed to his present location, he left behind many firm supporters of homœopathy, as well as a very large number of warm personal friends. Dr. F. N. Palmer, now of Newtonville, Mass., succeeded Dr. Jackson in 1853. Since that time the field has been successively occupied by Drs. J. D. Young, S. H. Worcester, H. H. Hamilton, and one or two others, names not now remembered; and at the present time by Dr. J. H. Barrows. The same year (1849) Dr. J. P. Jefferds introduced the practice of homœopathy into Kennebunkport, and Dr. B. H. Batchelder into the town of Montville, where he has continued the practice to the present time. Dr. Jefferds' attention was drawn to the subject by Dr. Hoffendahl of Boston. He pursued the practice successfully in Kennebunkport for about thirteen years, when he removed to Bangor. The field is now vacant.

We have now passed over a period of ten years of the history of homœopathy in Maine, and find it had gained a permanent footing in but nine different places in the State, though in the time, two or three other places had been temporarily occupied.

In 1850, the beginning of the next decade, its sphere was considerably widened by the addition of Yarmouth, Ellsworth, Winthrop and Calais. In the course of the year each of these towns was permanently occupied by a disciple of our school—Yarmouth by Dr. G. P. Thompson, and Ellsworth by Dr. M. R. Pulsifer, each of whom had been engaged in allopathic practice, in their respective localities, for several years. In going over to homœopathy, they took with them, not only their former patrons, but in due time a large acquisition was made to their lists from the patrons of allopathy. In allusion to this fact, Dr. Thompson facetiously remarks that many of the timid applicants for homœopathic aid, “like Nicodemus of old, came to him by night.” This remark well illustrates the want of manly independence of a large portion of mankind on the one hand, and the despotic influence exerted by leading spirits on the other, which many of you, gentlemen, have seen exhibited in many ways, doubtless, in the course of your professional career.

A Rev. Mr. Hill carried homœopathy to the citizens of Winthrop, followed by Dr. F. N. Palmer, who, after a short stay, removed to Gardiner. Winthrop, for a time, was left vacant: but in 1858 the field was again occupied by Dr. Charles A. Cochran, who by a vigorous and determined course has raised homœopathy to an honorable position. The same year Dr. Mitchell carried homœopathy into Calais, where he practiced with acknowledged success for about four years; when in consequence of alleged failing health, he left Calais for a Southern residence, at the same time, it is said, practically abandoning homœopathy. If this statement be true, Dr. Mitchell furnishes another, in addition to the very few instances of apostacy in the whole history of homœopathy.

And herein is exhibited one of the marvels of human action: after establishing a good name for homœopathy among his patrons by his own successful practice, Dr. Mitchell took the back track, as since taken by the more noted Peters, who re-

turned, you remember, with a grand flourish, to the renowned glories of allopathic drugging, "as the dog returns to his vomit, and the sow that is washed, to her wallowing in the mire." During the eight following years, homœopathy, it is said, declined in public estimation, in Calais, in consequence of incompetent practitioners. In 1862, Dr. E. D. Seymour entered the field; and by energy, diligence, and an intelligent use of the homœopathic law, he has raised homœopathy to an honorable standing in popular estimation, and now conducts a large and increasing practice.

The next reinforcement made to our ranks were in Waterville, Rockland, and Damariscotta, in 1862. In Waterville, our worthy colleague, Dr. N. G. H. Pulsifer was the pioneer; in Rockland, Dr. J. M. Blaisdell, now of Bangor; and in Damariscotta, Dr. J. P. Paine, now of Roxbury, Mass. Dr. Pulsifer still occupies his original post, panoplied for the fight, and has no competitor. From Rockland, after about one year, Dr. Blaisdell removed to Lynn, Mass. and from thence to Cincinnati, Ohio. The post at Rockland was occupied by a man by the name of Bryant, who, after a short and disreputable career to both himself and the profession, left for parts unknown. The field has been worthily occupied since '54, by Dr. J. Estin; and recently Dr. Nathan Wiggin has become an ally. Dr. J. P. Paine remained at Damariscotta about one year, and, regarding the prospect as not sufficiently encouraging, went to Dedham, Mass., where he secured a good patronage among the wealthy and intelligent people of the town; and after a residence of ten years in Dedham, removed to the city of Roxbury, where he is conducting at the present time a large practice. Damariscotta has not been re-occupied.

Richmond and Rockport (Camden) were the only new points in Maine where homœopathy was introduced in 1854. Dr. J. D. Young was the pioneer in Richmond; and Dr. H. B. Eaton in Rockport. Dr. Young remained in Richmond some two or three years, and from thence went to Gardiner. In 1857 Dr. Richards occupied the field. Homœopathy has been gaining in the confidence of the people, and at the present time Dr. Richards is prosecuting a large and successful practice. The conversion of Dr. Eaton I give in his own

words: "I took my degree," says Dr. Eaton, "as Doctor of Medicine, at the Maine Medical School in 1845. While there I roomed with L. V. Payne, a nephew of yours. Prof. Peaslee took especial pains to ridicule homœopathy before the class. To refute the assertions of Prof. Peaslee, young Payne would read, at our room, from homœopathic authors. In this way I became acquainted with homœopathic and allopathic disputations. On leaving College, however, this all passed out of my mind, except the fact that homœopaths claimed to cure diseases over which allopaths had no power. In 1852 Rockport was visited by *scarlatina maligna*. Among the victims of that epidemic was my only child. This death unfitted me for practice. I visited the schools and hospitals of New-York and Philadelphia for the purpose of gaining additional practical information. On my return to practice, however, I determined, if myself or mine were again sick, to treat homœopathically, if possible. In Sept. '54, two years latter, I lost several patients by dysentery. My only child was down with it. I had counsel, but the child was evidently sinking under the disease. Allopathic skill seemed as impotent in this, as in scarlatina cases. My former resolutions returned. A neighbor had a case of homœopathic medicines and book. I went in the night, enjoined secrecy, took the book and medicines, and here, in the case of my own child, made my first prescription. In twelve hours the whole aspect of the case was changed for the better. My child recovered." Dr. Eaton became a staunch homœopath, and is now conducting a lucrative practice among his former allopathic patrons. In 1856 homœopathy was introduced into Lewiston, Saco and Kennebunk. Dr. H. C. Bradford commenced the practice in Lewiston, and has succeeded in laying a solid foundation for homœopathy in the affections of the people. His practice is large and successful. The same year, Dr. J. O. Moore established himself in Saco. Prior to this time—indeed as early as '51 or '52—homœopathy was favorably known in Saco, through the agency of Dr. E. Clarke of Portland. Dr. Moore continued to practice in Saco for a period of ten years, when he sold his good will and practice to Dr. L. F. Morse in 1866, who, after about four months' residence, removed to Biddeford, where he now alone represents homœopathy. Homœopathy

is now ably represented in Saco by Dr. S. P. Graves. Dr. Ed. W. Morton formally introduced homœopathy to the people of Kennebunk the same year. Dr. Morton has a gradually increasing practice, which is the best evidence of his ability.

Dr. T. S. Goodwin opened an office in Skowhegan in 1857, and the following year Dr. J. H. Hamilton entered the field as a competitor. After about two years Dr. Hamilton left the place, and, I believe, the state. Dr. Goodwin remained till '65, when the field was left vacant, until recently occupied by Dr. S. H. Boynton. The following year, (1858) Dr. R. R. Williams carried homœopathy into the town of Clinton, where for five years he maintained a successful and lucrative practice, but in 1863 removed to North Vassalboro'.

An attempt was made by Dr. Cook to establish homœopathy in the town of Amity the same year, but failing in this, went to Dover in '59, where he continued till recently. I understand he has left the state. Both localities are now vacant.

Homœopathy was introduced into Farmington in 1861, by Dr. H. W. Hamilton. Since 1863, Dr. O. W. True has been zealous in his efforts to establish the practice in that region on an enduring basis; and through his energy and skill, with the more intelligent and wealthy inhabitants of that town, homœopathy has attained a good standing.

In Wiscasset the practice has acquired an extended popular recognition. As early as 1850 the people became interested in the subject, and frequently called in homœopathic medical aid from an adjoining town. But not till 1862 was the field formally occupied. Dr. J. W. Savage then opened an office, and entered upon the practice, which he now sustains. It commands the best patronage of the place, both as to intelligence and wealth.

The town of Strong has had an intelligent and worthy representative of homœopathy since last year, in the person of Dr. S. E. Hartwell.

Searsport, also, has for some time sustained the practice in the hands of Dr. B. L. Dresser. But I can give you no data, as I have been unable to obtain them.

In passing, I have made no allusion to the manner in which

homœopathy and homœopathic physicians, have been treated by the allopathic profession generally. And here, I will say only, that nearly all of the above-named physicians are graduates of allopathic colleges—having diplomas signed by the professors of the several colleges from which they graduated, certifying their qualifications. But when these same accredited physicians ventured to add a knowledge of homœopathy to their former knowledge, which the said professors certified as being sufficient to entitle them to the confidence of the public, and to honorable fellowship with the medical profession, they were forthwith denounced as quacks, charlatans, dishonest, and (by the more indiscreet) as no better than thieves and pickpockets. And the two only members of our corps in Maine (Drs. H. B. Eaton of Rockport, and M. S. Bing of Bath) who were members of the medical Society of Maine, when they ventured to investigate homœopathy, were summarily expelled as soon as the fact became known to that body; and such, I believe, has been the course pursued or attempted, generally throughout the country towards homœopathic physicians.

Thus, gentlemen, I have given you a hasty, imperfect, and poorly digested sketch of the history of the introduction and progress of homœopathy in Maine; enough, however, it is believed, to show that the history contains in itself features of interest, from which the future historian of homœopathy may be able to glean something indispensable to an extended narrative of the great revolution now going forward in the medical world.

From 1824 to 1827, homœopathy was represented in this country by but a single physician; and up to 1840, a period of about sixteen years, its converts had reached probably, to not more than a dozen in number. But at this point, the various works upon the subject having been fairly translated into the several languages of Europe, it acquired a much more rapid headway, not only in this country, but in every state and kingdom of the civilized world. To-day, embracing a period of somewhat over forty years, the standard-bearers of homœopathy in the United States alone number, at least, four thousand. We have also, five colleges, and a charter granted by



the Massachusetts Legislature for a sixth; together with infirmaries, journals, societies, standard works, and text-books innumerable.

From a single point in our own state, since 1840, homœopathy has extended its area, till some thirty-two towns are embraced within its present limits, and some forty-three regular physicians, who, to say the least, will rank, in point of professional ability, with the average of allopathic physicians, are, in the same localities, zealously engaged in carrying forward this beneficent reform.

Slow, indeed, has been the augmentation of our ranks; but the steady and permanent advance here, as elsewhere, particularly among the educated and wealthy, together with the acknowledged effect in compelling the abandonment of many of the barbarities of the old practice, which had well-nigh made the physician, instead of a welcome visitor, the dread of the sick room, are a sure guaranty of its final triumph.

To those of us who have toiled on through a period of more than a quarter of a century—who have been targets for the shafts of calumny, vituperation, ridicule, and envenomed slander—to us, this first gathering of our forces in state convention, and too in so goodly a number, is an occasion of heartfelt thanks and rejoicing; and this, brethren, is a fitting opportunity to renew our fealty, if need be, to the great cause which we have voluntarily espoused. We should allow no minor considerations to alienate us—to generate partizan divisions in our ranks, especially on those questions which the profession have not been able, as yet, to settle upon the firm and impregnable basis of practical experience. If in the selection of remedies, he adheres rigidly to the great law of cure, we should hold in equal respect, the man who uses the lowest potencies only, and the man who, in the conscientious discharge of his duties, uses, exclusively, the highest potencies now known to the profession—believing or not, as we may, that exclusiveness in the choice of the dose, limits the success which every physician is most anxious to secure.

ARTICLE XX.—*Foreign Correspondence.* Letter from Dr.  
BUSHROD W. JAMES.

DUBLIN, July 5th, 1867.

*Editor of the American Journal of Homœopathy.*

DEAR SIR,—No Asiatic cholera, ship-typhus, yellow fever or other contagious disease having visited our vessel on my passage across the Atlantic, I must confine myself to land observations in my first communication to you upon medical and surgical matters.

Landing at Queenstown, I came up through Ireland, stopping at several points on my way, but none of them have been of much interest in a medical point of view. At Cork, not being able to find a physician of our own school, I easily obtained an introduction to the most eminent surgeon of that place, who kindly took me with him in his morning rounds to the South Infirmary, an institution with which he has been connected for over thirty years; and all the important cases were shown and demonstrated to me by him. Upon a case of scrotal hernia which had just come in, he took occasion to fully explain his mode of reducing strangulated as well as other cases of hernia, and in a large practice of many years he has never had any necessity for resorting to the knife in more than two instances. He first carefully examines the case, and then grasps the tumor in his left hand until he can get hold of the *sac* with the thumb and first finger. He then pulls upon the hernial sac, which he says opens the orifice of protrusion, on the principle of opening a valve, then at the same time he grasps the tumor more fully, while with the other hand he returns the intestine back by proper taxis. He informed me that the most obstinate cases of strangulated hernia can almost invariably be quickly reduced in this manner—the patient being under the influence of anæsthesia.

I have visited some four or five hospitals in Ireland; and although they are not fitted up with that degree of neatness and amplitude of the wards, noticed in American hospitals, yet they are devoid entirely of that peculiar smell so common in ours.

In this city I went around the surgical wards of the oldest hospital in Ireland, Mercer's, during the service of Dr. Butcher, the most eminent surgeon of the place. The wards are not large, as the building was fitted up for another purpose, and of course they have the appearance of being much cramped; but they are well ventilated nevertheless. Although this is the oldest, it is not the largest in Dublin, but with the view of seeing the best surgical treatment, I selected it for visitation to-day.

A case was exhibited, in which an encephaloid tumor of the testicle, larger than a goose-egg, had been removed the previous day. The pathological specimen was examined, and on being laid open with the knife, presented the brain-like appearance, from which such growths take their name. No discoloration of the skin is noticed in these cases before operating, and it is important to make a correct diagnosis of such cases before beginning. In this instance it had much the resemblance of a hydrocele; but plunging in the trocar before fully deciding, will settle the question. If it is the latter, you obtain the serous fluid, if the former, nothing but a few drops of blood will follow. This case had been but four months growing, while a cast in the hospital museum of one of these encephaloid growths, occurring in the axilla, showed that the tumor had in seven months enlarged to the size of a man's head. But I cannot in a letter detail, or even refer to the many interesting and instructive cases in surgery, that I have seen. While going the rounds of one of the medical wards in the same institution, I could not but remark the excellent mode of clinical instruction, which the medical attendant adopted in one or two instances. It was well calculated to enforce practical lessons upon the students, who accompanied him in his visitation through the sick wards. A student was obliged to make a full examination of the case, to the best of his ability, before the physician arrived at the bed. The student was then asked his history of the case, his diagnosis and the treatment he would adopt for it, together with his reasons therefor. The patient was then examined by the preceptor, and a thorough explanation gone into—the symptoms and points he had overlooked were brought out. The student

was then obliged to write out the directions, as well as the prescription in Latin in full, and read it out before the others.

I availed myself of the opportunity of going through and examining the medical museum of the celebrated Trinity College located here. The museum is not so fine as it used to be with respect to its collection, as many of the finest specimens were removed some time ago by one of the professors of this department, upon the expiration of the term of his professorship, which lasted for seven years. Two very fine and curious skeletons were shown to me; one was that of a giant. The skeleton was eight feet six inches in height, and well proportioned. The man had died when about twenty-five years of age, and was a native of Ireland. There were two other Irishmen from the same locality that this one came from, who died, nearly the same size—one was eight feet four inches and the other was eight feet nine inches. The former is preserved by another college in its museum, and the latter was buried. The other was a skeleton with almost universal anchylosis—the left wrist and phalanxes being the only joints excepted. A band of solid osseous formation extended from the occiput to the dorsal vertebræ and the ribs on the left side of the chest, making the head as immovable as if an iron brace held it. The inferior maxillary was also firmly closed; he having lost some of his front teeth, was fed on liquid and pulpy food for years; and yet this was the skeleton of a man who lived to within a few weeks of a century. From the ischium on either side firm growths of bone, as thick as an ordinary humerus, extended down to the femur, while from many localities long stalacti-form projections of bone stuck out in various directions. This skeleton has been in the college museum for one hundred and twenty years. The subject, it seems, was a man who happened to be a poor relative of a lordly family, and he was maltreated by the members of said family; but he subsequently caused them a vast amount of trouble, since they had to support and care for him during his or rather their life-time.

I was much interested in some French wax models, a portion only, however, of the original collection, that had been well preserved, although more than two hundred years old.

Through the kindness of the professor of materia medica, I made a careful examination of the collection of products used for remedial purposes. He arranges them in an admirable manner, and then he lectures upon them in that form. For instance: he places all animal products in one case; these are taken up when he is lecturing, and gone through with in regular order, together with the preparations made from them. Then another case contains nothing but seeds, another fruits, another barks, another resins and gums, &c. I was also shown a very fine collection of American plants, just received from the eminent Mr. Proctor, of the Philadelphia College of Pharmacy. They were highly prized, but were not yet placed in the general collection. The hospital for incurables, St Vincent's Hospital, and Stevens Hospital, as well as the museum of the College of Surgeons, I intended visiting before this, but will not have time.

There is no homœopathic hospital here, and but four physicians of our school; and yet a dispensary is in successful operation, and has been for years. Dr. Blythe, a very eminent practitioner here, gives an hour of his time every other day, and Dr. Mitchell, I think, the other days of the week; I found both of these gentlemen very pleasant and affable. I also took the liberty of calling on Dr. Scriven, another member of our school, who is engaged in a large practice here, and by him I was cordially welcomed. Ireland is very much behind the age respecting homœopathy, for I find very few of our profession throughout the island; but the peculiar nature of the great mass of the people, as well as the great apparent opposition to anything that would invade their ancient customs, and the ideas that their forefathers held, is sufficient to account for this. I suppose the State of Delaware has as many homœopathic physicians in it as all Ireland.

There is a disease breaking out in Dublin, to which has been given the very inappropriate name of "Black Death." The name itself is calculated to cause great alarm; and this causes injury to patients affected with the disease from fright. The plague would be the Black Death, but this is not like it at all. I have not been able to see a case of it, as it is not

contagious, and is not prevailing badly, and none have occurred while I have been here, so far as I can learn. The cases that have occurred, have been in different parts of the city, and not confined to any one class of the population. A few soldiers near here, in the army that was watching for the Fenians some time ago, died with it. The disease appears to come on with headache and slight chilliness, accompanied with great physical prostration. In some cases, not all, there is delirium or stupor, while in others the brain is clear and active. The dark spots, from whence no doubt it has received its name, soon come out on the surface of the body, and the patients generally die in a few hours, in one or two instances as soon as eight hours. As far as I can glean information on the subject, the spots are much larger than the fine petechia that occurs in typhus fever, they are more like the spots in the spotted fever, that prevailed in Philadelphia and elsewhere a few winters ago, and which I described in your journal at the time; and then again the cases here have been attended with cerebro-spinal meningitis, similar to what we had in that epidemic. At that time, I remember some allopathic physicians called the disease, that we had among us, the cerebro-spinal meningitis; and seeming to ignore the typhous type of the malady, which gave us one evidence of its existence in the system, this meningeal congestion or inflammation, and adopting, reducing antiphlogistic treatment they lost most of their cases, while homœopathic physicians were curing cases all around them. I used myself at that time the pure anhydrous Alcohol as a stimulant, putting a teaspoonful or two in water, frequent drinks of it at first, and giving it in bad cases in connection with the appropriate remedy, and with excellent results. The *post-mortems* in this black death here, reveal in almost all the cases, congestion of the spinal arachnoid membrane, inflammation of the same, or serous effusion, or purulent effusion; the latter seems quite common, even in the cases that die quickly.

ARTICLE XXI.—*Curability of Insanity.* By JOHN P. GRAY, M.D., Superintendent of the State Lunatic Asylum, Utica, New-York.

THE existence of such an institution as this attests the public and general appreciation of the necessity of treatment, and the impossibility of the proper care of the insane elsewhere. It is certainly the duty of those in charge of it to seek not only to make it a blessing to those brought within its walls, but to extend its usefulness as far as possible, by impressing the lessons it teaches in the cure and alleviation of the terrible malady of insanity, for which it is sustained at so great a cost of labor and money.

Among these lessons none are more practically important than that of the advantage of early treatment. Notwithstanding all that has heretofore been said upon this subject, it remains as the great vital fact to be urged upon the public mind, and is the only solution of the perplexing problem "what shall be done with the insane?" and the only relief against the steadily increasing burthen of expense in the care of incurables.

In my last annual report, in touching upon this subject, I referred to Oneida county, as shown by the records of the asylum, as presenting strong confirmatory evidence of the great value of early treatment. I deem it proper, in this connection, to repeat what I there said on this subject.

"Oneida county sends all her insane here at once, and the result is a large per centage of cures and a very slow increase of incurables.

"From January, 1843, the opening of the asylum, to January, 1865, Oneida county sent 796 patients, 489 at public and 307 at private charge. Of these 796 patients there were January 1st, 1865:

In this asylum at public charge.....	32
In this asylum at private charge.....	10
In Oneida county asylum.....	50
	<hr/>
	92
Since recovered and now convalescent.....	7
	<hr/>
	85
	<hr/>

“Of the eighty-five who remain uncured at public and private charge, nine were epileptic, one paralytic, eighteen were chronic cases, and twelve were demented imbeciles when admitted, and were received only for custodial care.”

Thus it appears that of all the insane of this county during twenty-three years, but ten per-cent. remains to be permanently provided for. This exhibit fully justifies the opinion of Dr. Edward Jarvis, that under favorable conditions of early treatment but ten per-cent. will be left among the constant insane population. I would here add that of acute cases admitted from Oneida county, in some years *all* recovered — and this in a county with a population of over one hundred thousand.

Dr. Tuke, one of the editors of the best English treatise on insanity, viz: “Bucknell’s and Tuke’s Manual of Psychological Medicine,” remarks: “It is of great practical importance to remember, that the chances of cure are very much greater in recent, than in chronic cases.” To illustrate this truth, he tabulates the experience of the York Retreat from 1796 to 1857, and shows that of those first attacked with insanity who were placed under treatment within three months, seventy-three per-cent. recovered; while on the other hand, in those cases where treatment was deferred for twelve months or more, but eighteen per-cent. were restored to health.

The statistics of the great Bethlem Hospital are to the same effect; and Dr. Hood, its former superintendent, testifies that, “the chances of recovery diminish considerably and progressively, as the time before commencing treatment increases in length.”

The able editor of the Journal of Psychological Medicine, Dr. Forbes Winslow, in his well-known work on “Obscure Diseases of the Mind and Brain,”—a work which has already passed through two editions in this country, remarks as follows:

“It is a well-established fact that seventy if not eighty per-cent. of cases of insanity admit of easy and speedy cure, if treated in the early stage, provided there be no strong constitutional predisposition to cerebral and mental affections; and even when an hereditary taint exists, derangement of mind



generally yields to the steady and persevering administration of therapeutic agents, combined with judicious moral measures, provided the first scintillations of the malady are fully recognized, and, without loss of time, grappled with, by remedial treatment. A vast and frightful amount of chronic and incurable insanity exists at this moment within the precincts of our county and private asylums, which can be clearly traced to the criminal neglect of the disease, in the first or incipient stage. It is at this period when so much may be effected in preventing those destructive alterations in the structure and membranes of the brain, so often witnessed after death, in those who die of chronic mental alienation."

Dr. Winslow quotes the following, from the third report of Sir Wm. Ellis, resident superintending physician of the Hanwell County Lunatic Asylum, regarding the sad consequences resulting from the neglect of recognizing and treating insanity in its early stage.

"It is a melancholy fact, that on a most careful personal examination of each of the 558 cases now in the house, there do not appear more than 50 who, under the most favorable point of view, can be considered curable. This is to be attributed almost entirely to the neglect of proper remedies in the early stages of the disease. To become acquainted with the symptoms first indicating it, not only requires much care and attention, but much experience; for a diseased action of the brain or some part of the nervous system may be gradually undermining the health, and still be scarcely suspected by common observers to exist, from the insidious manner in which it steals upon the constitution at first; it manifests itself by some trifling aberration of intellect, and that very generally on one point only; such aberration, if unaccompanied by bodily pain is not only neglected by the sufferers, but disregarded by those around them. This, however, is precisely the time when medical aid is the most capable of being beneficial; and could the patients but be placed under proper care then, *three-fourths* of them would be cured. But, unfortunately, the golden opportunity is too often neglected. *Diseased action* is allowed to proceed unchecked until *diseased organization* has taken place, and the patient has become incurable; and it is only in

consequence of some violent outrage that he is at last sent to the Asylum. Until something serious has occurred, the friends hope in a few days the mind will recover its tone. Unfortunately, this unwillingness to consider the patient sufficiently insane to be sent to an asylum is not confined to the friends of the patient. There have been instances of the magistrates themselves, from the kindest motives, refusing to grant warrants for the admission of a patient, even after he has been examined by a medical gentleman, who has given a certificate of his insanity, because, when brought before them, he has been able to answer certain questions correctly. The consequence is, that from this delay, instead of returning to his friends in a few weeks, which, in all probability, would have been the case if proper medical and moral remedies had at once been applied, he becomes incurable and remains in the asylum for life, a burden to the parish. In some instances similar delay has been attended with fatal consequences."

In the fifth annual report of the asylum at Brattleboro', Vermont, the medical superintendent, Dr. Rockwell, states, that of the recent cases discharged during the year, 88<sup>4</sup> per cent. had recovered, while of the chronic cases discharged during the same period, the per centage of recoveries was but 28<sup>4</sup>. The per centage of all the recent cases discharged recovered, since the opening of the institution had been 89<sup>6</sup>, and of the chronic class, 28<sup>4</sup>.

In the twenty-third report of the McLean Asylum, near Boston, Dr. Bell, for many years the distinguished physician of the institution, wrote as follows: "The records of this asylum justify the declaration, that all cases certainly recent, run back more than a year, recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception."

Dr. Woodward, late chief medical officer of the State Hospital for the insane at Worcester Mass., remarks: "Insanity of all diseases the most fearful, is found to be among the most curable. To effect this, however, aid must be seasonably sought which can arrest its progress and remove its influence, before it becomes established by habit, and before those organic changes take place which naturally render it irreme-

diable and hopeless." From Dr. Woodward's eighth report it appears that his per centage of recoveries in the recent cases was 91½.

In a report made to the managers by Dr. Pliny Earle, at that time the medical superintendent of the Bloomingdale Asylum, we read: "It is satisfactorily *proved* that of cases where there is no constitutional weakness of intellect, and where the proper measures are adopted in the early stages, no less than *eighty* in every hundred have been relieved in this institution," and he adds: "There are few acute diseases from which so large a per centage of the persons attacked are restored as from insanity."

Dr. Stribling, of the Western Lunatic Asylum, at Staunton, Virginia, in one of his annual reports to the Legislature, states the per centage of recoveries in recent cases at eighty-three per-cent.

Similar testimony might be adduced from other eminent authorities, American and foreign; but I conclude with the following from Dr. Jarvis:

"In a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty and possibly ninety per-cent. would be restored, and only twenty or perhaps ten per-cent. would be left among the constant insane population."

It will be observed that the number of cases of melancholia admitted is very large. The proportion of cases laboring under this form of insanity has been increasing each year. Whether this is peculiar to this institution, or a more general fact and dependent on a change of type of disease, I am unable to say. I am disposed to think, however, our experience not exceptional, and that in insanity, as in other diseases, the type is becoming more asthenic. Among the cases of melancholia I cannot discover the existence of causes, such as embarrassment or failure in business, or afflictions calculated to induce depressing states of thought or emotion. Among the well-marked melancholics are a boy under puberty, and several young girls who had suffered no disappointment and were

subject to no depressing circumstances. Yet this little boy and the other young persons have been markedly suicidal.

I regard mania and melancholia as essentially the same, psychologically and pathologically. Both forms of disease are characterized by increased cerebral action and insomnia, and are developed under similar causes and conditions. In mania the increased cerebration is expansive and aggressive, and is manifested in excitement, exaltation, incoherence, and general delusion and perversions; while in melancholia it is introspective and circumscribed, and manifested in intense action within a limited scope—the false ideas depressing in character and mainly confined to the personality of the sufferer.

If treated in the early and acute stage, I regard melancholia quite as manageable and curable as mania. As melancholics are not usually incoherent, and as they reason well in the sphere of their disordered fancies when their premises are not questioned, their disease is not so likely to be detected as early as is mania, with its incoherence and self-exaltation. The quiet self-abasement and reflection characterizing most melancholics, in the earlier stages especially, are mistaken for increased thoughtfulness, and are not so soon recognized as the outward acting, self-consequence, self-assertion and frivolity of the maniac, so that the former passes for sane and the latter insane to the ordinary observer, until melancholia is so advanced that delusions are obvious and asserted.

The subject of causation is one of great interest, not only to those who are insane and to the public generally, but it is of vital importance also to the physician in the treatment of the case. Causes may be considered in the two-fold relation of predisposing and immediate or exciting. The specific cause or causes operating in any given case are not generally easy to point out. Indeed, it is seldom that a single effect is competent to induce insanity, but rather a series or chain of circumstances and conditions, and these often going back several years, and finally culminating in the sad result. These causes may be physical alone, but generally are physical and moral combined, acting and reacting, but in harmony in working out the calamitous fact.

While it is true that all causes, to be efficient, must first

produce a state of disordered health, influencing the nutrition of the brain, it is also a fact that some causes will effect this result more directly than others, although perhaps not more surely. Where the disease, in any case is traceable primarily and directly, to any single or specific cause, it is well to record the fact. It is certainly important to know what special conditions may alone induce so grave a malady, and by what morbid process or processes, whether direct through the nervous system on the brain, as sometimes in blows and sunstrokes, or indirectly by disordering the function of nutrition, as in continued intemperance, or through the shock to the nervous system and the sanguineous depletion together, as in puerperal cases. In the category of specific causes are intemperance, sunstroke, injuries, poisoning by lead or mercury, over-work, the change of life, the puerperal state, domestic trouble, self-abuse, &c. When the designation can be made thus clearly, the physician may not only advise the avoidance of such directly operative causes, but the physical condition being very different in each, his prognosis and treatment would vary essentially in the several cases. It must be evident that the treatment of insanity, the result of sunstroke, would not be the same as in a case dependent on uterine disorder. But in a large proportion we are not able to mark thus definitely the single or several operating influences, and, therefore, in tabulating causation, a large number are classed under "ill health." In this are comprehended various disorders of the nutritive organs, functional or organic diseases of the uterine system, tuberculosis, and general debility, from whatever cause. It may be said that this term includes the former category, and, strictly speaking, it does. It is expressive of great latitude, and of a relative condition signifying in no two persons the same thing. But, in each case, it may also be said, the culminative result is insanity, and hence the lesson to be impressed is made the more serious, because of the uncertainty or variable degree of broken health which might induce the diseases. If they were uniform, safety could be had by avoiding the extremes. Science, however, is not permitted to reach that exactness which would measure the dynamic or vital forces of man, and determine precisely how far he can go in

defiance of the laws of health and yet retain his reason. It is only permitted to know that reason is thus hazarded, and may be lost at almost any stage of the downward progress.

I once heard the Rev. Henry Ward Beecher remark, "that no man was absolutely proof in character—it was always a question of how much pressure any given man could bear before bending or breaking," and he illustrated his declaration thus: "The oak beam which would support many tons in mid-air, as a bridge, would support more on the earth, and still more on the solid rock;—yet, a pressure could be brought which would crush the oak, and rock and earth." So we might truthfully say that no constitutional vigor, or moral and intellectual strength and cultivation, absolutely protect against the successful invasion of insanity, but physical constitution, and education and mental culture, are, after all, the grand safeguards to the integrity of reason.

Fretting under the ordinary duties and responsibilities of life, treasuring up and dwelling upon slights, insults and wrongs, brooding over misfortunes, afflictions and hopes, and the indulgence in kindred morbid mental states, are inimical to sound sleep, and good nutrition, and are not unfrequently the remote causes of insanity, by being the initiatory of a train of sequences resulting finally in loss of self-control and self-respect, and such general impairment of health as subjects the unfortunate individual to loss of reason.

The beginnings controlled, and they are controllable, and the same physical and moral power properly directed, usefulness and happiness are the result. So over-anxiety and over-work, indulgence in excesses in good or ill, may be the first in a chain of causes eventually breaking down the health. Sound sleep and good nutrition are the physical indications of health, and when with these we have in control the emotions and passions, we are safe. But few are in perfect health; this, however, does not impair the force of the fact that the nearer we approach this standard the more secure we are against the loss of all losses—that of reason. So the fact that men and women bear much in physical depression and disease, is no argument for indifference or rashness. The labors of life, the responsibilities, griefs, disappointments, and

innumerable exposures are the heritage of humanity, and what we all desire to know is how to bear them—how “to suffer and be strong.”

The influence of the mind over the body is great, and, although unexplainable, is a fact we must accept. It is something to know that, though no prudence, as exercised under human judgment and the conditions of life, can absolutely screen all, the greatest majority of cases coming under the causes alluded to, might be avoided by attention to the simple and ordinary rules of health. The mind,—the spiritual man, cannot overthrow itself. Our duty is to guard well the body in which it lives and acts, and its manifestations will then be characteristic of its moral and intellectual cast in strength and culture. And then, though every man may not be well-balanced and sound, he will at least be sane.

Insanity, like other diseases, ranges through every social condition of life. The highest intellectual development, even when combined with moral culture, is not exempt from this disaster, when the laws of physical health are neglected or disregarded. Literature furnishes too many sad instances of the wreck of brilliant men to doubt its power over the highest and best, when the bodily frame has given way under labor, disease or vice. Among the middle and industrial classes, where we find the most intense indifference to the laws of health, we know how great and wide-spread is this evil. Instances, moreover, are not wanting in those of feebler mental condition and less social position—even among imbeciles and idiots, of the specific manifestations of insanity. We have now, in the asylum, well-marked cases of imbecility in which insanity appeared after puberty; and a few years ago, Dr. Wilbur, of the idiot asylum, committed to my care, a furiously maniacal idiot, who subsequently recovered and was again placed under instructions at the idiot asylum. In this case the maniacal paroxysm, which lasted several weeks, left no perceptible alteration in the mental strength or character.

But, it may be asked—if insanity is caused by innutrition why is it not more prevalent among the very poor? How much dementia mental impairment might be found in this class, careful investigation alone would show. Personal ob-

ervation does not enable me to express an opinion on this question. This, however, may be said—we have received many patients whose food had for a long time been insufficient in quantity and poor in quality, who soon improved and recovered under generous diet.

When the first instalment of starved Union prisoners were brought from Richmond to Baltimore, I visited them, and was forcibly impressed with the mental feebleness of many of them, and with the remarkable contentment they manifested, and the little concern they seemed to evince about their condition and recovery. In these respects, they reminded me strikingly of cases of dementia; still they had no delusions and were not insane. Their whole vital tone was lowered, and there was quite as much cerebral as muscular activity. I have ever since regretted that I did not then give some time to the investigation of the influence of gradual starvation on the cerebral functions and the action of the heart. We have had under care, a soldier who had been confined at Andersonville and had suffered from starvation. He presented striking evidence of this in his general anæmic condition. He soon recovered under generous diet, and from the history given by himself after recovery, I was persuaded that his impoverished physical state had been the cause of the insanity. It is well known, also, that insanity sometimes supervenes upon large hæmorrhages.

I have heard many persons unconsciously touch the keynote of their overthrow in reciting the history of the case. To-day an insane servant girl was brought to the Asylum by an officer who knew little or nothing of the history of the case. On being questioned, the girl denied her insanity, but said she was "weary and down-hearted," and added, "I was well and happy in my mind until I had a trouble, and afterwards I felt dull and heart-sick, and could not get my mind away from it." Within two months from this "trouble"—(a quarrel with her employer, involving the alienation of her lover,) the innutrition and exhaustion consequent upon crying, fretting and losing sleep and appetite, inducing such a state of ill health that she became insane. Her general health is now impaired, and is evinced in emaciation, sluggish functional action generally, cold



surface, flabby muscles, dull cerebral operations, and a mind beclouded with delusion. The history of this young girl—she is much under age and without friends in this country—shows the impression of a moral shock, continued until rest and nutrition were so affected that ill health supervened, and insanity was the result.

While the intelligent and educated may know and believe that insanity is a disease of the brain; that the spiritual essence cannot be touched by disease, decay and death,—that the brain is only the material structure through which the mind is manifested,—the less enlightened continue to believe that it is the mind itself which suffers, and regard the agony and bewilderment of a mind looking and working through a diseased organism as evidence of the disease of mind itself. As well might we impute the imperfect, false or unmusical sounds made by an expert musician through a broken, untuned instrument to the musician himself. In every case the insane person becomes a standard for himself; and the departure from himself marks the degree of insanity in so far as the mental obliquity, perversion or obscuration are concerned. But these, while establishing, in any given case, the brain disease as insanity, do not offer reliable criteria of the extent or character of the physical lesions. Often slight functional disturbance of the brain, from exhaustion of the nervous energy, imperfect nutrition, owing to loss of sleep or temporary overwork, or the nervous shock and defective supply of blood to the brain from the pains of child-birth or hæmorrhage, will induce more marked and violent manifestations and more thorough overthrow of reason, than disintegration from inflammation or softening, or even the absolute loss of brain substance from injuries. Therefore, the gravity of a case must not be judged by the insane manifestations, but by the cause and physical symptoms, inasmuch as there is no certain relation between these and the extent and violence of the psychical phenomena. From this it will be inferred that the delusions and conduct of the insane are of subordinate importance to the physician. While delusion is the only psychical test of insanity, there must be in every case, antecedent to its development, a period of illness more or less marked. The brain sympathizes with

every disturbance of health. This sympathy is expressed in various ways and degrees in the mental operations—in irritability, depression of spirits, want of power of concentration of thought, or lassitude of mind. This sympathy, is, however, in such cases, ephemeral, and disappears with the removal of the cause, and the mental manifestations are, measurably, if not entirely, under control. When insanity appears, whether dependent on structural lesions of the brain or disturbance of its functions primarily by exhaustion, innutrition, blows, &c., or secondarily, through diseases of particular organs, or the organism generally, the morbid mental manifestations have an intensity, a persistence and reality which gradually, and sometimes suddenly, overwhelm the power of self-control, and then we have delusion. Where minor manifestations are present, and before delusion is established, appropriate treatment may arrest the disease and the patient be at once restored.

It is especially to the early premonitory symptoms that attention should be directed, and these symptoms are intimately associated with causation. Knowledge and wisdom of action are here as essential and beneficially operative as the prophylactic and hygienic measures through which we seek to avoid and modify malarial fevers, cholera, &c. In the latter the profession promulgate sanitary rules to the public, and are not expected to enter into explanations, or tedious and unprofitable discussions touching the modus operandi of poisons prophylactic in the blood, as vaccine virus in small-pox, or deleterious in the atmosphere affecting the human organism, as in malaria. So we may not be required to do more than point out the operative causes which singly or conjoined, may be avoided or controlled, by individuals or communities, either voluntarily or by law.

But how shall knowledge, be made available? How shall we reach the people who are quietly and earnestly engaged in the duties of life and unsuspecting the dangers of insanity? How shall we reach the ignorant, misguided, heedless, or vicious with suggestions or warnings? In regard to the indulgence of vice and its influence in producing disease, the disastrous effects of overworking the brains of children in the process of education, or the danger of protracted excitement

of a religious or political character, the pulpit, the press, and those in charge of the great educational interests of the land, must sound the warning. And, to this end, the well recognized laws of sanitary science should be fully impressed upon those whose vocation is of a public character.

There are other remote predisposing causes, underlying and vitiating society, which are more concealed and more insidious in their invasion and progress, and more sure in their deadly work than the open vices, excessive labor and anxiety, inordinate excitement, or the misguided efforts at rapid education. Foremost among these are masturbation and procured abortion. Though observation and experience have familiarized medical men with these shocking vices, by bringing their victims constantly before them in the sacred relation of physician and patient, where the lips, with respect to any particular individual are sealed, and they have endeavored to set forth the dangers to body and mind inseparable from them both, still no marked further efforts have been made beyond essays in medical publications, until quite recently.

How to reach the young, in regard to the former vice, is, indeed, a grave question, inasmuch as its mere mention shocks the moral sense and suggests the most degrading ideas of human nature. The civil law here is silent, and necessarily so, as the vice is only in effect a voluntary personal degradation. Divine law is expressive and condemnatory of its moral guilt. The physical laws of being are trampled under foot by it. It is, unquestionably, one of the most prolific sources of insanity, compassing in its horrid, unnatural grasp, the young, from the highest to the lowest in social life. And so consuming and debasing is it in its power over its victims, that after it is once fully established release seems almost hopeless. Yet it should be met and its danger fully and clearly impressed upon every youth. The records of this institution show five hundred and twenty-one cases admitted directly attributable to this vice, and I am well convinced that the number is greatly understated. I shrink from these remarks and would gladly avoid a word on such a subject, did I not consider it in the line of my duty. The evils of this practice are well portrayed in language adapted to the general reader, in a

short treatise published in 1861, by Dr. Wm. S. Chipley, Superintendent of the Eastern Kentucky Lunatic Asylum, Lexington, Ky. I would commend to the attention of the profession the admirable little work of Dr. Roberts Bartholow, on Spermatorrhœa, recently published by Wm. Wood & Co., New-York.

The vice of procured abortion is equally repulsive to dwell upon, and is even more unnatural and criminal—a punishable crime under the civil law. The too general sentiment of society, now so unhappily prevalent, against bearing children, is sufficiently demoralizing and debasing to human nature and defiant of divine law, without resort to the actual crime of infanticide. Any family or social class, contemplating children as a burden to be avoided, will soon sink to the next step—that of destroying them. The advertisements in the newspapers, and the public exhibition of books, nostrums and pills, to educate and secure against maternity and destroy the early life-germ, are sad but emphatic evidences of the wishes and tolerance of society; and the magnitude of the purchases of the above instrumentalities, unblushingly made by men and women, is only too logical confirmation of the criminal thought, so often nursed without even a perceptible qualm of conscience, and in too many minds entertained with pleasing congratulation. All must admit the corrupting tendency of vice in any of its shades, and, especially, when, in intent or fact, it seeks to thwart, by actual violence, the beneficent laws of our being, and turn the purposes of God in ordering the “holy estate of matrimony” into the basest species of prostitution. The existence of this horrid, unnatural, secret crime, carried out, often, by the mutual consent and connivance of husbands and wives, is not new. It has, however, always received the unqualified condemnation of the medical profession. It is true that, here and there, one may have countenanced and perpetrated the crime, but such instances constitute only the exception. If the declarations of civil law and the cause of sound morals have not restrained medical men, then we must attribute their attitude towards this crime to their recognition of its destructive effects upon the physical health. Its terrible prevalence has steadily increased. Its victims, laboring under

uterine diseases, general ill-health and insanity, must come under the care of the physician. Yet it is so revolting a subject to discuss and so delicate to handle, that physicians have not felt disposed to attack it singly. But the foul practice has at length become so extended—pervading all classes, educated, ignorant, religious and irreligious—that, though thus repugnant in all its aspects, and thus embosomed in society, and even defended by some on grounds of expediency and convenience, the medical profession, at length, felt called upon to speak with authoritative voice.

If the moral turpitude of the crime, and its condemnation by civil law, may not avail in its arrest, may we not hope that its physical evils, in the production of diseases, faithfully set forth, may have some weight. At any rate the profession have resolved, in the most solemn and authoritative manner, to present the crime and its physical dangers, and discharge the duties they owe to society, involved in their position of accredited conservators of physical care of the race.

At the meeting of the American Medical Association, held in New-York, in 1864, after mutual deliberation, it was resolved to issue “a short and comprehensive tract, for circulation among females, for the purpose of enlightening them upon the criminality and physical evils of forced abortion,” and a gold medal was offered as a prize for the best essay. This action of the Association was unanimous, so impressed were they with the magnitude of the evil and the need of relief.

I have for many years received and treated patients whose insanity was directly traceable to this crime, through its moral and physical effects. Some have, after recovery, given a sad chapter of perverted life, and disclosed the revolting fact that the suggesters, aiders and abettors of this heinous offence against God and nature—this rude violation of the best instincts of women—were persons of their own sex. One woman told me, and the statement was verified by her husband, that seven successful abortions were procured on her by one of her female friends—and both of these women were highly respectable persons and members of the church. When, in broken health and after failure in the *eighth* attempt, she applied to a physician, he informed her of the criminality of the act, its

dire consequences to health, and advised her against the continuance of such a practice. She subsequently, however, obtained the services of a charlatan, who succeeded in inducing abortion; and, some months later, this woman was admitted to the Asylum in wretched health and suffering from melancholia, which her pastor, ignorant of her true history, attributed to religious excitement.

A minister recently informed me that, in his congregation, in a country village, one of the prominent women approached his wife with a proposition that she should destroy her prospective offspring, declaring that she thought it right to do so, and mentioned others who resorted to the practice, rather than be troubled with children.

It cannot be possible that such women are ignorant of the crime of infanticide. The only plea that can be made for them is that they do not comprehend the turpitude and criminality of the act, and do not recognize the solemnity of marriage and the true dignity of maternity. One could almost wish that such women might not be mothers.

It is, however, true that criminal thoughts engender crime itself, and where the human heart has once yielded to carry out and conceal any iniquity, the moral tone as well as the moral strength is lowered, and it is afterwards doubly easy to do wrong, and, especially, to commit again the same sin. This is a fundamental law in nature. If then the familiar contemplation of crime weakens the power of resistance, and its commission dulls or obliterates the moral perceptions, we have the key to the mystery of this prevalent crime. Hence, we may know and trace the guilty steps which lead modest, quiet, loving women gradually but surely down, until finally all the instincts of maternity are crushed out, and the thought of becoming a mother, instead of bringing a blush and a host of tender fears and hopes and misgivings, and tears, half grief, half joy, arouses the bitter, angry defiant spirit of crime. Maternity becomes a hated thing, and what ought to be a little guest of love, is coldly and treacherously murdered. One cannot look at his mother and sisters, and think all this, and yet it is true. This demon once admitted into a household or into a small or large circle of acquaintances is rarely

expelled until he has poisoned the spring of domestic bliss, and left his impress in moral debasement and a sad train of physical ills.

I need not here discuss at length the disorders, consequent on this crime, in any and all of its shades ; but I deem it no less than my duty to declare, as already stated, that it is, directly and indirectly, one of the causes of insanity. I have alluded to the action of the American Medical Association touching this subject. At the meeting of the association, in Boston, in 1865, the prize medal was awarded to Dr. Horatio R. Storer for the best essay. This essay has since been "issued for general circulation by order of the American Medical Association." Dr. Storer has selected the rather fanciful title of "Why Not" for his admirable essay, which it is to be hoped will receive the wide circulation and attentive reading its merits warrant and the important subject of which it treats, demand. While it is professional in tone and style, it is, at the same time, conveyed in terms sufficiently plain and delicate to be suitable to any who may read.

Dr. Storer thus alludes to some of the dangers of procured abortion :

"I have asserted that dangers attend the occurrence of abortion which directly threaten a mother's life. This is true of all miscarriages whether accidental or otherwise ; but these dangers are enhanced when the act is intentional. When caused by an accident, the disturbance is often of a secondary character, the vitality of the ovum being destroyed, or the activity of the maternal circulation checked before the separation of the two beings from each other finally takes place. But in a forced abortion there is no such preservative action ; the separation is immediate if produced by instruments, which often besides do grievous damage to the tissues of the mother with which they are brought in contact, lacerating them and often inducing subsequent sloughing or mortification ; or, if the act is effected by medicines, it is usually in consequence of violent purgation and vomiting, which of themselves often occasion local inflammation of the stomach or intestines, and death. Add to this that even though the occurrence of any such feeling may be denied, there is probably always a certain

measure of compunction for the deed, in the woman's heart—a touch of pity for the little being about to be sacrificed—a trace of shame at casting from her the pledge of a husband's or lover's affection—a trace of remorse for what she knows to be wrong, no matter to what small extent, or how justifiable, it may seem to herself, and we have an explanation of the additional element in these intentional abortions, which increases the evil effect upon the mother, not as regards her bodily health alone, but in some sad cases to the extent even of *utterly overthrowing her reason.*

“The causes of an immediate or secondarily fatal result of labor at the full period are few; in abortion nearly every one of these is present, with the addition of others peculiar to the sudden and untimely interruption of a natural process and the death of the product of conception. There is the same or greater physical shock, the same or greater liability to subsequent uterine or ovarian disease. To these elements we must add another and by no means an unimportant one; a degree of mental disturbance, often profound, from disappointment or fear, that to the same extent may be said rarely to exist in labors at the full period.

“Viewing this attempt in a medical light, we find that death, however frequent, is by no means the most common or the worst result of the attempts at criminal abortion. This statement applies not to the mother alone, but in a degree, to the child. \* \* \* \*

“Intra-uterine convulsions have been reported; as induced by external violence they are probably not uncommon, and the disease thus begun may eventuate in epilepsy, paralysis or idiocy. We have seen that, in some instances, the thought of the crime coming upon the mind when the physical system is weak and prostrated, is sufficient to occasion death. The same tremendous idea, so laden with the consciousness of guilt against God, humanity, and even mere natural instinct, is undoubtedly able, where not affecting life, to produce insanity. This it may do by its first and sudden occurrence to the mind; or, subsequently, by those long and unavailing regrets, that remorse, if conscience exists, is sure to bring. Were we wrong in considering death the preferable alternative?”



In looking over the causes of insanity, one is forcibly impressed with the fact that the large proportion of cases of the disease should be avoided. When insanity arises from accident, injury, sunstroke, &c., it can hardly be said to be avoidable, in the general and practical sense of the word, but these causes form but a small per-centage. So we may say of the breaking down of the health among the indigent and poor under over-work, low diet, and the legitimate and ordinary duties and responsibilities of life. Yet here insanity is more largely avoidable than from accident. In regard to over-taxing the brains of children, thus enfeebling them and laying the foundation of future disease, the remedy is simple; it is less study and more recreation. When a child begins to lose color at school, evinces lassitude, or suffers from headache, or becomes wakeful, restless and peevish at night, and more or less nervous and languid in the morning, or the appetite becomes capricious or irregular, it should at once be removed from school and kept away until its usual health and spirits are regained. Ignorance should alone excuse parents or guardians who would ignore the threatenings to constitutional vigor in a growing child for the doubtful advantage of completing education early. A child thus pushed forward is liable, in nine cases in ten, to future impaired constitutional vigor, even if it should succeed in acquiring an education. In too many instances, bright children have all their future thus compromised, under the plea of "getting through school as fast as possible," without reference to a sound, robust body, which is so important where there is work to be done in the world. Overwork in professional and business life is equally avoidable, and it is less excusable, as it mostly occurs among the intelligent and prosperous, who have sufficient knowledge upon this subject, and who do not need the special results of toil for their comfort. Of the vices productive of insanity all are avoidable, and in this catalogue are more than half the insane. These can only be met by sound education in its widest sense, embracing that moral and religious culture which a true civilization and a pure christianity alone can impart.

However, if by any neglect or violation of natural laws, innocently, heedlessly or criminally, insanity is threatened, it is

most unwise to wait for its actual development. Immediate efforts to arrest it should be made. If unusual symptoms arise, such as prolonged sleepiness, a sense of vital exhaustion or weariness of brain, with depression of spirits alternating with exhilaration, suggestions of suicide, unusual timidity, with aversion to seeing friends, and these or any of these states of mind associated with impaired or disturbed health,—go at once to an intelligent physician with your case, and give yourself rest from all ordinary occupation until the usual health is restored. If these symptoms increase in intensity steadily, or decided delusions appear, whether at first constant or ephemeral, seek refuge at once in a suitable hospital. Early treatment will, in more than seventy-five cases out of a hundred, secure recovery, and this generally within six months. Every day's delay in seeking treatment not only prolongs the disease, but compromises the chances of ultimate restoration.

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ARTICLE XXII.—*Report on Cholera.*—To the Pennsylvania Homœopathic Medical Society. By J. H. P. FROST, M.D., Prof. &c., Penn. Hom. Med. Coll., Phil.

In attempting to fulfil the duty of presenting a Report on Cholera,—which was devolved upon me at the last meeting,—I am met at the very outset with difficulties almost insuperable; difficulties which arise not from the dearth, but from the extent and copiousness of our literature on this most important subject.

The history of the rise and progress of the various Cholera Epidemics, which, at successive periods since the commencement of the present century, have traversed the nations of the earth from the East to the West, has been related again and again. More graphic pens than mine have recounted the given array of symptoms, and described the fearful manner in which this fell disorder “goes through” its unfortunate victims. The gloomy bills of mortality have been searched with melancholy assiduity in every land, and ample statistics recorded of the various results of this disease, when left to itself; when treated allopathically, and when treated according to the

homœopathic method. And all these statistics, collected from a great variety of journals, and most remarkably sustaining the homœopathic practice, have been repeatedly published for the common benefit of mankind. While physicians with more extended opportunities for observation and larger experience than myself, have discussed the causes of cholera; laid down the most approved methods of nursing the cholera patient, and detailed the characteristic symptoms of the remedies to be employed.

Apparently then everything connected with this disease has already been thoroughly explored and explained.—And conscious that I have no new historical facts; no hitherto unrepresented mass of statistics; no symptoms before unobserved; no recent pathological, or even microscopic discoveries; no “new remedies” with which to enlist your attention, and no wonderful cures with which to exalt myself in your estimation, I have felt that there scarcely remained anything for me to report.

And yet, as we may already discern in the horizon of the future “a little cloud no bigger than a man’s head,” and as we realize that possibly this small cloud may ere long overshadow our social firmament with a desolation more widespread and profound than that which visited our country last year,—I have persuaded myself to look once more, if perchance there might not still appear some points, which presented in another manner and viewed in a different light, might enable you to meet this pestilence—if it come—with a clearer intelligence and a courage more confirmed.

And I propose to invite your attention to some considerations respecting the *essential* nature of *Cholera*, and to its consequent relation to the allopathic and homœopathic methods of treatment.

Like other epidemic disorders, the cholera may be regarded as the result of poisoning of the blood. It matters little what may be the origin or specific character of the poison; whether it consists in malarious effluvia, of inorganic material, or of decaying vegetable or animal substances—microscopic fungi, animalculæ, &c.—generated from such decay. And it matters still less whether the poison is introduced into the

stomach, dissolved in its fluids, and absorbed with them into the blood-vessels of the portal system; or whether diffused through the more attenuated vehicle of the atmosphere, it is received directly into the pulmonary circulation. The cholera poison, like certain others, may indeed act immediately upon being brought into relation with the nervous system; even as hydrocyanic acid destroys life instantly upon being placed upon the tongue, before it has had time to be absorbed into the circulation. But for the purposes of our argument we have preferred—at present at least—to consider the poison of cholera as being originally received into the blood and primarily acting upon it. But every poison, it should be remembered, however introduced into the system in the first instance, primarily develops its morbid action in some particular portion of the economy. Thus the poisonous influence of strychnine—dissolved perhaps in the stomach and from thence received into the circulation—is in the first place confined to the motor nerves of the voluntary muscles; the organic nervous system, for a while at least, remaining entirely unaffected. So chloroform, or other anæsthetic, stupefies first the senses, and paralyses the muscular apparatus supplied by the voluntary nerves: while as soon as the benumbing influence invades the organic nervous system, life is lost from the consequent arrest of vital, organic functions. In like manner the poison of fecal matter—introduced into the general circulation through the medium of drinking water, and well known to be most remarkably connected with the extension and fatality of cholera—primarily exerts its influence in producing diarrhœa. But while this poison causes putrid diarrhœa, and the most malignant forms of typhus, it does not of itself produce Asiatic cholera; it only in the most remarkable manner predisposes to this disease.\*

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\* This poison appears to cause on the smaller scale of the portal system, an obstruction of the capillary circulation similar to that which cholera produces on the larger scale of the entire system. In this connection compare also the general influence which the aid of food containing animal matter exerts in predisposing to zymotic disease. See Carpenter's *Human Physiology*, Chapter III. And for abundant illustrations of the relation of the absorption of fecal matter to Cholera, see Watson's *Practice*, p. 921; Peters on *Cholera*, p. 46; Braithwaite's *Retrospect*, No. LIV., p. 265, and *Brit. and For. Med. & Chir. Review*, No. XXXI, July, 1865.

In a similar manner the poison of Cholera has its own primary seat of development; and this too is found in the alimentary canal. By this we do not mean to affirm that the influence of the cholera poison is exerted directly upon the stomach and intestines; but that in these organs we can usually discover *its first objective results*. This is plainly seen in the incipient stage of cholera,—especially in the milder cases. The same is true in every case of Cholérine,—which presents the initial development of a still more delicate amount of this poisonous influence. A still further confirmation of this appears in the characteristic vomiting and diarrhœa of fully developed cholera. And in all the large number of cases of fully developed, epidemic cholera, in which no connection can be traced between this disorder and the imbibition of fecal matter, it is evident that the peculiar poison of cholera, conveyed into the system through the medium of the inspired air, tends to manifest itself always in the former direction.

In what way this poisoning of the system leads directly to the pathological results already mentioned, and indirectly to the long train of subsequently appearing morbid conditions, we will now attempt to explain; since from such explanation alone can we obtain any real insight into the essential nature of cholera itself.\*

It is now asserted by able writers, and we think with reason, that *in cholera there is arrest of the capillary and pulmonary circulation from the commencement of the disease*,—and not merely towards its termination as was formerly

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\* By this we do not mean the essential nature of the cholera poison, which, *generated or derived from previous cholera cases*, and transmitted in the path of commerce and in the track of nations, has escaped hitherto all positive demonstration; but whose reception into the human organization, and subsequent triumph over the vital powers are most remarkably favored by all the influences by which these vital powers are in the first instance depressed. The predominance of either the positive or the negative electric condition of the atmosphere may favor the reception of this poisonous influence into the system; while the abundant development of ozone in the air may totally destroy the poison itself. See a very interesting paper relative to *Ozone and Iodosmone*, by Dr. John Hartmann, in the *Western Hom. Observer*, April 1866; and Braithwaite's *Retrospect*, No. LII., p. 28.

supposed.\*—This, however, by no means conflicts with what we have already stated as to the first objective symptoms being developed in the digestive tract. It may be that an exceedingly minute examination would show a diminution in the respiration,—even at the earliest appearance of the cholera diarrhœa,—but so far as we are aware such observations have never yet been reported.

A moment's reflection upon the influence which the vigorous, living blood exerts in promoting its own circulation, especially through the smaller ramifications of the arteries, where the muscular tissue gradually replaces the cartilaginous and through the capillaries,—will show how serious must be the effect which the poisoning of the blood produces upon these minute and highly sensitive vessels.† Terrified and repulsed by the destructive currents of poisoned blood, all the innumerable absorbents shrink back and close their mouths in despair. The capillaries struggle to transmit the dangerous mass, but become themselves obstructed; while the sluggish volumes of thickened, darkened and otherwise disorganized blood, gradually accumulate in the veins. Even the minute arterial branches close convulsively, in order as much as possible to prevent the influx of the poisoned streams. This supposed spasmodic contraction of the arteries is supported by the condition in which the heart is found after death from this disease,—firmly closed, as in desperate agony. In such cases, on the venous side of the general circulation, we find the vessels distended and engorged with blood; and on the arterial side, a corresponding

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\* See Dr. Thos. Wilson, on Cholera, Monthly Hom. Review, Nov. 1865.

† It is by no means intended to ignore the powerful influence which the brain and nerves exert upon the capillary circulation; but simply to affirm that this influence must be reciprocated. See Wilkinson's "Human Body," p. 194; and the Introductory Remarks to his Translation of the "Animal Kingdom," p. 332. And as the action of Galvanism may be either through the spinal cord and nerves to the muscles, or directly upon the muscular substance,—“the muscular tissue possessing within itself an inherent power of contraction, independent of the nerves distributed to it,”—so the blood may act directly upon the delicate muscular and other tissues, through which it passes.—Compare Müller's Physiology, p. 898, and p. 10, of the Supplement.

state of emptiness and retraction. "In the great majority of cases in which death has occurred in the state of collapse, the right side of the heart, and the pulmonary arteries are filled and sometimes distended with blood; while the left cavities of the heart are generally empty, or contain only a small quantity of blood; the *auricle being partially*, and the *ventricle completely and firmly contracted.*" \*

As the immediate result of the cholera influence, we find then a *venous congestion of the portal system of circulation*, of which the serous fluid discharged both upwards and downwards, in such immense quantities and with a rapidity so appalling, forms the inevitable sequence,—a consequence corresponding in extent to the extent of the congestion itself. And these *rice-water discharges*,—at first consisting principally of the liquid portion of the blood, and of the lymph,—as the disease advances are found to contain not only the un-oxidized, cell-wall *detritus* and other products of the ordinary degeneration of tissue, but also immense quantities of fragments of the epithelial covering of the intestinal villi, which in many cases have been found wasted, shrunk and denuded from one end of the intestinal canal to the other. †

Thus the direct and immediate result of the action of the poisoned blood in cholera is seen illustrated,—in accordance with the amount of the poisoning,—in the three preliminary and successive stages of cholera itself. The initial and mildest degree of this poisoning, immediately if not exclusively affects the capillaries of the portal system and *Choleric* results. From the increase of the amount of this blood-poisoning and its extension to the arteries, arises the fully developed *Cholera*, and the concluding crisis of this disease, as it involves the heart, and finally arrests its action, is seen in the ultimate stage of *Collapse*.

But this obstruction of the capillary and arterial circulation, which we have described as the first determinable

\* Dr. Geo. Johnson, Braithw. Ret. No. LII, p. 266.

† C. B. Ker, M.D., British Jour. Hom., Jan. 1867, p. 125. Dr. Ker's Paper, "The Present State of our Knowledge of Cholera," will be found very instructive, although his conclusions appear to us more negative than the necessity of the case requires.

pathological effect of the cholera poison, and which presents its first objective symptoms in the form of serous and other discharges from the digestive tract, is by no means confined to these regions of the portal system. Although we may remark, *en passant*, that it is not probable that the poisoned blood meets with the same instinctive repugnance to its passage through the pulmonary and cutaneous capillary circulation,—and especially through that of the lungs. And in addition to this, the imperfect performance of the vital function of aëration must at the same time rapidly deteriorate the blood, and thus retard its circulation in a constantly increasing ratio; while this again still further aggravates the *Mal-aëration*. And so the case necessarily passes with increasing rapidity from bad to worse, till nature becomes completely exhausted with her efforts to maintain the circulation and respiration, and, as if in despair, retreats into collapse,—when death presently closes the sad scene, unless Homœopathy opportunely supply the truly physiological remedy, for what is thus seen to be most interiorly and vitally a *physio-pathological condition*.\*

Thus far in studying the course of cholera, we have traced its action in the single line of the circulation of the poisoned blood, and marked the direct influence of the morbid blood itself upon the minute arterial branches and still more minute capillaries,—especially in the digestive organs. But this action of the poisoned blood in thus *retarding its new circulation*, is by no means confined to the portal system; the pulmonary and cutaneous capillary systems are subsequently, if

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\* By this expression, which may seem a contradiction in terms, we desire,—in opposition to those who assumed disease to consist solely in a change of structure, and whose pathology is exclusively structural,—to convey the idea that disease is not structural degeneration alone, not functional observation alone, and not both combined alone; but that it consists in a still more interior and profound disturbance of the vital principle of the life itself;—which, obstructed in its normal course, attempts, by increasing activity in some functions, to compensate for the deficiency in others; which under compulsion sacrifices a part to save the whole, as in local disorganizations; and which, when fighting a losing battle, surrenders the least important parts first, and so continues till the failure of the whole, or until the entire system collapses with the unavoidable destruction of some essential organ.



not at the same time overwhelmingly affected. And the rapidly destructive influence of the constantly increasing diminution of the respiration has already been described.

But the mischief does not stop here,—*æquo pede*, the morbid influence invades also the nerve-filaments and nerve tissues, or nervilemma of all these infinitesimal organs of the capillary circulation. Nor yet is this influence restricted to this portion of the nervous system.—So far as we have hitherto traced it, the cholera poison, primarily absorbed into and disorganizing the blood, exerts its first recognizable influence upon the nerves which control the portal and other capillary circulation and the respiration; and arrests, in the same degree, and at the same time, all those vital processes of assimilation, of the oxygenation and elimination of the effete material, and of the reparation of wasted tissue, which are so absolutely dependent upon the double function of circulation and respiration. These nerves belong of course to the vegetative or organic nervous sphere. But if we extend our view of the influence of the cholera poison upon the nervous system,—which, however, as previously stated, it may affect in the first instance,—we shall see that the muscles of the lower extremities also become disordered. While the excruciating pains, which so constantly attend such cramps and spasmodic contractions, doubtless result from the mechanical pressure of the rapidly sinking muscular tissue upon the morbidly sensitive nerves.

As the disease advances, the cramps involve the voluntary muscles more and more,—but this implication of the spinal nerves seems due at first to their intimate connection with the sympathetic system. With the still further proof of the disease the spinal cord itself becomes congested; and the same condition must also involve the primary and secondary series of spinal nerves. While after all, the still higher, cerebral nervous centre remains comparatively unaffected; the poisoned blood of the cholera patient, even in the worst forms of the disorder, exerting no injurious influence upon the mental faculties,—principally no doubt because little or none of it is assimilated into the cerebral substance.

The cholera is thus seen to strike at the very fountain of

life; to poison its living waters in such a manner as most effectually to cut off all their sources of supply; to destroy all their means of respiration, and possibility of regeneration. Absorption, nutrition and assimilation gradually become impossible; the lacteals refuse to drink from the noxious currents, and the lymphatics no longer attempt to arrest the too rapid progress of interstitial disorder, or to redeem any portion of its products. Respiration and circulation become less and less; one by one the secretions fail, and the natural excretions are lost in the deluge of colliquative discharges.

And yet another, and still more darkly-shaded picture is needed to complete our hasty panoramic view of the course of cholera.—For it is well known that there are cases in which from the overwhelming amount of the cholera poison, and from the intensity of its influence upon the blood and nerves, the entire system receives at once a mortal “shock,”—and in a few hours the patient sinks, crushed by a force so deadly and profound that there is neither vomiting nor purging. In these cases unassisted nature is powerless even to develop any secondary symptoms, and all human art too often proves equally incapable of establishing a vital reaction.

Such then is the essential nature of cholera; a disease in part at least consisting in a poisoning of the blood, which effectually obstructs the circulation and renders abortive the respiration. A disease which becomes cumulative, and tends to the destruction of life with a constantly increasing determination,—since it renders the poisoned blood less and less capable of self-pacification and regeneration.—A disease whose essential nature it is the more necessary to understand, since all its symptoms, both subjective and objective, are but the consequences of the original blood-poisoning, or of the preceding and more subtle morbid influence upon the nervous system itself.

But we have dwelt so long upon the essential nature of cholera that we can now but very briefly consider the relation it sustains, respectively to the allopathic, and to the homœopathic modes of treatment.

The allopathic practitioner, unable to reach the citadel of cholera,—the original blood-poisoning, or still prior impression

upon the nervous system,—attacks the out-posts,—the consequences of the disease. Hence the astringents and sedatives employed to stop the vomiting and diarrhœa; venesection and saline injections to remove the thickness of the blood and cause it to flow,—and acids and alkalis to correct its chemical condition;\* calomel to compel the liver to secrete bile; rubefaciants, sinapisms and blisters to promote the capillary circulation; Opium and Chloroform for the spasms and cramps; tartar-emeti and bleeding to reduce the strength, or relieve the congestion, and stimulants to sustain the patient; castor-oil for the diarrhœa, and camphor because the homœopaths have made cures with it! These, with multitudes of other means, are employed successively or together, in accordance with some plausible “indications;” but the uniform result of an enormous mortality shows how vain is the attempt of the allopaths to cleanse the stream while the poisoned fountain remains beyond their utmost reach. There are indeed recoveries: for nature, busily engaged in her own desperate struggle for life, takes small account of such means when used with any degree of moderation, and sometimes rescues the patient in spite of them. But when the entire allopathic armament is vigorously and continuously brought to bear upon all the out-posts or consequences of the disorder, nature finds the double burden and treatment and disease greater than she can bear; she retires from the contest; calls in her out-posts of secondary or reactionary symptoms; collapse ensues, and patient and disease expire together!

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\* The most elaborate chemical analyses of the blood of cholera patients, although they may show very nearly what substances the blood has lost, can afford no real aid towards the cure of the patient himself, because vital physiology, not chemistry, is the real guide to therapeutics. By similar destructive analysis we may render any organized bodies into their component elements of carbon, hydrogen, oxygen, nitrogen, &c.: but when we attempt to reconstruct these elements—*hic labor, hoc opus est!* How absurd then to expect to chemically restore the blood, whose very life was distributed before its substance was in any appreciable degree disorganized. And so in general: *Dr. Therapeia* visits the sick man, and has the privilege of attempting to save him; while *Dr. Post-Mortem Pathology* is only invited to attend the funeral, and all the advice which he can give will as naturally lead to other funerals, as fecal matter will cause diarrhœa.—Vide Brit. Am. Med. & Chir. Review, XXVII., July 1864, p. 138.

The homœopathic physician, on the contrary loses no time, nor wastes his patient's strength, in contending with the symptoms or secondary consequences of the disease. He realizes that the disorder of his patient consists in so profound an affection of his very life, that it is impossible to distinguish the one from the other. Instead then of fighting the symptoms, he makes them his infallible guides to that morbid condition of the life blood, of the patient himself in his inmost life, which causes these symptoms, and which therefore they represent. Since they are but the consequences of this morbid condition, he knows that their suppression,—if that were possible,—would by no means remove the original disorder; that *under the law of the similars they must become infailing indications to that disorder, to that actual blood-poisoning, or nerve-poisoning, from which they spring.* And he feels that to all the different conditions of the system, which may arise from the different qualities or degrees of this poisoning, *these inseparable subjective and objective symptoms must infallibly correspond.* Instead, therefore, of attacking these symptoms as enemies, he treats them as friends who pilot him unerringly through the labyrinth of nature,—literally leading him by a way which he knew not,—and enable him to apply the exactly corresponding remedy to the particular morbid condition which they necessarily and truly represent.

But the cholera is the representative, if not the epitome of all discord; and *ex uno disce omnes!* The lesson learned from this one example may be everywhere applied. The law of the similars, as with an electric flash, in a moment lights up all that was mysterious, no sensational symptoms; all that was obscure in functional derangements, and all that was dark in the pathological waste places: becomes a beacon light which at once illuminates and harmonizes all the various portions of this *via dolorosa*; and at the same time enables the physician to apply the true physiological remedy not for mythical disease,—*but for a plainly revealed physio-pathological condition.*

The wonderful similarity of the different forms and stages of the cholera disorder to the conditions and symptoms de-

veloped in the pathogenesis of the corresponding remedies, affords a splendid proof of the *natural truths* of the principles of the homœopathic science. And the process, if possible still more wonderful,—which results from the administration of these medicines in faithful accordance with these principles, affords a corresponding triumph of our homœopathic art,—for which we can never be sufficiently thankful to the Giver of every good and perfect gift.

ARTICLE XXIII.—*Dysentery.* Read before the Homœopathic Medical Society of New-York County, Sept. 1867. By W. HANFORD WHITE, M.D., 26 E. 22d-st., N.-Y. City.

I PROPOSE to present a few facts, not new to many, yet of sufficient importance to bear repetition, and prove profitable to all in consideration, and to form a basis for discussion.

The importance of our subject, dysentery, may be established by facts, which will be briefly presented in statistical form, from reliable sources.

In the United States dysentery ranks third in aggregate mortality—excluding diarrhœa from the estimate.

323,000 was the total mortality in 1850.

20,556 mortality from dysentery in 1850.

6.5 per-cent. mortality from dysentery in 1850.

*Mortality as to season, as follows :*

1,009	Died in the spring.
3,570	“ “ “ summer.
14,254	“ “ “ fall.
1,890	“ “ “ winter.

*Duration of attack, as follows :*

5,239	Died within one week.
11,184	“ “ “ month.
1,837	“ “ three months.
1,890	“ “ period unknown.

*Age of deceased as follows :*

3,311	Died during the first year	{	1,810 M.
			1,501 F.
8,164	“ from one to five	{	4,436 M.
			3,728 F.
2,172	“ “ five to ten	{	1,184 M.
			988 F.
1,434	“ “ ten to twenty	{	787 M.
			672 F.
3,207	“ “ twenty to fifty	{	1,727 M.
			1,480 F.
1,965	“ “ fifty to eighty	{	879 M.
			1,086 F.
296	“ “ eighty to one hundred	{	166 M.
			130 F.
		{	10,732 Males.
			9,822 Females.
			<hr/>
			910 excess of M.

*Per-centage of mortality as to age :*

60.0	Died before adult age.
40.0	“ after “ “
18.5	per-cent died during the first year.
36.7	“ “ from one to five.
6.7	“ “ “ five to ten.
5.1	“ “ “ ten to twenty.
18.8	“ “ “ twenty to fifty.
13.3	“ “ “ fifty to eighty.
.8	“ “ “ eighty to one hundred.

*Per-centage of mortality as to season :*

5.5	per-cent died during the spring.
17.0	“ “ “ “ summer.
70.0	“ “ “ “ fall.
7.5	“ “ “ “ winter.

The bureau of vital statistics for August, 1867, remarks : zymotic or filth diseases produce 43.18 per-cent. of all of the deaths in New-York, and 39.84 per-cent. of the total mortality in Brooklyn.

Diarrhoeal disorders caused one-third of the mortality in both cities, and they constituted 75 per-cent of the deaths from zymotic causes in New-York, and 80 per-cent. in Brooklyn.

In the first year of infancy, in New-York, 39.3 per-cent.

In the first year of infancy, in Brooklyn, 42.5 per-cent.

In the first five years, in Brooklyn, 70.3 per-cent.

In the first five years, in New-York, 67.3 per-cent.

In 1863 the deaths from dysentery in New-York amounted to 2,665 or 10.57 per-cent. of the aggregate mortality. From 1853 to 1863—ten years—the deaths from dysentery amounted to 34,957, or an average of 3,496 per annum.

Estimating the mortality at 4 to 100 cases, we have 87,400 cases per year. As 40 per-cent., according to the statistics, were adults, we can readily, if necessary, estimate the loss from an industrial or economic point, which would amount to at least five millions dollars per year in lost wages alone. Here is a fact worthy of, and demanding the weighty consideration of health boards, and sanitary commissions, as it probes a vital point, the pocket nerve, were it not a public one.

How far this per-centage may be reduced by sanitary measures alone will be shown hereafter by statistics from European cities, where it has been reduced one-fourth, one-third, and in some over one-half.

If our mortality is reduced *one-fifth*, one million dollars is saved each year to the city in the form of productive labor, leaving all other considerations out of view—\$1,000,000 per year, judiciously expended would render our city one of the healthiest in the world.—By carefully considering the preceding statements, the importance of our subject must be admitted, and more so, as we hope to prove that the number of cases may be abated in a notable degree, and, that in such as do occur, the mortality may be reduced, and the period of convalescence greatly abridged.

We will observe some of the causes and see if they admit of abatement or removal,—prevention if applicable, being paramount to cure; then, after we have reduced the number and gravity of our cases and causes, we will endeavor to treat and cure the remainder.

In New-York we have 1st. localizing or external causes, many of which are avoidable; 2d. inevitable causes, unless conditions are changed; 3d. personal causes, which are within the control of the individual. Among the causes may be enumerated, dense population; deficient ventilation; defective or obstructive sewers or drains; ill-constructed tenements; absence of sunlight; putrescent organic matter, animal and vegetable, and water used for domestic purposes charged with the same; neglected privies; stables; slaughter houses; bone boiling establishments; glue factories; dumping grounds; rock basins filled with water garbage and refuse; garbage and domestic refuse; filthy streets and markets; swill-milk stables and their products, &c.

To these may be added developing causes, such as improper food and drink; want of cleanliness; deficient clothing; exposure to cold, rain or dew; animal exhalations in close apartments, &c.

It is an established fact that dysentery is far more prevalent and fatal in the presence of the foregoing conditions than in their absence, and that in direct ratio with their abatement, is the occurrence of cases, and the per-centage of mortality decreased.

We are now obliged by the solid argument of figures, as advanced in statistics, to admit that our death rates are higher than in any other American city. This can, and should be remedied.

New-York in some districts has a denser population than any other city in Europe.

In one district, or an area of two square miles, we have 15,309 tenement houses, containing 111,000 families, numbering 480,000 persons, or 240,000 to the square mile, exclusive of streets, alleys, stores, warehouses, factories, stables, saloons, and other buildings. The death rate in this district is more than double that of another whose natural location is not superior, but whose sanitary conditions are far more perfect.

In some districts of the sixth, eleventh, and seventeenth wards, the population is denser than in any parish or ward, in any city in Europe.

Portions of wards are packed at the rate of 290,000 to the



square mile. In the sixth ward there are 23,000 on 75 acres which includes streets, alleys, and buildings used for other purposes.

In four of the densest populated districts of London, it is as follows: St. James 144,000, Holborn 148,000, St. Luke 151,000, East London 175,000; being an average of 154,000 to the square mile. In Liverpool the densest population reaches only 138,000; in Manchester 100,000 to the square mile.

The perilous effects of overcrowding are momentous, and cannot be reached by individual effort, but must be reached through the powers who legislate for us. In this direction, we should exert ourselves, not for the present generation alone, but millions in the future should be anticipated and provided for. We must endeavor to reach the masses also. An eminent sanitary reformer remarks, "where we cannot legislate, we can still teach; where we cannot command, we can warn.

And neither the existence or absence of power, neither the expediency, nor in expediency of interference by constituted authorities, can exempt us from knowing what is amiss, and diffusing that knowledge far and wide. For this is a case in which the people are literally perishing from want of knowledge.

All this has a direct relation to the subject under consideration as it applies in proportion to its ratio of mortality, as it is one of the principal sources, therefore for the present they will be considered in connection.

We will look for a moment at what has been accomplished by sanitary reform measures in London and the other cities.

In a short time the deaths in London were reduced from 50 in 1000 to 24 in 1000.

In Liverpool from 36 in 1000 to 23 in 1000.

In Gloucester " 28 " " " 20 " "

In Berwick " 29 " " " 22 " "

What is very remarkable in this connection, and worthy of note, is that *police offences diminished in the same ratio.*

Here is a salient point worthy of the serious consideration of the reformer and political economist.

*Ventilation.*—Bostock's estimate of air consumed in twenty-four hours is 666,5 cubic feet.

For healthy respiration a much larger quantity is required even for one individual, and must be still larger where numbers are crowded together; yet in many dwellings, not tenements alone, the air space allotted each person does not exceed 200, to 250 cubic feet. In this respect our school rooms are still worse. The "black hole" of Calcutta is historic, and pointed out as a representative of barbarism. Our school rooms are not *quite* so *speedily* fatal.

When we consider the amount of effete putrecable material given off per day from the skin and lungs, some portions of it when thrown in circulation, are active poison. We cannot fail to appreciate its effect when there are eight or ten in a family, who remain twelve out of the twenty-four hours in an allotted space of, say 250 cubic feet of air, who to economize fuel, close every crevice and thereby prevent every ingress of pure air, as well as the egress of the vitiated. In many instances the space is such that the inmates would inevitably perish from their own exhalations, and the entire consumption of oxygen, were it not for accidental or enforced ventilation.

We will enforce the importance of ventilation by one case in point..

In the Dublin Lying-in Asylum, out of 7650 births 2954 died before they were fifteen days old. This fearful mortality was speedily reduced to 296 in the same number of births, under a new system of ventilation.

Sewers are another prolific source of zymotic disease. In sanitary reports, page 66, the Inspector gives great prominence to this as a localizing cause of dysentery, cholera infantum, and typhoid fever. The inspector of the eleventh district, reports a series of facts relating to dysentery and diarrhœa, which owed their origin and virulence to a neglected and uncovered sewer.

Even in wealthy and otherwise well-kept mansions, these deleterious gases often are found to pervade the whole building, causing dysentery or other diseases which are unaccountable until investigation reveals the source in an imperfect stench trap, soil pipe, or sewer connection.

Exclusion of sunlight is a violation which is invariably followed by evil results, as surely in the elegant mansion as in the humble tenement—as evidenced in the etiolated wives and daughters of the wealthy and the poor, who contrast as broadly as plants raised under similar circumstances, do with those raised in the open field.

The results following the experiments in England, of well-lighted and well-ventilated dwellings for the laboring classes, are decisive of the fact that by such means alone the sickness rates and mortality may be greatly reduced.

It is not the poorer classes alone who suffer the fatal consequences of the neglect in removal of localizing causes of this class of maladies, as is evidenced in the deaths of many valued citizens, and the fatal prevalence of dysentery in some of the wealthy streets of New-York.

Its prevalence should always awaken strict inquiry respecting the sewerage and other special nuisances not far removed from the premises.

Improper food and drink claim our attention as developing agents.

Milk, innocently supposed to be, as it purports "Pure Orange Co.," is often derived from "swill milk stables," whose products are absolutely poisonous. Could parents see these stables as I have done, they would *know* the source of all milk used in their families.

When visiting one of these stables, I was told by an attendant that "a cow will last about one year, when her gums will soften, and the teeth drop out, sores make their appearance over the body, (which he said hurt their hides for leather), and become otherwise diseased. Then she has to be killed." Upon inquiring how they could make money that way, he replied, "Oh, we don't throw them away, we make beef of them. They make the tenderest, nicest beef in the market." So we, in this instance, "*eat* the Devil as well as drink his broth."

Many of the animals slaughtered in this city endure such treatment for days previous as to seriously deteriorate the quality and healthfulness of their flesh, not to mention those actually diseased.

Unripe or partially decomposed vegetables, fruits, and berries, are hawked about the streets and find buyers, who suffer as well as pay.

Large quantities of iced water is of an exciting cause, or water holding in solution putrescent animal or vegetable matter is also a fruitful source. Malt liquors, often made from the filthiest water, almost invariably containing poisonous drugs, are more injurious than alcoholic. Leibig, in speaking of pure malt liquors, remarks: "that they stupefy the brain, render the blood viscid, load the cellular tissue with fat, and so modify the vital cohesion of the solids as to render single wounds extremely difficult to heal, and that injuries which in water drinkers would be attended with little or no danger, prove certainly fatal." Observe, this is from *pure ale*. *Most ales are not adulterated*. In England, where heavy *penalties* are imposed for sophistication of ale, it is still practiced to a great extent as is evidenced by frequent prosecutions and fines, as well as by the invoice at the custom-house of poisonous drugs and exclusively for this purpose. Even the druggist is fined five hundred pounds for selling the same; yet, druggists sell, and brewers use, risking the penalty.

In the United States, where there are no restraints, what may we reasonably infer is the rule and custom with brewers. Prof. Mapes analyzed twelve samples, from as many breweries, and found *Cocculus Indicus*, and *Nux-vomica* in *all*.

Among the drugs thus used, *Cocculus* and *Nux-vomica* and its extract, *Absynthinum*, *Quassia*, *Opium*, *Sulphuric-acid*, *Conium*, *Aloes*, *Gamboge*, &c.

Now, please compare the pathogenesis of some of these drugs with the syndrome of dysentery, as occurring in the consumers of beer, and observe how close the correspondence.\*

Sudden changes of temperature, warm days, followed by cold nights, exposures to rain or dew, are so familiar as exciting causes that they will receive no further notice.

Animal exhalations and close apartments are embraced under another head.

We have seen from statistics that 70 per-cent. die in the Autumn, and 60 per-cent. of mortality occurs during child-

hood, previous to the tenth year. Why is the mortality greater in the fall? why 60 per-cent. during the first ten years? are salient points for inquiry and investigation.

If we realize the cause, we have made an advance in the direction of prevention as well as treatment. During the summer, many of the causes enumerated are operating to impair the general health, and consequently the powers of resistance. The patient is enervated, and some one of the individual causes excites, or develops dysentery in the system thus pre-disposed. Children who have not so much power of resistance or vital force as adults, are more prone to attacks, and more frequently yield to the disease.

Dr. Jarvis describes the human system as made up of the aggregation of all of the physical powers; the united energies of the nutritive, respiratory, cutaneous, locomotive, and nervous actions; and the preponderance of the vital over the chemical affinities, co-operating in the production of *vital force*.

These make up the *constitution* of man, or capacity for endurance, as well as power of resisting injurious influences. This quantum of vital force is the *capital* of life with which human beings operate in all their actions of utility, pleasure, or resistance of disease.

Some have only sufficient vitality to maintain life. They can digest their food, and perform the other functions necessary for the replenishment of the exhausted powers, and no more. They can just keep their vital machines in operation. But most, have more than this. After supplying the natural demands there is a surplus which can be expended at will in action of muscle or brain. This surplus is the *income* of life which may be constantly expended and still leave the capital unimpaired.

The daily expenditure must however be limited to the quantity of vital force generated by each day's nutrition, and each day's sleep. Every error in life, every enervating cause, be it physical exertion, mental excitement, extreme heat or cold, noxious exhalations, over-tasked digestion, or any other adverse cause, produces its proportionate diminution of vital force, is an axiom generally admitted.

[ Capital in life, and capital in trade, are subject to somewhat similar condition; and both are diminished by errors. With the merchant every poor investment, every neglect of means of profit, every expense in business, or beyond income, lessens by so much the amount of capital. So, every neglect of due means of recuperation, every failure of proper food or drink, as to time, quality, or quantity, every inhalation of vitiated air, every excess of body by muscle or brain, every privation of sleep, every expenditure of power beyond the daily accumulation, each one of these, whether great or small diminishes in its proportionate degree the *vital* capital.

The effects of errors, avoidable or otherwise, in daily life, are regarded as accumulative, perhaps imperceptible at first, but in the end displayed with greater or lesser gravity.

These are noticed in the epicure, and in the over-worked, and under-nourished, the dwellers in over-crowded districts and buildings.

The depressing causes operating in reducing the standard of health often continue their wasting work until they constitute predisposing causes to disease, or even to positive morbid change.

These ills flowing from the errors in life adverted to, are observed most frequently among the poorer classes; exposures, privations, improper diet, and other avoidable evils among the weak and foolish who *mismanage* themselves, or the wicked or reckless who *abuse* themselves.

Vilerme, the eminent French statistician, observes, "that in some parts of France the mortality among the indigent is just double that of the wealthy, and that taking together the whole French population, human life is protracted twelve and a half years among the wealthy, beyond its duration among the poor."

"Sickness and mortality," observes Jarvis, "go hand in hand with poverty." The want of intelligence and skill in self-management, seem to accompany the want of pecuniary means to procure the comforts or necessaries of life. Poverty refers to vitality and bodily health, as well as to estate.

Some of the most startling and convincing facts are furnished by the British Registrar-General, of the different proportions

of mortality, observed in the different classes. From classification made in different places, according to occupations, and domestic conditions, it appears that in the families of the prosperous 20 per-cent., and in families of the poor 50 per-cent., was the respective mortality under five years. Of the prosperous 28 per cent., of the poor 66 per-cent. die under forty.

Among the prosperous 46 per-cent., among the poor only 8 per-cent. survive their 60th year.

The causes of differences of vitality, depend upon difference of organization, much on development, but most of all upon self-management.

The last, is within man's own control, the second, within control of his parents, and the first, more under control of the society by which he is surrounded than is usually recognized. There is a general ignorance of the laws of vitality. Men do not understand the connection between their conduct and vital force, and they feel but little responsibility for the maintenance of health.

A man postpones or omits his usual meal, or, eats too much, or improper food, exposes himself to inclement weather, expends more vital force in the day than the night brings back to him; consequently his capital of vitality is reduced below the standard of health, and disease results in the fall, after various depressing influences have been in more active operation than during any other period of the year, and the poor, being necessarily more exposed, are more frequently the victims.

In the management of organs and powers, the question generally is, not what is necessary for the full development and maintenance of their fullest force? but, what will they bear without extinction. — The doubtful question decided against life which must bear the risk and loss. The poor take this risk more frequently than the sick, and suffer more frequently.

It would be well if some of the acumen bestowed so lavishly upon new remedies were given to hygiene.

Treatment of dysentery does not consist entirely in the administration of remedies. Our remedy should not be selected simply because some old lady, of either sex recommends it and has seen it "cure just such cases." The pathogenesis of

the medicine must correspond with the syndrome of your disease. If there be an exciting cause, remove it, by proper means. In the acute stage, insist upon absolute rest, and a recumbent position. Restrain the evacuations as long as possible.

Flannel should be worn over the bowels some time subsequent to the attack; avoid becoming chilled by all means. Farinaeous food in acute stage, rice, boiled to a jelly, serving as food and drink. Another article of diet may be prepared thus:

A cup full of flour tied up in a piece of muslin and thrown into *boiling* water, and boiled two or three hours until it becomes a solid dry mass; then grate in water or milk, and boil.—Let the patient eat of this as a change—this may be new to some as an article of diet in dysentery; and we are always pleased to add to our list one thing more to tempt the capricious, or cloyed appetite of our patient.

This disease is one in which judicious nursing cannot be over-estimated. Insist upon your directions being carried out to the letter—direct as to the ventilation and temperature of the room; the amount of clothing; articles of diet; disinfectants if necessary; removal of alvine evacuations, &c. The physician should give attention to minutiae. Observe everything having even a remote relation to the patient and his disease.

Encourage your patient so far as you can conscientiously from time to time.

His mind should be maintained as nearly in a state of monotony as possible, and diverted from his complaint. This requires tact, and to effect this the reasoning powers of the physician are taxed rather than the prescribing. All this requires much more labor and time than is usually bestowed; but the physician is morally required to give all his energy of thought and action to the welfare of him who entrusts life and health to his skill; to sacrifice the eclat which surrounds the multifarious prescribers in the eyes of the uninstructed, to any means by which the patient may be rescued from the malady or protected from its consequences.

Recently we have observed a large number of “new remedies” thrust forward as candidates for favor in the treatment of



this disease, some having merits, others none, except such as attaches to them from having never before been administered, in or out of the profession.

As a rule, use reliable remedies with whose pathogenesis you are familiar. Among these may be named, Aconite, Merc.-cor., Merc.-sol., Apis, Colocynthis, Veratrum, Nux, Rheum, Podophyllin, Leptandrin, Arsenicum, Aloes, Phos.-acid, China, Dulcamara, Rhus, &c.; selecting the remedy whose pathogenesis corresponds most closely with the syndrome of the disease.

ARTICLE XXIV.—*Tea and Coffee: their Effects on the Human System.* By I. D. JOHNSTON, M.D.

THE duties which pertain to a physician do not merely consist in the administration of pills and powders, but in that which is of far greater importance,—the prevention as well as cure of disease.

It may with propriety be said, that nine-tenths of all the diseases which afflict humanity, and especially those of a chronic character, might easily be avoided by obedience to the known laws of health. We indulge our appetites and inclinations in violation of those laws until overtaken by disease, which is the penalty we suffer for the “sin of being sick.”

Very little is known by the people at large of the pernicious and disease-producing effects of tea and coffee when used as a beverage. We are convinced by many years of observation, and the testimony of some of the best medical men of ancient and modern times, that very many of the diseases which we are called upon to treat, as dyspepsia, nervous and sick-head-ache, heart diseases, paralysis, epilepsy, neuralgia, &c., &c., are the legitimate and certain fruit of these narcotic stimulants.

No one has written better on this subject than Hahnemann, and the essay which he published upon coffee will endure as long as the English language. He describes a number of diseases induced by this beverage, and assures us that it is a most insidious and dangerous enemy, one which is silently, though slowly undermining the very citadel of life itself.

Dr. Bell, in his "Catechism of Health," says expressly, that coffee has a pernicious effect upon the stomach, bowels, and *nervous system generally.*"

Dr. Shurtleff, of Boston, says, "Of all the common beverages drank in society, coffee is decidedly the worst."

Mr. Graham, in his "Lectures on the Science of Human Life," declares that "both tea and coffee are among the most powerful poisons of the vegetable kingdom."

Dr. Combe, in his work on "Digestion and Dietetics," observes that "tea and coffee not only ruin the stomach, but very seriously derange the health of the brain and nervous system."

Dr. Teste says that "coffee is responsible for perhaps six or seven-tenths of the neuralgias we have to treat daily."

We could extend these quotations so as to form a body of evidence that would be hard to resist, but these are sufficient for the present purpose. Our own experience fully coincides with the testimony above given, and we are convinced that tea and coffee do not only excite all the morbid conditions set forth above, but many more. That they do not do so in all cases, can only be explained by the peculiar idiosyncrasy of each individual case.

To illustrate this subject still further, we will present a few cases which have recently come under our own observation. The first is that of a middle-aged married lady, and mother of four children. She had been subject to violent attacks of sick-headache for many years. They would come on every week or two weeks, and last two, three days. The greater part of the time the patient would be obliged to keep her bed. It would commence with a severe boring pain in the fore-part of the head, attended with sickness of the stomach, increased by movement, and especially rising up; vomiting of a green, watery fluid, of an acrid, sour taste. Pain somewhat relieved by placing a bandage round the head. I gave her various remedies, among which were Aconitum, Arsenicum, Belladonna, Bryonia, Chamomilla, Pulsatilla, Nux-vom., &c., with only partial success.

Believing tea and coffee to be the chief cause of her difficulty, (though she used them very moderately,) I induced her to abstain from both, and in a few days, to her great de-

light, she was well, and remained so for two months, when a cup of strong black tea, drank while on a visit to a friend, brought on a severe attack of her old complaint. Since then she has strictly avoided these beverages, and has no more sick-headaches.

A bright, intelligent lad, ten years old, was in the habit of getting up nearly every night in his sleep and wandering about the house, often crying, and greatly distressing his parents. This boy was completely cured in a week by total abstinence from coffee.

An intelligent lady related to me a few days since a similar case, that of a young lady, who would leave her bed at night crying at the top of her voice, and, if spoken to, would immediately go into spasms. This young lady, too, was cured permanently by avoiding the use of tea and coffee.

The last and most interesting case which I will relate, is that of a married lady, aged 38 years; has always enjoyed good health, and never drank either tea or coffee till within a few years, and then very weak, as she styles it. For the last three years she has suffered with the following symptoms: gradual loss of eye-sight, which is transient, varying in degree, and returning only at intervals. When reading, the letters run together, and she is obliged to desist; sometimes the least exertion of the eyes is attended with pain; at others, great desire for stronger light; after sleeping, inability to open the eyes, the lids feel as if paralyzed; on lying down at night the bed and every thing in the room seem to be turning round, and when in the act of going to sleep, great jerking and twitching of the muscles of the extremities. All these symptoms grew more and more aggravated; her eyes became so weak and painful that at times she could not read half a dozen lines at a time, nor do any kind of fine needle-work whatever. Glasses were of little or no benefit, and my patient became seriously impressed with the belief that, to use her own words, she would "go entirely blind."

Up to this time, February 1st, she has taken various remedies in different strengths, from the 30th to the 6000th potency. I have consulted several physicians with reference to the case, but all to no purpose. I had frequently told my patient that

it must be tea or coffee that affected her thus, but her reply would always be, that "I drink so little, it can't be that."

However, things began to wear a serious aspect, and my patient resolved to abstain from these favorite beverages. At the end of a week she could read six editorial columns of the Tribune without difficulty. The vertigo, paralytic weakness of the eyelids and the twitching of the muscles have all vanished, and up to the present time she has remained comparatively well. Several times she has taken a cup of tea or coffee to confirm the truth of this matter, and invariably has it been followed by a return of the same morbid conditions.

We could cite many more cases to prove the baneful effects of tea and coffee upon the human system. Those we have presented are, we think, sufficient to call attention to the importance of the subject, which we believe to be greatly underrated by a majority of the physicians of our school. Indeed, we have been surprised to find that some of us, calling ourselves Homœopathic physicians, have sanctioned the use of tea; yea, even coffee, while under Homœopathic treatment. Can it be that the teachings of Hahnemann are a farce, and that we are practicing a delusion? Or, are we gradually but steadily floating into the dusky maze of eclecticism, where we are certain to reap the reward of all those that follow in its footsteps?

It does seem to me that we, as Homœopathic physicians, who claim to be in advance of our brethren of the would-be "regular," "legitimate," "orthodox" persuasion, should discountenance the use of these disease-producing agents, not only while the patient is under treatment, but also as a common beverage. For how can we expect to cure a disease by the administration of remedies while the exciting cause still remains to exert its deadly influence and prolong the suffering of the patient. (*Hahnemannian Monthly*.)

## General Record of Medical Science.

1. *Specific Cause of Intermittent Fever.*

DR. J. H. SALISBURY has given in the "American Journal of Medical Sciences" some experiments and facts bearing on the subject to which we have already referred. (See this *Journal*, Vol XIV., page 573.)

He gives the following further experiments.

"With the view of obtaining still more positive evidence of the intimate relation between the cause of intermittent fever and the cryptogam developing upon drying humid soils, &c., I filled six tin boxes with the surface earth from a decidedly malarious drying prairie bog, which was covered completely with the palmellæ previously described. Cakes of the surface soil were cut out, the size and depth of the boxes, and fitted carefully in, without disturbing more than possible the surface vegetation. The covers were then placed on, and the boxes transported to a high, hilly district, some five miles distant from any malarious locality, and where a case of ague had never been known to occur. The locality was over three hundred feet above the stream levels; was dry, sandy, and rocky. I here placed the boxes of cryptogams on the sill of an open second-story window, opening into the sleeping apartment of two young men, removed the covers, and gave particular directions that the boxes should not be disturbed, and the window left open. On suspending a plate of glass over the boxes on the fourth day, during the night, the under surface of the plate, the following morning, was found covered with palmelloid spores, and numerous cells of the same kind adhered to a suspended plate in the room, which was moistened with a solution of chloride of calcium.

"On the twelfth day, one of the young men had a well-marked paroxysm of ague; and, on the fourteenth, the other was taken down with the disease. They both began to feel unnatural and dull about the sixth day. All three stages of the paroxysms were well-marked. The type in both cases was tertian, and was readily controlled by the appropriate remedies.

"Four members of the family slept on the lower floor of the house, but none of them were affected.

"The experiment was repeated at another point, in the same neighborhood, where one young man and two boys were exposed in the same way as described in the previous case. In this instance, the two boys were taken down with the disease, one on the tenth and the other on the thirteenth day of the exposure; while the young man escaped."

Dr. Salisbury's theory of treatment as based on the cause of intermittents appears very rational. We *once* believed in it. He says,—

"Since nature in the last stage of the paroxysm excites all the excretory organs of the body, and especially the perspiratory, urinary, and mucous surfaces generally; and as these excretions contain spores and plants of the ague palmellæ,—it is evident that the sweating stage is a curative process. If so, it points us to important medicinal means as aids in eradicat-

ing the poison. These are diuretics, diaphoretics, expectorants, and alteratives. While we should keep quinia constantly in the front rank, to impart tonicity to the ganglionic and cerebro-spinal system and to the epithelial tissue, and to control in the body cryptogamic development, we should use diaphoretics, diuretics, and expectorants freely as eliminators. The nightly sweating of a patient laboring under this disease might be supposed to result in enervating the system. The reverse, however, is the case. Under active nightly diuresis and diaphoresis, in ague, the sallow countenance rapidly clears up; the dull eye becomes bright; the depression of spirits and torpor of mind and body disappear, and give place to the elastic step and tonicity of muscle. The result is, that, even when the system is exposed to constant accessions, the paroxysms are not only avoided, but organic lesions, and the long train of unpleasant symptoms, are not allowed to get their hold upon the system; the ague-poison being eliminated as fast as taken into the organism.

"In cases where the patient is removed from the exciting cause, the system is soon thoroughly cleansed; and no ague returns the following spring, unless there are new exposures.

"The power of the system to resist the paroxysms of ague varies greatly in different individuals, and even in the same individual at different periods. This power of resistance is directly proportioned to the tonicity of the system. Habits of bracing, active exercise, such as horseback riding, will often protect the system against attacks. This is noticed in a marked degree in the cavalry and infantry service of the army. In malarious localities, the former are seldom attacked, if on active duty, with intermittent fever; while the latter are extremely liable to suffer. This is the case when both branches of the service are occupying the same malarious district, and are equally exposed.

"*Quinia*, as a prophylactic, enables the system to resist the paroxysms. It braces up the system, and controls cryptogamic growth till nature can effect a cure by eliminating the malarious cause through the skin, mucous surfaces, and kidneys. *Quinia*, then, is not, strictly speaking, a curative or specific agent; but simply acts beneficially by controlling cryptogamic development, and imparting such tonicity to the organism as enables it to resist the paroxysms, till aided nature can cure the disease by eliminating the cause." (*Medical Gazette*.) A few sad years of trial will dispel much of the above. ED.

## 2. *British Association for the Advancement of Science.*

THE Annual Meeting of this Association opened on the 6th of September, 1867, in the old classical city of Dundee, Scotland. The several Departments are presided over at present by very distinguished savans, among whom are the following:

Economic Science, Mr. Grant Duff, M.P.

Ethnology, Sir Samuel Baker.

Mathematical and Physical Science, Prof. S. W. Thompson.

Chemical Science, Prof. Thos. Anderson.

Geology, Mr. Archibald Geikie.

Biology, Prof. Sharpey.

Mechanical Science, Prof. Rankin.

An event of the meeting was the appearance on the stand of Sir David Brewster, one of the old veterans of Science, who 37 years ago originated the Association. He took his seat by the president's chair, and for a moment looked over the brilliant assembly. At the moment all eyes were upon him, but it was noticed that his face became suddenly deadly pale. A voice said "Help Sir David!" Prof. Balfour gave his assistance, but the contortions of a coming fit were visible by the large company: and soon the philosopher was laid prostrate on the floor in front of the stage apparently dying, and was promptly carried out of the assembly. Prof. Phillips immediately afterwards announced that Sir David had recovered from his temporary fainting fit, and the intelligent audience remained without disturbance.

Mr. Grove, the distinguished President being absent, Sir Roderick Murchison the geologist took the chair, but resigned it to the Duke of Buccleugh, who at the age of 60 was present, wearing the star and ribbon of the order of the Garter. On his right was Prof. Phillips, first Secretary of the Association: on the left was Sir Roderick Murchison, author of Geological researches in Russia for which he was decorated by the Emperor Nicholas with the order of St. Stanislaus. He fought in the battles of Spain in 1809 and held to his colors at Corunna.

At the meeting of last year, Mr. Grove advanced his great theory of "continuity" in Nature, and almost put an end to the "continuity" of the Association. Mr. Grove's powerful and brilliant support of Darwin's theory of the origin of species took away the breath, for a time, of many good creed-bound people. Prof. Huxley's teachings are a source of discomfort even to Prof. Owen. Now it wastes the valuable time of scientific men, and public time too, when great thinkers are to be called upon to reconcile their discoveries with everybody's crotchets before they can proceed; and hence Prof. Phillips, who knows the difficulties the geologists have had, at once fixed upon the Duke's admission that the proceedings of the Association were not exclusive, and all honest opinion and teachings were its lawful subject-matter. These latter words were not used by the Duke. Mr. Phillips inspired the sentence—put life into it; the Duke did not deny it; and, henceforth, independence and progress are lawful under the Duke of Buccleugh.

At an evening session designed to interest the working men, of whom about 2000 were present, the Duke introduced Prof. Tyndal to an audience of working-men in a well-delivered speech, cordial and modest. The Association now gives a night to workingmen, and it is one of the most splendid and useful nights held. The Kinnaird Hall is lighted up without and within. The new gallery put up to meet the requirement of the Association is constructed with great judgment and proportion, and filled with workingmen, as well as the arena below, amounting to 2,000. The dark serried far-stretched masses of men—no woman being present—is very imposing. The audience seem all of one stature, and the level sea of heads

is a wonder to look upon. The lecturer has had put up a long table covered with apparatus. Two gigantic canvas screens are built on either side. Two blocks, surmounted by lanterns and lights, stand out in the body of the meeting, connected by gangways with the platform, along which assistants run in conducting experiments. Prof. Tyndal is a gentleman of Irish birth—eloquent, as is the attribute of his nation, and, like Prof. Huxley, has a passion for science, and all the sublime courage of truth. His subject is “Matter and Force.” Two abstract scientific terms these—but soon the Professor breathes a contagious inspiration into them, and his audience are soon as enthusiastic as himself. The experiments are masterly and brilliant, and a very competent judge, Sir John Bowring, pronounced the peroration sublime. Prof. Tyndal quoted the words of the American poet Emerson, “The atoms march in time,” which he demonstrated to be a possible thing. He deprecated the assumption of everything being made for man. The healthy attitude of the mind was that of the poet, who, when asked whence came the rhododendron, replied,

“Why art thou there, O rival of the rose?  
I never thought to ask, I never knew,  
But in my simple ignorance suppose  
The self-same power that brought me there brought you.”

The Professor vindicated materialism as the province of science, and, considering the passions and prejudices of his audience, spoke with all the courage of science and the authority of a master, as he concluded by the adjuration:

“Be careful, above all things, of professing to see in the phenomena of the material world the evidences of Divine pleasure or displeasure. Doubt those who would deduce from the fall of the tower of Siloam the anger of the Lord against those who were crushed. Doubt those equally who pretend to see in cholera, cattle plague, and bad harvests evidences of Divine anger. Doubt those who say that the depreciation of railway scrip is a consequence of railway traveling on Sunday. [Cheers.] They know nothing about it. Say to them in substance what was said by one of the mightiest Scotchmen living or dead—Thomas Carlyle—to the followers of Dr. Pusey:

“The Builder of this universe was wise,  
He formed all souls, all systems, planets, particles;  
The plan he formed his worlds and Æons by  
Was—Heavens!—was thy small nine-and-thirty articles?”

[Sensation and applause.]

The Professor was heard with wonder and consternation by one-half of his audience, and with rapturous applause by the other. The Bold Buccleugh was astounded. The Duke got up and said he hoped it was all right: If he thought science would make skeptics he would not occupy that chair. In the mean time let us cheer Prof. Tyndal for his brilliant and lucid lecture, which was done in a manner creditable to Dundee—who half a century ago would have chased him into the Tay, and thought it a judgment of Heaven had he been drowned.

Tyndal, like his great master Faraday, of whose death he speaks with



touching reverence, has made his own way to greatness by untiring assiduity. The working men make no mistakes. They cheer the Duke, but the great Professor they greet with ringing and reiterated applause. They recognize that genius is their benefactor to-night. The presence of the Coronet is a grateful, well-meant compliment, but the Great Thinker is an instructor, and makes men master of the secrets of the universe.

Sir John Bowring, our great polyglot member of Parliament for Bolton in former years and famous Governor of Hong Kong, is one of the company. Himself a poet as well as a political economist, and friend and biographer of Jeremy Bentham, he has translated the patriotic poetry of all the heroic bards of the world into English. Petofi, the Magyar Burns, was the last. Sir John has what we call an American expression. He carries his history in his face. Lavater would have engraved it as containing the finest known example of a cogitative nose. Prof. Fawcett of Cambridge and Member of Parliament for Brighton, accompanied by his young and handsome wife—a sister of the famous English lady known as Dr. Bassett now. These pictures were lost upon the Professor, who, as you are aware, is blind; but his presence at the meetings of the Association is always welcomed. Possessed of various knowledge, a wonderful faculty of attention and retention, and an eloquence that never fails him, he puts life into a dull section of his vigorous speeches. In defending the enfranchisement of women in the House of Commons a few weeks ago, in support of his friend, Mr. John Stuart Mill's proposition, Mr. Fawcett said "politics had never introduced half so much mischief into families as religion." It required great boldness in a Cambridge professor to say this in the British Parliament. This sufficiently indicates his quality of mind. Manockjee Carsetjee, a Bombay Judge, of high repute, walked about in his peculiar hat, the sole representative of India. Professors and thinkers in great numbers variegated the throng.

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3. *Pericementitis. Dental-Periostitis. Peridentitis. Alveolo-Dental Periostitis.* By HENRY S. CHASE, M.D., D. D. S., Iowa City, Iowa.

THIS is a disease which the dentist is often called upon to treat, and in rural districts the general practitioner also. But the truth is that these teeth generally get very *bad* treatment, for extraction is the most common result. This need not be so, and certainly ought not to be so. And it is for the preservation of this class of teeth that I write this article.

Pericementitis is an inflammation of the investing membrane of the roots of the teeth. It may be either acute or chronic. It is most generally produced by the death of the dental pulp, which is in the central portion of the tooth.

When a tooth decays and the nerve or pulp becomes exposed to the air, inflammation and suppuration take place occasionally until at last the pulp dies. Putrefaction of the latter then takes place, and the broken down substance, together with its sulphureted hydrogen gas, penetrate the tubuli

of the dentine and the canaliculi and lacunæ of the cementum, and thus come in contact with the delicate connective tissue of the pericementum, causing an inflammation of the same. The same result is also secured by the passage of these deleterious agents through the foramini of the roots. Swelling of the pericementum causes the tooth to raise out of the alveolus more or less, and it is consequently somewhat loose. If the tooth is now pressed upon, pain ensues.

This disease sometimes results from blows, congestion of the adjoining parts, and from drug poison.

Pericementitis is one of the principal symptoms in mercurial ptyalism. And when the most apparent effects of the latter disease have passed away, the teeth may occasionally, during the whole life of the individual, become affected by *pericementitis* from very slight causes. In fact there is in many cases a continual and constant soreness attendant upon them as long as they are retained in the mouth. Teeth having living pulps sometimes have the pericementum inflamed, being an extension of the pulpitis through the root to the pericementum. Undecayed teeth, especially the second bicuspid and first molars of the upper jaw may partake of inflammation from the lining membrane of the antrum, produced by colds and other causes, for the roots of these teeth often penetrate that cavity, and are therefore frequently involved in its diseases.

**DIAGNOSIS.**—This affection is often confounded with pulpitis or inflammation of the dental pulp or nerve. The tooth is "sore and loose." The patient says "it is longer than it used to be," for it is forced somewhat out of its socket. Cold water rarely gives pain. This is diagnostic, for in *exposed pulp* cold water is usually unbearable. In ninety-nine cases out of a hundred the tooth will be found carious, or with a cavity plugged. The color of the tooth is generally darker than in health, or with a living pulp.

**TREATMENT.**—Patients rarely ask medical assistance until the case is (if acute,) two or three days old. Then they usually expect to have the tooth extracted, but readily accept of more conservative treatment. In the first place, if decayed, probe the cavity and find out whether the pulp is alive or not. If it is alive, place on a bit of cotton,  $\frac{1}{12}$ th of a grain of pure Arsenic, wet with creosote, and place it on the pulp if possible. Seal it up with softened wax and let it remain twenty-four hours. At the end of that time remove the Arsenic, *and the pulp also*. For although you may cure the disease *now*, it will recur again from the decomposition of the dead pulp, as I have before said, if it is left in the tooth.

Whether the pulp is dead or not, give *Mercurius-vivus*  $\frac{1}{100}$ th, 2 gra. every hour until better. From three to eight powders will almost invariably ensure a cure in simple cases.

If a cavity has been plugged over a dead or unremoved pulp, the plug must be removed and the pulp cavity and root canals thoroughly syringed with clean water, and afterwards with Hypochloride of Soda or Carbolic-acid, or Creosote, or Tannic-acid. I generally use Soda after pure water and Tannic-acid last, leaving it in the tooth a week before refilling. In every case where we are satisfied that a *dead pulp is retained* in the tooth

an opening must be made, and the substance removed before a cure can be expected. Drill from the most convenient part of the tooth, if the latter has not been plugged. When this disease is the result of pulp death and disintegration, and it becomes chronic, *alveolar abscess* is the result. This latter termination I will make the subject of another paper.

If pericementitis has occurred several times in the same tooth and there is an open carious cavity, with a dead pulp, and the latter disintegrated and *gone*, it is well to put a drop of creosote on cotton and place it in the cavity and stop it lightly with another pledget of cotton, to remain one day. But by no means neglect giving the Mercurius.

*Chronic mercurial pericementitis* I have never cured. I wish I had a remedy.

In this disease the teeth are not tender to touch, but they are loose, and get looser year by year until they are at last extracted. The alveoli become absorbed, the sockets of the teeth obliterated, the gums follow the shrunken jaw, and the teeth becoming too troublesome to retain, are slaughtered.

*Mercurious-vivus*  $\Gamma\sigma\sigma\sigma$ , has cured for me nineteen out of twenty cases, of non-mercurial disease, whatever may have been the origin.

In mercurial cases I have used *Kali-hyd.*, with great benefit in subduing an exacerbation of the disease. In this type there is not much pain in the teeth, but occasionally the fires light up and the symptoms become acute, very much as they were at the *first* salivation. Here then *Kali-hyd.*, or *Iod.-ammon.*, are useful. Topical bleeding, by lancing the gums, although a common practice, I consider unnecessary, unless there is undue congestion of that tissue. Besides patients are about as willing to have a tooth extracted as to have the gums lanced. (*Am. Hom. Observer.*)

## Reviews and Bibliographical Notices.

1. *Essentials of the Principles and Practice of Medicine.* A Handy Book for Students and Practitioners. By HENRY HARTSHORN, M.D., Prof. Hygiene in the University of Penn., Auxiliary Faculty of Medicine: formerly Prof. Practice of Medicine, Penn. College, &c., &c., &c. Philadelphia: Henry C. Lea. 1867.

WE have seldom seen modest pretensions maintained with more dignity than are those of the present author in this compact and convenient volume. He says "it is an unambitious effort to make useful the experience of twenty years of private and hospital practice, with its attendant study and reflection." It is known to be easy to write large books on great subjects, and some *large* books are very useful; but the author who can make a *small*

book which shall be useful to "students and practitioners" must be an artist equal in skill to Charles the Fifth's Mill-wright, who made the smallest mill ever made, and still made it sharp enough to grind. Our author thinks medical science now sufficiently perfect to admit of concentration, and that "the science whose facts and laws may be stated in the fewest words, is the most advanced." We are not convinced that the object aimed at here can possibly be reached when the treatment of diseases in all their complications is in question: but in a wide range of elementary medical truths and principles this very thing *can* be done; and it is *here* so well done that the author and his book deserve our commendation.

We will now look into the volume again to see if we can make any good uses of it. An analysis of it would be of but little value: We can no more *abridge* it than we could the Emperor's *pocket grist-mill*. The best thing we can do is to take out a wheel or two and see how well they come up to the author's creed: His aim is said to be: "the briefest statement compatible with clearness, of its most important and best established doctrines and precepts. While brevity has been aimed at upon all subjects, the most extended consideration has been given to those which especially require the attention of the student, from their difficulty, comparative novelty, or intrinsic importance."

We proceed to make a large extract, only concentrating in a few points, in our efforts to save room:

#### IRRITATION.

Irritation and inflammation are the most familiar in their phenomena, and the most obscure in their nature of all pathological processes or occurrences.

STIMULATION and IRRITATION may be thus distinguished:

STIMULATION should be confined to excitation *within physiological* (*i. e.* healthy) *limits*.

IRRITATION is applied to such *excessive action* upon a part as produces *morbid effects*.

*Irritation* then is considered as an *arrest of vital movement in a part; life* being regarded *as a molecular motion*, as presented in the modern theory of the correlation of *physical and vital forces*.

*Effects seen in the circulation.*

The old maxim is 1. *Ubi stimulus, ibi astutus.*

To this is added 2. *Ubi irritatio, ibi stasis.*

And, as will be seen under inflammation:

We add 3. *Ubi phlogosis, ibi effusio.*

The STASIS of IRRITATION may be either *partial* or *complete; limited* to a very small surface, or *widely extended; and transient, or continued* for a considerable time.

If *complete, extended, and continued* in a tissue at all vascular, *inflammation* is produced.

If the influence of the irritant be very *limited* and *transient*, a temporary *stasis* and functional and sensational disturbance only follows.

If it be *extended* and *continued, or repeated, and yet of power enough*

to produce a *partial stasis only*, a condition may result to which the name of CHRONIC INFLAMMATION has been (improperly) given. The *effects*, or *symptoms*, of irritation differ according to the tissue or organ affected. When a nervous expansion or centre is involved, *pain* is the most familiar result. Functional disorder of the part innervated also occurs. Irritation of muscular tissue causes tonic *spasm*.

#### INFLAMMATION.

We consider 1. *The symptoms*; 2. *minute phenomena*; 3. *products*; 4. *terminations or effects*; 5. *post-mortem appearances*.

1. SYMPTOMS: These, in a part open to inspection, are: *redness, heat, swelling and pain*.

In *Internal organs* inflammation is chiefly detected by *pain, increased by pressure or motion; obstruction or alteration of the functional action* of the organ; and *general* (sympathetic) *vascular excitement*. Certain other *physical signs* also aid in the diagnosis of inflammation of particular organs. (See Semeiology.)

THE MINUTE PHENOMENA of inflammation as seen under the microscope have been variously construed by different observers. The use of the term has been distorted by Virchow from its old meaning; and attempts have been made, (by Andral, Eisenmann, and Bennett,) to do away with it entirely; attempts which fail, because in proposing other terms, a *part* only is substituted for the *whole*. Thus: Of the three terms proposed by three leading pathologists, HYPERÆMIA, STASIS, and EXUDATION, to take place the old word inflammation, *each* expresses a *single* part or element of the process, which *can only be defined by including them all*; while cell-multiplication, made by Virchow almost the whole of the process is only an incidental attendant upon it.

#### *Essential Minute Phenomena of Inflammation.*

Central stasis;  
Concentric hyperæmia;  
Exudation.

Other changes occur, but they are of less importance.

*Nature and Cause of these phenomena.*—These require for their comprehension a close consideration of the laws which govern nutrition, the capillary and arterial circulation and innervation in their mutual relations, under the influence of *normal stimuli* and of *morbid irritants*.

#### *What are the Causes of Inflammation?*

Not section of the nerves; nor division of the arteries (*per se*); nor division of the veins; nor ligation of arteries nor of veins; nor (*per se*) of lymphatics. Only such causes as modify the *molecular state* of the tissue and arrest, for the time, the usual interchange of material between the tissue and the blood can induce a true inflammation.

Return to the maxima.

1. *Ubi stimulus, ibi affluxus.* Stimulation causes active hyperæmia. The arteries thus EXHIBIT REFLEX ACTION. Though this fact was taught by

Unzer, Hunter, and C. Bell, it is denied or misunderstood by later writers to the present time.

Prof. Hartshorne says there is error in modern physiology based on experiments whose results were only *morbid, not normal*. It is commonly taught as by Virchow, that the *normal active* contraction of the arteries always *diminishes* the supply of blood through them; and "*the more active the vessel, the less the supply of blood.*" Hartshorne says, "Another generation will attain to the correction of this; and with it, a revolution in the pathology of inflammation must occur." (See his *Prize Essay on Arterial Circulation*. Trans. Amer. Med. Association, 1856.) In 1858 Lister asserted reflex action as occurring in the vessels in inflammation; as well as the central arrest of nutrition.

## 2. Next. *Ubi irritatio, ibi stasis.*

Stimulation, carried to *morbid* excess, interrupts, by the molecular disturbance it induces, the normal *life-movement* of the part, and checks the interchange of particles going on between the capillaries and the tissue. Thus the *circulation* in the capillaries of the part is arrested; *Stagnation* ensues.

Both of these results, active arterial *HYPERÆMIA* and capillary stasis, follow from the *same* or *similar* causes acting in *different degree*. They may and do exist *together*; the one (capillary stasis) at the very *POINT* of irritation, the other (acting hyperæmia) in the vessels surrounding it.

What follows? Hydraulics may answer the question. A quantity of fluid, in minutely porous vessels being forced upon a centre whose condition allows little or none of it to be transmitted, an effusion must result, through the more or less distended coats of the vessels.

This is expressed by our third maxim:

*Ubi phlogosis* (inflammation), *ibi effusio*.

This phenomenon, the "exudation," has attracted almost all the attention of many recent pathologists, to the exclusion of other occurrences, which precede and accompany it; an exclusion which has detrimental results (J. Hughes Bennett) as regards the practical and therapeutic deductions made therefrom.

Virchow, of Berlin, has still another theory of inflammation, forming a part of his "Cellular Pathology." He identifies (confounds) *stimulation*, which is physiological or healthy, with *irritation*, always abnormal or pathological in kind or degree. All irritation, in vascular or non-vascular parts, is in effect, either *functional, nutritive, or formative*. Exudation, or transudation of fluid into the substance of an inflamed part, is admitted only of the more vascular, soft, and superficial tissues. In others (parenchymatous inflammation) the essential effect of irritation of a high degree is said to be, the taking, by their own action or attraction, of more fluid into the cells of the organ or tissue. Thus they swell, and become clouded in aspect under the microscope. Next the *nucleus* divides; and afterwards the cells themselves multiply by division, or *proliferate*. The origination of pus or other cells from entirely liquid lymph as asserted by Paget and others Virchow denies, in accordance with his maxim "*omnis cellula e cellulâ.*" Either the epithelial cells or those of the connecting tissue (common

germ stock of all tissues) must give rise, by change, to pus cells. At a certain stage, cell-enlargement and proliferation become destructive of function; the parts then degenerate. But Virchow does not with any distinctness at all state the relation between this *degenerative* and that *nutritive* or *formative* action which he considers the one effect of "irritation;" nor does he allow to the condition of the blood-vessels any importance in what, in any tissue, he calls inflammation.

This eminent pathologist has *added* to previous knowledge, that of the changes going on in the cells of an organ, a part of which is inflamed. These are important. But, he omits, in his account of the process, much; and makes, on the whole the least satisfactory theory of it now held by any authority.

To return to our account of it; an example of the three stages or processes of stimulants, irritation and inflammation may be well studied in the action of a common mustard plaster applied to the skin. Its first effect (the only one if the mustard be diluted) is *stimulant* merely; the skin grows warmer and redder, and its sensibility is moderately heightened. Next (if it be strong and allowed to remain) *irritation* is produced; shown by *pain*, tenderness on pressure, and a deeper or more purple redness. If the irritating matter be now withdrawn, all of these may subside without going further. But if the irritation be continued up to a certain point of duration and intensity, *inflammation* occurs: Then we have redness, heat, pain and swelling, with effusion of lymph, which, after a sinapism or cantharidal plaster, raises the cuticle in a blister.

I express then what I hold to be a correct theory of the nature of the inflammatory process, in this definition: *Inflammation is a local lesion of nutrition, with concentric vascular excitement; resulting either in exudation, or cell-distension and proliferation; this last being destructive at the centre of the inflamed part, but often formative at some distance from it.*

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2. DIPHThERIA, *as it prevailed in the United States from 1860 to 1866.* Preceded by a Historical Account of its Phenomena, its Nature and Homœopathic Treatment. By C. NEIDHARD, M.D., late Professor of Clinical Medicine in the Homœopathic Medical College of Penn, &c., &c., &c. New-York: William Radde, No. 550 Pearl-st. Phila.: F. E. Bœricke, 635 Arch-st. Boston: Otis Clapp. St. Louis: H. C. Luyties. Cincinnati: Smith & Worthington. Detroit: E. A. Lodge, M.D. Chicago: C. S. Halsey. Cleveland: Beckwith & Co. Pittsburg: J. G. Backofen. London, Eng.: H. Turner & Co., 77 Fleet-st., James Epps, 112 Great Russell-st. 1867. 8vo., pp. 176.

THE origin of this work and the method pursued by the author in qualifying himself to write it are given in a brief Preface, and may be thus

summed up. The author met with a case of Diphtheria in January, 1861, tried to cure under direction of the British and French authorities, then within his reach, and failed. He then read all the books relating to the subject in the Pennsylvania Hospital, going back to the most ancient times. Since that time, now over six years, he has "attended about one hundred and eighty malignant or severe cases of Diphtheria and Diphtheritic Croup, and at least four hundred and twenty slighter cases of the disease; including in this latter class all where the membrane, or a few patches of it, could be distinctly seen in the throat." Extensive observation and experience in this disease led him to believe in "its identity with malignant scarlatina and membranous Croup, and that these diseases are different manifestations of the same or a similar poison in the blood."

The Historical Chapter carries us back through the researches of *Ozanam*, *Fuchs*, *Eisenmann*, *Hecker*, and *Brettonneau*, to the "*Ulcera Ægyptiaca Syriaca of Aretæus, Cælius Aurelianus and Aetius*. Peter Forcstus treated it with what was then called success three hundred years ago, at Delft in Holland. Towards the end of the fifteenth century it was so fatal in Spain that it was called the *garotillo*. In 1641 it carried off many thousands of children in Naples and Sicily. In later times its existence and progress are sufficiently portrayed by the present author.

The descriptions given by the different authors who observed it in the course of successive centuries furnish material for the second chapter. These details fill about 28 pages, and bring the pathological and clinical history up to the middle of the present century. Chapter III. brings before us the "*Diphtheria*" of our own day, displayed in all its sad and forbidding features as witnessed in the United States from 1856 to 1864. The descriptions of Drs. Tongcaud of San Francisco, Blake of Sacramento, Beardsley of Connecticut, H. D. Paine of Albany, (now New-York,) give clear pictures of the disease as it has been witnessed in our own time. In Chapter IV. we have illustrations of the various forms which it has assumed. After treating "at least six-hundred cases," the author thus classifies them:

I. *Malignant Cases*.—A.) With predominance of throat symptoms. B.) Combined with Croup. C.) Extension of the throat disease to the stomach and alimentary canal.

II. *Slight Cases, under the following forms*.—A.) A slight deposit of the membrane is visible on the Schneiderian membrane of the nose, on the tongue, pharynx, tonsils, &c. The glands of the neck are only slightly swollen. Of such cases the author has seen over three hundred cases.

B.) Diphtheritic Cough, with or without croup.

C.) Characterized by a mucous diarrhœa and dysentery.

D.) Diphtheria complicated with other diseases.

In Chapter V. we enter upon the "Nature of Diphtheria." The cause is admitted by all writers to be *miasmatic*. It has been observed in animals;—and its prevalence is in some degree influenced by local causes, by age, or strumous constitution. Efforts to dissolve the false membrane of diphtheria quoted at page 73, resulted in the decision reached by Kuchenmeister in favor of *Aqua Calcis* as the best solvent. (*Allgemeine Homœp. Zeitung*):

Thus, *Aqua Calcis*, a saturated solution, (one part *lime* to thirty of *rain*-



water), entirely dissolved the false membranes in from 10 to 15 minutes. Of 26 other substances fairly tried by the same observers all failed. Though several different articles in other hands have shown some power to dissolve the membrane. Inhalations of Lime-water have also been successful in the treatment of the disease. Dr. Helmuth found Hy-drochloric-acid one of the best solvents.

F.) Microscopic examinations have not led to any definite results; but there are sufficient reasons for reconsidering the view taken by Prof. Laycock. (Medical Times and Gazette, 1858.) He endeavors to show that both Diphtheria and Muguet "are due to the presence of a *parasitic fungus* on the surface of the throat, fauces and other mucous structures." In one case closely examined, at the beginning of the disease, "and just before death, we found in the pellicle, formed on the tongue and fauces, the spores and mycelium of the *oidium-albicans*, a parasitic fungus, found also in Muguet,—the epidemic aphthæ or diphtheria of infants,—in France, &c." Later observers have only reached an unsatisfactory degree of success in the microscopic line of research: the details given by our author are important and deserve further consideration.

*Diagnosis* is so important in the study of this disease that much of the discrepancy between different practitioners in treating it or writing of it is attributable to the different ideas they have of its essential peculiarities and nature. Here the authorities are well brought together; on *Prognosis*, *Sequelæ* the question of *Contagion* and *Statistics* the facts and opinions reached are fairly presented.

*The Treatment of Diphtheria* occupies the large space of about seventy pages. Within these limits the author finds room to call into ranks the various remedies, measures and expedients which have been trusted and tried through the whole career of good or bad fortunes of physicians and their patients. Experience here, as elsewhere, has kept a dear school. In allopathic practice, the largest depletions the heaviest doses of the most deadly minerals have been weighed in the balance, and, like the king of Babylon, they have been found wanting; or when such agents have partially succeeded it has only been when, in other doses, or used in other modes, they have been brought, by accident or design within the range of the Homœopathic law of cure.

We come forward to the more intelligent application of the same or better agents. There are many remedies mentioned in many books, and the author here reviews the best of them; it is not necessary to follow him. Iodide of Mercury, Muriotic-acid, Kali-bichrom. retain the reputation they early acquired. Stimulating diet, Ammonia, Bryonia, Apis, Bromine, Capsicum, Aconite, Phytolacca, Antim., Tartar, have all accomplished important results; also Croton-tiglium, Perchloride of Iron and Par-manganate of Potash and Chlorate of Potash. Of these remedies the author gives a fair review, but leaves us where we were before in our estimate of them. His own experience is the first thing we seek in his book, though he brings it forward as the last thing he has to say.

He has sought a remedy which should cover the "*totality of symptoms*," "as they manifest themselves in brain, throat and other organs,—taking

particular care that the *brain* symptoms of the remedy are similar to the brain symptoms of the disease." He had succeeded well with low dilutions in cases of Scarlet Fever, &c., in which "other respectable physicians" advised the highest. He had succeeded better with the low "in all diseases affecting the mucous membranes." When Diphtheria came he tried *Proto-Iodide of Mercur.* without success. With *Kali-Bichrom.* he succeeded better when he used it *alone*. He followed Bretonneau's experiments with *Cantharides*, in milder cases with success. But in worse cases it failed, as did Bell.: he had afterwards some success with *Crotalus* and *Argent-nitr.* But in Oct. 1860 he failed with these remedies, tried others and failed also. Bromine: Through several pages he gives results of trials or quotations from Jahr or other compilers of *symptoms*. At length he reaches *Chloride of Lime*. He thinks it an important remedy—the best he has found. During these five years he has "lost only two cases by death from this disease, although many of the three hundred cases appeared" to him as severe as those he had previously treated by other remedies with less success. This remedy acted differently from any which *only* dissolved the membrane. "By examining the membrane in the throat of a patient under the effects of this agent we perceive that the progress of the disease has been impeded from within. The patches of the membrane have ceased to spread, they look shrivelled and dead, the inflammation around their edges diminishes gradually and the healthy mucous membrane reappears." Confirmatory of this statement the results of thirty cases are given. In these and in others "*Chloride of Lime* was the principal remedy. *My main object always was to save life.* I have always given the remedy alone, when this was possible, but when there were complications of the disease with chronic miasmas, I have never hesitated to alternate with others." "In very severe and dangerous cases the *Chloride of Lime* ought to be repeated every half hour or even oftener. In some cases of this kind it was exhibited every ten minutes. By this constant application of the remedy it undoubtedly also acts locally."

Our author has something more to say; but our space assigned to him, is filled, and we must permit him to speak elsewhere for himself. His book will be extensively read, his experiments will be critically scrutinized, his advice will be followed, the power of his remedies tested. We have had faith in *Chloride of Lime* ever since we cured a terrible case of malignant disease with it, (a long time ago,) on the extreme frontier of civilization, and far from professional counsel. We are prepared to give it a fair trial. Our sympathies are ever awake to the sufferings of their *patients*; but *authors* and *physicians* must *look out for themselves*.

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4. *Goullon's Homœopathic Pharmacopœia.* Published by  
WILHELM BAENSCH, Leipzig, at 1s. 6d. each Number.

THIS great work now approaches completion, and continues to sustain the character claimed by the publisher, and the opinion we expressed of it nearly two years ago. It has now reached the fifty-first Number. Those

“three hundred colored engravings” are nearly all received. They are all in the same style of art, and continue to be as we said those first received were,—very accurate and beautiful. The author Dr. H. GOULLON, 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 pharmaco-dynamical 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.

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5. *A Treatise on Human Physiology*; Designed for the Use of Students and Practitioners of Medicine. By JOHN G. DALTON, M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons of New-York, Member of the New-York Academy of Medicine; of the New-York Pathological Society; of the Academy of Arts and Sciences, &c., &c., &c. Fourth Edition, Revised and Enlarged, with two hundred and seventy Illustrations. Philadelphia: Henry C. Lea. 1867. 8vo, pp. 695.

WE have many books on PHYSIOLOGY. We have at one time or another read the whole of them, the good and bad, with at least *some* degree of interest. Their authors, the worst of them sometimes tell the truth; and there is such a fascination in their theme that we are rather disposed to pity and forgive them, even when they tell direct falsehoods. But there is such a thing as *Human Physiology*—in the form of a grand and magnificent science. The author of the work now on our table is understood to devote his life to its cultivation and development; and he is supposed to be conversant with all the ups and downs of scientific discovery in all the branches of human knowledge that relate to the *philosophy* of our nature, the *human mind*, in its intimate and mysterious relationship with the *human body*. Our first impulse is to *hear him* through and through. There was a time when *Richerand* and *Magendie* were more eloquent in our opinion than Homer or Walter Scott. The science they cultivated under so many disadvantages has continued to live. Our present author thinks it is growing still. *Former* editions of his *own work* do not come up to the requirements of the time to-day. The progress of physiology “has not consisted in any very striking single discoveries, nor in a decided revolution in any of the departments of physiology; but it has been marked by great activity of investigation in a multitude of different directions, the combined results of which have not failed to impress a new character on many of the features of physiological knowledge.” It is also true that “new acquisitions of real importance, in any one branch of Natural Science, are almost always found to have such a connection, either direct or indirect, with the associate departments, as to occasion in them at the same time, some modification or enlargement.”

Thus improvement in instruments used in investigation have enabled Helmholtz to measure "the rate of transmission of the nervous force;" many "facts have been ascertained in regard to the character of the pulse, of muscular action, and of the physical changes in the eye during the act of vision at different distances." Discoveries by Virchow, Leuckart and others on the history of parasitic animals affecting domestic animals and the human subject are referred to, also, by Prof. J. Wyman, "on the appearance of vibriones in organic infusions;" J. Lockhart Clarke, Esq., "on the Gray Substance of the Spinal Cord;" and Dr John Dean "on the Medulla Oblongata and Trapezium."

A full and exhaustive treatise on a subject so extensive as "the Study of the Phenomena presented by organized bodies, animal and vegetable," must be a large one. It must contain much truth that can be elsewhere found, and which is necessary and proper to be seen in its place here. The introduction of ten pages is devoted to a comprehensive review of the Nature of Vital Phenomena as manifested in animal and vegetable existence. We next come to *Nutrition*, which, under many sub-headings, employs the space of more than three hundred pages, distributed over seventeen chapters. The titles of these chapters are as suggestive and interesting as the items on a Bill of Fare on the table of a Metropolitan Hotel.

I. Proximate principles in General.—II. Proximate Principles of the First Class.—III. Proximate Principles of the Second Class.—IV. Proximate principles of the Third Class.—V. Of Food.—VI. Digestion.—VII. Absorption.—VIII. The Bile.—IX. Formation of Sugar in the Liver.—X. The Spleen.—XI. The Blood.—XII. Respiration.—XIII. Animal Heat.—XIV. The Circulation.—XV. Imbibition and Exhalation.—The Lymphatic System.—XVI. Secretion.—XVII. Excretion.

Under all of these titles the respective subjects ramify into a large number of branches; and all are illustrated with clearness and perspicuity. The general theory of *Digestion* remains without essential modification since Beaumont's Experiments on the stomach of the Canadian boatman, St. Martin, beginning in 1825; and the results reached in the course of seven years have been generally transcribed by succeeding authors. The accuracy of these experiments and the reliability of the observer have often been questioned by men who had not the time or opportunity to test them by more careful researches; but further experiments, however, hastily performed have been thought to verify in the main the asserted facts and conclusions of Beaumont. The views now entertained on the subject are presented with sufficient clearness by Professor Dalton. The most important advance in the philosophy of digestion made since the publication of Beaumont's book in 1834, is thus stated:

"Contrary to what was supposed by Dr. Beaumont and his predecessors, the gastric juice is not a universal solvent for all alimentary substances, but on the contrary, affects only a single class of the proximate principles, viz., the albuminoid or organic substances. Neither starch nor oil, when digested in it at the temperature of the body suffers the slightest chemical alteration. Fatty matters are simply melted by the heat, and starchy substances are

only hydrated and gelatinized to a certain extent by the combined influence of the warmth and moisture. Solid and semi-solid albuminous matters, however, are at once attacked and liquefied by the digestive fluid. Pieces of coagulated white of egg suspended in it, in a test-tube, are gradually softened on their exterior, and their edges become pale and rounded. They grow thin and transparent, and their substance finally melts away, leaving a light scanty deposit, which collects at the bottom of the test-tube. While the disintegrating process is going on, it may almost always be noticed that minute opaque spots show themselves in the substance of the liquefying albumen, indicating that certain parts of it are less easily attacked than the rest; and the deposit which remains at the bottom is probably also composed of some ingredient, not soluble in the gastric juice. If pieces of fresh meat be treated in the same manner, the areolar tissue entering into its composition is first dissolved, so that the muscular bundles become more distinct, and separate from each other. They gradually fall apart, and a little brownish deposit is at last all that remains at the bottom of the tube. If the hard adipose tissue of beef or mutton be subjected to the same process, the walls of the fat vesicles and the intervening areolar tissue, together with the capillary blood vessels, &c., are dissolved; while the oily matters are set free from their envelopes, and collect in a white, opaque layer on the surface. In cheese, the casein is dissolved, and the oil which it contains set free. In bread the gluten is digested, and the starch left unchanged. In milk, the casein is first coagulated by contact with the acid gastric fluids and afterwards slowly liquefied, like other albuminoid substances." It is further to be observed that this action of the solvent fluid "is most energetic at the temperature of 100° Fahrenheit. It gradually diminishes in intensity below that point and ceases altogether near 32°. If the temperature be elevated above 100° the action also becomes enfeebled, and is entirely suspended about 160° or the temperature of coagulating albumen."

"The liquefying process which the food undergoes in the gastric juice is not a simple solution. It is a catalytic transformation, produced in the albuminoid substances by contact with the organic matter of the digestive fluid. This organic matter acts in a similar manner to that of the catalytic bodies or "ferments," generally. Its peculiarity is that, for its active operation, it requires to be dissolved in an acidulated fluid. In common with other ferments it requires also a moderate degree of warmth; its action being checked both by a very low and a very high temperature. By its operation the albuminoid matters of the food, whatever may have been their original character, are all, without distinction, converted into a new substance, viz., *albuminose*. This substance has the general characters belonging to the class of organic matters. It is uncrystallizable, and contains nitrogen as an ultimate element. It is precipitated, like albumen, by an excess of alcohol, and by the metallic salts; but unlike albumen, is not affected by nitric acid or a boiling temperature. It is freely soluble in water, and after it is once produced by the digestive process, remains in a fluid condition, and is ready to be absorbed by the vessels. In this way casein, fibrin, muscoline, gluten, &c., are all reduced to the condition of

albuminose. By experimenting as above, with a mixture of food and gastric juice in test-tubes, we have found that the casein of cheese is entirely converted into albuminose and dissolved under that form. A very considerable portion of raw white of egg, however, dissolves in the gastric juice directly as albumen, and retains its property of coagulating into albuminose; but at the same time, a small portion of albumen is taken up unchanged.

"The above process is a true liquefaction of the albuminoid substances, and not a simple disintegration. If fresh meat be cut into small pieces, and artificially digested in gastric juice in test-tubes, at 100° F., and the process assisted by occasional gentle agitation, the fluid continues to take up more and more of the digestible material for from eight to ten hours. At the end of that time if it be separated and filtered, the filtered fluid has a distinct brownish color, and saturated with dissolved animal matter. Its specific gravity is found to have increased from 1010 to 1020; and on the addition of alcohol it becomes turbid, with a very abundant whitish precipitate (albuminose). There is also a peculiar odor developed during this process like that produced in the malting of barley."

We must leave the interesting subject of digestion and pass forward, not to dwell upon but to pass over a vast number of subjects of equal, all of the highest interest.

Chapter VII. is devoted to Absorption. It is finely illustrated. We will not spoil this, or any of the subsequent chapters by an attempt at analysis.

At page 349 we encounter a favorite subject,—“The structure and functions of the nervous system.” We dare not begin to make an analysis of this section, though the temptation is strong to “appropriate” the whole of it. We have read of the *Brain and Nerves* elsewhere, from Charles Bell and Marshall Hall to Brown-Sequard. But the pages before us here not only bring around us the *light of other days*: they stir the brain with old and new thoughts, and make us *feel nervous* while we read. We must touch, though very lightly, on a single point.

The relations between the mind and body, between the thinking soul and the physical organs, through which it keeps up intercourse with the external universe, have not been very clearly displayed either in works on physiology or on mental philosophy. Professor Dalton alludes to it cautiously, and does not desire to enter into it at length. He says:

“A very remarkable physiological doctrine, dependent partly on the foregoing facts, was brought forward some years ago by Gall and Spurzheim under the name of *Phrenology*. These observers recognized the fact that the intellectual powers are undoubtedly seated in the brain, and that the development of the brain is, as a general rule in correspondence with the activity of these powers. They noticed also that in other parts of the nervous system, different functions occupy different situations; and regarding the mind as made up of many distinct mental faculties, they conceived the idea that these different faculties might be seated in different parts of the cerebral mass. If so, each separate portion of the brain would undoubtedly be more or less developed in proportion to the activity of the mental trait

or faculty residing in it. The shape of the head would then vary in different individuals in accordance with mental peculiarities; and the character and endowment of the individual might therefore be estimated from an examination of the elevations and depressions on the surface of the cranium.

"Accordingly, the authors of this doctrine endeavored, by examining the heads of various individuals whose character was already known, to ascertain the location of the different mental faculties. In this manner they finally succeeded as they supposed, in accomplishing their object; after which they prepared a chart in which the surface of the cranium was mapped out into some thirty or forty different regions, corresponding with as many different mental traits or faculties. With the assistance of this chart it was thought that phrenology might be practiced as an art; and that by one skilled in its application the character might be discovered by simply examining the external conformation of the head.

"We shall not expend much time in discussing the claims of phrenology to rank as a science or an art, since we believe that it has of late years been almost wholly discarded by scientific men, owing to the very evident deficiencies of the basis upon which it was founded. Passing over, therefore, many minor details, we will merely point out, as matters of physiological interest, the principal defects which must always prevent the establishment of phrenology, as a science, and its application as an art.

"First, though we have no reason for denying that different parts of the brain may be occupied by different intellectual faculties, there is no direct evidence which would show this to be the case. Phrenologists include, in those parts of the brain which they employ for examination, both cerebrum and cerebellum; and they justly regard the external parts of these bodies, viz., the layer of gray matter which occupies their surface, as the ganglionic portion in which must reside more especially the nervous functions which they possess. But this layer of gray matter, in each principal portion of the brain, is continuous throughout. There is no anatomical division or limit between its different parts, like those between the different ganglia in other portions of the nervous system; and consequently such divisions of the cerebrum and cerebellum must be altogether arbitrary in character, and not dependent on any anatomical basis.

"Secondly, the only means of ascertaining the location of the different mental traits, supposing them to occupy different parts of the brain, would be that adopted by Gall and Spurzheim, viz., to make an accurate comparison, in a sufficient number of cases, of the form of the head in individuals of known character. But the practical difficulty of accomplishing this is very great. It requires a long acquaintance and close observation to learn accurately the character of a single person; and it is in this kind of observation, more than any other, that we are proverbially liable to mistakes. It is extremely improbable, therefore, that either Gall or Spurzheim could in a single life-time, have accomplished this comparison in so many instances as to furnish a reliable basis for the construction of a phrenological chart.

"A still more serious practical difficulty, however, is the following. The different intellectual faculties being supposed to reside in the layer of

gray substance constituting the surfaces of the cerebrum and cerebellum, they must of course be distributed throughout this layer, wherever it exists. Gall and Spurzheim located all the mental faculties in those parts of the brain which are accessible to external exploration. An examination of different sections of the brain will show, however, that the greater portion of the gray substance is so placed that its quality can not be estimated by an external examination through the skull. The only portions which are exposed to such an examination are the upper and lateral portions of the convexities of the hemispheres together with the posterior edge and part of the under surface of the cerebellum. A very extensive portion of the cerebral surface, however, remains concealed in such a manner that it can not possibly be subjected to examination, viz., the entire base of the brain with the under surface of the anterior and middle lobes, the upper surface of the cerebellum, and the inferior surface of the posterior lobe of the cerebrum which covers it; that portion of the cerebellum situated above the medulla oblongata; and the two opposite convoluted surfaces in the fissure of Sylvius, where the anterior and middle lobes of the cerebrum lie in contact with each other. The whole extent, also of the cerebral surfaces which are opposed to each other in the great longitudinal fissure, throughout its entire length, are equally protected by their position, and concealed from external examination. The whole of the convoluted surface of the brain must, however, be regarded as of equal importance in the distribution of the mental qualities; and yet it is evident that not more than one-third or one-quarter of this surface is so placed that it can be examined by external manipulation. It must furthermore be recollected that the gray matter of the cerebrum and cerebellum is everywhere convoluted, and that the convolutions penetrate to various depths in the substance of the brain. Even if we were able to feel, therefore, the external surface of the brain itself, it would not be the entire convolutions, but only their superficial edges, that we should really be able to examine. And yet the amount of gray matter contained in a given space depends quite as much upon the depth which the convolutions penetrate, as upon the prominence of their edges.

“While phrenology, therefore, is partially founded upon acknowledged physiological facts, there are yet essential deficiencies in its scientific basis as well as insurmountable difficulties in the way of its practical application.”

We have made this long extract from this important section, omitting only the two illustrative diagrams, which we consider unnecessary. Surely the argument is sufficiently intelligible without them.

We have copied these two pages, not for the purpose of endorsing them, nor yet with the intention of criticising them to expose palpable errors. It would require too many words for our present space to define our own position on a subject so important and so extensive. We have to-day another object:

We wish to permit *Modern Physiology* as it stands, long after the middle of the Nineteenth Century, to define its position on the very important question on the relations between the human *mind* and the human *body*. It speaks plainly and intelligibly in these pages. The book before us is not



behind the times, compared with other physiological works. It is as *good* as *the rest*, and as *good* as *the best of them*: It is just about the best book among them all. It speaks in the name of SCIENCE, and says all that *science* now *dares* to say. What does it dare to say?

It proves by an eloquent argument, needing no *pictures* to illustrate it, that it is not wise in any of us to try to know too much,—to become *wise above what is written*. We have acted upon this maxim most of our lives; and all we have learned of the human brain and of its little known tenant have never hurt us. The teacher proves that it is best to keep on the safe side, and take care that we do not learn *any thing more*. Upon the student who is inspired with a professional ambition of a certain character such counsel falls as a damper, indeed, a wet blanket; but the votary of indolence will hail it with satisfaction. It has always been found an easy task to satisfy a lazy student with arguments against hurting his brain by over-work.

And such is still the position of orthodox, decorous, conservative brain physiology forty years after the death of the first apostle of Craniology. Dr. Gall died in England under over-doses of Quinine officially administered by very wise men who had fairly escaped all the heresies introduced by over-inquisitive reformers. Spurzheim died in America, *almost* a natural death.—at least as near to it as *any great man can* who has any learned allopathic friends. He had been received in this country as the Avatar of a new dispensation of human wisdom. The Americans were so anxious to have their mental powers and capabilities weighed in the new philosopher's scales that they wore out and exhausted the physical energies of the expounder of the new philosophy, and he sank on his bed in the reaction of nervous fever. He objected to being *bled*, as he said other literary men had been killed by bleeding.—Cuvier was one of these,—and he knew it would do harm only. His medical counsellors know little else to do. He took some purgative salts,—little else, and died. Boston, the home of Intellectual Science in America, wept upon his coffin as it lay before the church altar; while the choir chanted such words as these:

“For the lessons thou hast taught us;  
For the charm thy goodness gave,  
For the stores of science brought us,  
Can we give thee but a grave?”

The arrival of Spurzheim on our shores had converted the American people into a nation of mental philosophers. But his unexpected death left among them no successor qualified to fill the place of their chivalrous leader. Nature had made but one such man; and when he dropped his mantle those who had been drawn together by his voice and his pen could do nothing but divide it among them. The new doctrine grew rapidly; but under the culture of many hands, it grew up into many strange forms; sometimes it was a religion,—more frequently an *anti-religion*. Conservative science and theology soon became afraid to endorse it under any of its protean forms; but equally afraid to attempt to oppose its worst features or its best ones, they still feel mutually weak enough to be unable to give the world anything in its place.

The researches and publications of Gall and Spurzheim extended through a period of about forty years. Professor Dalton thinks this time not sufficiently long to enable even these zealous observers to collect a sufficient number of facts to justify their generalization into a complete theory of the human mind and the brain it inhabits. We also think that, although they did pretty well, a large number of additional facts were needed. *Some* of their facts must have been good, as our author says their hypothesis was "partially founded upon acknowledged physiological facts." What more is wanting? "There are yet essential deficiencies in its scientific basis." Further observations would supply these deficiencies or show how far it is necessary to shift our ground. But, "there are insurmountable difficulties in the way of its practical application." The difficulties of turning to some good use the leading facts yet collected are *not so great* as they are represented, as we could easily show if we were interested in doing it; but we are not.

We believe that the "acknowledged physiological facts" already collected *must* yet be used in the construction of a *grander edifice* than the *first craniologists* were able to erect; that the new edifice will be free from the "essential deficiencies" dwelt upon with some degree of *exaggeration* by many conservative authors; and that the "insurmountable difficulties" with which the argument here closes will yet be "surmounted" by an advance corps of practitioners who will see truths in the bottoms of deep wells not hitherto explored by the straightest sect of physical students.

The world is in need of new observations and new generalizations on the relations between *Physics* and *Metaphysics*, *Cerebral Physiology* and *Mental Philosophy*. We also know that it needs some *other* things, for all of which we wait on the slow but inevitable *progress of events*.

The work of Professor Dalton on Physiology is the most interesting, the most readable, the most lucid in its presentation of the essential truths of this science, and the most accurate in its details of all the elementary text-book we have read. The matter, the arrangement, the paper, the printing, the engravings, the binding are all faultless. In most of the chapters we find all that could be looked for in an elementary treatise. In a few points we would wish to see the most recent discoveries more clearly summed up. The "chapter on Animal Heat is sufficiently forcible in exposing the defects of the combustion theory" which had been exploded long ago; but the brief closing paragraph which stands in the place where we expected to find a more satisfactory theory does not give what medical philosophy now wants. A theory based on the more modern doctrine of the "correlation of Forces." yet to come; why not let us have it now?

This Treatise on Human Physiology has given us pleasure, *as it is*. We have read this book with such enthusiasm as we read, in better days, Robinson Crusoe, Richerand's Physiology, Cheselden's Anatomy, and Darwin's Zoonomia. We have indicated *two points* on which we wished it to be more clear, practical and *up with the times*. We don't read books, for the purpose of *quibbling*, in the spirit of, a *pettifogger*. The book *as it is* is a *noble one*:—beautiful, clear, graphic, eloquent,—in the main scientifically accurate. It must be studied; the votary and amateur of general and universal science will

bless the day in which he rests his eyes upon it, and thank the author, as well as the enterprising publisher.

6. *The Application of the Principles and Practice of Homœopathy to Obstetrics, and the Disorders Peculiar to Women and Young Children.* By HENRY D. GUERNSEY, M.D., Professor of Obstetrics and Diseases of Women and Children, in the Homœopathic College of Pennsylvania, with nearly one hundred Illustrations. Philadelphia: F. E. Boericke, No. 635 Arch st. New-York: Wm. Radde, 550 Pearl-st. Boston: Otis Clapp. Chicago: C. S. Halsey. Cleveland: Beckwith & Co. Cincinnati: Smith & Worthington. Detroit: E. A. Lodge. St. Louis: H. C. G. Luyties. Pittsburg: S. G. Backofen. London: H. Turner & Co. 1867. 8vo., pp. 752.

THIS is a large and handsome volume. The publisher of such a book must have been convinced that the author had some good reasons for writing it. The preface does not give them. The world knows that obstetrics has grown into a science and art. Midwifery was first defined as "*The Art or Science of assisting Women in Childbirth.*" A half century ago, the Royal College of Physicians of London, consented, (graciously and condescendingly, of course,) "to admit into a distinct class of its Licentiates, such as upon examination, shall appear duly qualified for Obstetric Practice." From that time it became "an art or science of more extensive range, embracing every case connected with the female sexual system, as well as diseases of infancy during the period of lactation."

The Egyptian women appear to have known enough to do all that was expected of them at the time that the infant Moses was born. During many later centuries we do not learn that they received much help or much instruction. Within the last quarter of a century we have known an American Indian woman, assisted only by a *Pottawatomie Sage female* go through with all that was endured by the mother of the Jewish lawgiver, without disturbing an American School in the adjoining room. It seems however, that civilization brings its blessings and its penalties. The Hebrew midwives as well as those of Greece and Rome, many centuries after the times of Moses or Hippocrates, found themselves no longer "mistresses of the situation." They *needed help*, from *women*, of course, if peradventure any could be found who knew enough to help them, otherwise from *men* who had studied the human organization, as a whole, both male and female, until they could rise above all sensual thought and feeling, and in the light of pure science could relieve suffering, save life, and bless with their presence the ladyhood, the womanhood, the motherhood, the sisterhood of suffering agonizing humanity. It needed the experience of some thousands of years to bring the men and women of our race to this point.

It came, however, in the course of those years of great physical and mental trial which followed on the discovery of America and the religious wars which grew out of the Reformation of Religion and the Revival of Learning. Our reading does not remind us of a single medical or surgical practitioner employed within the sacred chamber of parturition till the middle of the seventeenth century. The first name we find among the medicos of modern ages thus trusted is that of M. Julian Clement, a surgeon of high reputation, of Paris, who attended when in a labor of extreme difficulty, Madame de Valliere, in 1663. A few years before this, Dr. William Harvey commenced the practice of Obstetrics in London. The science then is at least two centuries old, and has been cultivated by many hands. Surgery, *Materia Medica* and Practical Medicine in the mean while have made large advances.

In preparing a treatise on "the Application of the Principles and Practice of Homœopathy to Obstetrics," Professor Guernsey has not thought it necessary to give any reasons for offering a *Homœopathic* work on that subject. Nobody needed to hear an argument on a point which nobody had a doubt upon. He therefore offers a few apologies, which were also unnecessary, and enters at once upon a systematic exposition of the science and the art to which his book is devoted.

The table of contents embraces the wide range of headings, chapters and sections which we are accustomed to find in such a work. The first six chapters give the anatomy of the structures involved in the subject of inquiry, sufficiently illustrated. The seventh begins with their diseases. Thus; Nymphomania, Inflammations, Cutaneous Affections, Tumors, Varices, Hernia, Neuralgia, Parasites. Vaginal Diseases are followed by Uterine Displacements, amply illustrated, ending page 124. Chapter XII. is devoted to Disorders of the Uterus. Chapter XIII., *Hysteria*. Its seat and origin were formerly referred to the uterus, hence the name; "but," says the author, "the ovaries, as the *head-centre of the sexual system*, must now be regarded as the real *fons et origo*, the fountain head of all hysterical affection," though he reminds us that "a corresponding irritation of the nervous system belonging to the sexual apparatus of the male may occasion a similar hysterical condition in men." The relation of true hysteria to the pathological condition of the ovaries is further illustrated: "Thus pressure upon the ovaries will invariably bring on hysterical attacks in persons predisposed or subject to the disorder. Hysteria extends its influence over the entire sexual apparatus; from its profound connection with the sympathetic system, may extend its influence to all the involuntary organs, and by its final extension to the cerebro-spinal nervous system, may involve also all the voluntary muscles; but its original seat and constant source, must be found in the ovaries. Hysteria is as truly and as exclusively due to irritability of the ovaries, as irritable uterus and hystericalgia are to a similar condition of the uterus.

"Hysteria again has been found to co-exist with the most perfect performance of all the functions of the uterus and its dependent organs, such as menstruation, conception, utero-gestation, parturition and lactation,—although this is perhaps true rather of the milder than of the severer forms

of this disorder. Still as not necessarily disturbing the functions, still less involving the structure of the sexual organ, and as not being invariably painful. Hysteria establishes its claim to be regarded as a purely nervous affection capable of being distinguished from irritable uterus and from hystericalgia, both of which are also nervous affections, although of quite another sort. This distinction will appear more strongly marked, when we come to notice the difference in the nervous systems principally involved. And this definition of hysteria is still further strengthened by the well-known influence of imagination and sympathy in extending this disorder from one person to others; as in the hospitals, where many are simultaneously and sympathetically affected from seeing a single one attacked by hysterical convulsions. And it is still more fully confirmed by the powerful influence of fear in preventing and allaying such convulsions. In this respect as well as in some others, hysteria bears a very remarkable resemblance to epilepsy.

“The *Neuralgic* and *Convulsive* forms constitute two distinct varieties of Hysteria; but the distinction although sufficiently well marked, is one of degree rather than of kind. In what is termed the neuralgic forms of Hysteria the symptoms “are merely manifestations of nervous susceptibility. While in the convulsive form, they are intense permanent, regular and periodic. And the principal apparent distinction between this better condition of the periodic menstrual convulsions and that which presents in uterine epilepsy, is to be found in the loss of consciousness which manifests itself in the latter form of the disease, but not in the former.

“A corresponding distinction may be seen in the nervous centres, involved in Hysteria. For in the milder, so-called neuralgic form of the disease, which yet may be of hereditary origin, the ganglionic or sympathetic nervous system seems principally concerned. While in the severer or convulsive forms of Hysteria, the original, predisposing, hereditary influence is, by provoking causes extended to a full development in the cerebro-spinal nervous-centre. In this case then we find the discordant influence extending itself to the muscular apparatus; and in consequence we have occasional spasms, regular and periodically recurring convulsions. And it will be observed that these spasms first appear in those parts of the body and muscular tissues which are in immediate relation with the abdominal, the cœliac and the thoracic ganglia.

“From these remarks it may be concluded that Hysteria is a purely nervous affection; which, being to a great extent hereditary in its origin, finds its primary seat in the ganglionic or sympathetic nervous centre; which finds its secondary and ultimate development in the cerebro-spinal nervous system; which in this extended development occupies the *motor* rather than the *sensory* nerve filaments; and which thus finally results in spasmodic contractions rather than in poignant sensations. And here is to be found perhaps the last most important and reliable distinction between hysteria and hystericalgia. In their constitutional origin, in their primary ganglionic seat of development, and in the provoking causes of their extension to the cerebro-spinal sphere, they may show but little difference; but here they diverge,—for where Hysteria seizes upon the *motor filaments* of

the nerves and so leads to convulsions—hysteralgia involves the *sensory filaments* and occasions the intense pain which characterizes the affection. This distinction is exactly the same as that between Asthma and Angina-Pectoris, the former affecting the motor nerves, and the latter the sensory nerves of the chest; so that in asthma we have severe constriction, with little if any other pain,—while in angina-pectoris we find the most poignant distress, but no constriction.

“Hysteria thus becomes an affection principally (although not exclusively) of the female system, which constitutional in its origin, and so underlying the organic nervous system, is also capable of extending itself over the entire nervous organization, and of stimulating almost every form of disease, with the single exception, perhaps of acceleration of the circulation. For some of these states of hysterical excitement can hardly be distinguished from inflammatory fever, except by ascertaining that the rapidity of the pulse does not correspond with the other apparently febrile symptoms.” p. 150.

The distinctions between the different forms in which Hysteria appears are here carried out at much greater length, and they are too good to be condensed into any general statement. All that is said here is none too much. Perhaps the practitioner who turns to these pages for counsel will often wish for specifications still more precise on many practical points. In an elementary work embracing so wide a field it could not be asked for. Hysteria has no where been better treated within a number of pages thus limited. It has been always regarded as a mysterious disease; its domain has extended through all the realms of “Demonology and Witchcraft,” including even such cases as that given in our last number, (at page 124.)

The *Treatment* recommended by our author is not radically different from that already published in many other works written under *homœopathic* influences, but it is far in advance of any yet seen in any “system of Obstetrical science.” The *remedies* selected by the author are no doubt the best; but their number is large enough to leave the practitioner a good hour’s work to *select* from among them.

We leave the obstetrical student to the guidance of the shade of Hahnemann and the testimony furnished by the provings of *many Remedies new and old*. “I know very well,” said the ghost of Asmodeus, “that there are some *good Remedies* ;” but I could never be entirely certain that there are any **GOOD PHYSICIANS.**”

We next find a series of highly interesting and useful chapters arranged and designated as follows:

- XIV. Hysteria. Irritable Uterus.
- XV. Ulceration of the Uterus.
- XVI. Cancer.
- XVII. Dropsy of the Uterus-Physometra. Moles.
- XVIII. Disorders of the Ovaries.
- XIX. Ovulation and Menstruation.
- XX. Amenorrhœa. Dysmenorrhœa. Menorrhagia. Metrorrhagia.
- XXI. Reproduction. Germination. Gestation.
- XXII. Pregnancy.
- XXIII. Diagnosis of Pregnancy. Signs of Pregnancy.

- XXIV. Development of the Ovum.  
 XXV. Development of the Fœtus.  
 XXVI. Disorders of Pregnancy.  
 XXVII. " " " continued.  
 XXVIII. " " " continued.—Affections of the Uterus  
 and its Appendages.  
 XXIX. " " " continued.—Affection of the loco-  
 motive Apparatus. Of the Nervous System. Of the Intellectual  
 and Moral Faculties.  
 XXX. Abortion.

All of these chapters are quite full and explicit. We have not thought it necessary to speak of points in which the theory as well as the practice show immense progress in obstetric science since the grand old days of Denman, Bard or Dewees. And we shall now decline enumerating even the contents of the succeeding chapters which bring up in a systematic order, the numerous themes under which it is necessary to present the main object of the work.—Parturition and its concomitant derangements and difficulties.

This section of the book extends from page 470 to 513. The space thus occupied appears rather too small compared with the room given to the same discussions and operations in ordinary standard works. The author's defence must be, that Obstetricians have generally,—like the surgeons of a by-gone age, and the physicians of another age which is now passing away, leaving humanity very tired of the diseases from which it has suffered, and also of the physicians from whom it has suffered so much—been doing much more than they ought to have done.

Surgery and midwifery, as this age inherited them, were relics of an age of barbarism. The men of our own time have improved upon mechanical as well as theoretic surgery. Other men have learned how to do more good by doing less harm in obstetrics, both as a medical science and as a mechanical art.

There is still an immense amount of abuse in the practice of obstetrics. Men engaged in a general and multifarious practice do not wish to lose any time that can possibly be saved. If therefore a case of parturition can by any fair or unfair means be *hurried through*, they feel as the First Napoleon felt when he had saved a few hours which other men usually devoted to *sleep*, that "*this many hours are added to our real existence.*" The maxim of the enterprising obstetrician is to "never put off till *to-morrow* that which can possibly be finished *to-day*." This maxim is indeed popular every where except in the *Practice of Law*. Here the old doctrine just quoted was modified at the beginning of this century by *Aaron Burr*: it now reads,—"*Never permit any thing to be done to-day that can possibly be put off till to-morrow*;" Such is the law and such the practice in 1867.

But this doctrine has not been admitted into obstetric practice. Though old Mother Nature has ever been inclined to keep up a "circumlocution office," and left her friends to excuse her "law's delay" her office has been abolished in this fast Age; the Natural efforts are driven to desperation under the lash of Ergot, and finally are driven from the field by the flashing

brightness of the polished *forceps*. "I do not wish," said Dr. Blundell of London, "to see them too well polished: let them look like *what they are, a formidable instrument.*" We do not say that they are *never* to be used. Let them be used when they *must be*, and then without waiting till Death has the patient in possession. We do not suppose *Professor Guernsey* would excuse the reckless use of the forceps now much in vogue in certain quarters. Still we have not been told as explicitly as we wished to be *when they are not to be used*. The Cæsarian section is also spoken of as a safe expedient in cases which we hoped to see specifically discriminated from those in which it usually brings increased danger and a speedier death.

But the work of applying the "Principles of Homœopathy to the practice of Obstetrics" is an extensive and important one, and is very well performed by the present author. In many respects the treatment proposed is better than that directed in any systematic work now in the hands of students. There is less show of learning than is conspicuous in some of the best allopathic works; and the statistics they give, with the array of facts and authorities by which they endeavor to settle or unsettle many practical questions are often useful in keeping students *awake*, as well as in stirring up a spirit of investigation in the minds of practitioners who rest too languidly in old and dusty paths. For this purpose they are all very interesting. Bedford's *Obstetrics* "contains the best concentration of the facts and principles now accepted and studied in the Colleges. Dewees was a favorite in an earlier day, as Blundell has since been with many of us. The Homœopathist will henceforth look for daily guidance to the substantial and handsome volume offered to his attention by Dr. Guernsey. In practical questions of the highest importance he will test the Hahemannian law of cure, and contrast his success when led by its light with that he has hitherto been able to reach under any other system of practice. That the publisher has faith in his author and in the American Medical Profession we perceive by the style in which the book is gotten up. Bound in the same style as "*Gross's Comparative Materia Medica,*" and almost uniform with that in size, the present volume is strong, permanent, fitted to serve as the life-time counsellor of the progressive, conscientious physician. The paper, type, and execution are in all respects attractive; and every hour spent in studying it will strengthen the practitioner for some *fearful trials*, such as have been *too great* for many minds reputed strong. There are many men, and women also, engaged in obstetric practice who will not be reached by any word from us or from the author before us: but there are some who are ruled by the true ambition, the *desire to do right*. To them we may give the counsel received—many a year ago,—from *Dr. James Jackson*: "Study Midwifery with unceasing care." You can not know too much.—You are not likely to learn enough.—"*The death of a single woman in child-bed* may well be dreaded as a **FATAL BLOW** to the *reputation of a young practitioner.*"



6. *The Science and the Art of Surgery, embracing Minor and Operative Surgery*: Complete from Standard Allopathic Authorities, and adapted to Homœopathic Therapeutics, with a General History of Surgery, &c. For the Use of Practitioners and Students of the Homœopathic Practice of Medicine. By E. C. FRANKLIN, M.D., Graduate of the University Medical College of the City of New-York, Surgeon of Volunteers, &c. Professor of Surgery in the Hom. Medical College of Missouri, Surgeon to the Good Samaritan Hospital, and Pres. of the Western Institute of Homœopathy. Illustrated by new and copious Engravings and many Original Cuts from the Author's Private Museum. In two Volumes. Volume I. St. Louis, 1867. Missouri Democrat Printing Establishment. pp. 844. 8vo.

IN our last Volume (Vol. XV., page 466) we announced the publication of the first part of this work. This was but a few months ago; and we are highly pleased with the opportunity to say that the second part is now received. We have the first Volume of this truly national work complete.

Of "the Science and Art of Surgery," as an entire work as embraced in the author's full design, it is not necessary now to speak. The work already in our hands is sufficiently full and extensive to be regarded as a practical system of surgery of great value; and the part yet to be published will equally fill the place contemplated, whether regarded as a continuation of the present, or as an independent work. We look again to the ground already passed over. We have seen already:

The History of Surgery; Surgical Pathology and Therapeutics; Normal Nutrition; Surgical Semeiology; Bandaging, &c.; Elementary Operations, Hæmorrhages, Catheterism, Foreign Bodies, Post-mortem Examination; Inflammation; Textural Changes, Effects of Heat and Cold; Specific Inflammations; Perverted Nutrition, Venereal Diseases, including the local complications, diseases of the Testicle, &c., acute and chronic.

We have now the continuation of these important topics. At page 416 we find as next in order:

Cystitis; then Stricture of the Urethra, with illustrations of the various sounds, bougies, urethrotomes, and other instruments employed in diseases of the urethra.

On this point we are reminded of experiments made in former years having in view *the best means of dilating the urethra when contracted by stricture*. Nothing is worth recalling now but the idea that we sought to develop, after having long ago received it from an author whose name it is but just that we should search up just here. We will go back to 1838. Our own trials were made within a year or two of that date. We now quote from a paper entitled:

"*Elm Bark in Surgery.*—Use of the Bark of the Slippery Elm tree (*Ulmus Fulva*) for Bougies, Tents, Catheters and similar purposes in Surgery. By WM. A. McDOWELL, M.D., of Fincastle, Virginia." *Western Journal of Med. and Physical Sciences.* Dec., 1837. p. 363.)

The author says his attention had been called to the use of Slippery Elm tents by Dr. John Fleece, of Danville, Ky., as more easily introduced, more pleasantly worn, and better adapted to keep an issue or seton open than any others. After giving other cases in which this material was satisfactorily employed, a severe case of stricture of the urethra was treated in this manner. The case is worth reprinting.

Mr. C—. Jan. 13, 1831. Found him shut up in a stove room, heated to 100 degrees, and rolled in blankets, yet tormented with rigors, emaciation extreme, complexion chlorotic, tongue furred, and countenance unhappy. The patient, since a physician of Indiana, had been engaged in gold-mining in North Carolina. The disease had increased for three years, being vainly treated by several eminent physicians, with transient relief or none. Visited Charleston and other cities. Again treated for four months by an eminent physician of Virginia. The treatment was cauterization till the patient would endure it no longer. The stylet had also failed. Dr. McDowell tried to insert a bougie, found a stricture at a distance of three inches; the only bougie that could be passed was less than a crow's quill. General inflammatory symptoms were treated for a few days, the stricture was supposed to be hopeless. Invention was set to work at seeking a means of *dilating* the stricture. The Slippery Elm promised more than any thing else. It was tried:

"A piece of dried inner bark, shaped to the size of a bougie that would pass the stricture and slightly tapered, was, after remaining a few seconds in tepid water, passed through the stricture; pushed firmly into it; and suffered to remain four hours. It produced less uneasiness than was anticipated; of pain there was none, and the uneasiness seemed to be overbalanced by the mental relief arising from the contemplation of a new project. On removing the bougie, which required a severe pull, a perfect impression of a stricture, from a fourth to a third of an inch broad, was indented around it; rough, and pitted on one side, as if it had been impressed with a thimble. The bougie had expanded considerably, except that portion of it which was embraced by the stricture. There it appeared but little enlarged, and the bulge beyond had caused the difficulty of extraction. I now prescribed the introduction of such a bougie every day or two, to be retained as long as it could be tolerated." The other treatment by internal remedies is not worth reporting. "The dilatation was at first very gradual; but in ten or twelve days, so large a bougie was required, that it became necessary to double the bark, by glueing the flat sides of two pieces together. On the the 17th of Feb. he was dismissed cured, and has never since been troubled with the disease." The slow progress towards recovery in this case was due to the "oft-repeated incisions with the stylet and the ulcerations from the caustic, having converted the inner surface of the stricture into cicatrix with diminished expansibility."

It is not claimed that the expanding bougie here used, though better on

many accounts than the caustic or the stilet, is still not destined "to supercede either of them; I recommend it only as an *additional agent* in treating strictures."

A case is given of a negro man of Halifax, Virginia. In 1824 he had for eight years been subject to violent attacks, at intervals, of retention of urine. He had been unable to work for three or four years, and the urine at nearly all times dribbled away from him. In these attacks, urine was retained; bladder distended; fever, &c. Bleedings, hot baths, bougies in the hands of Dr. McDowell and different other physicians failed to give even temporary relief. In June, 1831, he was treated by Dr. McDowell again. A few days passed under efforts to relieve the pain and allaying inflammatory action, says Dr. McDowell, "I introduced a slippery elm bougie into the bladder. It produced very little irritation. He retained it more than five hours, and sat, stood, or walked about most of the time. On withdrawing it, blood flowed for a few minutes, and an impression of a stricture, about one-fourth of an inch broad, was made on the instrument. I shaped another bougie to the size this had attained by expansion, and directed him to come to Fincastle as soon as the soreness from this operation should subside, that I might repeat it. No soreness followed; and with four bougies, and within a week, I succeeded in dilating this stricture somewhat beyond the natural calibre of his urethra. It required a moderate pull on withdrawing the last bougie, through the whole length of the urethra, from the prostate gland to the orifice. There has been no return of stricture; he has enjoyed, ordinarily, good health, and can do as much work as any man of his age.

"Since 1831, I have used no bougies but those of elm bark. I examine strictures with steel sounds of various sizes, and have invariably cured them with elm bougies."

Other cases confirm in their results the foregoing cases. We must pass them by. We have made, in pursuit of some inquiries suggested by the paper from which we have quoted, many experiments which were highly satisfactory to our patients. But we must drop the subject here, and return to our author who so well merits the hour at our disposal just now.

We can not stop now to dwell upon the many interesting subjects which rise in succession before us. We have sub-sections on complications of Stricture, Retention of Urine, Extrasavation of Urine, Fistula in Perinæo, Prostatitis, Chronic Prostatitis, Gonorrhœal Ophthalmia, Venereal Warts, Phymosis and Paraphymosis. Section III. is devoted to gonorrhœa in Women. Section IV. to Chancroid. Section V. Bubo. Section VI. Syphilis.

The field here opened is too wide for useful abridgments. Every word is one that needs to be read in connection with all that has preceded it; though every paragraph, by itself contains an important lesson. We can't go amiss, we strike in at random, (page 504).

"*Treatment of Chancre.*—The opinion formerly entertained that chancre was a local affection merely, unconnected with contamination of the system until some days after the appearance of the ulcer, and that its early and effectual cauterization prevented infection of the system, is proven by modern research to be erroneous and productive often times of serious con-

sequences. This treatment, also known as "abortive treatment" was advocated by Ricord, Sigmund and others, who contended that the *fourth day after contagion* was the utmost limit of time when cauterization could be employed with a certainty of success. They, therefore, advised cauterization of the chancre as soon as it appeared, asserting that a full and complete destruction of the tissues beyond the sphere of the syphilitic virus would preserve the patient from contamination, the simple sore taking the place of the venereal ulcer, and healing readily by the mildest remedies.

"A chancre" says Bumstead, '*is never a mere local lesion*, as is proved by its period of incubation, by the analogy of other morbid poisons, and by the fact, as shown by repeated experiments, that its destruction within a few days and even a few hours, *after its appearance* fails to avert constitutional infection.'

"The average duration of the incubation of a chancre is fifteen days. During this period the poison in contact with the tissue exhibits little or no trace of inflammatory action; 'and here,' says Bumstead, 'the subsequent appearance of the chancre can only be ascribed to the reaction of the absorbed virus.' This, if true [no doubt it is], invalidates the abortive theory as advocated by Ricord and others, since the sore very rarely appears until *after the fourth day*, and hence the cauterization *within four days* after contagion accomplishes little or no good in chancre. When Ricord spoke of 'thousands' of cases of chancre successfully treated by the *abortive treatment* he was mistaken. His cases were not *chancre* but *chancroid*. Facts and experiments gleaned from numerous authorities prove that the actual *latent* period of the syphilitic poison is exceedingly short, the virus beginning to act as soon as brought in contact with the appropriate surface. The abortive treatment is proved to be ineffectual, even when commenced within a few hours after exposure. A chancre only fourteen hours old in the case of a young man was immediately cauterized with Nitric-acid. In a week it had entirely healed over, leaving a hardened base, when the cicatrix was pressed between the fingers. At the same time Merc-sol. was given three times a day internally. The induration continued, and three of the inguinal glands were found indurated and knotty, feeling, when pressed upon, like peas under the skin. Two weeks after this, a decidedly copper-colored eruption was manifest over the whole body which gradually subsided under the internal use of Nitric-acid 2, four times a day."

Langston Parker (Treatment of Syphilitic Diseases, p. 119.), remarks that he "has destroyed an ulcer thoroughly and completely, and all the surrounding tissues to the depth of half an inch, in two hours after the appearance of the chancre, and yet bad constitutional symptoms have followed."

Mere cauterization is then no cure for chancre. Some local applications are nevertheless useful to check ulceration and favor the granulating process. In the superficial form the degree of ulceration being very slight, the following are sufficient; the Black wash, the Yellow wash, Calendula, Phytolacca and Hydrastis lotions. Carbolic-acid has attained considerable repute as a local application in chancre, the good results already obtained

point to it as a remedy of much value as an external agent in the treatment of this affection.

We can not enter on the "General Treatment." It is carried out by the author in bringing into clear view the vast powers of the principal remedies, for good and for evil, that have hitherto been successfully employed. The subject is still further elaborated under constitutional and secondary syphilis, and in Section VI. Syphilitic Local Affections, Congenital Syphilis, ending with the *last* question raised by authors, *Syphilization*. On every point the interest is sustained; everywhere the evidences of care, patience, experience and strong powers of analysis are observed.

We pass forward to another section: VII. *Spermatorrhœa*. The importance of the subject, and the best counsels of science will be seen in the ten pages devoted to it.

The prominent headings of the different grand divisions of the subject still attract our eye and detain us.

Part V. is devoted to *Morbid Growths and Tumors*. The many subjects treated of are thus arranged in successive chapters:

1. General Characteristics of Tumors. 2. Non-malignant Tumors.

Section 9. Cancer. Carcinoma.

Part VI. *Injuries of the Soft Tissues*. Chapter 1. The Shock of Injury; 2. Contusion of Soft Parts; 3. Wounds in General; 4. Special Wounds; Chapter 9. Gunshot Wounds. About seventy pages are devoted to this chapter, and nowhere is the subject more interestingly or usefully treated. The author's acquaintance with surgical literature is clearly apparent, while his own large experience gives a lifelike freshness to every form of injury, every operation and every illustration.

Part VIII. Diseases of the *Nervous System*. 1. Tetanus. 2. Neuralgia, &c .

Part IX. Diseases of the Bones. 1. Classification of Bone Diseases; Results of Inflammations, &c. Caries, Spinal Curvature, Spina Bifida, Necrosis.

2. Structural Changes in Bone. Rachitis, Mollities and Fragilitas Ossium.

3. Bony Growths or Tumors. Exostosis, Cartilaginous Tumors—Aneurism in Bone—Serous Cysts, Hydatid Tumors, Malignant Formations—Osteo-Cephaloma, &c.

We have now turned over the 844 pages in which this fine book appears. Every glance backward shows us attractive sections which are all too good to be neglected, and, equally, too good to be misrepresented in an effort at analysis and condensation, however skilfully performed. We believe there is law somewhere against "appropriating" an entire book, when the author happens to be one of our own countrymen; we shall, therefore, resort to none of these expedients. One more remains to be considered; we offer that:

We propose that every member of our profession in America shall read the whole volume; and if any one is dissatisfied with the entertainment, let us meet in the American Institute of Homœopathy, in the city from which the book appears to have emanated, and then and there give due consideration to this question and all others that may be presented, June, 1868.

7. *A Manual of Homœopathic Practice for Students and Beginners.* Part 1. A Manual of Pharmacodynamics. By RICHARD HUGHES, L. R. C. P., Ed. (Exam.). M. R. C. S., Engl. "*Similia Similibus Curantur.*" London: Henry Turner & Co. 77 Fleet-st. E. C. and 74 New Bond-st. W. Manchester; 41 Piccadilly, and 15 Market-st. 1867. 12mo., pp. 552.

THE author of this volume is well known to us already by various useful communications; we may expect therefore a degree of interest and value in his book not often found in a work of wide range and moderate dimensions. His compliment to Henry R. Madden, Esq., M.D., as his preceptor and leader is gracefully bestowed, and we accept it as true and deserved. The *aim* of the book is a reasonable one.

"As the word "Manual" implies, it makes no attempt at the exhaustiveness proper to a monograph. It aims at presenting in a concise and memorable form, the great body of information concerning drug-action in the possession of which stands the *differentia* of the Homœopathic physician. It has been arranged in two divisions. The first constituting the present volume, is on Pharmacodynamics. The second which will appear shortly, will be on Therapeutics. The former takes up the subject from the side of drugs, the latter from that of diseases. Between the two I hope to furnish to students, &c., a full digest of the knowledge peculiar to our school of medicine."

The present Manual is not designed as a *substitute* for the "Materia Medica." "It is rather a guide and companion to it. The pathogenesis of the medicines given in detail there are presented here in the way of descriptive outline of analysis, or (wherever possible) of physiological expression." The Materia Medica is still the "mine where treasure however rough its form, really lies. The author's work is; "to indicate the vein where each mineral may be worked, to estimate the value of its yield, to exhibit such of its products as have been obtained and smelted, and especially such as have been applied to use." "My main object has been to set forth the *sphere of action* of each medicine." Every medicine is supposed to have "one or more centres of action. What these centres are we learn sometimes by the study of the pathogenesis, sometimes by the result of clinical experience." When known "they become all-important stand-points for the understanding and the remembrance of the medicine." These centres he has tried to reach; and then to "group around them the several actions and uses of the drugs."

It will be accepted as a satisfactory establishment of the author's claim if he can perform what he has promised. It will be interesting and useful to test the book in a few points, on a single remedy, and hear its answers to a few direct questions. We will take for the experiment an agent well known and much used, although we are reminded by the author that it has "never been proved," and that our knowledge of its powers has been

mainly acquired, through multifarious experiments in large doses and conducted by many hands. We will seek something on 'the medical properties of

*Antimonium-tartaricum*.—What is its principal *sphere of action*? Answer; "The pneumogastric nerve, the respiratory mucous membrane, and the skin." It has been occasionally useful in forms of disease not specifically included under these anatomical textures.

Can nausea and vomiting so characteristic of this drug be referred to either to these textures?

Answer: "The emetic influence of Tartarized Antimony appears to be purely neurotic in its *modus operandi*. The numerous muscular movements, whose harmonious play produces the complex act called vomiting, are under the control of nervous centres at the base of the brain and in the medulla oblongata, and are especially effected through the medium of the pneumogastric nerves. That Tartar-etic acts directly on these centres and through these nerves is shown *positively* by the fact that it causes vomiting when injected into the veins or rectum, or rubbed into the skin as well as when introduced into the stomach, and in the latter mode of administration is emetic in doses too small to irritate the mucous membrane *negatively*, by the experiment of dividing the vagi on both sides, which neither Antimony nor any other emetic will act."

Tartar-etic in large doses produces "remarkable effects on the circulation and respiration totally unlike nausea."

These "are accounted for by the same action on the pneumogastric nerve-centres upon which depends the Antimoniacal vomiting." "You will observe that the vomiting to which it is homœopathic is nervous and sympathetic rather than gastric. Nor do we ever need the "contra-stimulant" action of Tartar-etic with which Rasori has familiarized us. Its most important sphere of action for Homœopaths lies in the mucous membranes and the skin (herein resembling *Antimonium-crudum*, but acting much more sharply), and in the lungs.

In the mucous membranes: Its first morbid action here is "that peculiar kind of inflammation called the catarrhal." The second is a pustular eruption on an erythematous base, corresponding with the pustular eruption which is its specific effect on the skin. It produces a catarrhal gastritis and enteritis in the stomach and small intestines, with enlargement of the glands, especially of the ileum. The pustular eruption has been found in the jejunum, stomach, lower third of the œsophagus, but is most severe and constant about the mouth and throat.

What *throat* features have we from this agent?

Its effects begin "with a feeling of tension, other disagreeable sensations, metallic taste, patches of erythematous inflammation follow, then aphthæ, vesicles, going on to pustules, and even false membranes.

The further effect on the Respiratory mucous membrane "is almost purely of a catarrhal character, though pustules are said to have been seen in the larynx. The nares escape untouched: but the inflammation, beginning in the larynx, becomes intense in the trachea and bronchi."

"And now what about the lungs? Does the irritant influence of Tartar-

emetic upon the respiratory mucous membrane extend to the pulmonary tissue itself? Magendie asserted that it does; Sepelletier says the same thing; "and naively expresses his surprise that the drug is not pernicious instead of useful in pneumonia." There is some discrepancy among the authorities; but the author thinks the experiments of Dr. Molin will satisfy the student that Tartar-emetic is capable of *causing* as well as *curing* pneumonia. When satisfied upon the general question he begs us "to notice the *special* points about them. Observe that the pneumonia thus induced never goes beyond the second stage (that is, that of red hepatization); that it is always accompanied by bronchitis: and that the inflammation of the bronchial tubes is observed in cases where the animal dies before the pneumonia has time to be developed."

What is the "obvious morale" of all these facts?

"The curative action of Tartar-emetic in bronchitis and pneumonia is after all an instance of the law or similars." There is a "common belief that it acts in these cases by its general anti-phlogistic power, in virtue of its depressing influence upon the circulation and liquefactive action on the blood. But were this its only or even chief *modus operandi*, it ought to be beneficial alike in all inflammations, wherever occurring. That it is not so," even old school "therapeutists freely admit. In inflammations of the respiratory mucous membrane, it is invaluable; when other parts, as the serous membranes are affected, it does little or nothing."

We conclude therefore, that this remedy is truly "Homœopathic against certain kinds of tracheal, bronchial, and pulmonary inflammation. The experience of our school has verified its value in *catarrhal* (not membranous) *croup*: in the second stage of *bronchitis* in infants and aged persons, when the mucus is profuse and the expulsive power feeble; and in the second stage of the *pneumonia* of the same subjects, where there is little pain but much dyspnoea." [When used with Aconite in the *first* stage there is no *second*, at least no third.] "It is obviously bronchopneumonia (comp. phosphorus) rather than pleuropneumonia (Bryonia) to which Tartar-emetic is homœopathic." (Cl. Muller.) It has cured acute œdema of the lungs. (Drs. Wurmb and Caspar, Vienna.) "I have seen this condition occurring in the course of general dropsy subside entirely" under its use. Also useful "in chronic coughs, where the expectoration is profuse and easy, and of a mucous character."

We could linger long with this author, for we love such company, but petulant voices call elsewhere. If we part with him here it is only to meet him soon again in many places. We shall meet him in the class-room, in the pharmacy, in the physician's sanctum, in the philosopher's studio. (We think no man much of a philosopher who does not *study* the Homœopathic *Materia Medica*.) We shall meet him in the company of observers and thinkers, among men who fill positions in which much is required of them,—men who have received but "one talent" in working capital, but who are placed in positions in which the interest on "ten talents" will be demanded before they have had time to collect *good* debts or *try* to collect *bad ones*. Such men are afraid of *many* counsellors and also of those that talk too much. They need the help of the strong man of few words, clear thoughts, ideas well



defined, the man whose mental powers are all devoted to "adapting right means to right ends." In such company we hope to be able hereafter to spend much time: and there we shall always look around, till we find him, for the author of the "*Manual of Pharmacodynamics*."

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MEDICAL COLLEGES.

8. *Homœopathic Medical College of Missouri.* Session of 1867-68.

"THE SIXTH ANNUAL CIRCULAR" of this College is calculated to produce a *sensation* wherever it may be seen. Printed on tinted paper, with a brilliant cover, it exhibits an array of Officers equal to that of any other college, including a Board of Censors representing Canada West, Ohio, Illinois, Louisiana, Wisconsin, Michigan, Kentucky, Iowa, Kansas, Indiana. Also,

The following Faculty of Medicine: *Materia Medica*, John T. Temple, M.D., and Dean; *Obstetrics and Diseases of Women and Children*, G. S. Walker, M.D.; *Principles and Practice of Surgery*, E. C. Franklin, M.D.; *Theory and Practice*, Wm. Tod Helmuth, M.D., (Registrar); *Anatomy*, C. H. Nibelung, M.D.; *Chemistry and Toxic.*, N. D. Tirrell, M.D.; *Physiology and Pathology*, C. Vastine, M.D.; *Med. Jurisprudence*, R. S. Voorhies, M.D.; *Lecturer on Comparative Anatomy and Prosector*, S. B. Parsons, M.D.; *Demonstrator of Anatomy*, J. N. DeWitt, M.D. The College and Hospital facilities are now unsurpassed by any Institution in the country.

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9. *Cleveland Homœopathic College.* 1867-68.

ANNOUNCEMENT not received, but the College and its Medical Faculty are known, they are as follows:

A. O. Blair, M.D., Professor of Principles and Practice of Medicine; G. W. Barnes, M.D., Prof. of *Materia Medica*; J. Brainerd, M.D., Emeritus Prof. of Physical Sciences; J. C. Sanders, M.D., Prof. of *Obstetrics and Diseases of Women*; R. F. Humiston, M.D., Prof. of *Chemistry and Toxicology*; T. P. Wilson, M.D., Prof. of *Physiology and Pathology*, and Dean of the Faculty; H. C. Allen, M.D., Prof. of *Anatomy*; S. R. Beckwith, M.D., Prof. of *Surgery and Surgical Anatomy*; H. F. Biggar, M.D., Adjunct Prof. of *Surgery and Surgical Anatomy*; Joseph Hooper, M.D., Prof. of *Medical Jurisprudence*.

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BOOK NOTICES.

REPORT OF THE COMMISSIONERS OF AGRICULTURE. Washington Government Printing Office. 8vo., pp. 608. (From Hon. James Brooks, H. R.)

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL. October. With portrait and biography of Dr. Hering.

PACIFIC MEDICAL AND SURGICAL JOURNAL. San Francisco. September.

THE NEW ENGLAND MEDICAL GAZETTE.

*The American Journal of Homœopathic Materia Medica.*

A Monthly devoted to the Publication of the *Materia Medica*, a Collection of Clinical Cases, Characteristics, and a Periscope of the Medical Sciences. Edited by C. HERING, M.D., 114 N. 12th-st., Philadelphia, and HENRY NOAH MARTIN, M.D., 526 Spruce-st. Philadelphia: A. J. Tafel, 48 North 9th-st. London and Manchester: A. Turner & Co. Philadelphia. Vol. I., No. 1. September, 1867.

THE object of this new Homœopathic Journal is thus given in the Prospectus: 1. "To furnish to the profession a complete *Materia Medica*." It objects to all efforts at abridgement, to all attempts at "sifting" out unreliable symptoms; they say, "let us collect what has been given us *bona fide*, and put the test of practice to it." It proposes then to publish the great collection of original provings at large, and begins with *Sulphate of Soda*, which fills twelve large octavo pages. The introduction fills fourteen pages, clinical and miscellaneous matter twelve more. The whole number is interesting and useful; and we think it will be truly valuable if it can be carried far enough to embrace many of the *best* remedies on this *colossal scale*. It belongs to the mastodon family; we wish it to grow; but we hope its great bulk will not alarm our brethren, as the mastodon of Cohoes terrified the children of St. Tammany.

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*Crotalus Horridus.* Its Analogy to Yellow Fever, Malignant, Bilious, and Remittent Fever. Demonstrated by the Venom on Man and Animals. With an Account of Humboldt's Prophylactic Inoculation of the Venom of the Serpent at Havana, Cuba. By C. NEIDHARD, M.D., &c., &c. Second Edition, Revised and Enlarged. New-York: Wm. Radde, 550 Pearl-st. Phila.: F. E. Bœricke, 635 Arch-st., &c. 8vo., pp. 88.

THIS is a revised and improved edition of a work which has been already noticed and commended in all Homœopathic Journals. Its reputation is shown by the demand for the new edition.

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THE GREAT REPUBLIC. By T. L. Harris. J. M. Emerson, 83 Nassau st. New-York.

THE GETTYSBURG LITHIA SPRING. Analysis by Prof. Mayer, of Penn College, gives the quantity of Bicarbonate of Lithia, with Bicarbonate of Soda at 46.05 grains Troy in the imperial gallon (266.30 grains Troy). It seems to be used with success in many rheumatic and calculous cases. When used too freely it has produced *aggravations*.

- AN ESSAY ON CLEFT PALATE, Illustrated by nine lithographic plates. By Wm. Tod Helmuth, M.D., Prof. of Theory and Practice of Medicine, in the Hom. Med. College of Missouri. St. Louis, Mo.
- PROCEEDINGS OF THE AMERICAN ASSOCIATION for the Advancement of Science. Fifteenth Meeting, held at Buffalo, N.-Y., Aug. 1866. Cambridge, 1867. 8vo., pp. 130. A valuable publication to which we hope to refer at length at another time.
- STUDIES ON THE MINERAL WATERS OF VALS. (Ardiclie.) VALENCE. Jules Ceas & Fils, Rue de l'Université 6. 8vo., pp. 48.
- WESTERN HOMŒOPATHIC OBSERVER. St. Louis: H. G. C. Luyties. May, June and July, 1867.
- UNITED STATES MEDICAL AND SURGICAL JOURNAL. For April, June and September.
- BOSTON MEDICAL AND SURGICAL JOURNAL.
- HAHNEMANNIAN MONTHLY. Philadelphia, June, July and August.
- THE NEW ENGLAND MEDICAL GAZETTE. April, May, June, July and August.
- MEDICAL INVESTIGATOR. Halsey, Chicago, May, June and July.
- AMERICAN HOMŒOPATHIC OBSERVER. Dr. E. A. Lodge, Detroit.
- LA HOMEOPATIA. Bogota, Colombia, S. A.
- TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Nineteenth Session. Held at Pittsburg, June, 1866. 8vo., pp. 190.
- THE HOMŒOPATHIC EXPOSITOR. Milwaukie, June 1, 1867.

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INSANITY.—An Exchange says, “there is an insane person in Buckland, Mass., who has been confined in a cage *for more than fifty years*.”

A PETRIFIED human hand has been found imbedded in red sand-stone in a mine in Memphis, Tenn.

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## Miscellaneous Items.

### *Defence of Homœopathy.*

MR. EDITOR:—About a month ago, it became known to a few in this city, that a set of resolutions were passed at a meeting of the State Medical Society at Pittsburg, which, according to the testimony of one of our leading allopathic physicians, originated in the Erie County Medical Association in this city. The resolutions were as follows:

“Dr. Stewart, of Erie, offered the following resolutions, which were received and read;

“*Whereas*, It is alleged that the corporators of certain medical and sur-

gical institutions endowed by this State, are about to give position and authority in the same to irregular practitioners, therefore,

“*Resolved*, That the small amount of truth, stolen by homœopathic and other irregular practitioners from the true science of medicine, is so mingled with a much greater amount of error, as to be, in our opinion, a great evil to the whole people; and that we cannot in any degree affiliate with or recognize such practitioners.

“*Resolved*, That when an attempt is made by any institution endowed by the State, to put the treatment of the sick wholly or partially under the care of homœopathy or other quackery, we advise the regular practitioners of the State to use all their influence to induce the members of Assembly of their several counties to vote for prohibiting so dangerous and mischievous a practice, and to refuse all assistance of the State to such institution while so conducted.

“The resolution offered at the morning session by Dr. Stewart was then called up, and passed, and copies ordered to be transmitted to the Governor, State Secretary and members of the State Senate.” —

The first impulse was to treat a thing so supremely ridiculous with silent contempt, then with ridicule, but upon reflection, the end sought to be attained by them is of too grave a nature, and upon it hangs the interest, health and even lives of too many thousands of our best citizens, to be treated lightly, especially, when so learned and dignified a body of medical gentlemen as compose the State Medical Society deliberately and without a word of opposition, call upon the Legislature for aid to compel the people to take their drugs whether it is their wish or not.

The facts in the case are simply as follows: In the United States alone, there are now engaged in active and remunerative practice, four thousand homœopathic physicians, who are graduates from regularly authorized and legally constituted medical colleges, and are regular doctors of medicine according to law. Upon what principle the allopathists style themselves “regular,” and the homœopathists “irregular,” has never yet been explained. It is estimated that at least one-third of the entire population of the United States are firm believers in, or regular employers of the homœopathic system of medication in all cases where its skilled administration can possibly be obtained. Owing to the scarcity of homœopathic physicians, in many of the villages and small towns, the people are compelled to depend upon their own skill by the direction of some domestic treatise. The calls are repeated, strong and urgent, from every part of the country, for homœopathic physicians to come and locate, but the want cannot be more than half supplied. The people are becoming converted faster than competent physicians can be found to supply their urgent necessities.

Those who advocate most strongly the homœopathic system, are uniformly of the very best class of society, and embody people far above the average in wealth and intelligence.

Not only in the United States, but in every civilized country on the globe, homœopathy has taken a deep hold, and has as strong supporters as here. Monarchs, Governors, Legislators, Doctors of Law and Divinity, Clergymen of every denomination, Capitalists, and the best of people everywhere, receive its gentle but potent blessings.

Capitalists and directors of Life Insurance Companies, with a view of profit, discriminate in its favor. The London Life Insurance Company, of London, England, was the first to adopt a special rate for homœopathic people, of ten per-cent. below ordinary rates. Other companies are following their example with the most gratifying results. The officers and directors of Life Insurance companies have no sympathy with any abstract *ism*; their object is solely to make money. They base their conclusion upon the best and most reliable statistical information.

Such has been the progress of this "so dangerous and mischievous practice" within the last fifty years, that in the United States alone we find at least ten millions of intelligent people who, after having observed closely, and compared carefully, for years, the merits and demerits of the various systems of medicine, as daily practiced side by side, have come to a deliberate conclusion, from its uniform success, that the homœopathic system is the only one which is founded on the eternal laws of the Great Creator, and a large proportion of them would rather die without medical aid than to employ anything else. It is at the liberties of these people and not at the interests of a few devoted homœopathic physicians that the above resolutions most strike, and the physicians would certainly be blind to the interests of their patrons and friends, if this matter was let to pass without even a word of warning.

The sad experience during the late war no friend of humanity desires to see repeated. By the arrogant surveillance of the Surgeon-in-chief, who was an allopathist, no homœopathist was allowed a position as surgeon in the army, no matter what his qualifications might be. As there was no other way of ascertaining their medical proclivities, the question was asked directly, whether the candidate had any sympathy with homœopathy. If he confessed that he had, he was abruptly pushed one side.

In the army, the soldiers often preferred to pay for homœopathic medicine at their own expense, when they could get it, than to take the other for nothing. Very many intelligent people still believe that if homœopathic medication had been afforded our soldiers during the late war, many a heart would have been saved a life of sadness, and many a desolate home would now be cheered by the grateful countenance of a brother, husband or father.

This same army surveillance is now desired by the allopaths in the hospitals, which derive a large part of their support from taxes paid by homœopathic people. Attempts have also been made by them to have a State Board of Medical Examiners, before whom all physicians must be examined, and receive certificates, before they practice in the State.

Any one can see what kind of a chance a homœopathist would stand, no matter what his qualifications might be, before such a dignified body even as the State Medical Society of Pennsylvania.

Such schemes have been frequently devised and persistently followed by them for its suppression and forcible overthrow, besides the little private assaults which they constantly made in general practice, ever since the days of Hahnemann—but still the little giant continues to grow.

Such conduct, however, does not seem to harmonize with that nobleness

and dignity of character which people generally accord to professional gentlemen having the lives of the community in their hands.

Homœopathy, on the other hand, has no secrets. Its precious truths can be the property of all who have the industry to learn them. Even our allopathic compeers may use it openly, in alleviating human suffering without the fear of being accused of "stealing." Its acts are open to the public, and it courts investigation and comparison. It might, with equal propriety, claim all the hospitals and public patronage, but it prefers to act the liberal part, and leave the people free to choose for themselves. It does not object to have allopathy side by side with it, so that the public may be the better able to judge of their comparative merits.

Towards medical gentlemen, of whatever school, we cherish feelings of the greatest respect, and desire at all times to maintain with them a fraternal relation; but we must at the same time, respectfully decline to accept as fit and becoming titles, the names, "quacks," "humbugs," "irregular practitioners," "galled jades," "charlatans," or "monomaniacs."

Yours, truly,

E. J. FRASER.

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### *The Atlantic Mutual Life Insurance Company.*

THE prosperity of the Company continued uninterrupted for thirteen months: since that time three losses have occurred, two of which were under Allopathic and one under Homœopathic treatment. Inasmuch as at least three-fourths of the policies are issued at reduced rates of premium, this comparative statement of the results of medical treatment may be considered very satisfactory; and, although too meagre to afford a basis upon which to estimate, even approximately, the superiority of the homœopathic method of practice, it indicates the importance of this new and unique trial to which the two rival systems are now for the first time to be subjected. A fair indication of the relative results of general practice under Allopathic and Homœopathic treatment will be exhibited by the mortuary record of the Company. This fact should stimulate unceasing effort on the part of the profession, especially practitioners of our own School, the insurance in this Company of as large a number as practicable of first-class risks.

It is our purpose to establish agencies in all desirable localities as speedily as possible; in view, however, of the great difficulty in securing the services of efficient and reliable canvassers, we solicit the profession to render such assistance as may be in their power, by selecting and recommending persons of integrity, ability and energy. Information relative to the business affairs of the Company will be cheerfully communicated by our General State Agents in their respective districts, or by the Secretary, Mr. L. B. Smith, at the home office. In the absence of regularly appointed agents, there may be obtained from either of the sources just mentioned, copies of blank applications, circulars, and manuals containing statistical tables, showing the superiority of Homœopathic over Allopathic treatment. We respectfully request the Homœopathic profession to communicate any suggestions they may think proper, designed to promote the business interests of the Company.

Hoping our plans will meet your cordial approval, and secure your active co-operation, I remain

Very truly yours,

H. M. PAINE, M.D.,

Medical Referee.

### *Homœopathic Dispensaries of the City of New-York.*

THE first Homœopathic Charity of this City was *The New-York Homœopathic Dispensary*. This institution was established in September, 1845. by S. R. Kirby, M.D., P. P. Wells, M.D. and James M. Quin, M.D., and the patient first was received on the first day of October following.

The Dispensary was open for one hour daily, and the three physicians were in attendance each day. At this time this was the only institution of this kind in the United States. The attempt to afford gratuitous homœopathic treatment to the poor was an experiment untried; "and many who wished well to the undertaking, feared that the time had not yet come when it could be carried into operation. "But," say the physicians in their report of 1847, (*American Journal of Homœopathy*, April 17th,) "we believed, that the best interests of humanity demanded that no time should be lost in endeavoring to diffuse a great blessing among the poor, to save them from the ruinous consequences of extensive medication, to cure their diseases and yet not impair their constitutions."

They soon enlisted in the same good cause other names which are still well-known in the ranks of progressive reformed Medicine. These were: S. B. Barlow, M.D., Edward Bayard, M.D., B. F. Joslin, M.D., Geo. W. Cook, M.D., B. F. Bowers, M.D., R. A. Snow, M.D., and James Hart Allen, M.D.

The founders of the first New-York Homœopathic Dispensary were not too early in making their first public charitable effort and the grateful humanity in whose name their effort was put forth, will forever bless their memory.

### *Prizes for Proving Ptelea Trifoliata.*

Up to the fifth of June I had received but four provings of Ptelea. Since that date I have received nine, from the following persons, namely: Dr. C. H. Lutes, Dr. A. V. Marshall, Dr. Hayward, Mr. Cowperthwait, Dr. Cowles, Dr. Burt, Drs. Fish and Frain, and Dr. Thomas Nichol.

I do not think I can properly award the prizes to those provers who sent in their experiments before June the 5th, the date originally mentioned, as it would be unjust to others whose provings have been received since. Some of the provers wish to perfect and extend their provings already made. In view of these facts, the time of competition for the prizes is extended another year.

The whole number of provings received, however, falls short of the number expected, for I had sent the medicine to over forty persons. In view of this fact, I declined to submit the provings to the American Institute, but sent instead a brief report of the progress made, and asked to be continued on the Bureau of Materia Medica. This request was granted, and I now propose to extend my investigations into the properties of Ptelea through another year, in order to make a complete pathogenesis.

As some inducement to experimenters who may desire to aid me, I will make the following offers of prizes, (all provings now received to be admitted in competition, with the privilege of amendment):

I. FIFTY DOLLARS for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelein; and to consist of all the symptoms observed during the life of the animal; a record of the pathological or normal appearance of each organ after death; and a microscopical examination of the diseased organ or tissue, and any abnormal secretion or product.

II. TEN DOLLARS, or a copy of *New Remedies* (2d edition,) for the best physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and (if possible) the microscopical and clinical analysis of the urine, feces, and other discharges.

III. FIVE DOLLARS, or a copy of "*Treatise on Abortion*," and the "*Observer*" for one year, for the next best proving made as above.

Each prover will be presented with a copy of the "Monograph on Ptelea," when published. All provings must be sent in before January 1, 1868

E. M. HALE.

NORTH AMERICAN  
JOURNAL OF HOMŒOPATHY.

VOL. XVI.

FEBRUARY, 1868.

No. LXIII.

Original and Translated Papers.

ARTICLE XXV.—*Introductory Lecture.* Delivered at the New-York Homœopathic Medical College, Oct. 15, 1867. By CARROLL DUNHAM, M.D., Prof. of Clinical Medicine.

GENTLEMEN :

The Faculty of the College bid you welcome at the commencement of another lecture-term. To some of you, the scenes and duties of a medical lecture-room are novel; others of you are, probably, familiar with the discipline and opportunities of medical pupilage. It is to be hoped that all have come hither with a resolute purpose to climb the rugged steeps of professional knowledge; to learn the methods of that life-long study by which alone you will be able to keep pace with the advance of medical science; and that you are possessed of an abiding sense of the deep responsibilities which you will assume when as doctors of medicine you shall go forth, inviting your fellow-men to entrust their health and their lives to your skill and fidelity! It shall be the earnest endeavor of the Faculty, on their part, to furnish you with opportunities for the full acquisition of professional knowledge and to prepare you adequately for these arduous duties and responsibilities.



With these general remarks, we will proceed to consider the subject on which I am appointed to lecture, viz: **CLINICAL MEDICINE.**" I propose to occupy the present hour in an endeavor to explain the nature and scope of this subject—the duties of the physician when he is exercising the Art of Clinical Medicine, and the varieties of professional knowledge which he must bring into requisition.

Etymologically, clinical medicine is "*bedside medicine*"—the art which is exercised by the physician at the bedside of the patient.

What is the business of the physician at the bedside of the patient? Obviously it is "to cure the patient." And here we use the word "*cure*" in its primitive and broadest sense: "to take care of."—Whatever application, then, of medical science, or of any other science the physician can make, in the case of the patient and for his benefit, comes within the scope of clinical medicine.

By common consent the explorations and operations of surgery and the special department of obstetrics are excluded from the ordinary acceptation of the term. But with these exceptions, clinical medicine embraces every department of medical and natural science in so far as they may be practically applied to the cure of the sick. The simplest method of illustrating this proposition will be to trace the steps which the physician follows in the exercise of his art.

When he arrives at the bedside of the patient, the physician observes the patient's condition and surroundings and the appearance and manners of his attendants, and forms some general conclusion respecting his position in society, his habits of life and the chances which he enjoys of being well cared for during his illness. He listens to the account which the patient may be able to give of the onset of the sickness and of its supposed cause. And, if time and the urgency of the case permit, it is wise in the physician to listen patiently to such narratives; for they throw much light upon the patient's habits and his tendency to disease.

When this statement of the case has been made, the physician begins a methodical examination of the patient, for the purpose of ascertaining what organ or organs are involved in

the sickness. This may be done by a visual or manual examination of the patient, the different anatomical regions of the body being explored in succession. And in this examination the physician may call to his aid the various implements contrived for the purpose of physical examinations—the ophthalmoscope, the various specula, the pleximeter, stethoscope, &c.

There are organs which we cannot reach by the eye or touch. We may, however, by a process of reasoning, infer the abnormal state of such organs, if we learn that their function is not properly performed. If, for example, we ascertain, by the method of examination called auscultation, that the function of respiration is performed in such a way as to produce sounds not heard in the healthy thorax, we may infer that some definite lesion exists in the respiratory organs. From abnormal sounds connected with the pulsation of the heart, we may likewise infer certain alterations in the structure of portions of the heart. And we may even carry our reasoning one step farther back and make correct inferences respecting the character of the sickness, which, at a former period, resulted in these changes of structure.

Once more: there are organs so situated that we cannot investigate the manner in which they perform their functions as we can do in the case of the heart and lungs. But we know what the function of these organs is, and we know what the result of the function, if normally performed, should be. If, for example, they are organs of secretion or of excretion, and we find, on examining the secretions or excretions, that these are abnormal in character, we then by a process of reasoning conclude that the function of the organ cannot have been properly performed, and that the organ, or the apparatus to which it belongs, is diseased. And, with certain qualifications this is a safe conclusion. We therefore examine the secretions and excretions of the patient in order to ascertain the condition and action of organs which we cannot examine in any other way. These examinations may be made with the eye alone or also by the sense of smell, taste, or touch; our senses being aided and reinforced by the apparatus and operations of microscopy, physics and chemistry.

In this way and with these aids, we ascertain the organs and functions which are involved in the patient's sickness and define the manner in which they are affected. Let us pause a moment and inquire: What branches of knowledge have we thus far called into acquisition?

*First*—Anatomy for this has taught us the positions and relations of the various organs of the healthy body, and has enabled us to recognize in the patient the deviations from these normal positions and relations which result from his disease.

*Second*—Physiology—by which we learned the modes and processes whereby the organs and apparatus of the healthy body execute their functions, and by which our senses have become educated to recognize the normal performance of functions and to detect any changes therefrom.

*Third*—Animal Chemistry, by which we have learned the composition of the healthy tissues, secretions and excretions of the body, and which furnishes tests of any changes in them indicative of disease.

*Fourth*—Pathology—a science constructed out of the history of numberless cases of disease and records of morbid changes of tissues and organs; and built up on the basis of anatomy and physiology—the science of morbid functions.

When we have discovered an unnatural condition of an organ or apparatus of the body, it is not enough to know in what it consists—we must know, likewise what it portends. What other changes in other organs are or will be involved in this modification? What is the natural history of the disease we have discovered? This it behooves us to know. Moreover, a knowledge of the natural history of the disease and a rational understanding of morbid processes directs our investigation. It calls our attention to changes in other organs of which the patient had no suspicion and which might have eluded our own vigilance had it not been directed by this pathological knowledge. It is thus that a knowledge of the relation between articular rheumatism and heart-disease and between pulmonary phthisis and rectal abscess are valuable to physician and patient.

Finally, I must ask your especial attention to the fact that

in these investigations you call into constant and varied exercise your common sense and the reasoning faculty. It is not enough that your knowledge of anatomy is exclusive and complete—that your senses are acute and accurate: your intelligence must be alert and your intellect keen and well-balanced. In examining the function of respiration, you may define accurately the boundaries of the organs and your ear may detect the sounds that are made. But what do you hear? Not pneumonia—nor bronchitis nor valvular disease. Not at all. You hear only certain sounds which await your interpretation. And you can interpret them only by an intellectual process of reasoning upon the basis of an accurate knowledge of physiology and pathology.

But you may ask, why all this labor to locate the material elements of the disease and to know its extent, nature and probable course? Will it not suffice to get the patient's obvious symptoms, give him the appropriate remedy and dismiss him healed; even though I may never know exactly what and where he ailed?

No, this will not be sufficient, and, in very many cases, this will be impossible. I have said the business of the physician is to "*cure the sick.*" If this phrase meant simply to heal the malady, its application would be too narrow. For many maladies are not capable of being healed save by an understanding of their nature—as when they depend on a material cause which can be detected and removed. Others are not capable of being healed at all. "It is appointed unto man once to die," and sooner or later every one of us must come down with an incurable illness. Has the physician no office to fulfil in such a case? Surely he is here, still, to "*cure,*" that is to "*take care of*" the patient. And what does this involve? Mankind are so closely bound by ties of relationship with each other that no one can be said to live independently or alone. A patient then, must be regarded as comprising not simply his own body and mind, but also certain important relations to other persons and to interests outside of himself. There are considerations touching property, touching the social and affectional relations of the patient—considerations of his interests in this world and in the world to come. And in view of these

it becomes the physician's solemn duty to be able to determine early and accurately the nature of the patient's malady, the probable course which it will pursue, and when and how it will be likely to terminate. And it is in the method already described, by applying to the case his knowledge of anatomy, physiology, chemistry and pathology, with the aid of sound reasoning, that the physician forms his *DIAGNOSIS* or recognition of the disease, and his *PROGNOSIS*, or prediction of its course and termination.

But before the diagnosis can be completely established, and certainly before the prognosis can be made, it is necessary to ascertain the *causes* of the *sickness*. We have to inquire whether there be not some vice or weakness of constitution inherent in the patient which may have constituted a *predisposing* cause to the sickness under which he is suffering. This has an important bearing on both *diagnosis* and *prognosis*. Suppose, for example, that there be signs and symptoms of sub-acute bronchitis and the patient have a moderate dullness under the clavicles and a broncho-vesicular murmur. If he present the general aspect of one predisposed to tuberculosis and his family record show cases of phthisis among his kindred, the diagnosis may justly be "presumptive tuberculosis," and the prognosis a guarded or a bad one. Whereas, if the aspect were that of robust health and the family record were clear, the prognosis would be good.

Again, we are to examine whether there may not be some external influence acting on the patient, awaking this morbid tendency into activity and constituting an *exciting cause*.

The investigation of these causes of disease—the *predisposing* and the *exciting*—constitutes the science of *Etiology*. It is apparent how important is its bearing upon prognosis. If these causes still active can be removed,—the prospect of recovery is favorable; and the prognosis will be more or less good according as this is or is not the case.

*Etiology* has a no less important bearing on treatment, as we shall see. For one and the first great aim in the treatment of a patient must be to remove or counteract the *causes* of disease if they still exist or are active.

The *exciting cause* of disease may be something which,

having once affected the patient, has ceased to exist and to operate. Or, on the other hand, it may be something which is continually and persistently affecting him, even during his illness; and, in such a case, it is vitally important to detect it and to know whether, and to what extent, and how it may be removed or its injurious operation controlled. For example, the exciting cause of a malady may be exposure to cold, which having done its work in causing the sickness, no longer operates. On the other hand, it may be insufficient or improper food, unhealthy occupations or unwholesome habitations. It may be the presence of foreign or irritating substances in some part of the body. Or again, it may be grief or anxiety of mind. It may be over-exertion of the mind—or a shock to the emotional nature or to the moral sense. Some of these causes the physician may remove. Others are beyond his control. In proportion as the latter is the case, his prognosis must be guarded, since the more unrestrained and continuous the action of the cause, the less amenable must the disease be to treatment.

Having thus formed the diagnosis and the prognosis, and having mastered the etiology of the case—having determined what ails the patient, and what made him sick—and whether, and how soon, and how completely he can get well—the question of *treatment* comes up. What can and shall the physician do to ensure and hasten recovery—or, if that be impossible, to mitigate suffering and postpone the fatal issue.

In what is treatment to consist? Shall the physician as soon as he has formed his diagnosis and prognosis write a prescription, or take out his medicine-case and put up medicine for the patient? No—a most important branch of treatment takes precedence of this. One which requires great sagacity and knowledge in the physician and the judicious application of which may often render the use of medicines unnecessary. The treatment of sickness divides itself into two departments—that of Hygiene, and that of Therapeutics or the administration of medicines.

Disease, in most cases, results from a cognizable violation of the laws of health. Often the cause which excited the illness is still in operation when the physician is called to the case. The patient's residence is unhealthy, his habits are bad, his

food is not wisely chosen or well prepared—his occupations are hurtful; and these causes perpetuate his malady. Or relics of old bad habits remain as causes of disease. The study of the laws of health, and the ways in which they are violated, and how these violations become causes of disease, and how these causes may be removed, constitutes a practical science called hygiene; and, in the treatment of the sick this science is called into requisition *before* we resort to the administration of drugs.

Acting upon the general principle that disease is to be removed by removing the cause, when that cause is discoverable, is material and is still active, hygiene concerns herself with the investigation of the life, habits and surroundings of the patient, and with measures for counteracting the evil that may be found in them and for placing the patient in the best possible condition for the preservation and recovery of health.

Let us suppose a patient coming down with low fever. His dwelling is crowded, filthy, damp and close—a condition in which it will be impossible to cut short his attack and which insures his having the fever severely. He must be placed in a large, airy, clean apartment and must be well nurtured and cleansed. When this has been done the time will have come for suitable medical treatment.

Or, a patient presents himself with indigestion. His diet and habits must be regulated as a first step in the treatment. Or, a broker, or merchant complains of a head-trouble, or a lawyer of irritable bladder. As a preliminary to treatment, we must study his habits, change his mode of life—enjoin a less continuous mental labor, with more regular attention to meals, and to exercise of the body. After this, we may do much for his relief with medicines.

Nor do these admonitions apply only to the commencement of disease. If the physician be called to a patient in the midst of a most acute illness, he must still investigate closely the hygienic conditions and requirements of the case. To illustrate this, I will mention a case which fell under my own observation but was not under my care. A young lady had gradually become feeble and ill; her symptoms were obscure;

she had daily slight fever; no severe pain; a constant headache and backache; and her limbs were very weak. She kept her bed and ate almost nothing; drank but little; slept well; and had regular though small stools. She had several physicians of both schools, but no medicine helped her. The diagnosis was always obscure. Thus she remained for several months. Finally, a fourth physician was called. He carefully inquired her previous habits. Learning that, for months before her illness, she had lived almost wholly on *berrries*, it occurred to him that she might have accumulations of seeds in the intestines, and he thought he could detect masses of foreign substance, by abdominal palpation. He resorted to copious and frequent mild enemata which brought away large quantities of berry-seeds, and the patient straightway began to recover appetite and strength and to lose her headache and backache. She made a good recovery. The fault of the previous treatment was (not to go farther back) inattention to etiology—not recognizing the exciting cause of the disease,—and to hygiene, which concerns itself with the removal of the material exciting cause of the sickness.

I will cite another case to show how inattention to hygiene might be the cause of death even after severe disease had been successfully combatted with medicine. A child of two years had had pneumonia for which he had received medical treatment. The signs and symptoms of the disease abated satisfactorily—but the child lost strength rapidly and became comatose. It was thought that active brain-disease had set in and the case was pronounced hopeless.

A second physician was called and the case narrated to him. He found the child lying quiet, unconscious, cool, with a pulse thready and hardly perceptible. His first question was; “how long since this child had food?” The startled attendants replied “nothing but water for two and a half days.” Milk and water, beef-tea, wine were given instantly, and every ten minutes as the child could swallow them, for five hours. At the end of that time, the pulse had rallied and consciousness had returned. Without medical treatment the child, on nutritious food, recovered and is now a vigorous lad. In this case, the pneumonia was, no doubt, well treated by medication



—but the hygienic treatment of the patient had been so entirely neglected that life was not sustained by food, and the patient, having successfully withstood his disease, was actually dying of starvation.

You will readily perceive, but you cannot over-estimate the importance of investigating and regulating in all stages of illness, the diet, regimen, surroundings and occupations of your patients. Such care alone will often dispel their ailments. Without it, your medical treatment will seldom be rewarded with complete success.

We come, now, to the second branch of treatment—Therapeutics or the selection and administration of medicines to cure disease.

Let us assume that we have correctly appreciated the predisposing and exciting causes of the malady and that we have resorted to every expedient for removing these causes—yet the malady persists. We now bring to bear upon the patient influences of a special character which possess the power to modify the action or change the structure of the organs of his body. These influences are the peculiar properties which drugs possess of thus acting upon the human organs. The problem is: to select, for each case of illness, drugs which shall exert their modifying\* power over function and tissue in such a way as to convert the unhealthy action, already existing in the patient, into healthy action—which, in other words, shall cure his malady.

Now, in the operations in which we have thus far followed the steps of the physician at the bedside of his patient, the teachings you will receive at this Institution do not differ essentially from those which emanate from other medical colleges throughout the world.

In diagnosis, prognosis, etiology and hygiene we are all governed by the same laws and pursue the same processes, by the same methods. It is in the mode of selecting and administering drugs that the teaching of the Faculty of this College will be found to differ radically from that of the more venerable institutions of our city and land.

Whereas, in the older schools the selection of drugs is based on tradition or on an unmethodized experience or on a nu-

merical result of many blind experiments; or else is founded on what are called "general principles,"—being an attempt to apply the laws of hygiene to therapeutics and to remove a supposed cause by means of an assumed action of drugs;—you will here be taught that there is a great natural law, in accordance with which the drug may be selected for a case of illness even though no such case had ever before been seen or treated. You will perceive how greatly the treatment of disease by drugs, is hereby rendered at once more simple and vastly surer, requiring not less labor and knowledge on the part of the physician, but yielding infinitely richer rewards in the cures of his patients. The details and the rationale of this law it devolves on another chair to teach you.

Let us now briefly conclude our sketch of the bedside doings of the physician. The symptoms of the patient, both subjective and objective, the observations made by the attendants and those which the physician himself makes are now carefully gathered and collected by him. The previous history of the patient's maladies is also obtained. Both those symptoms which are common to other diseases of the same nosological variety and more especially such as seem peculiar to the case in hand, are noted by the physician, who may analyze them according to the way in which they affect the organic substance or the vital forces of the patient, and should note what are their peculiarities of periodicity or the conditions of their appearance or aggravation.

The symptoms thus gathered, scrutinized and analyzed, the physician turns to his *Materia Medica Pura* which contains the symptoms produced by drugs upon the healthy body. He selects a certain group of remedies, the symptoms of which resemble those of his patient. From these he selects the one which presents the most striking similarity, not only in general but more especially in the finer shades of action—in subjective symptoms, in the times of action and of aggravation or amelioration; and of this remedy he administers according to the rules of the *Pharmacopœa*.

This collection and collation of the symptoms of the patient, this selection of a remedy in accordance with a great therapeutic law, this possession of a *materia medica* made up of the

symptoms produced by drugs upon the healthy from which to select for the sick, and the peculiar preparation and mode of administering drugs which experience has shown to be necessary when medicines are selected in accordance with our great therapeutic law—these are the peculiar features of the great and beneficent reform in the practice of medicine, which, introduced into this country but thirty years ago, has already wrought unnumbered blessings; and which it will devolve upon this and the associate practical chairs of this Faculty to explain and exemplify.

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ARTICLE XXVI.—*Hahnemann Medical College.—Introductory Exercises to the Eighth Annual Lecture Course—Address by Prof. LUDLAM. —Medical Toleration—Presentation to Dr. A. E. SMALL.*

THE introductory exercises to the eighth annual lecture course of the Hahnemann Medical College, were held last evening, at their new building on State-street, and were conducted in presence of a large audience, composed of students, physicians, and citizens.

A. E. Small, M.D., Dean of the College, made a short welcoming address to the class, in which he reviewed in a brief manner the history of the institution from the date of its charter in 1856, and its first lecture session in 1860 to the present time. Year by year the classes had been on the increase, until greater accommodations were imperatively demanded, and the College had been moved to the present large and commodious building, and in the library, museum, dispensary, laboratory, dissecting-room and lecture hall would be found all the conveniences necessary to a thorough understanding of medical science.

Prof. Ludlam was then introduced, and delivered the

#### INTRODUCTORY LECTURE.

After a few preliminary remarks, congratulating the medical class and the faculty upon the promising auspices under which they had met, Prof. Ludlam announced that his topic was *Medical Toleration*, and proceeded as follows:

An eminent physiologist insists that "Man is a fighting animal." Doctors are prone to disagreements as the sparks fly upward. No family-trait is more strongly marked. All grades of the brotherhood are given to this weakness. When the medical neophyte has made his first prescription, he is arrayed in antagonism to every other prescriber known or unknown to himself. The practical exercise of the Art of Healing appears in some unaccountable manner to develop and unfold the most opposite and forbidding traits of human nature. Like the noxious Sardinian soil, which was so bitter as to ruin the flavor of its honey, the most flagrant deeds of mercy and kindness are perverted into harshness and a lack of charity toward other members of the same fraternity. This is a strange species of infatuation, or mental infirmity, that seems to possess and affect the medical mind. It is contagious and generally incurable. With its symptoms some of you are already familiar. With its results, the most of you are certain to become acquainted.

But it is of sectarian animosities in medicine that I design to speak more particularly. When, having a written revelation, men are still disposed to wrangle and disagree concerning their religious belief and behavior, it is no marvel that having no such dispensation in medical matters, they are not the less inharmonious and inconsistent. If they quarrel heavenward, why may they not quarrel healthward? If they cannot amicably interpret and put into exercise a true and universal system of morals, how is it possible for them to chime upon the requirements of Hygiene, and the ways and means designed for the restoration of health?

Denominational differences are necessary and salutary. It would not be desirable suddenly to divorce the world from its old forms of belief. It is not in the nature of the human mind that all should see or think alike. In medical and in moral politics there must be always two or more different parties. This necessitates the machinery of organization, opposition, codes of orthodoxy, heresy hunters, and all the paraphernalia of progressive, aggressive, and defensive warfare. "You cannot make an Esquimaux forswear train-oil and take to tea and toast like ourselves, still less to boiled rice like a Hindoo."

The mental lens through which we look into questions that require thought and study, real brain-work, for their solution, varies in its configuration and power of refraction. The mind's eye is accordingly near or far-sighted, amaurotic, or positively blind. What is clear and distinct to one, is nebulous to another. We do not all discern or discriminate alike, any more than it is possible for all to distinguish the different shades of color.

The doctor with small attainments and strong bias of will is positive in ratio with the dullness of his perceptive faculties. His intellectual furniture will be of a peculiar pattern. You could swear to it beforehand. You cannot persuade him to change its style, to modernize it in the least particular, or to add to the number of its pieces. His house is furnished after the manner of his fathers, and that is sufficient.

On the other hand, for him whose mind is fitted to grasp and analyze a subject more readily, whose culture has made him lenient toward others, there is danger of being misled by what is new and startling, or specious and attractive. The former will issue and insist upon the value of a cheap dogmatism; the latter is fretted with the harness that others have made for him, and naturally inclines to heresy.

A code of belief is a species of nucleus about which men are certain to crystalize. The shape, as well as the size of the crystal will depend upon a variety of circumstances. The organizing force is represented by the grand *idea* that brings them together. As crystals are of various patterns, and can by no possibility be alike in every particular, so, in the organization of men into bodies and schools of belief, the product must vary with the nature and peculiarities of the elements of which it is composed, and of the force that attracts and binds them. \* \* \* \* \*

Most men are not more responsible for their peculiar notions on political, and even medical subjects, than they are for their nativity. Their ideas are either inherited, accidental, or possibly acquired. There is a great deal of worthless property, and much of real value also, that comes down from father to son independently of such instruments as a will, and of such institutions as the Probate Court. It is as easy to secure the

fruits of thought as it is to gain other varieties of wealth by proxy. Hereditary peculiarities and possessions are not all of a physical nature. Deeds for dogmas are as transmissible as deeds for houses and lands, and it is remarkable that those who inherit the one are as tenacious of their property as those who come into possession of the other.

The sudden acquisition of wealth or of fame, as if by accident is a severe test of character. The same is true of the gain of ideas that are not the fruit of toil and application. The force of circumstances makes men *imminent* rather than *eminent*. Perhaps they are in imminent danger of becoming eminent! There is sufficient latitude in the words and works of accidental men, but it does not lean toward charity and large-heartedness. They are almost certain to be uncharitable. They are earnest, but erratic; conspicuous always, but seldom consistent. \* \*

Literature represents the genesis and genius of science. Medical literature resembles geology. The history of this department of human effort may be found in the strata of thought, theory and practical deposits; and details reveal the most curious and interesting particulars concerning the history of the earth; so the different "periods" of medical development and decline are equally pronounced and suggestive. Geology demonstrates that the creation of the material world has been progressive. Step by step the rudimentary has given place to the more perfect forms of existence and organization. The same is true of the growth of medical ideas.

Here are organic remains that will interest the medical antiquary, the pupil, and the practicing physician. Turn over these old pages, and you will tolerate the rubbish for the sake of the reward. Here is the evidence of earthquakes and volcanoes. The throes of human thought and passion have been stratified and fossilized in these old tomes. Here are the surviving works of those who have indeed "*fought* and *bled* and *died*" in the service. Their books stand side by side upon our library-shelves as peaceful as their authors were pugnacious. Scholastic disputations are covered with the dust of ages. But these volumes are full of vestiges that will interest you, and from the study of which you may profit. Revolutions in professional sentiment crop out here and there among the group

of strata ; and the sediments of old leaves and journals, magazines and monographs glitter with the gold dust of merit and suggestiveness.

It would be futile to deny that these remains are valuable simply because they are musty with age and neglect. Recorded mutations in the world of thought are no less important than those which indicate to the geologist and physicist the most varied terrestrial changes. It is possible that the crust of the earth conceals more beauties than are to be seen above it. Submerged from sight, buried by the waves, and hidden away under the ponderous mountain, are secreted such achievements in architecture, such wonderful evidence of animal and vegetable existence in near and remote periods, and such a wealth of precious metals as may well excite our astonishment and admiration. Nature has economized, embalmed, and laid away these stores for the benefit of her children.

So, in our libraries, we may read the records of the grand, majestic, almost illimitable Past. From the sage of Cos to the sage of Cœthen, from Hippocrates to Hahnemann, the accumulations of centuries of observation, thought, and experience are crystalized and condensed, preserved and perpetuated for us. We have only to dig up and develop, to unswathe and interpret them.

There are two classes of croakers who are a real pest to society—those who see nothing of good in the present, and those who acknowledge nothing of good in the past. Representatives of both classes are to be found in the medical ranks. The one is morbidly and persistently set against every species of innovation and improvement. Perhaps he adheres to the old nosology of Good, and may, therefore, be excused from knowing anything beside. Or he is tenacious of the therapeutical tenets of Broussais, or Bouillaud, or of Cullen or Rush, as opposed to those of Bennett, Todd, Trousseau, and the latter luminaries. Possibly he is as averse to auscultation as he would be if it could reveal the secrets of the human heart.

Such men forget, or do not know, that Nature sometimes responds to unskilful manipulations on the part of the physician, just as she permitted Franklin's kite-cord to be a clumsy conductor. The key upon that cord unlocked some of the

mysteries of electricity, discharged the cloud without danger, and purified the atmosphere without accident. Suppose the world had accepted this fact and gone no further. Franklin's experiment would doubtless succeed as well in our day as in his, but this is no argument for its common use as a means of protection for our dwellings. Those who persist in the employment of harsh and unnecessary means for the cure of disease, simply because they are antiquated, present the picture of one who is trying to discharge a threatening cloud by means of a huge and unwieldy kite, instead of a slender and delicate, but reliable conductor.

The other class of medical croakers is still more demonstrative. These fellows are wedded to innovation. With them novelty is the test of merit. They ignore the past as having been unproductive and unsuggestive. They declare boldly that, until the time of their leader, nothing was known or had been accomplished in the medical world. They look upon the accident that may have disclosed an available resource or remedy as an evidence of extraordinary genius, or of a direct interposition of Providence, a sign and seal of apostleship that only an infidel or a heretic would fail to appreciate and be thankful for.

Now it is as natural a result that these two types of physicians should wrangle as that those who think alike should succeed in living peaceably. Their common propensity may be curbed but it cannot be cured. If one believes, like the Hindoo, that the customs and usages of his calling were instituted by the gods, and are therefore incapable of improvement, it is waste of time to argue with him. Such men are "not to be converted or perverted by quartos." They never outgrow the narrow limits of early prejudice and precept. Nor can those who are capricious or lacking in depth of character, and who are vacillating and fickle in their attachments, act like reasonable and rational beings, no matter where they are placed. Both are given to dogmatism, and tend to destroy rather than to foster the real interests of the healing art.

These physicians are not all attached to one school of medical faith, any more than all the hypocrites are to be found in one church. Only their numbers and their lack of real talent and of the spirit of toleration renders them worthy of the least



notice. These are they who devote themselves to party issues. They are always in dispute about boundary lines, distinctive tenets, and the finer theoretical points which are merely accessory to practical medicine. Their forte is polemics, without reference to which they cannot make a speech in a medical convention, write an essay, or report a clinical case, prescribe for a patient, or salute an acquaintance on the street, or in society. They are offensively zealous, always battling for progress—into the future, or into the past—yet always blocking its wheels.

It is one thing to profess an attachment to a particular theory and mode of practice; to put it into exercise in a quiet, unostentatious manner; to possess our souls in patience for the coveted results and rewards thereof, and quite another thing to be obtrusive, impertinent, not to say disgusting to sensible people who may or may not sympathize with us. To have a creed is a common necessity with mankind. Who holds a loose rein will drive a lean horse. The doctor without a guiding principle is like a mariner adrift without a compass. But the laws of nature were set into operation before the institutes of medicine were written. They are the work of the great Father, who is not fallible like ourselves. They are fixed and immutable, while the codes that we create may change like the fashion of our garments, or the tints of the foliage between spring and summer.

But there are exciting as well as predisposing causes of disaffection among the doctors. In the fraternity there are to be found the most worthy, deserving, and honorable, as well as the most unworthy, undeserving, and dishonorable of men—  
 “The wisest, brightest, meanest of mankind!”

Professional intercourse and relationship are therefore productive of results that tell upon the character and disposition of each member of the profession. \* \* \*

Surround the physician with influences that disturb his equanimity, and you endanger his self-respect. Persecute him, and you will punish the profession. Convict another school of insufferable bigotry, and his course will prompt you to contend for toleration. Interfere with his prerogative as a practitioner, and you “draw his fire” at once. Question his

genius, if you would know to what guild he belongs; but remember, in all charity, that there are few peaceful nights and Sundays in his calendar.

No cause is more likely to arouse an unfortunate antagonism among doctors of different creeds than the assumption by either party of an exclusive right to medical knowledge. Positive refusal to counsel together, direct and emphatic denials of ability and experience, an open infraction of the ninth commandment, the display of ungentlemanly and unchristian conduct, are some of the fruits of this feeling. Both the instigators and the victims of this temper of mind are apt to talk harshly, and to put too much vinegar into their ink when they write for the medical press. \* \* \* \*

There is a period in the history of every great reform wherein its advocates must assume the aggressive and the defensive. The early settlers of a country must encounter and overcome the obstacles that will be unknown to their successors. Once the section is civilized, however, "behold old things are passed away and all things are become new."

Long since Homœopathy promulgated by Hahnemann the foundations of this great city were laid in the frontier experiences and hardships of its first settlers. The city and the system have had their defamers and detractors, not a few of whom survive to witness the marvellous rapidity of their growth and development. As the citizen has left behind the paltry issues of primitive history, so the representative of this method of cure will outgrow the small-clothes of prejudice, and outlive the most violent opposition. Hahnemann struck the key-note. We must make out the melody. Let us not drown its sweetness in jangling and discord.

Consider that medicine is now in a transition state; that the rays of modern science converge to our enlightenment and profit; that it is no longer necessary to do battle with the old weapons in order to convince the growing medical mind of the value of physiological trials of drugs upon the healthy; that thousands of physicians and hundreds of thousands of patients have solved the problem and satisfied themselves of the superior efficacy of the homœopathic system of treatment; and that "Time has stamped the attestation of its signet upon the success of the experiment." \* \* \* \*

Because Hahnemann whose name our college is proud to bear, was opposed, maligned, abused, and persecuted from city to city, we are not to take up the cudgel against all those who adopt the faith of his enemies, and who continue to wage a war of extermination against us heretics. Because he was fallible, we need not be ferocious. Because he was compelled to vindicate his claims to a hearing, we need not, therefore, be vindictive against those who refuse to recognize him as a great benefactor. Our circumstances and those which surrounded him are reversed. He stood alone against the sentiment, tradition, and interest of the whole profession, and the ignorance and credulity of the people. We have thousands of the best practitioners and a large share of an intelligent patronage upon our side. He must feel and fight his way into notice, while we are privileged to spend our energies in elaborating his discovery, and adapting it to the physical necessities of mankind.

Harsh words have no healing properties. There is no need to revive the old bitterness. The incontrovertible logic of facts is the best lever at our command. As physical injury and dissipation trace their characters in the lineament of the dissolute and abandoned, so the mental fisticuffs in which doctors are prone to indulge leave their impress on the mind of the physician. They subtract from his self-respect, and from the respectful consideration and confidence that community reposes in him and his calling.

Concerning our conduct toward those who belong to our own school of medicine, but who differ from us in minor matters of faith and practice, the same principle holds. It is unreasonable to suppose that Hahnemann could have anticipated, much less perfected, all the various resources and applications of the law of cure. The range of his vision, though great and far-seeing, was limited, and his leaning to dogmatism must be charged to the infirmity of human nature. When he died, Columbus believed that the lands he discovered belonged to Asia. Do you suppose that Pallissy, the potter, ever pictured in his fertile imagination anything to compare with a modern photograph upon porcelain; or that Goodyear had the remotest idea of the surgical instruments

that are now made of india-rubber? If Gutenberg had fulminated against metallic types, would that be a reason why the printer of our day should discard them? When Galen taught that the womb has as many compartments as the animal has mammary glands, he knew less of visceral anatomy than many a poor child in our public schools. With his wonderful faculty for clinical observation, what would not Hippocrates have given for a stethoscope, or Harvey for a work on histology? Imagine how thankful the kind old heart of Ambrose Paré would have been for the discovery of chloroform as an anæsthetic.

When the rude but eminent Dr. Smellie, of London, advertised to teach midwifery for the sum of five shillings, he had no very great stock of information to impart. Cullen's *Materia Medica* does not mention the modern alkaloids, or the "New Remedies!" John Hunter was as ignorant of the operation of resection as Sydenham was of the pathology of uræmia, or Sir Charles Bell of the ophthalmoscope. William Hunter and the elder Munro wasted a deal of time, temper, and printer's ink over the function of absorption, of which neither of them knew the hundredth part as much as your professor of physiology.

We should therefore cultivate a taste for harmony among the fraternity, and keep an eye to its results. War is more likely to be a source of poverty than of wealth. It is more pleasant as well as profitable, to labor for the building up than for the breaking down of professional interests; as it is better to be philanthropists than pugilists.

On all therapeutical questions it is most politic and advisable in every respect to advocate and exercise the greatest liberty of thought. We must have a creed, but, in the present imperfect state of medical science, that creed should be elastic and susceptible of amendment. For who shall demonstrate that like facilities with those which surrounded the old worthies whom I have named, and which they failed to improve and appreciate, are not at this moment awaiting development at our hands?

\* \* \* If I had a theory of professional reorganization and unity, this would be neither the proper place nor the occasion

in which to present it. When Good Friday comes on Sunday, and reconstruction is less difficult than revolution, the Utopian scheme of entire accord among the doctors may be well entertained. In the present state of society and of human knowledge, we must not expect too much of human nature. It is no part of my purpose to weaken, but rather to strengthen your confidence in our method of cure, and whatever concerns it,—to counsel you to such a course of study and conduct as will make you more successful and respectable, most learned and useful. “Not Cæsar less, but Rome more:” not homœopathy less, but humanity more, should be your motto. As it is better to be producers than mere partizans: so, lest they be overthrown, you should lay the foundations of your education broad and deep. The denominational *trade-winds* should help, and not hinder your progress. \* \* \* \*

I know very well the incentives that will tend to develop your sectarian feelings and prejudices. There is no fear but reasons will suggest themselves why you should be emphatic in your preferences. You are properly so already, and clinical experience will doubtless confirm and establish your faith. But there is need to caution you against carrying your denominational preferences and prejudices so far as to merge them into a species of vindictive pleasure.

It is for this reason that I recommend the cultivation and exercise of a spirit of toleration toward those who differ from you in theory and practice. For this reason you should make yourselves thoroughly conversant with all the branches of a liberal medical education. You should read and ponder both the ancient and the modern authors; listen to the teachings of your predecessors and preceptors; glean from the experience of those by whom you are surrounded; and gathering available information from any and every possible source, submit it to the alembic of your own minds. Culture of this kind will make you charitable. Professional ability will make you amiable and liberal. For it is the lack of knowledge, and not the excess of it, that makes men intolerant.

Apart from the satisfaction that springs from the amelioration of suffering, and from having relieved the physical infirmities of mankind, there is a peculiar pleasure in the

study and contemplation of whatever pertains to the science and art of healing. If you acquire the habit of dwelling upon these topics, of feeding the mind upon this palatable food, you will be weaned from tasting the dry, polemical husks upon which so many have starved. If you would reap abundantly, you should sow the seeds of future influence in this congenial soil. This is the investment of time and means and effort that will yield you the largest returns.

PRESENTATION.

Immediately on the conclusion of the above lecture, Prof J. S. Mitchell came forward and presented the Dean with a beautiful gold-headed cane, accompanying the gift with the following remarks :

“Mr. DEAN: It is my pleasing duty to present to you this evening, in behalf of the Faculty of Hahnemann Medical College, a slight token of esteem in which your services are held, and of the kindly feelings entertained toward you. While we realize that such efforts as you have ever put forth in establishing and placing our College on a firm foundation cannot meet with due reward from us, we rejoice that there is this opportunity to indicate to you in some measure our appreciation of your labors and your pleasant relations. Be assured, sir, moreover, that we shall ever cherish in our hearts a grateful remembrance of your faithfulness, your mature judgment; your uniform courtesy, and ever manly and generous dealing with us all. That the reception of this gift may be a source of as great pleasure to you as its bestowal is to us, is our most heartfelt wish.”

At the close of the presentation speech, Dr. Small responded with evident feeling. He said his emotions were altogether too deep for utterance. He appreciated the kindly feelings of the Faculty, and reciprocated them in the sincerest manner. He hoped that this gift of esteem would bind him to his colleagues in still closer bonds of fraternity and friendship.

The cane presented to Prof. Small was a very elegant and valuable one, and was ordered expressly for the purpose of Mr. H. C. Miller & Co., jewelers, 108 and 110 Clark-street, who spared no expense in its elaboration, and was engraved—“A. E. Small, M.D., Dean. From Faculty of Hahnemann Medical College, Oct. 16, 1867.”

ARTICLE XXVII.—*General Pathological Remarks on Syphilis and its Course.* Extracts from JAHR'S "Venereal Diseases."

By S. LILIENTHAL, M.D.

THE opinions of the different writers on syphilis have been more divided about its origin and the different forms of syphilis since that origin, than about anything else. No disease, mentioned in the bible, can be considered the same, as the chancre syphilis of our times; and if such a disease had been known among the ancient Greeks and Romans, we should undoubtedly have had other notices, than the accidental and dispersed indications found in their writings. Among the Arabian physicians of the middle ages mention is made of women, "whose morbid discharge infects young men, so that they get a diseased penis or the lepra, and the children, generated in such a state, are born with a constitution, more or less diseased." European physicians of this age already speak of condylomata, and of buboes in persons, having a diseased penis from connexion with impure women or from other causes. One of the most remarkable works of the fourteenth century is that of William Becket of London, who collected everything he could find in manuscripts and prints, to prove the high age of syphilis; but all the cases mentioned originated through coition with leprous women, and they therefore warned to have no sexual connexion with such women. It is remarkable, that, although we have diseases, originating *ex usu* in venere, yet no mention is so far made of consecutive manifestations; although they appear, as we have seen, frequently with or soon after primary symptoms, and would have certainly been mentioned by the close observers of that age. So far it is certain, that the syphilis of the ancients and of the middle ages was totally different from that of our time. John de Vigo and Fallopius, living in the sixteenth century, are the first physicians who distinguished closely both kinds of ulcers, the latter mentioning for the first time as characteristics of the recently appearing chancres, which he called caroli, a lardaceous base, callous edges and their livid dark-coppery-red color.

Syphilis as an epidemic falls according to all then living

authors in the final years of the fifteenth century, moving from west eastwards, called by the French the Neapolitan disease, by the Dutch the Spanish pox, by the Germans the French disease and by the Poles the German trouble. It was called also after its seat: Pudendagra in women, as showing itself on the genital organs, and mentagra in men, as especially perspicuous in the face and on the chin, and after a while it got the generic name "venereal disease" as usually propagated during coitus. All authors agree, that this was a new disease, unknown till then. Some considered it as a variety of lepra or elephantiasis, others as a new malignant form of pocks (*variola aluhumatæ*) others gave it the name of the saint, to whom the people looked for help, as *Morbus St. Roche*; but they do not say, if this disease was a specific venereal one or a composition of the old wide-spread lepra and former venereal diseases, generating thus a specific form, henceforth a substantiality for itself. They describe it as a pustulous disease, distinguished by the eruption of large, disgusting, suppurating pocks and accompanied by the most terrible bone pains, especially produced by coitus with a woman, suffering from that disease; they forgot to mention, if these pocks were seated on the pudenda in the beginning, or on the face or any other part of the woman, and if the first symptom of infection showed itself also on the sexual organs. If this epidemic was a specific venereal one, it is curious, that none of the authors mention the sexual organs as particularly affected, but on the contrary show those organs accidentally co-affected by the spread of the pustules. With the extinction of this epidemic we see a new venereal form appear, which is essentially our present chancre syphilis; and with its appearance the formerly so wide-spread lepra disappeared at once from Europe as if by magic.

That this epidemic was the real generative power of our present chancre syphilis, most authors agree; but the true cause of this epidemic has never been found out. One of the most important authorities gives it an American origin. Oviedo is the first, who gives it as his opinion, that Columbus, when returning 1493 from his first voyage, brought this disease, indigenous among the inhabitants of the West India Islands,



back to Europe with his soldiers, who were infected with it. The only objection to this American theory is, that this epidemic raged already in the year 1492. Another tradition mentions a kind of petechial typhus with large variolous, suppurating, pocks, raging fearfully in 1492-94 through Italy, brought there by the Marani from Spain and spreading hence all over Europe; but we question, if this disease had anything to do with our present syphilis. Whatever conjectures may be made about this epidemic, so much is at least established; that, 1, after its extinction a new disease showed itself, formerly unknown among venereal complaints, namely our present chancre syphilis; and 2, *Lepra* passed nearly away from Europe with the appearance of this new disease. But this does not prove, that that plague had anything to do with syphilis, nor that our present syphilis did *not* exist before the return of the Europeans from America.

The first and worst peculiarity of that epidemic was its volatile contagion, infecting not only by the merest touch, but also by the air, and therefore most easily by the close connexion during coitus. The disease mostly began with severe pains, pocks of different sizes and form then appeared, seated sometimes on the head and face, whereas the other parts of the body remained free; at other times they occupied the abdomen and the thighs, and sometimes they spread all over the body. General symptoms were malaise, restless sleep, feeling of heaviness, quickened pulse, rough, hoarse voice, dryness of the mouth and tongue, sore throat and pains in the chest. Small pustules then appeared on the chin, on the glans, on the hairs of the female pudenda, sometimes in the face, on the forehead, on the extremities, seldom only on all these places at once, increasing by and by to the size of the palm of the hand. These pocks were mostly dry, but exuded sometimes puriform matter, with insupportable pains, especially in the upper and lower extremities. Most of the patients kept their appetite during the whole disease; there was little danger, when the pocks went through their regular course without pain or fever, and the patient kept up courage and his appetite; but when the pocks were few, dried up and warty looking, the skin cut up by deep rhagades and angina, with

foul breath, and aphonia accompanied it, then death was unavoidable. Uncleanliness and exposure to the heat of the sun were also given as causes of the disease. Other authors add, that these pocks on swelling changed frequently after bursting in terrible ulcers, destroying all the tissues.

In the picture of that terrible scourge we certainly find symptoms similar to our present syphilides, as also to variola, leprosy, and on account of the peculiar pains in the extremities, even to the present trichiniasis. It is remarkable, that before Oviedo's fable nobody thought to blame the discovery of America for the gift of syphilis; and Fernel, writing 1542, warns against this confusion, and gives the characteristics between syphilis and morbus gallicus, both diseases raging simultaneously at that time.

Therefore taking a general view of the venereal diseases in those ages, we find:

1. That there existed among the Greeks and Romans not only ulcers, but also real gonorrhœas, but with that peculiarity of being unable, when passing away, to produce any general constitutional troubles.

2. That there appeared either during, or at any rate soon after the great epidemic, another till now unknown form of syphilitic manifestations, according to the unanimous testimony of all cotemporary authors, described by de Vigo "as ulcers with lardaceous base and hard, callous, livid edges" and by Fernel "as ulcers, penetrating the whole organism, and manifesting itself afterwards by pustules on the chin. Soon after this period there appeared also another form of gonorrhœa, called blenorhagia gallica, of which it was said, that nature was unable to eradicate it, which is the same gonorrhœa, infecting with chancre syphilis, of our days, and more frequently now found in France, than in any other country.

*General review of the conditions for the development of the different venereal forms.*—1. Chancre forms: Chancres can only develop themselves from chancre, but never from condylomata or a symptomatic gonorrhœa: for these latter, already independent forms, though originating in chancre, are also already a modification, standing on a lower grade, belonging to a changed state of development, unable to reproduce their higher prototype.

2. The condylomatous form: These, appearing partly as tuberculæ mucosa, partly as condylomata, may develop themselves, according to their nature, in a two-fold manner:

a. by direct infection with mucous tubercles or condylomata, and the symptomatic gonorrhœa, accompanying these forms, and

b. by infection with a chancre in its second, granulating, condylomatous stage, but under no condition by infection with a chancre in its primary ulcerous stage.

3. Gonorrhœa. According as it is idiopathic or symptomatic, may develop itself in the most different ways:

a. the idiopathic, simple, local gonorrhœa, based on its own contagion, can only originate from its own virus, whenever it appears as a local gonorrhœa, and never from an infection by chancre virus or condyloma.

b. the symptomatic gonorrhœa appears always in connexion with mucous tubercles or condylomata, or with a well-hidden chancre.

4. The protopathic bubo appears after an infection with chancre virus, or after an infection with mucous tubercles or condylomata; but never after an infection with simple gonorrhœal contagion, which can only excite a consensual swelling of the inguinal glands.

5. The secondary manifestations develop themselves not only after chancres, mucous tubercles and condylomata, but also as sequels of symptomatic gonorrhœas; but in no case whatever as sequels of truly simple, idiopathic gonorrhœas.

What especial aspect and form any chancre, tubercle or secondary manifestation may take in relation to its malignity, further spread and other differences, depends partly on the individual disposition of the infected person and partly on accidental circumstances, exercising an accelerating or retarding influence on the further development of the given form.

*Review of the different stages of syphilis.*—1st period: Primary syphilis, appearing in local manifestations: Primary creations.

1st stage: Ulcerating state of the primitive ulcers: Primitive manifestations.

2d stage: Granulations and consecutive local manifestations

of the primary ulcers, dislodged by art from the place of infection to other places: Consecutive manifestations.

2d period: Secondary syphilis, appearing in general, new manifestations: Secondary creations.

1st stage: Evolutions and appearance of many new forms, as symptoms of a genuine metamorphosis of the primary disease: General syphilis.

2d stage: Finished evolutions of these symptoms and retrogression of the general manifestations in merely local appearance of these forms: Constitutional syphilis.

a. All forms, produced during the primary activity of syphilis, as chancre, mucous tubercles, condylomata and gonorrhœa, all productions in general, capable of appearing as immediate fruits of an infection, infect always and unconditionally, no matter where they are seated, or whether they appear as primitive or only as consecutive manifestations.

6. The productions caused by the secondary activity of syphilis after a previous metamorphosis of the fundamental forms, as ring-worms, rhagades, pocks, tubercles, and other ulcerations, unable to appear as immediate consequences of an infection and only produced by metamorphosis, never and under no condition possess the power to infect healthy persons.

*Syphilis in children.*—1. *Syphilis adnata.* Children get infected during the passage through the genital organs, which are covered by venereal ulcers. (doubted by many.)

2. *Syphilis congenita.* Either one or both of the parents suffer from syphilis pending the act of pro-creation.

3. *Syphilis hereditaria.* Father or mother apparently perfectly healthy, carry masked syphilis in their bodies and transmit it to their offspring.

In childhood we see usually the mucous membranes at first affected, then the external skin, and at last the bones, although all these symptoms may be simultaneously affected. The observations of Diday and Bertin show 1, that chancre and other ulcers are found: on the mouth, palate, tongue, shoulderblades, navel, labia majora, on the glans penis and on the extremities. 2. figwarts and other excrescences: on the tongue, the lower commissure, in the vagina. 3. syphilitic pustules and tubercles: on the head, chin, shoulders, chest, ab-

domen, labia majora, buttocks, thighs, and legs, as well as on the arms, fingers and toes. 4. vesicular eruption on the neck and lower extremities. 5. swellings and buboes: on the head, neck and shoulder. 6. discharges: from the nose and from the vagina.

From the first moment of syphilitic manifestation in childhood the skin loses its transparency, gets muddy and sooty, especially on the forehead, nose, eyelids and cheeks, the child looks pale and yellow all over, it looks sometimes as if it had liver-spots. The treatment of syphilis in childhood has nothing peculiar, we must only strictly insist, that such a baby must be taken from the breast, which nursed it, and nurse (mother) and baby treated separately.

*Diagnostic signs between mercurialism and syphilis.*—1. All mercurial diseases of the skin differ from the similar syphilitic pustules, papulæ, herpes or ulcers, that the former trouble greatly by their continuous itching, a symptom entirely missing in the latter.

2. Mercurial ulcers are more superficial, their edges of blueish-white color, never so rounded, nor so funnel-shaped excavated, never surrounded by a coppery-red areola or such callous edges, as the syphilitic.

3. After quitting Mercurius for good, all the mercurial symptoms are apt to pass off in the space of ten to thirty days, although they always keep a great inclination to return every six months or once a year, so that it takes a long interval of health to ensure a full eradication of this disease.

In conclusion, we would remind our readers, that the "Venereal Diseases, by Jahr," by far the best work, ever written in our ranks about syphilis, has been translated by our indefatigable co-laborer, Dr. Hempel, and we would advise every physician to get a copy of it.

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ARTICLE XXVIII.—*Case of Cancroid treated in the Hudson City Dispensary.* By GEORGE N. TIBBLES, M.D.

ANGIL MARTIN,—a woman of dark bilious temperament and aged about fifty years applied at the Dispensary, May 1st.

—Dr. Parmelee found her complaining of sharp darting pains in the uterus, bladder, and meatus urinarius, the latter especially on urinating.

She had obstinate constipation, headache, poor appetite and cough. Upon physical examination, he found on the meatus urinarius a ragged ulcer of some six months standing, discharging a fetid pus. She was also afflicted with dysuria accompanied with much pain. The woman was obliged to labor daily. She had had sickness several times for which she had taken large quantities of medicine, and had been treated allopathically for her present trouble without relief.

Arsenicum 30, and Carbo 30, were prescribed for her by Dr. Parmelee; Hydrastis was directed to be applied externally three times daily.

She returned the following week, feeling much better, though complaining of dull pain in the back, pain in the right knee, and a burning sensation along the right ureter, extending from the bladder to the kidney, for which I prescribed Apis Tr. in place of Carbo. The next week the ulcer was much smaller, looking clean, with much less pain; I continued the Arsenicum and Hydrastis. She remained away two weeks, and returning complained mostly of her constipation, for which I gave her Nux 3 and Opium. These gave partial relief.

Podophyllin was then given in sufficient quantity to start the action of the liver, then in higher attenuations; and the action of the medicine was continued for three weeks, when she returned complaining of nothing but her cough. The ulcer had entirely healed, there was no difficulty on urinating and no pain whatever in the parts. The constipation was removed, and her bowels acted better than they had done for years before.

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ARTICLE XXIX.—*Correspondence of the Pacific Med. Journal.*  
Letters from Dr. LOGAN, of Sacramento.

PARIS, August 19th, 1867.

THE most remarkable event in the history of our science is now transpiring in this wonderful city. The Medical Congress

representing the profession from the remotest quarters of the globe, has been in session since the 16th, when it was called to order by Prof. Bouillaud, who was declared President by acclamation. To M. Jaccoud, the General Secretary, I handed my credentials from Toland Medical College, and from the American Medical Association, and immediately received a "Carte de Membre Adherent." Without any of the formalities and waste of time incidental to similar organizations in our country, the Congress proceeded with its legitimate business forthwith, according to the programme, voting down vigorously every effort to interrupt the progress of its scientific discussions by matters of minor consideration, such as offices of distinction or honor, &c. Of course all the papers and discussions are conducted in the French language, and the Ecole de Medicine, where the sittings are held, is so crowded and noisy that it is very difficult to hear, and consequently to report with any accuracy, what is said. As, however, all the proceedings will be published in other journals, you will see them long before I could translate them, even could I now procure them. As yet no estimate can be formed of the number in attendance. Physicians are continually coming and going from all parts of the world, and yet such is the immensity of the hosts of people now in Paris, and such the numerous sources of excitement, that our medical meeting sinks into comparative insignificance, and is not even, as far as my knowledge extends, noticed in the daily journals;—so little does the great world value our devotion to the cause of that science, which especially concerns itself with life and health! Without these, of what value are all the honors and glorifications of this vain world!

PARIS, August 24th, 1867.

The President, M. Bouillaud, in his welcoming address, exclaimed that there were no longer any frontiers, save those of barbarity, to the advancement of science. The great ocean itself had ceased to oppose its barriers—for behold the flag of America intertwined with that of other nationalities, and supported by numerous delegates from the United States! The very fact of appointing the seat of the Congress at Paris

during the exposition had insured its success; for, in the words of the great French poet,—

“La France c'est Paris, et Paris c'est le monde.”

After delivering this address, which concluded with thanking the foreign delegates, the list of delegates from all parts was read—our country being well represented—Brown Sequard being among them, as well as Dr. Maxson. The former announces a paper on cerebral affections, and the latter one on an obstetrical subject. Of the eminent men among the Vice-Presidents, are Virchow, of Berlin—Polasciano, of Naples—Lanell, of Karkoff, and Baron Larrey and Ricord, of Paris, &c., &c. The large amphitheatre of the School of Medicine, which can hold 1,200 persons, I have always found filled to overflowing. That it cannot hold all the delegates, is evident from the fact of the crowded condition of the court-yard—no provision having been made for a hall or room where we could meet our brethren and become introduced—in this respect falling far short of the ample provision made at Cincinnati for our National meeting. In the matter of entertainments, too, and hospitalities, our Paris confreres fall short. With the exception of the grand dinner on the 24th, no other civility has been extended.

To return to the amphitheatre: The walls are hung with green damask and purple velvet, with the flags of all the civilized nations of the earth intertwined in the style of trophies around. At the foot of the amphitheatre is an enclosed space, provided for the officers, and containing reserved seats for those specially invited. There are, as you will perceive by the programme, two distinct series of meetings—the one taking place during the day at 2 P. M., and the other at 8 P. M. The latter, I am told, are not as well attended as the former, Paris presenting too many attractions for the non-habitues. These meetings are, however, charged with papers of particular interest. For instance, that of Dr. Polli, who will attempt to prove that hyposulphites of magnesia and soda are sovereign remedies in zymotic diseases,—that of M. Crocq, on nephritis,—of Milliot, of Russia, on the investigation of splanchnic cavities by the aid of *transparency*!

So much for the great International Congress. As far as



speaking is concerned, the French have it all their own way. Of the twelve Vice-Presidents half are French—taking the lion's share in honors, to which, perhaps, France is entitled. The respective merits of the different elements will be seen when the papers and discussions are printed. The volume will doubtless prove a mine of information.

We subjoin an outline of the programme. [ED. JOUR.]

**FIRST SESSION**, Friday, 'August 16th, 2 P. M.—Opening Address, by Prof. Bouillaud. Organization, and Reception of Credentials. Lectures and Discussions on **TUBERCLE**; its Pathological and Physiological Anatomy; its Influence in Different Countries on the General Mortality: by Sangalli (Pavia), Villemin (Paris), Crocq (Brussels), Lebert (Breslau), Marmisse (Bordeaux), Edward Lee (London), Sarramea (Bordeaux), Ullersperger, (Munich), Homan (Christiania).

**SECOND SESSION**, Monday.—Discussion on Tubercle concluded. Next subject: Influence of Climate, Race, and Different Conditions of Life, on Menstruation in Different Countries. Papers and Discussions by Louis Mayer (Berlin), Leuden (Rouen), Faye (Christiania), Joulin (Paris), Vogt (Christiania) Tilt (London), Cowle Shetland I.)

**THIRD SESSION**, Tuesday.—Subject: The General Accidents Inducing Death after Surgical Operations. Lectures and Discussions by Bourgade (France), Barbosa (Lisbon), Gosselin (Paris), Labat (Bordeaux), Verneuil (Paris.)

**FOURTH SESSION**, Wednesday.—Question: Is it possible to propose to Governments any Efficient Measures to Restrain the Spread of Venereal Diseases? Lectures and Discussions by Vleminke (Brussels), Jeannel (Bordeaux), Demeric (London), Rollet and Garin (Lyons), Boens and Mougeot (France), Owre (Christiania), Rey and Auzias-Turenne (Paris,) Cohen (Hamburg).

**FIFTH SESSION**, Monday, 26th.—Subject: The Acclimation of the European Races in Hot Countries. Lectures and Discussions by Broca (Paris), Lombard (Geneva), Faure (Algeria), Fonseca (Pernambuco.)

**SIXTH SESSION**, Wednesday, 28th.—Subject: The Influence of various kinds of Food used in Different Countries in Producing certain Diseases. Lectures and Discussions by Dupré,

Bertet, Billot (France), and Halla (Prague). Also a Paper by Dr. Wreden, of St. Petersburg, on a New Form of Disease of the Ear produced by Cryptogamous Growths on the Tympanum, and a Paper by Dr. Plasse, of France, on the Development of Epizootic Maladies by Cryptogams.

The SUPPLEMENTARY EVENING SESSIONS were devoted to Lectures by Foreign Physicians on a great variety of interesting subjects amounting to thirty in number. (*Pacific Med. and Surg. Jour.*).

ARTICLE XXX.—*Letter from Paris.* To the Philadelphia Homœopathic Medical Society, by B. W. JAMES, M.D.

PARIS, August 30, 1867.

MR. PRESIDENT AND GENTLEMEN:—During my stay in Europe this summer I have visited quite a number of hospitals, and found the general sanitary condition of the cities through which I have made my tour extend quite good, except that in one hospital in Dresden there was a disposition to an outbreak of the dysentery in an epidemic form.

In Italy, however, the people seemed very much concerned about the Asiatic cholera, which was prevailing quite severely in the lower part of the country, and was spreading from place to place. A most remarkable infatuation seems to have taken hold of these peculiar people concerning this epidemic of cholera in localities where it is now making its appearance. Many of the inhabitants, particularly the ignorant and superstitious class, believe that the physicians and soldiers have a hand in the spread of the malady—that they introduce it into the cities and towns for the purpose of poisoning the people; and the result is that the people, or at least many of them, residing in infected localities, entertain the most bitter hatred against the military stationed there, while at some points, upon the appearance of the cholera, the medical men were obliged to fly for their lives from their homes from the rage of the inhabitants, owing to the same misguided notions. In Florence there did not appear to be any such opinion entertained, for, although there had been several cases of cholera

reported, the people were not alarmed, and we were not subjected to quarantine at this city as we had been at Venice. A friend who was travelling with me was attacked early one morning with diarrhoea, with thin watery stools, debility and a white-coated tongue. I gave him one dose of Camphora and he was relieved at once, and was not again troubled with the symptoms.

The mode of quarantining, or rather fumigating, the passengers arriving in their cities by train was, to send all the baggage into a large room as though it was about to be examined by the custom-house officers; all the passengers without exception were then obliged to pass in, and those having baggage to unfasten their pieces; the door was then fastened and there they had to remain, for a period varying from three to fifteen minutes, in a room which had previously been filled with chlorine gas so strong that the trachea and bronchia were much irritated by inhaling it, and a great burning and smarting sensation produced therein, followed very naturally by a cough. Many travellers could not at first understand the meaning of such apparently harsh treatment. I appreciated the situation upon the first inspiration of the chlorine, knowing that I was in a country where the cholera was epidemic. This was encountered in every town in Switzerland through which I passed, that was located anywhere near the Italian border.

This method may, peradventure, serve somewhat as a preventive against the introduction of cholera by individual conveyance, in which manner it is occasionally carried into a city; but I believe that the miasmatic influence, when once a strata of air is thoroughly impregnated with it from an infected locality, is conveyed from place to place somewhat similarly to the wind currents, (of course not so rapidly,) but descending in some places, and then ascending, and passing entirely over or above their localities, only, however, to come down upon another spot, where possibly it may sweep along a whole district.

The city of Rome, which was directly in its track to the westward when it came from the east across to France two or three years ago, entirely escaped from the cholera. This sum-

mer Rome appears to be the great central point of outbreak, and from the natural unhealthiness of that city in the warm season, owing to the malaria that hangs over it, arising from the neighboring marshes, it is not a matter of surprise that the disease has assumed a most malignant type, carrying off its victims frequently in two or three hours. It is prevailing in quite a number of the towns in southern Italy and the adjacent islands. The city of Naples, I learn, also has its share of the epidemic, and I have no doubt our eminent co-laborer in the great cause of Homœopathy, Dr. Rocco Rubini, of that place, will be able to give some satisfactory statistics of the relative success of treatments in this epidemic, when it shall have passed over; for I am quite well aware that the allopathic management of it is not a matter over which that portion of the medical profession can as yet boast.

I had a very pleasant interview with the well-known and estimable Dr. Roth some days ago, and regret very much to find his eyesight so much impaired by disease as to prevent him from reading. To so able a man it is an affliction felt, not only by himself but by his medical friends as well.

I likewise a day or two since, through a letter of introduction, called upon Madam Hahnemann, a most perfect and accomplished lady, whom I found still thoroughly engrossed with matters pertaining to the success of true Homœopathy, such as Dr. Samuel Hahnemann himself promulgated and practised. The Homœopathic profession of the United States will be pleased to learn that the sixth edition of the *Organon* is nearly ready for publication. She informed me that it will be published in all probability about November or December of the present year.

The Homœopathic Medical Congress assembled at Paris pursuant to notification on the 9th of August, and closed its sessions on the 13th. Considerable discussion ensued at different times upon the dose question, but as the proceedings are to be published in pamphlet form, I will not enter into an account of its sittings. (*Hahnemannian Monthly, Nov.*)

ARTICLE XXXI.—*The Cholera Conference at Weimar—Theory of Disinfection.*

AT a recent meeting of the New-York Board of Health the President presented the following communication from Dr. Harris, Registrar of Vital Statistics, which is an abstract of the report of the proceedings of the Cholera Conference held in Weimar, Germany, during the month of June last:

DEAR SIR:—Having been favored with an abstract of the discussions and concluding recommendations of the Cholera Conference that recently met at the city of Weimar, and having learned from Prof. Pettenkofer that the full stenographic report of the conference will be published at Leipsic during the summer, I now lay before the Board of Health a synopsis of the discussions and their conclusions as given in this abstract.

You will recollect the polite invitation that was extended to New-York to be represented at that important meeting. It turned out to be precisely such a conference as the interests of public hygiene required, for the most practical and comprehensive questions were discussed by the leading sanitary scholars of Europe, nearly sixty delegates being present. The following conclusions were adopted, and I beg leave to present them heré before giving the synopsis of the debates of the conference.

ELISHA HARRIS.

CONCLUSIONS AND RECOMMENDATIONS.

I. The Conference expresses as its deliberate conviction that the efforts to arrest and prevent cholera by disinfectants should be continued in the most energetic manner.

II. Disinfection will be entirely successful only where excremental matters are carefully gathered and kept from being cast about; when attention is given to the cleanliness and the means of health; and when the disinfection is performed by sanitary authorities in a compulsory manner.

III. In places where the entire locality or district cannot be at once disinfected, it is advisable to disinfect throughout the places visited by the previous epidemics of cholera.

IV. The general disinfection should be performed at the proper time, that is, before the epidemic is actually prevalent

in town or place. Every house or spot that becomes infected, or is suspected to be so, must be kept constantly under the influence of disinfection.

V. In regard to the best substances as disinfectants, though the testing of various articles is not yet completed, there have been found, to the present time, none more effectual than sulphate of iron (copperas) and carbolic acid; and, as experience proves, we have no other disinfectants that can be employed with greater facility. A combination of both these disinfectants is therefore recommended.

VI. The disinfection of clothing that has become infected by cholera excrement is especially an important matter. For that purpose the Conference recommend that all such clothing be disinfected by boiling in water, or by chemical treatment in a proper solution of "zinc vitriol" (sulphate or chloride of zinc); and the Conference also recommends that special arrangements be made by which disinfection can be employed in all places, and at any hour, among or for the poor.

VII. For the disinfection of sewers and drains, the Conference advises the trial of Mr. Sauvren's method. [The means used by Mr. Sauvren are not yet fully published, but they are believed to be similar to McDougall's—namely, a combination of carbolic or coal tar preparation, in a cheap form.]

VIII. If cholera infects any house or spot it is recommended that, if practicable, the houses so situated in an infected place, or being infected, should be vacated, and their inhabitants removed from the infected spot.

IX. It is especially recommended that the ground-water (that is, the water in the ground) about dwelling-houses, and all the grounds about habitations of every kind, should be preserved undefiled by any excremental matter of cholera; also, that all drinking water be undefiled and pure, and that where no pure water can be had that the water which must be used should be disinfected by boiling.

1. That porous soils, and any kind of earth that retains and favors the ordinary kinds of fermenting filth, will readily retain and repropagate the virus of cholera when once the germinal virus has been introduced or planted by persons coming from infected places; that the mere altitude of a place is not the

question that determines its susceptibility to cholera; that the moisture (ground-water) and the fluctuations of that moisture of a soil by rising and receding (drying), favors the propagating of cholera; that a sewer or drain may become the chief source of infection to some places where there is no soil, or where the ground and everything except the sewers and drains have been disinfected.

2. That Prof. Pettenkofer's use of the term ground-water should be understood, as he intended, to mean the standard of saturation by moisture in the soil, and that grounds which, upon their surface appear to be high and dry, may, nevertheless, be saturated with moisture; that is, have an excess of ground-water (or high ground-water), and that the sanitary drainage and drying which are necessary to protect a soil against repropagating the planted virus or germs of cholera must be deep and thorough. The history and topography of the cholera fields of Halle, Berlin, Zwickau, Thuringen, Helsingfors, and St. Peterburg supplied admirable proofs of this great doctrine in sanitary drainage.

3. Good proofs were adduced that there are some kinds of soil that seem to be natural disinfectants of cholera virus, and upon which an epidemic cannot spread except in filthy houses, sewers, &c. We have not time to make the abstract of the facts that will illustrate the true theory of this kind of exemption. We can say, however, that it is plainly important that regard should be given to the kinds of earth and materials used for filling up sunken lots, and that even the location of dwelling-places may sometimes be a matter of choice as regards the nature of the soil. (*Western Hom. Observer.*)

ARTICLE XXXII.—*Characteristics.* From Amer. Journal of Hom. Materia Medica, Nov., 1867.

67. ARANEA-DIADEMA. Violent pain in the teeth of the upper and lower jaw, *only* in the night, as soon as she lies down in bed, and which continues for some time. GRAUVOGL.

68. ARANEA-DIADEMA. Feels constantly chilly, even on hot summer days; feels always decidedly worse on wet, rainy days. GRAUVOGL.

69. LYCOPodium. Awakes as though he were frightened by a bad dream; apparently continues to dream after waking, as he cannot be pacified, and cannot bear to be left alone. Frequent jerking of the limbs, or even of the whole body, whether awake or sleeping. C. G. R.

70. PULSATILLA. Dysenteric stools, of clear yellow, or red, or green slime, with or without severe aching pain and tenesmus extending up from the anus, along the sacrum. J. C. M.

71. ACONITUM. Stools (in summer complaint) like chopped spinach. J. C. M.

72. ACONITE. When the patient, during pregnancy, is disturbed between twelve and three o'clock at night by having to get up to urinate. Has no affection for anybody. J. C. M.

73. CONIUM. *Dysmenorrhœa* with sharp pains about the heart.

74. SULPHUR. The most ordinary objects awaken extraordinary admiration, (in nervous and other chronic diseases.) G.

75. ARGENTUM-NITRICUM. Dysenteric stools, consisting of masses of epithelial substance, connected by muco-lymph, and colored red or green, shreddy, frequently passed, with severe bearing down in the hypogastrium. On rising, a sense of weight in the back. (Advanced stages of dysentery, with suspected ulceration of the bowels.) J. C. M.

76. SULPHUR. On going to sleep, one leg is suddenly drawn up, and shot out again, partially rousing him. J. T. TEMPLE.

77. HYOSC. During child-bed she has no *will* to make water. WILLIAMSON.

78. LAUROCERASUS. Sensation like the falling of a heavy lump from just above the umbilicus to the small of the back. It is produced by talking or over-exertion. H. N. M.

79. CONIUM. Aching pain in the abdomen, during pregnancy, every night after going to bed, relieved by getting up and moving about. H. N. M.

80. RHUS-TOX. Sense of constriction in the rectum as though one side had grown up. H. N. M.

81. PHOS. Bitter or sour taste after drinking milk.

82. CAUSTICUM. Rheumatic pains in the head, so severe as to cause nausea, burning of the ears and thickness of hearing. R. GARDNER.



83. HEPAR, s.-CALC. Anxious feeling of debility about the heart with palpitation, in cases of hypertrophy. R. KOCH.

84. AURUM-FOL. *Chronic Hepatitis*.—Aversion to live, disposition to suicide, aversion to exercise, feels stupid. C. H. W.

85. GELSEMINUM. *Fever*.—With shooting, pressive pains through temples and nasal sinuses, with brilliancy of eyes and loquacity. C. H. W.

86. IRIS-VERSICOL. *Influenza*.—Constant sneezing, sharp, bracing pains in the centre of temples, light, mushy, painless diarrhoea. C. H. W.

87. SULPH. *Fever*.—Chills and fever, no reaction, stupid, constantly sinking. C. H. W.

88. NAT.-MUR. When children do not learn to talk.

JENICHEN.

89. SENEGA. Sensation of trembling, with no visible trembling. J. B. BELL.

90. SENEGA. Soreness of the walls of the chest on moving the arms, particularly the left. J. B. BELL.

91. SENEGA. Burning pain about the heart. J. B. BELL.

92. LOBELIA-INF. Nausea, worse at night, and after sleeping; relieved by a little food or drink. J. B. BELL.

93. GELSEMINUM. Fever without thirst. Wants to lie still and rest, particularly with inflamed tonsils, beginning on the right side. J. B. BELL.

94. LACHESIS. Thinks she is dead (in typhoid) and that preparations are made for the funeral, or that she is nearly dead, and wishes some one to help her off. J. B. BELL.

95. MAGNESIA-CARB. Stools like scum of a frog-pond; green and frothy. J. B. BELL.

96. \* BAPTISIA-TINCT. She cannot go to sleep (in typhoid) because she cannot get herself together. Her head feels as though scattered about, and she tosses about the bed to get the pieces together. J. B. BELL.

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\* This group was published in the October Number, and credited by mistake to H. N. M.

ARTICLE XXXIII.—*The Analysis of Remedies.* By E. M. HALE, M.D.,

THERE have been many attempts made to analyze the pathogeneses of the medicines in our *Materia Medica*, in such a manner as to enable the student and practitioner to select one from another, in prescribing for a group of symptoms which seem at first sight to indicate several remedies.

HAHNEMANN, we believe, attempted no extended analysis. In very few places did he institute any comparisons. He left the student and physician to work out the differential diagnosis of medicines by hard and close study.

BENNINGHAUSEN attempted the enormous task of arranging the symptoms of every medicine in a peculiar manner. His method was to place together all those which affected the sides of the body, the various organs, as the head, chest, abdomen, extremities, &c. He carried the division still further, and arranged together those affecting different portions of an organ or member. Thus, all those causing pains or morbid sensations in the occipit, vertex, or parietal region, were designated with the most minute accuracy. In his "Pocket-Book,"—misnamed—for it is really a ponderous repertory—he carries the arrangements of medicines into the minutest particulars. The nicest shades of difference are recognized, and all the various modifications, also the circumstances under which symptoms are aggravated or ameliorated. The work, however, is singularly devoid of practical usefulness.

JAHR'S "Diseases of the skin," is a monument of patient and untiring labor. It is perfectly exhaustive, as far as minute symptomatology can be carried; but it is a work which cannot be consulted without great labor, such as no busy practitioner can spare. If the physician attempts to prescribe for a case of obstinate dermoid disease, with Jahr for guide, he will find himself involved in a maze of symptoms which will confuse him beyond extrication.

GROSS, whose massive "*Comparative Materia Medica*" has lately been given to the profession, magnificently printed and bound, and carefully translated by those veterans, Hering and Wesselhæft, is an example of the often futile results of

prodigious labor. Had Gross possessed the nice discrimination of Prof. J. C. Morgan, of Philadelphia, who added the comparative of *Gelsemium*, the work would have been of incalculable value. As it is, it is marred by incongruities and inconsistencies, which will forever detract from its value. My views of this work may be seen by reference to the U. S. Med. and Surg. Journal, for October, 1867.

Dr. CARROLL DUNHAM has attempted the task of giving analysis of some remedies. He has succeeded better than any other author. With an intimate knowledge of physiology, pathology, and *Materia Medica*, his estimates of the value of a medicine in the various morbid conditions, may almost be called *unerring*. Avoiding the painfully minute arrangement of Bœnninghausen, or the misty indications of Jahr, and the labored comparisons of Gross, he selects *one* remedy, and carefully institutes the differential diagnosis between this *one* and a few others having a notable *similarity* or decided *difference*. All will remember his masterly comparison of *Rumex* with Belladonna, Lachesis, Causticum and Phosphorus.\* No more accurate observations were made, and any physician who follows out the indications given, cannot fail to select the *Rumex* with unerring certainty.

Dr Dunham's comparisons of *Eupatorium-perfoliatum* with *Bryonia* and *Rhus*,† is another example of the close analysis he is capable of instituting.

The same writer has entered into a comparative analysis of the symptoms of *Aloes* with *Nux* and *Hyosciamus*; of *Aconite*, *Bryonia*, *Colchicum*, *Opium* and *Rhus*, with other prominent similar or dissimilar medicines.‡ The perusal and diligent study of these analyses, will repay the practical physician, and be of greater value to him than all the ponderous volumes of Bœnninghausen or Jahr. If Dr. Dunham could be induced to take up each and all the remedies in our *Materia Medica*, and work them up as he has done those above mentioned, he would do a work which would

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\* Vide *New Remedies*, page 904.

† *Ib.* p. 347.

‡ *American Homœopathic Review*, vol. vi.

justly render his name immortal. He is still young, and, we believe, in the possession of health. Let us hope he will not die before he has given us a scientific and critical analysis of our now incongruous *Materia Medica*.

Dr. Morgan, to whom we have alluded, has given us a taste of his power to compare remedies. His comparison of Gelseminum with Aconite and Belladonna is the most reliable comparison in the book,\* and we have to regret that he did not carry his comparisons further and give a comparison of Gelseminum and Spigelia, and other remedies.

These two men—Drs. Dunham and Morgan—are capable of producing just such a comparative and analytical *materia medica* as would meet the wants of the profession at this time. Future generations of physicians could add to, and amend it, and make it the work of reference for all time.

I would not be understood to ignore the talents of Drs. Hering, Lippe and Guernsey, in the faculty of analyzing pathogeneses. Hering gives us “characteristic” symptoms, which are often of the greatest usefulness in a difficult case; Lippe sometimes points out the “special symptoms” of a drug with singular precision; and Guernsey gives us “key symptoms,” which unlock with great facility the doors which lead to the hidden springs of health.

One thing must be observed by every physician who reads our literature. It is this, that these men who have made the analysis and comparative diagnosis of medicines, a special life-study, are those who make cures with the high and *highest* potencies. In my own practice, I have found—even with new remedies—that the more closely I analyze the remedy or remedies selected to be prescribed, the better success I have had with the high attenuations. The 1<sup>st</sup> dilution will often cure, if prescribed empirically; the 30th, if its symptoms nearly correspond with the disease; and if the remedy is the exact *similimum*, the 200th or 2000th cures more promptly still. (*Amer. Hom. Observer.*)

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\* Gross' Comparative Mat. Med.

ARTICLE XXXIV.—*On Water as an Adjuvant in Homœopathic Treatment.* By SAMUEL GREGG, M.D., of Boston.

(Read before the semi-annual meeting of the Massachusetts Homœopathic Medical Society Oct. 9, 1867.)

I PROPOSE to offer some observations on the application of water to the skin, as an adjuvant for the removal of disease in patients, while under homœopathic treatment. I shall not undertake to explain the rationale of its therapeutic operation, either to my own satisfaction, or to that of others; I have often seen its beneficial effects in palliating and removing disease, where the curative action might readily be explained under the rule of “*similia similibus*,” and I have also seen the therapeutic influence manifested when I could not explain the remedial effect in accordance therewith. This has caused me to doubt if the law “*Similia similibus curantur*” is the *only* law of cure. We do not indeed possess *any* directly curative agents. The system has got to cure itself through the *vis medicatrix naturæ* in all cases; and that agent which will most readily assist or stimulate the organism to do this, is the best remedy. Still we have not sufficient knowledge of the pathogenesis of the application of water to the skin, to judge of its peculiar agency in the removal of disease.

The *wet compress* is perhaps the most common and most frequent application of water. This consists of two or more thicknesses of linen, cotton, or flannel, applied to some local malady. It may be wet with either warm or cold water, according to the object to be obtained. The cold-water compress should be used in all cases of phlegmonous or erysipelatous inflammation, when it is intended to suppress, or lessen the extent of local inflammation; and it should be renewed so often as not to allow congestive re-action of the circulation which is always the tendency of the organism. The cold-water compress is the best application for boils, carbuncles, sprains, contusions, and local inflammatory rheumatism, indolent ulcerations, varicose ulcers, and extensive granulating surfaces, which have a tendency to become spongy and fungoid, a condition which often occurs after scalds and burns, where the cuticle has been destroyed. But, where it is desirable to

hasten the suppuration or to direct the suppurating process toward the surface, the warm-water compress should be used. This is generally efficacious, and far less troublesome than the various cataplasms so generally recommended.

The German *umschlag*, or swathe, is only another name for the compress when it is applied to the thorax and abdomen. This consists of a towel or cloth long enough to encircle the body, and folded to any requisite width. It should be wrung out of cold water, and applied around the body with a dry cloth or flannel external to it, and of sufficient thickness to keep the outside clothing dry. The best way to apply this is to have the patient sit up in bed (if he is able), spread the wet bandage upon the dry one, and place them on the bed in proper position, and allow the patient to lie down upon it, and the body to be encircled by it. In doing this, it should not be forgotten that the application often gives quite a shock to the nerves of the patient; and this shock is repeated each time it touches the skin. Care should therefore be taken to remove any obstruction, and, lifting the end of the wet bandage, gently apply it where it is intended, and let it remain. Then apply both of the other ends, *i.e.*, both wet and dry bandages, in like manner, and afterwards secure the other dry one over these, so as to prevent their slipping out of place. When the patient is unable to sit up, or even to be raised, he may be gently rolled upon the side, the compress prepared as before, one end of it folded and rolled, so as to keep the dry one outside, and tucked under the back, and the patient be rolled back upon it, and the ends secured as before.

This form of compress I am accustomed to use in most cases of inflammatory congestion, such as pleurisy, pneumonia, endocarditis, or other inflammatory diseases of the heart, liver, spleen, or kidneys; in rheumatism of the chest or diaphragm; in gastro-enteritis, peritonitis, and metritis; also in all severe cases of typhoid fever. In cases of typhoid fever, no anodyne is so soothing, grateful, and quieting as the cold-water swathe. Of course the repetition and continuance of the applications must be dictated by the observation and judgment of the physician. In cases of erysipelas and phlegmonous inflammation, the compress should be changed so often as not to allow

of congestive re-action. But, in cases of rheumatism or inflammation of the cavities, it is better to allow partial re-action of the cutaneous circulation, and then renew the application. It may require to be renewed every few minutes, or it may be hours before the re-action is sufficient to require it. In cases of collapse and spasms of cholera, no remedial agent is so grateful or so beneficial as the cold *umschlag*, and the friction with cold water. Whether the benefit derived is from the application of electricity or oxygen, or a mere stimulant to cutaneous circulation, I shall not undertake to decide. But I would sooner relinquish my profession than be denied the use of water in the manner described. In the early stages of tuberculosis, nothing can be more serviceable; and I am well satisfied, that in many cases, the undertaker has been cheated of a job by its application.

The "*sitz-bad*," or *hip-bath*, is another manner of applying water as a therapeutic agent. The cold-water *sitz-bath* should not be dispensed with in cases of colic, attended with peritoneal inflammation. I have often resorted to it with the most perfect satisfaction in severe cases of puerperal peritonitis, seeing my patient fall into a quiet sleep in five minutes after being placed in the bath. It is also beneficial in cases of chronic metritis, ovaritis, or inflammation of the bladder. In cases of uterine hæmorrhage, as in *menorrhagia* or *menopausis*, the warm-water *sitz-bath* is better accompanied, perhaps, with a hot-water *douche* upon the spine at the same time. In cases of severe *tormina* and *tenesmus* in dysentery, no palliation is so grateful as the cold-water *sitz-bath*. The duration in the bath may be from five to twenty minutes. But the period of duration, and the repetition of the bath, must be left to the observation and judgment of the physician; and, in all cases requiring the bath or the embrocation, he should be sure they are properly applied.

The *douche* is another way of applying water to the skin. This consists in a continual stream falling upon some particular locality, for a special object. When there is a bathing-tub perhaps the most convenient *douche* may be made by applying a hose-pipe to the faucet, and the water directed to any desired locality by the hose. Or it may very conveniently be

applied by a hand forcing-pump, or continuous stream poured from some height from a suitable vessel, the patient being placed in a tub sufficiently large to collect and retain the water. A very convenient way of preventing the water from spattering is to take a piece of painted canvas, and roll it in the form of a funnel, a foot or more long, place it over the desired location, and inject the water through the funnel. The cold-water douche is a sovereign remedy in all cases of recent sprains and contusions. No agency is so effectual in relieving pain, checking inflammation, and exciting healthful re-action.

I have found the cold douche most effectual in reducing strangulated hernia. It probably reduces the volume of the tumor by condensing the gas in the intestine, and at the same time excites antiperistaltic action, and thereby retracts the intestine through the ring. The patient should be placed upon a low stool over the tub in a recumbent position, with the knees drawn up. The douche should be continued upon the tumor for a considerable time, in the manner before described, when with slight manipulations by taxis (if there is no adhesion), the tumor may easily be reduced. Sometimes it will be reduced by retraction of the intestine without any manipulation. The cold douche is a valuable remedy in hydrarthrus, gonarthritus, and in chronic inflammation of other joints. During the cold stage of intermittent fever, or the incipient stage of other fevers, the cold douche, or the shower-bath, is a potent means of changing the stage, by determining the circulation to the skin, and producing perspiration sooner than it can be done by the application of heat. In a case of intermittent fever, if the patient can be seen at the commencement of the chill, he should be stripped, set in a large tub, and one or two pails of cold water poured over the whole body. He should then be immediately packed in two or three blankets, so closely as to quite exclude the air. Perspiration will soon be induced thereby almost annihilating the hot stage, and breaking up the type of fever. I have frequently seen one or two such applications entirely check the exacerbations, and restore the patient, after long-continued and so-called heroic treatment.

The "*lein tuch*," or *wet sheet*, is another manner of applying water to the skin. This is done by spreading two or more



blankets upon a bed; then wring a sheet out of cold water so that it will not drip, and spread this upon the blankets. These should be placed toward the side of the bed, so that the patient can be laid upon the middle of the sheet. Care should always be taken to arrange the blankets sufficient high on the bed, so that, when the patient is placed upon the sheet, the blankets and sheet may be even with the top of his head; otherwise there will not be sufficient length to pack closely about the neck. It is seldom necessary or expedient to wet the whole length of a sheet; for, if several folds of the wet sheet are applied about the feet, it may require a long time for the feet to get warm. The length of the patient should therefore always be considered, and only enough of the sheet be wet to cover the feet. The patient should be placed upon his back, the arms extended down. One side of the sheet should be wrapped over the body, and closely packed about the neck; then the other side in like manner. Then the blankets in alternate folds should be so closely packed about the neck and feet as to exclude the air. The sheet should be folded sufficiently tight about the body to prevent the arms from being brought up, and so loosely about the feet as not to make them uncomfortable. The patient must always remain in the pack long enough for re-action to come on, or to get thoroughly warm. It may not always be necessary or advisable for the patient to remain until perspiration breaks out. But, if the heat is excessive without perspiration, another sheet should be prepared, the blankets carefully unfolded and spread, the warm sheet taken off, the fresh one spread, and the patient immediately packed as before. In cases of fever, when the patient is not seen until after the cold stage, it is better to use the wet sheet than the cold affusion; and, if the patient does not readily get warm in the pack, more clothing should be applied, and he must remain until he does so: he should not, however, remain long after perspiration takes place. It is very well, when taking one from the pack, to sponge the skin quickly with cold water, and rub briskly with a dry towel. (*New England Med. Gazette.*)

**ARTICLE XXXV.**—*Cold as a Therapeutic Agent.* Presented before Chicago Medical Society. By J. DAVIES, M.D., of Chicago, Ill.

*Prejudice.*—There is more or less prejudice in the profession against the use of cold water in the treatment of diseases, notwithstanding the fact that it proves an invaluable curative agent under hydropathic auspices. The reasons are obvious.

*Ignorance.*—Ignorant of the relative value of cold to diseased tissues,—some physicians turn with horror from a cold compress. And well they may: after having tried it too persistently they have witnessed its powerful effects in producing gangrene or intense irritation of an inflamed member from moisture, or indolent ulceration from its misuse. A cold douche or protracted immersion of the body has frequently produced death by the shock of the nervous system, or by lowering the temperature to such a degree as to make it impossible to restore loss of animal heat. These sad consequences have excited prejudice against it, but more from ignorance of its true merits than from personal knowledge and skill in daily practice. For example:

A patient has frontal headache; nausea; a nervous pulse; constipation; sleeplessness; tongue white and dry.

The physician or friends immediately apply a morsel of wet linen, which they call a compress to the forehead, and let it remain covered and undisturbed until it gets hot and dry. The patient is no better; then vinegar or Arnica or some other medicament is tried, but all in vain. The moisture from the compress has irritated the blood-vessels—the cause of the difficulty is remote from the os frontis, hence, they blame the cold; when if the compress had been applied to the abdomen to determine the blood to the digestive functions, the patient would have been relieved. I might multiply such instances of the misuse of water.

*Local Obstruction.*—Now it is well known that in all inflammatory diseases, increase of temperature of the part affected, as well as increase of heat over the whole system, as a secondary effect, are the principal symptoms we have to contend with;—the one resulting from rapid changes of structure in

the diseased tissues, the other from increased flow of blood through the parts. To arrest this abnormal phenomenon, we find no adjunct that will better accomplish this than cold. The simple and well-known fact, that the hot hand plunged into cold water and held for some time, will soon become cold and shrunken, and reduced in weight and sensibility, owing to the chemical changes being retarded, is of itself proof sufficient to show the power of cold to reduce high temperature. If we continue the application of cold too long, then we shall have complete loss of power. The principle on which cold acts beneficially, is that of abstraction of preternatural heat to such a degree as to prove curative. What this degree of cold must be and how it shall be applied, depends upon the nature of the disorder and the condition of the patient.

Again, if in one hand we hold a piece of ice, and immerse the other in a vessel of water, about 41 Fahr., the sensation and effect will be felt in a marked degree. Or if we expose the body to irrigation, or sponge it with a towel, the degree of reaction will be equally manifest. Continue the wet compress until it gets hot, and you will increase the temperature of the part and aggravate nervous irritation through the generation of steam, a still higher degree of heat than that which is preternatural.

Tepid baths from 77° to 94° F., show us the difference between the heat of the body and that of the water, and can reduce the action of the pulse and heart according to the exigencies of the case.

The methods of using cold are twofold: the dry and the wet. 1, By the application of ice-bags, bottles of cold water, or the freezing method. 2, The wet plan consisting of compresses, effusions and baths.

Of the ice-bags we have an illustration in the colpeuryreter, and its inestimable power to arrest hæmorrhages, produce contraction and dilatation of parts.

In applying ice externally, we have to exercise a great deal of judgment; sometimes it is necessary to modify its effects by placing a fold of linen or flannel between it and the diseased parts. In all stages of inflammation and suppuration, it has been used with good effect, nor is there any danger of

destroying healthy granulations in open wounds by the application of cold if properly graded. Did the limits of this paper allow, I could quote case after case in hospital practice, under the supervision of our most distinguished surgeons, to sustain these remarks. I will only cite one: In the Gros Caillou, the large military hospital near the Champs de Mars, there were a number of severely wounded soldiers. After their limbs were put upon splints and enveloped with bandages, there were placed on the bandages small pieces of ice, which were replaced by fresh ones, as soon as they melted. The water dropped over a piece of oil-cloth into a pail. The pus oozed out from under the bandages and mixing with the dirty pieces of ice, presented a doubtful character, but when they were removed, the wounds presented a healthful appearance; very little offensive suppuration ensued. The ice was continued four weeks, the gunshot fractures consolidated, and the amputation stumps healed up.

Here I could add my own testimony to the benefits of water dressings, from observations I made in the military hospitals in Washington, City Point and Richmond during the late war. In every instance the gunshot wounds, amputations and fractures did well with the use of these dressings, and presented quite a contrast to the unhealthy pyæmic condition of wounds that had been treated by lotions, liniments and plasters. Where it is not convenient to apply icebags, I have used bottles of cold water with good effect. In all abscesses, felons and hard swellings, the freezing mixture is invaluable. It is readily obtained by Ammonia, or by mixing ice and salt, and as a local anæsthetic it is superior to Chloroform.

With the wet compress we are all more or less familiar; but in the use of it we may widely differ. I have spoken of its baneful influence, when continued too long, and not often changed or changed too frequently. There is another suggestion in reference to it, that it should never be placed over a dry bandage, for the reason that it will cause the bandage to shrink and thus disturb the healing process.

In affections of the throat, chest and abdomen, the compress is indispensable. Of baths and effusions, I have not time to

point out their therapeutic value. Nor can I speak of cold applications in diseases of the eye, nor its value in the treatment of diseases of the digestive apparatus; but will conclude with a case of rheumatism I treated after the manner referred to, without metastasis or other unfavorable symptoms.

Mr. B. was attacked with inflammatory rheumatism on the 28th of January last. The articular pains were most intense about the knee-joint, the ankles and elbow; the head and shoulders were subject to excruciating darting pains at intervals. The whole nervous system was agitated, so that sleep was impossible; the pulse was 110; tongue heavily coated with a thick yellow coating; bowels constipated; urine scanty, dark color, loaded with crystals of triple phosphate and mucus. Had been under allopathic treatment for a similar attack in the fall of last year, and was confined to his room some four weeks; none of his present symptoms different from those of that attack, according to his statements, and the statement of his wife. The only remedy that seemed to benefit him at that time and also the few days preceding my attendance, was Morphine. The doctor had given him such large doses of it that it had almost lost its opiate influence upon his system. He remarked when I entered the room: "Doctor it will not do to give me Opium in any form; my constitution will not bear it." I assured him, that I would not give him any thing that would produce a bad effect. I examined the inflamed parts and found them considerably swollen and painful to the touch. They had been wrapped in cotton batting, enfolded in liniments, fomented with hot water and vinegar, and rubbed with every nostrum in repute. I immediately ordered cloths wrung out of cold water, to encase the inflamed joints, cold compress to the bowels, and iced lemonade to be used as a drink. Bry. and Rhus of the first decimal dilution to be given in water, gtt. x ā ā ꝛ iv., a tea-spoonful every two hours alternately. Called again the following day; pains were very much modified; sleep had been refreshiug; urine less scanty, and more normal in character; continued the remedies, cold application, changing them every half hour; avoiding cumbersome bandages, I preferred oiled silk. The next day, third, the febrile symptoms were

entirely relieved; the bowels had moved, and profuse perspiration followed. Of the articular pains, he scarcely felt them. He complained of little weakness on moving; otherwise he was comfortable. The compresses were renewed but three times a day. On the fourth day he was able to sit up in bed and read his newspapers. Nux and Bry. were given at this time with good results, and on the fifth day he sat up in a chair and was able to walk slowly about the room, without the cold applications. I left him on the sixth day, well and able to attend to his business. He was charmed with the treatment, as he expressed it in a note to me the following week, and I was equally gratified with the therapeutic value of cold water, in the treatment of this disease for two reasons: 1st. it was the first time I fully committed myself to the cold exclusively; I had the dread of metastasis to the heart, or brain, or testicles, especially as my patient was of highly organized material, possessing the finest sensibilities and most delicate fibre; 2. he had not been accustomed to the use of cold water, and, therefore, would at first feel the shock, and probably resist the treatment.

Since then I find that cold applications are in almost every instance preferable to liniments or cotton batting, in the treatment of rheumatic inflammation.

The object of this paper is to call attention to the therapeutic value of cold, in surgical and medical diseases in connection with homœopathic medication. The very limited view we have taken of it, leaves ample room for more extended practical suggestions at some future period.

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ARTICLE XXXVI.—*Pathology and Therapeutics of Uterine Displacements.* By E. P. BANNING, M.D., of New-York.

*Of the Second Indication in Uterine Displacements.*—Having shown that visceral weight is either a primary or a culminating agent in uterine displacements, and that to remove this influence by correcting the trunkal bearings, is the first indication, we come next to consider the second indication in such cases.

Notwithstanding it has become a historical truth, that the mechanical combination above described will summarily and permanently relieve a large majority of the cases of uterine displacement, still there are cases in which it not only fails to relieve, but actually aggravates, and I have gradually come to look on such a fact as a presumptive proof that the case is complicated with some abnormal organic condition of the uterus or else with procidentia, versions, or flexions.

*Of Procidentia.*—If a blind digital examination shows the uterus to have penetrated or protruded through the meatus externus, the cause of the failure is explained, by the fact, that the uterus is so far below the supporting action of the brace, or of even the muscles themselves, as to be forced downward, much as a ligature around a bladder of water would force toward both extremities. Thus we see that until some temporary “boosting” support has elevated the uterus and bowels to the working axis of the muscles and the brace, either or both of the above must stop short of their end.

*The Bifurcated Elevator.*—In undertaking to elevate the uterus temporarily to the supporting axis of the brace, our attention is confined to two points, viz., 1st, the effectual accomplishment of the fact; 2d, the doing of it *in the interest* of the returning energy of the overtaxed and distended tissues of the vagina, perineum, and vulva; and, in obedience to the latter point, we are at once and forever repelled from the use of any pessary which owes all of its power to its distending action, and to its resting for a fulcrum upon parts *which themselves need supporting*. Accordingly, as the necessity was imminent, I have constructed—1st, what I denominate a *bifurcated uterine elevator*. It is mounted upon a small vertical shaft, which is capable of being elongated or shortened to suit. From the top of this bifurcate are two gold springs, on the top of each of which are fastened two quarter-segments of a circle, one of them adapted to support the vaginal cul-de-sac behind, and the other in front of the cervix, without touching the uterus and leaving the cervix to depend between. At the protruding extremity of the shaft, is placed an accommodation vulva-guard, to prevent undue internal pressure upon the cul-de-sac, and also to allow of defecation and micturition whilst the instru-

ment is intact. This arrangement is retained in situ by means of a thin, curved, and flexible spring, which, at its upper end, is attached to the brace in front, and add at its inferior extremity, to the shaft.

When duly connected and adjusted, the combined action is as follows, to wit: The brace pushes forward the dorso-lumbar spine, poises the chest behind the spinal axis, and elevates the abdominal viscera, leaving the elevator to contend only with about two ounces of uterine weight. Next, the bifurcated balance is elevating the uterus without touching it, by a gentle and undulating pressure upon the cul-de-sac, thereby not only bringing the uterus within the supporting action of the external brace, but also resting the exhausted and elongated uterine ligaments, and favoring their recuperation, just as temporary recumbency restores the energies of tired legs and a weak spine. Next, it has so elongated the vagina, by elevating its floating extremity, as to invite it to contract transversely around the vertical shaft, of the elevator and thereby to provoke its tonic contraction, close its exhalents, and promise to reinstate a vigorous condition of those tissues. And lastly, the perineum and vulva are left without one scruple of pressure upon them from within, either by sinking viscera or pessaries, but on the contrary, are actually *supported* from without by a hard and incorruptible substance, which neither heats nor absorbs, but acts as a stimulant and quickener to the contractility of texture.

*Of the Oval Ring Elevator.*—To the same end, I construct what I denominate the *oval ring elevator*, which differs from the bifurcated one, by being mounted with an entire ring, instead of two open segments of a ring. It is made oval, in accommodation to the thin and wide form of the uterus, and its orifice is so ample as to allow the entire uterus to settle through it, without any friction. Under certain circumstances, it is less liable to irritate the cul-de-sac, because the pressure-surface is larger and more uniform than that of the bifurcated instrument, and on the whole, it is my favorite elevator in proclivitas. Being much smaller than the usual *ring pessary*, and crowded upward from an *external and aggressive* base, it is not at all liable to the objections urged against the latter instrument.



*Of the Cup Elevator.*—But notwithstanding, in ordinary cases, the bifurcated instrument, has been my favorite, in consequence of its leaving the os and cervix untouched, and may be worn with a highly irritable, ulcerated, or congested state of the uterus, and leaves it eligible to simultaneous treatment—there are conditions which more or less interfere with its free and continuous use, such as the following, viz., an ulcerated or inflamed condition of the superior vagina, and an irritable or congested state of the ovaries and Fallopian tubes. On several occasions, for the above reasons, I have been compelled to desist from the use of the bifurcated elevator, and resort to what I denominate the *cup elevator*. It is in all respects precisely like the bifurcated one, except in this, that at its superior extremity there is a *cup*, which receives the cervix, giving little or no pressure upon the os, but supports chiefly at the shoulders of the uterus.

I have now treated a large number of cases of procidentia by the brace, in combination with some one of these forms of the elevator, without a single failure, and without the exercise of a large amount of ingenuity. Out of the whole number I select the two following on account of their extreme character.

*Case 1.* Aged 62, of ten years' standing; said, "For years she dreaded to rise, as she was so 'inside-out' that her clothes stuck to her." This case was attended with the usual melancholy, "heat in the top of the head," (nearly a pathognomonic in uterine displacement,) "dreadful sense of sinking at the pit of stomach," and urinary derangements, alternately between incontinence and retention, threatened paralysis of the legs, &c. An examination showed a tumor protruding between the thighs, fully the size of an infant's head. "Been so many years; remained so night and day." On making a little judicious effort, the tumor returned within the meatus with a jerk.

To this lady the brace and elevator (combined) were applied. Shortly after, I was amused at her frequent sitting and standing, and at length, letting herself upon the sofa with a jolt, "to see if it was a *fact*, that she was really put together again." But a few days since, this lady remarked, "It answers, and more than answers." "It supports me, bodily and morally,

for my religious enjoyments were all clouded over, but have brightened again."

*Case 2.* A widow, at service in a five-story house in this city, had gradually, under hard service, been brought to her bed. After a treatment of some months, by every imaginable pessary, and the most active constitutional means, I was called, and found the following condition, viz. The most remarkable flabby and unresisting state of the vulva, perineum, and vagina, and the uterus, even during recumbency, pressing at the meatus. On her rising to her feet, but for one moment, the uterus, vagina, and bladder came through the vulva, inducing syncope. In this case every conceivable sympathetic concomitant of procidentia was present, such as a great heat in the crown of the head, dizziness, confusion of ideas, and treacherous memory; also that incontrollable despondency concerning all things, temporal and spiritual, which usually attends such cases; limbs were numb and tremulous on standing, feet were cold. Had "misery in her back," (placing her hand on her dorso-lumbar spine,) disposition to urinate continuously, in connection with the ever-present "goneness" at the stomach and sides, with feeling as though she had a "flat-iron in the bottom of her stomach."

In this case the abdominal and spinal shoulder-brace was applied with comfort to the "broken back and all-gone stomach," but with no relief to the procidentia. Simply because the uterus and inferior small intestines occupied *below* the axis of the brace, and compelled the latter to cut, much like a ligature around a bladder of water, *i. e.*, to press down upon the pelvic contents, whilst it supported the superior abdominal organs. In this emergency, the elevator was attached to the brace in such a manner as to support the cul-de-sac, and carry the uterus in situ. Here the relaxation was so great, and the sympathetic concomitants had taken so deep a hold upon the patient's nervous and mental faculties, as not to result in the *sudden* relief which I have usually noticed in similiar cases. But in a few days, the woman (who had obstinately predetermined the impossibility of any "betterment") found, in spite of herself, an improvement progressing. The sequel of the case was simply this, that within about one month after the application,

the patient resumed the arduous duties of cook and chambermaid of the house, and sustained the position up to this day.

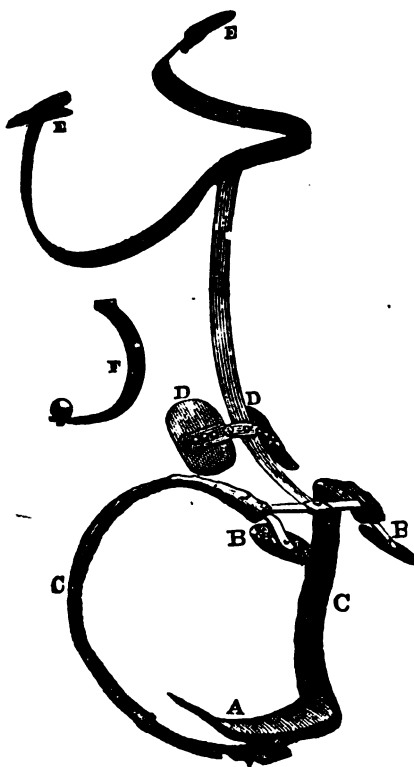
These appliances, when accurately adjusted, are always readily removed and replaced by the patient, and worn without irritation, after use for a short time. On this point, I close, with the important statement that, in quite a proportion of these cases, the continued use of the elevator in a few months, becomes unnecessary, and in all of them, the necessity has greatly diminished.

*Anteversion of the Uterus.*—This is the most common complication which an examination discovers, where external support has failed in the premises. A complication which I fear is not always discriminated by some physicians, if I may judge by cases of theirs which have come under my examination. The indications of simple anteversion, of course, are plain, viz., the uterine fundus is tipped forward, and the os correspondingly tilted back; the former often pressing upon the bladder, the latter upon the rectum. This may be either with or without any prolapsus. But in addition to the above obliquity, there is often so great a relaxation of the vagina, perineum, and vulva, and also so great a descent of the abdominal viscera, as to crush the anteverted uterus downward in such a way as to shove the bladder and vagina before it, into or through the vulva. In this condition the vagina and bladder first meet the touch, and unless the finger is carried quite high, the uterus is not felt. This state is by very reputable physicians variously denominated prolapsus of the vagina, or prolapsus of the bladder, and this more particularly because of the often annoying and even distressing derangement of the urinary functions. But in such cases I have seldom failed to find the uterus anteverted and closely wedged in between this mass of cellular tissue, bladder, and vagina below, and the heavily pressing viscera above, and I never fail to see all the attendant phenomena disappear on restoring the uterus to its normal axis and altitude. In this case, the most prominent and annoying of the appearances and symptoms are only *results*, and anteversion is the real derangement, unless we go still further behind, and say it is a case of intestinal dislocation from muscular laxity.

To meet this condition, I do not find either of the elevators exactly adapted, for whilst they correct the uterine prolapsus, they are not adapted to correct the version. To meet this defect I construct what I denominate a straight balance, which, like the elevators, consists of a small vertical shaft, with a T at its upper extremity. This, when introduced passes directly behind the pubes, and between the uterus and bladder, carrying both these organs upward in its ascent, and compelling the fundus of the former to take its normal position. Thus, as by magic, without touching the uterus or bladder, is this complicated malady corrected, 1st, by correcting the trunkal relations, and 2d, by supporting the anterior vaginal cul-de-sac, and all, from an external base. This arrangement, also,

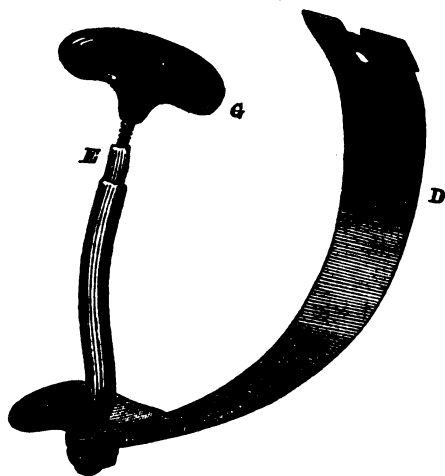
FIG. 3.

*Abdominal and Spinal Shoulder Brace.*



A. Front-pieces elevating abdominal viscera.  
 BB. Pads supporting the gluteal muscles on either side of the sacrum.  
 CC. Bows of main-spring rising above the iliac crests, sitting immovable upon the body.  
 DD. Aggressive support to either side of the lower lumbar spine. The combined action being to elevate the viscera, sustain the spine in proper form, and poise the upper trunk behind the spinal axis.  
 F. Spring support for prolapsus spi. and hemorrhoidal tumors attached to the base of the spring supporting the spine.

FIG. 4.

*Uterine Balance for Retro and Anteversion.*

A. Shaft, occupying the vagina vertically, and curved to correspond to the superior and inferior planes of the pelvis, and not to impinge upon the uterus or rectum.  
 K.  $\nabla$  piece and sliding shaft; the shaft, with extending set screw, penetrating a hollow in the upper end of shaft A, in which is concealed a spiral spring, which gives an undulating or jumping motion to the  $\nabla$ , thereby softening the pressure upon the cul-de-sac; the  $\nabla$ , supporting the cul-de-sac, compels the flexed, verted and congested uterus to be repositioned without pain.  
 G. Accommodation vulva guard, admitting of defecation and micturition, supporting and closing the vulva, and acting as a guard against undue casual pressure on the cul-de-sac.  
 D. Curved spring, depending from front bar of brace, and firmly but yieldingly, supporting the balance in situ.  
 E. Loop, by which spring D is attached to the brace.

after once being judiciously adjusted, and the parts have had a little time for adaptation, is both perfectly comfortable, and quite manageable by the patient. For illustrations, I refer the reader to my first paper on uterine displacements, published in this JOURNAL, Vol. XV., No. LIX., for Feb. 1867., p. 422.

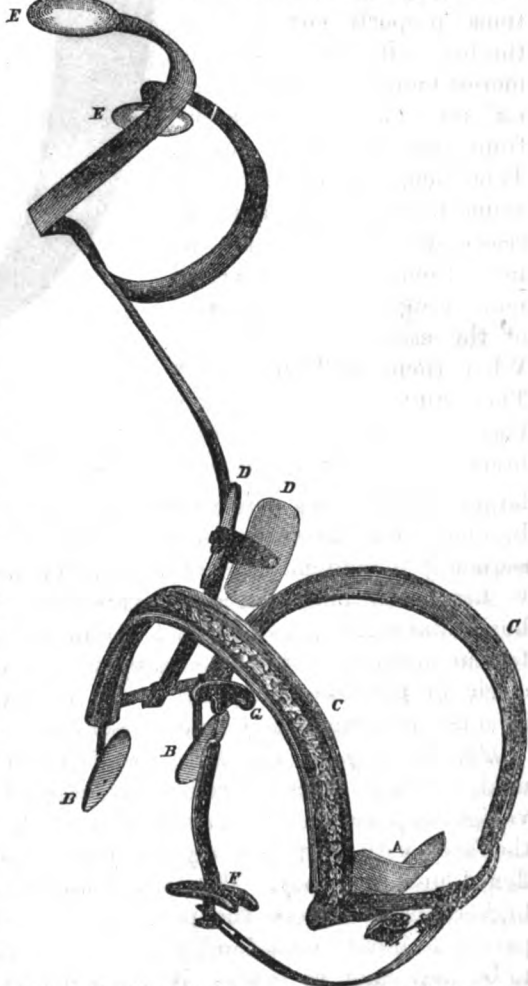
*Of the Uterine Retroversion.*—This is the third most common complication, where true abdominal and spinal support fail of success; and when it is fully established, seldom is it that external support can give more than general relief, by supporting the spine and the abdominal organs. For this, the reasons are obvious, as a simple digital examination will show. For instance, although the cervix will not always be found much lower in the pelvis than ordinarily, the fundus will be found to have swept backward in a circle, until it is as low, and often lower, than the os, and lies usually with all of its weight, and that of the viscera, (which latter have wholly or partly caused the malposition) upon the rectum. In this horizontal, or up-end-down, and down-end-up condition, it is palpable, that however you may elevate the visceral weight from the uterus, that cannot restore the uterus to its proper axial bearings: for the uterus is much in the condition of a man who has fallen face upward, on a side hill, with his feet

or lighter part of himself, uphill. In making the effort to raise his body, the feet will rise first and keep the body down, and if one

FIG. 5.

should undertake to assist by lifting at the feet, and not at the head, then it will become still more impossible to rise than before. Thus then, if abdominal support should remove even the last grain of visceral weight from the retroverted uterus, (which it cannot always do,) it tends more to the elevation of the os, than of the fundus; as its head is down and its feet up. Besides this, when the uterus is not only retroverted, but deeply prolapsed, quite frequently so large a portion of the bowels will have settled below the medial

*Abdominal and Spinal Shoulder Brace, and Uterine Balance, combined, for Retroversion or Flexion of the Uterus.*



Simultaneously poising the superior trunk behind the dorso lumbar spine; expanding the chest; bracing the weak spine; restoring the normal obliquity of the pelvis, and elevating all the abdominal viscera, from the bladder rectum, and uterus. *G* and *F*, supporting the *T* piece of the uterine balance against the posterior cul-de-sac, and compelling the retroverted or flexed uterus to be repositied, producing a lateral contraction of the expanded vagina, and avoiding impingment upon the uterus or rectum. (See Figs. 3, 4 and 5.)

pelvic plane, as to be more forcibly crowded upon the uterus, than before the application of support. But in this case, with the trunkal relations properly corrected by the brace, it requires but the merest nominal vertical *internal* force, to turn the scales from that of *down*, to *up*. Thus then, the necessity for support, in the case and the reason of its failure, and the indications for some pelvic make-weight, in the interest of the ascendant, are clear. What then shall be done?

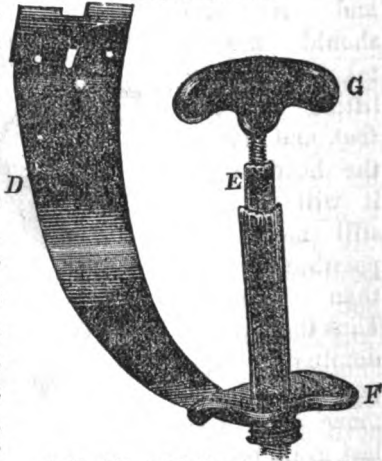
The trunkal bearings have been corrected by the external brace, the pelvic organs are

largely freed from superincumbent burdens; the uterine ligaments and the vaginal and other pelvic tissues, have consequently to contend only with the two ounces of uterus; and we have seen, that to simply elevate the uterus bodily, in its horizontal state, does not meet the indications, and that the fundus uteri must be made, first to again sweep the same circle in the ascendant, that it did in the descendant and be made to permanently balance above the os.

*How to Reposit the Retroverted Uterus.—Position.* In moderate cases where there is no adhesion, I find it quite convenient to place the patient upon either side, (inclining toward the face,) with the thighs, especially the upper one, thoroughly flexed upon the body. This will enable the fingers to reach higher, and to traverse the pelvis much more fully. For the patient to incline considerable toward the face, I have found to be important, as it sensibly tends not only to remove the abdominal viscera from the uterus, but to liberate that organ, and favor the easy ascent of its fundus, and also the higher exploration with the fingers, which, when long enough, are

FIG. 6.

*Straight Uterine Balance, for Uterine Ant-  
version, and Flexion.*



A. Straight and hollow shaft, concealing a spiral spring, and resting upon curved spring D, which depends from front bar of brace. (See Fig. 6.) G and E. T piece and sliding shaft, with set screw, penetrating shaft A, which latter gives a softness to the supporting pressure of the T. This supports the anterior cul-de-sac.

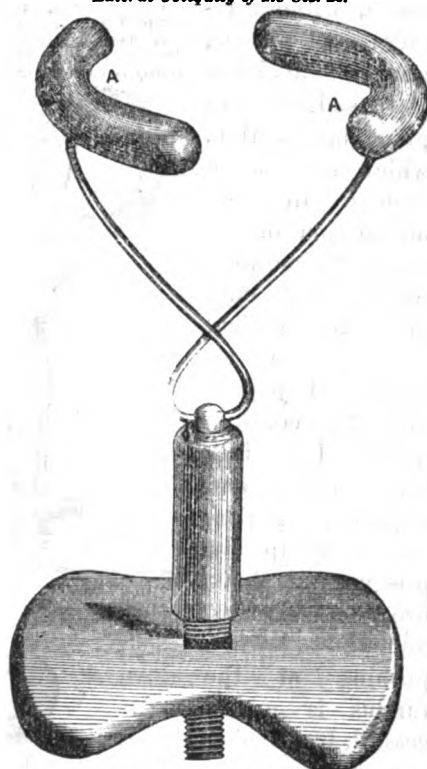
the best of all repositors. But if the uterus does not readily return to its normal axis, the patient should be placed upon her knees and face, that is, the hips should be elevated and the face depressed, as much as possible. The advantage of this position can never be fully appreciated, but by those who have experienced it. It is often sufficient to fully reposit the uterus, for, not only is the visceral weight and juxtaposition removed by gravity, but the vacuum formed by the momentary ascent of the viscera, exerts a powerful traction upon the uterus, especially if the meatus be well opened to secure atmospheric pressure. Indeed, so effective and satisfactory has this position proved, that nothing but the repugnance

of the patient to so ungraceful a position, refrains me from imposing it in all vaginal examinations in these passes.

*Of the Manipulation.*—Having placed the patient, when the vulva will admit of it, I have ever found it expedient to introduce both the first and second finger, as that gives at least an additional length of one inch. In pressing the finger ends close to the rectum, they come in contact with the extreme fundus of the uterus, and the pressure is effectual, not only in elevating the uterus, but in turning it. If the uterus does

FIG. 7.

*Bifurcated Uterine Elevator, for Procidencia and Lateral Obliquity of the Uterus.*



*A A.* Segments of hard rubber circles, supporting the cul-de sac on either side of the uterus, and resting upon elastic spring wires.

*B.* Accommodation vulva guard, all resting upon curved spring *D*, which depends from front bar of brace. (See Fig. 6.)



not move readily, time should be taken, without increase of force, always avoiding any sudden and punching action, which have often aroused either inflammation or an irritable condition, which not only gives the patient trouble, but, retards and jeopardises the consummation. I find that time, patience and a gentle, but firm and steady upward pressure have brought success. Sometimes, when pushing at the fundus is unsuccessful, by placing one finger before the cervix, whilst I lift with the other at the fundus, I have had the pleasure to have the uterus, suddenly, as it were, leap into position.

*Of Difficulties from Organic Abnormalities.* — But there are frequent

FIG. 8.

HINGE-RING ELEVATOR, IN COMBINATION WITH No. 1 BRACE, FOR SIMPLE PROLAPUS AND PROCIDENTIA, operates purely in the cul-de-sac without touching a congested or ulcerated cervix, compelling the vagina to absolutely contract below it, during its use. The Ring should be extended for introduction, and drawn down afterwards. The Hinge should be placed to the sacrum. It may be extended or contracted by the set screw.

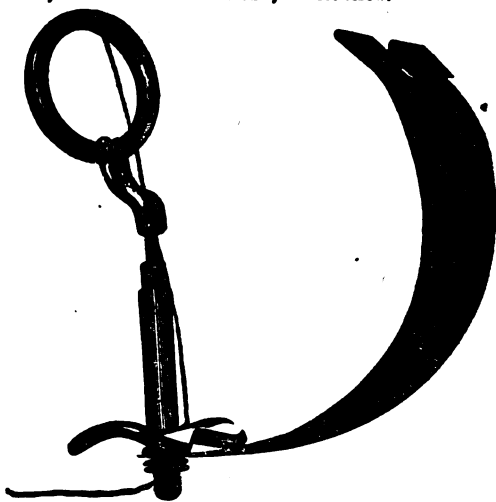
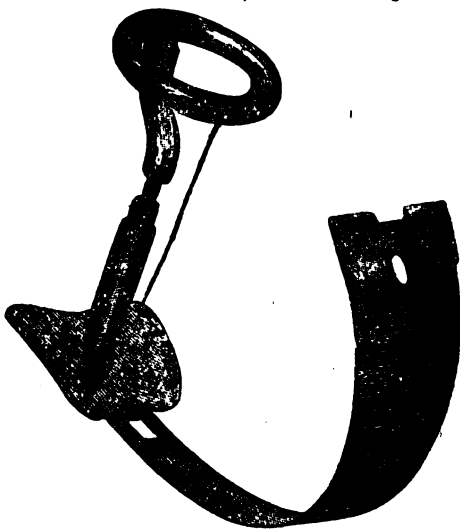


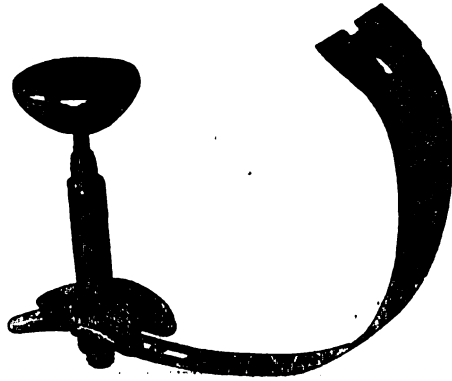
FIG. 9.

HINGE UTERINE ELEVATOR, as worn in the vagina.



organic obstacles to a *ready* repositing of the retroverted uterus, which in the very nature of things, may for a time, defy the very best manipulation and require the full exercise of the highest prudence, as well as skill, to overcome, without superinducing temporary or permanent evils. First; the operation

FIG. 10.  
CUP UTERINE ELEVATOR AND EXTERNAL BRACE, COMBINED, to be selected when the os and cervix are the only points which will bear a supporting contact.



may be opposed at the threshold, by either a neuralgic, inflamed, or ulcerated condition of the vaginal cul-de-sac, which, from absolute painfulness, or the damaging action of pressure on the diseased point, render either manipulation or the permanent contact of any repositor impracticable. In this case, it is sometimes best to suspend *immediate* efforts at correcting the malposition, and turn attention to preparing the vagina (especially its cul) for the requisite handling. But it is important to remark just here, that as it not unfrequently happens that the diseased condition of the vagina, is largely, or purely the *result of the displacement*, the neuralgic or other diseased conditions may often disappear after judicious efforts to correct the irritating malposition, so various and damaging is an abnormal uterine position. On this account, I am in the habit of making a careful effort at a reposition, however discouraging the condition of the uterus or vagina may seem to be at first. I feel called upon to *emphasize* this latter point, inasmuch as great numbers of cases are kept hopelessly in the background for years, under the preliminary effort to remove the several diseased conditions of the uterine and pelvic tissues, which are caused and kept up, only by the malposition, and will disappear, so soon as their provocative is quieted. Nevertheless, a vigilant eye should

be kept upon the effect of mechanical efforts, under such circumstances.

*Of the Preliminary Treatment of an Irritable, Inflamed, or Ulcerated Cul-de-sac,* it may not be proper for me to speak in detail, and I will only say, in general terms, that after giving attention to the constitution, I depend much more on sudden strong impressions on the vaginal sensibilities, by *blueing* the whole diseased surface, with stick nitrate of silver and immediately following the application with the continuous contact of soothing and anodyne substances, of which glycerine and tincture of arnica are my strong reliances. After such *decided* impressions, upon the tissues, by the caustic, I never repeat the same, until time has been given for the parts to fully recover, and show what has been the result. On this point, I respectfully submit, that it is not judicious to *repeat* caustic applications oftener than the tissues can return to their organic "statu-quo." It would seem, that when the applications outrun the reparative efforts of nature, we can have no certain criterion, as to the effect of the past application, and the indications for the future. Of the utility of astringents for the correction of a diseased condition of the vagina, I am unable to report satisfactorily, except as to a tonic corrugation of relaxed tissues; and I am satisfied, that much important time is often wasted in waiting on the efficacy of any simple astringent applications, before entering upon efforts to remove the irritating retroversion.

Second: A most common hindrance to progress is a congested and sensitive condition of the uterus, (usually accompanied by enlargement,) which causes pain on attempting any force upon that organ, and here again, as in the case of a diseased vagina, both the congestion, and the tenderness, in lieu of being primary, are often purely the *result* and not the *cause* of the malposition, just as swelling, inflammation and pain, result from luxation, and disappear, without treatment, on the removal of the luxation, according to the inexorable law of *primary position*. Consequently, I usually make prudent efforts at reposition, not only as a remedy for the direct effects of retroversion, but also of the congestion, tenderness, enlargement, and weight of the organ. In such a case,

success will very much depend upon avoiding direct force upon the body of the uterus, and in applying it only between the fundus and rectum. For in this way, we obtain a greater *lever*, and a less pressing force upon the tender organ. But in this tender condition, not *much* force should be applied, and in case of no success (under evident mobility of the organ) such effort should be discontinued, and a gentle effort made from the uterine cavity. This is readily done by curving the extremity of a *Simpson's sound*, and introducing it into the uterus; then, after being certain that the sound has reached the fundus turning the handle gently and continuously, judging of the success of the movement upon the uterus, by keeping a finger inserted, and of the expediency of persevering, by the effect of the effort upon the patient; certain is it, that where there is much pain, and not a ready effect upon the uterus, it is best to desist at once, and do the next best thing. It is also certain, that it is not only useless, but *folly*, to be *repeatedly repositing the uterus, by any means, where you are not prepared to retain it in situ*. On this point, I am ashamed to confess, that some medical men, for months, make their daily visits, to "put the uterus in place," with as much solemnity, as though, after a given number of efforts, a radical cure would be the result. If this were done *non-fee-wise*, there would be some mitigation of the folly. The fact is, that it would be just as reasonable to attempt teaching a pear to stand upon its point, by setting it up once an hour. But, if it is necessary, and is deemed *expedient* to use the sound frequently, and with considerable force, in order to reposit the uterus, there should be screwed upon the sound's point, as large a *ball* as can be readily introduced through the cervix (and it is surprising to notice the extent the cervix will relax, under frequent gentle extension) for without this expedient, are often superinduced, profuse menstruation, flooding, and inflammation, owing to the severity of pressure, by the small point of the sound. Finally, on this point, uterine hypertrophy and adhesions to surrounding parts, are a very common obstacle to repositing a retroverted uterus. Where this is evident, I have found it both irritating and useless to persist in attempts at a sudden reposition of the organ, and content myself with a

gradual wedging and elevating process, not attempting immediate success; but it is gratifying to see how much relief is frequently experienced from urgent symptoms, on effecting even the *slightest* elevation of the organ. It is encouraging also, to observe what a lengthening of the adhesive bands, a skilful and steady upward pressure will ultimately produce.

*Of Retaining the Reposed Uterus in Situ.*—The uterus once reposed, or partially so, the work is only just commenced, as the organ must for a time be *coerced*, to remain so until the uterine *guys* shall be restored to an *equal* and *balancing* action upon the uterus; and it should be here remarked, that versions are not always so much the result of a want of *strength*, as from an unequal and *unbalanced* strength of its ligaments.

*How shall we Accomplish this Desideratum?*—Surely not by pessaries of any kind, as here it is not an elevation, but a *balancing* of the organ, that is required. But on examining the pelvis with the *brains*, as well as with the fingers, after the uterus has been well reposed, the true indications in the premises will be obvious, inasmuch as the fingers will pass immediately behind the uterus, usually to its fundus, and it will also be noticed that the fingers not only shove the fundus forward into the centre of the pelvis, but also, by pressure on the *cul-de-sac*, will so tense the cervical portion of the vagina as to draw the os back, that under the circumstances, the uterus is perfectly immovable. Here then is the full indication, viz, to crowd up and support the vaginal *cul-de-sac* by a slender vertical arrangement, which is supported from an external base, which shall, in the meantime, elongate and circularly contract the vagina, and rest the perineum and vulva; in a word, so act as to at once remove the immediate malady, and reinstate all relaxed tissues concerned. This I accomplish, first by the abdominal and spinal shoulder-brace, as a trunkal adjuster, and next, by the curved spinal balance.

But this part of my subject has been treated before, the reader is referred to the June 16th number of the *REPORTER*, for this balance, &c. It is only proper to add here, that since that paper was written, these principles have been practically carried out in a large number of cases; in several instances

under the immediate eye, or by the *hand* of other practitioners with exulting success; and also, that since then, quite a number of the cases previously treated, have reported themselves, to be not only benefitted, but to be so *radically cured*, as to find it unnecessary to any longer wear the balance.

*Of Ante- and Retro-flexions.*—These are the least frequent, but most formidable of all complications which intercept the complete success of the abdominal and spinal shoulder support; and so far as the effect of these abnormalities upon the rectum, vagina, bladder and sympathetic system, is concerned, it is the same as that of retroversion, whilst the pathological facts are very different. In the former case, the whole uterus, in its proper form, has merely changed its *vertical* for a *horizontal* position, but in the latter, not so; the os and cervix usually remain in their normal latitude and axis, whilst the *fundus* is *retroverted*, by and through a flexion of the cervix, at or near the body of the uterus. In these cases, there is generally less vaginal relaxation and mobility of the os than in retroversion; indeed, it often appears as though the flexion tended to *fix* the os more immovably in the centre of the pelvis. It is also observable, that, in this mal-position, hypertrophy, congestion, and tenderness, both of the cervix and fundus, are more frequent than in retroversion, owing, doubtless, to the vascular, nervous, and lymphatic obstructions and irritations mechanically incident to the flexion.

*Of the Causes of Uterine Flexions.*—These are various, and with some exceptions, identical with those of simple version. But among them all, that of a morbid trunkal bearing toward the uterus, is prominent and nearly always present, (see Fig. 2, in a former Number of this JOURNAL.) The next most common cause is the use of ordinary abdominal supporters which *compress* the bowels, and crowd a portion of them down upon the uterine fundus. In this case, the more firmly the vagina holds the uterus from prolapsing, the greater will be the trunkal stress upon the cervix, and the consequent tendency to a flexion. But of all purely physical causes, that of the use of ordinary pessaries, which press upon the os more or less, in connection with squeezing abdominal supporters, is most potent. For in such cases, the uterus is

wedged between the pessary on the one hand, and the pressure of superior viscera on the other. The ultimate effect of which (especially in a condition of cachexia) is obvious, viz., to flex the uterus.

In connection with these influences, the effect of woman's attire, as worn now-a-days, should by no means be overlooked; and I mention this in connection with the inexorable fact that, previous to the appearance of the first quilted skirt and the first bustle, to the universal divorce between the dress-waist and its skirt, and to the disappearance of the old-fashioned petticoat, with its broad shoulder-straps, the occurrence of either uterine versions, retroversions, or flexions, was comparatively unknown. Indeed, it is but too evident that the inevitable tendency of almost every article of woman's dress, and of all of them combined, is to narrow the waist, increase the burdens of the abdominal and dorsal muscles, depress the viscera, and droop the whole trunk; and also, that the ultimate of this is to induce uterine displacement. Besides these, there may, of course, be other and unappreciable physical and constitutional conditions. But reason and experience teach us to attribute flexions *mainly* to appreciable *physical* influences.

*Curative Indications.*—Various have been the conclusions on this point, the majority of practitioners merely treating uterine flexions as a prolapsus, by attempting to *boost* up the flexed organ in its flexed condition. Of course, the inadequacy and unadaptedness of such a course will be obvious to the reflecting. Poor, however, as this remedy is, this cause has produced at times more or less relief to the effect of pressure upon the bladder, rectum, and sacral and femoral nerves, by the same elevation of the mass. But on the whole, the practice is to be rejected, inasmuch as the relief so gained places a quietus upon the patient's complainings, and lulls the acumen and anxiety of the attending practitioner to rest; meantime the pressure of an ordinary pessary is tending to increase the flexion, for obvious reasons. Others attack these maladies by dividing the fibres of the cervix, and by the use of the sound, &c., to *straighten* the uterus, whilst in this divided condition. Of this mode it is to be said, 1st, that it is *bloody* and most intimidating to the patient, and is attended with long

confinement and very much trouble, at best; 2d, that there have been but a few cases of hard-earned success, in which the patient and nurse have had more than their full share of trouble; 2d, that one of the most extensive and respected operators by this mode, has been heard to candidly say, that, after all, he had a great many *failures*, and in the meantime said nothing of his *successes*. "At best," said he, "the cases are long and tedious." As for myself, I know of no one case of happy success.

Certainly, if woman has no hope but in this mode of cure, her prospect is anything but cheerful. In this state of the case, we turn to those principles which have been the base of our remarks on prolapsus, procidentia, and retroversion, and and there we find light, hope, and expectation breaking in upon us, without one hesitating tremor of the timid patient, at the thought of blood, knife or needle; or a fear on the part of the practitioner, that if he should fail of the fullest success, he may possibly leave his patient worse than he found her.

From this common-sense view of things, we see that uterine flexions are to be treated precisely as a version. First, by pushing forward the spinal *point d'appui* to a line with the ankle and head; to poise the weight of the head and shoulders behind the spinal point; to depress the pubes and elevate the abdominal viscera. Next, having done the above, either by the means hereinbefore proposed, or by any better method, the fundus uteri must be *immediately* repositied, if practicable if not, it must be *gradually* done by the same means and under the same rules as in the case of uterine versions. This accomplished, it is to be *retained* in situ by the identical means which act so promptly and so kindly in the case of versions. On this point, I am free to say that the sound is of the greatest service, in so effectually repositing the uterus, as to enable me to place the curved balance so completely behind the repositied fundus, as to make it impossible for the latter to recede. In case of adhesions, however, or such weight and tenderness as preclude the immediate reposition, we must take more time, and trust to the gradual wedging action of the *T* of the balance—increasing the length and force of the instru-



ment, as the improvement requires, and the organic sensibilities will permit.

*Effect of this Process upon the Flexion.*—By the above process, it is manifest that not only do we immediately or gradually elevate the fundus, but also that we actually put the contracted or flexed fibres on the *stretch*, and this, in proportion as the balance is elevated, and still more on account of the fact that, in this case the os was already in position, and does not move with the fundus, as in the case of versions. Under the force of this view, I cannot refrain suggesting to those who feel as though they *must cut*, in the premises, that this brace relieves the uterus from all but its own weight, and that this balance so effectually straightens out and stretches the flexed fibres of the uterus, that after their cutting process has been performed, it will in an easy and unirritating way hold the uterus in its proper position, from an external base, and obviate the necessity for any intra-uterine body for that object, thereby averting a great amount of irritation and troublesome manipulation.

*Of the Results.*—Of all the uterine abnormalities, touching position, *flexions* are acknowledged to be the most opprobrious, and that as yet, no reliable remedy has been provided for them, either in this or the old world. Under such circumstances, whatever can *certainly mitigate*, or effect a perfect emancipation of only 20 per cent. of these cases, should be hailed as a great *advance* at the least, upon all previous efforts; and I have the inexpressible satisfaction to state, that in no limited experience, I have found immediate progressive relief to follow the careful application of the brace and balance combined; and also, that in the majority of cases, the success has been complete. In illustrating this statement, I limit myself to two cases, after first referring to a most decided case, reported in the *Philadelphia Med. and Surg. Reporter* of September 22d, by my distinguished friend, Dr. John H. Griscom. And to another in the Reporter of Nov. 9, '67 by Dr. S. D. Robinson of Wooster, Ohio, and a still more complicated case in the same Journal Aug. 10, '67 by Prof. Stephen Smith of the Bellevue Hospital.

*Case 1st.* Married; had been for years in poor constitutional

health, for which she had received much local and constitutional treatment, with but the most indefinite result. Of late she found a motley crowd of general and local distresses attendant on each effort to stand or walk, producing pressing, aching and boring feelings in the lower sacrum, which were greatly aggravated when lying upon her back; consequently, she spent all her nights, and most of the days, upon her face. In this case, if there is any merit in any of the pessaries, it should have been manifest, a severe conceivable form of them had been brought to bear upon it. When she was brought to me, she was the personification of weakness, sympathetic disturbances, despair, and pelvic suffering, which all *experienced* practitioners can comprehend. On making a digital examination, a case of extreme retroflexion was manifest. This at once explained the varied sympathetic constitutional disturbances, and more particularly, the agonizing suffering in the sacrum, which was mitigated by lying upon her face. The os and cervix were not only in the centre of the pelvis, but also in their proper vertical condition, and were as immovable as when in a state of perfect health; but, at about the junction of the cervix with the body of the uterus, there was so complete a flexion as to bring the uterine body perfectly horizontal in the pelvis; and but for the resistance of the rectum and sacrum, the body and cervix would have formed two parallels. On examining the general appearance of the body, it was apparent that the trunkal relations to the uterus were oppressive to that flexed organ. To this case the abdominal and spinal shoulder brace was applied, as a preliminary, but with no relief, excepting that of support to the stomach, and rest to the aching back. I then placed the patient upon her knees and face, (elevating the hips to the utmost,) and found no difficulty in repositing the fundus. This done, the curved *T* of the balance passed almost of itself to its proper place, behind the fundus, and so crowded up the posterior cul-de-sac, as to forbid the uterus to leave its position. The protruding portion of the shaft was then slipped through a mortice, in the further end of the curved spring, which depends from the front of the brace as an external base. She was then directed to lie upon her back, before leaving the table; in doing which

she experienced none of her usual sufferings. On rising to her feet she remarked, "It feels oddly enough, but then, that awful feeling is gone; I think it will do me good when I get used to it." As a matter of course, the patient had to remain under my care for frequent manipulation, for a few days, to overcome the several contingencies, which of course will arise, but in the space of two weeks, the brace, balance, and afflicted parts had conformed to each other, and the patient was comfortable, and at liberty to walk and drive at her pleasure. This lady has now resumed her position as wife and mother, and has recently informed me, that she has taken several walks and drives with no support but the external brace, which she found acted as a great support and protection. In a few weeks I confidently expect to learn that the internal balance has been *permanently* dispensed with.

*Case 2d.* From a distant western State; married; had for many years been the subject of uterine congestion, and occasional inflammation. Constipation, and distress in the pelvis, with the usual sympathetic concomitants of uterine displacement, were constant, with occasional aggravations, corresponding with the patient's frequent indulgence of her ambition to be "good for something." On touching, I found the uterus not only prolapsed with the os, nearly in the meatus, externus, but also considerably enlarged, hardened, and tender to the touch, and lying with its fundus forcibly packed upon or *into* the rectum, as it were, explaining her persistent constipation. At the junction of the cervix and body, the uterus was decidedly flexed, and the whole organ so thoroughly impacted, as at first to be wholly immovable. After repeated attempts I surrendered the idea of perfectly repositing the uterus and after the application of the external brace, contented myself with so applying the curved balance, as to steadily and gradually crowd upward, between the rectum and uterine fundus. This was at first attended with considerable pain, which gradually subsided, and in two or three days entirely ceased. As this occurred, the balance was gradually elongated, by its set screw, until the uterus was completely restored to its normal height and axial bearing to the pelvis. As this improvement progressed, the lady became cheerful, rested well, and ex-

perienced a complete immunity from all the motley crowd of nervous derangements which had rendered her life of so little worth to her. Within about a fortnight after the commencement of the gradual wedging and elevating pressure by the short balance, this lady rode and walked with the utmost freedom; on several occasions walking many blocks in the morning, on friendly visits, and returning on foot in the evening. The uterus now being fully liberated, and eligible to the use of the sound, I should have had no difficulty in correcting the *flexion* also, by the joint use of that instrument, and such an increased curve in the balance, as would have pushed the fundus forward, and so held it permanently; but, (*unfortunately*, in one sense), so great was the relief in every respect, that she could be no longer persuaded to remain from her distant home. She decided to return, and have the flexion attended to at some future time, should it ever occasion her any suffering. This decision, at the threshold of a grand conquest, was to be deprecated, on the lady's account, and I may add, also, on account of the cutting short of the full triumph of the writer, which he held within his grasp.

This case is replete with encouragement to the thousands of practitioners who have constantly several of these cases upon their hands; and who have no longer the face to say to the confiding patient, that they confidently expect to cure them. It is also eminently *instructive*, concerning the practice of delaying the use of the abdominal and spinal shoulder brace, and the balance, for months, and years (and for ever, I might add), until enlargement, congestion, and tenderness are first removed. On this point, the previous history of this case, and the result of the test, must prove two things: 1st. That these dreaded morbid conditions of the uterus, its appendages and surroundings, are, to say the least, not unfrequently the *result* of uterine displacement or flexion.

2. That usually, the first thing to be done in such cases, is to make a *prudent* attempt at an entire, immediate, or a gradual repositing of the chief pelvic organ; and I submit to the experience of the past, whether practitioners have very often had the pleasure of seeing their preparatory treatment fully remove the above morbid conditions in any reasonable time

when attended by much version or flexion? In the writer's experience, these abnormal conditions, and apparent obstacles to the use of the balance, have themselves disappeared in four-fifths of the cases where that instrument has been early resorted to, in spite of the apparent formidable incompatibilities in the premises.

*Of Ante-flexions.*—Upon this subject, it is only necessary to remark, that the course to pursue is precisely the same, under common sense, as in retro-flexion. In the latter case, the straight and not the curved balance is to be used, just as in ante-version; for retro- and ante-flexions are nothing but corresponding versions, with the circumstance of a flexion. After the trunkal bearings toward the uterus are corrected by the external brace, the straight balance is to be carried to the cul-de-sac, in *front* of the uterus, not behind it.

OF THE APPLICATION OF THE BALANCE, according to the lengthened and varied experience of the writer, this subject is hardly second in importance to that of the pathology upon which its use is based. Indeed, it is a sorry fact for suffering woman, that many of the brightest brains have only a handful of *thumbs*, with which to carry out their best conceptions, and, that in consequence of a want of tact in *executing* their best movements, many diseased conditions are aggravated, the successes of a feasible cure foiled, much suffering incurred, and the hopes of confiding sufferers often fatally dashed; and all for the want of familiarity with the seemingly trifling details of a pelvic manipulation. Hence, to inspire the modest and timid young practitioner with confidence of success, I give a few details of my present method of procedure, as suggested by much experience, under many annoying and discouraging contingencies. (*Philadelphia Med. and Surg. Reporter.*)

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ARTICLE XXXVII.—*Treatment of Nasal Catarrh.* By W. W. GARDNER, M.D., of Springfield, Mass.

THE treatment of catarrh has been heretofore so generally a matter of temporizing that our medical bank in this respect is nearly bankrupt of ideas or facts. Undoubtedly this con-

dition results from the unwillingness of patients to submit to means necessary for a radical cure, so long as they can get relief from "dry ups."

Recently, the introduction of the "nasal douche" has opened anew the field of investigation, and with hopeful prospects of adding to our knowledge of the treatment, and perhaps to the pathology of the disease. My observations, while using the douche the past year, lead me to believe that the fœtor attending catarrh, and often its continuance depends upon the retention of decomposed and dried mucus and pus in some of the fossæ of the nose or pharynx. The following case is selected for illustration.

Mrs. P., aged about 25 years, married, four months pregnant, primipara, commenced treatment for catarrh March 1st, 1866.

*History.*—Catarrh commenced in infancy; fœtor often so offensive as to exclude her from society; discharges from the nose and throat very profuse.

*Present Condition.*—Pharynx, velum and palate uniformly congested; discharges of variable colors—green, yellow, white and bloody—and quite offensive to smell; also of dry scales, varying in size from a few lines to an inch in diameter, and two or three lines in thickness of a greenish-gray color. These scales were dry upon one surface and moist upon the other, with purulent matter. When these scales came off by "hawking," they would get into the pharynx, and often produce vomiting.

At first, I commenced the use of the douche, with an ounce of the chloride of sodium in a pint of warm water, washing the nose out once in four days, but after a few sittings the interval was shortened to one day. The patient occasionally omitted the douche a week, and at one time nearly three weeks. Sometimes, as much as a gallon of the salt solution was carried through the nose, and even then it would occasionally fail to remove the dry scales; but generally they were ejected by the patient within an hour after using the douche. Ammoniæ muriat., gr. viij. to a pint of the salt solution was added during the later days of treatment.

Shortly after treatment commenced, improvement was

manifest; the moist secretion changing from green to yellow, and then white, and lessening in quantity. The dry scales diminished in size and consistence, and became lighter in color, until they ceased wholly. May 26th, nearly three months after the douche was first used, the patient declared herself well, and was discharged. Since that time, with the exception of attacks of acute catarrh, which the douche immediately controls, she has had no further trouble.

I think it reasonable to infer that pregnancy in this case favored constitutional changes in the system necessary or conducive to recovery; but I do not believe that the dry scales would have come away rapidly enough to admit of healing of the surface from which they were cast off unless the douche had been employed.

I have used the douche with the salt solution, to which from five to ten drops of tincture of capsicum were added, in acute catarrh; and when within twelve hours from the commencement of the attack, it has been uniformly successful, either in promptly arresting the disease or greatly modifying it. Warm new milk is a pleasant substitute for salt, and more soothing. When the fœtor is troublesome, I have added from five to twenty grains of permanganate of potash to the salt solution; and Dr. G. L. Stebbins, of this city, informs me that he uses Labarraque's solution with good success in such cases. In some cases, where there is a flabby condition of the mucous membrane, bitter tonics, particularly "muriate of hydrastia," seem to assist in improving the symptoms better than astringents. In all instances, the constitutional treatment of my cases has been such as the patient seemed to need, without reference to the catarrh. \* \* \* \* \*

In some cases the throat syringe is essential to remove the scales and mucus from the Eustachian tube and the deep fossæ above it in the pharynx. In a few instances of this character, in cases of catarrh of the tympanum, hearing has been improved from one to twenty inches at one sitting.

In cases of congestive retinitis, where the ophthalmoscope shows the membrane like fine pink velvet upon which a mixture of milk and water had fallen, attended with photophobia and complicated with sclerotico-choroiditis posterior, I have

had all the symptoms and signs, except the myopia, change for the better at once; and so great was the benefit in these cases that I use the *douche* in all catarrhal inflammations of the eye or the lachrymal apparatus.

In some cases of catarrh where the mucous tissue is greatly thickened, where the turbinated bones are changed in character, where ulceration has become a habit, it requires faith and perseverance to succeed; but my experience warrants me in saying to the profession, that but few cases are incurable, if physician and patient will as carefully and persistently continue the means as they do in cases of ordinary acute diseases. It needs faith to infuse enthusiasm into your patient, and without it one will have dull work and very likely a failure. (*Bost. Med. and Surg. Journal.*)

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ARTICLE XXXVIII.—*Apocynum Cannabinum.* By A. LINDSAY, M.D., Laconia, N. H.

DR. LINDSAY sends the following report of the use of *Apoc-can.*, in his own case:

“I had a very severe hæmorrhage from the lungs some eleven years ago, raising more or less, some 12 or 14 times during four or five days. It was then some four months before I could talk aloud, but by leaving the city (Roxbury, Mass.) and coming up among the New Hampshire hills, I have kept along and done a good deal of work, with a few slight attacks, till last fall. I was taken without any warning a few days after returning from a journey to New-York and Philadelphia, the blood almost pouring out to the amount of a half-pint; this was about 8 A. M. At 10, another attack, in which I raised something more than a half-pint; at 6 P. M., and 9 in the evening, two more attacks, each time about a half-pint. I had taken *Acon.*, *Ham.*, *China*, *Senecio-gra.*, *Oil Erigeron*, &c., with only temporary relief. After the fourth attack I told my wife that I could not live through many more turns, and to prepare some of the *Apoc-can.* 1st, and have it ready to give if I should have another attack. About six o'clock next morning it commenced as furious as ever. I took the *Apoc-can.* every



few minutes; it began to check at once, and by the time I had raised half the usual quantity, it had ceased entirely, with no return since. I continued to take it occasionally for a few days, till I began to feel the vital powers returning. I also applied cloths wet in strong Arnica tincture externally for a week or two. I could seem to feel the effect of the Apocynum in one minute after taking the first dose, and I think it had wonderful power at that time.

Dr. L. writes, Oct. 18, 1867: "When I was writing to you before, I did not think of writing out my case for publication then, or I would have written it a little more carefully; but was intending to ask you if you had used the Apocynum-cannabinum, or knew of its being used in hæmorrhage of the lungs, but forgot to ask the question. These are the facts.

"I knew it was a desperate case, and the remedy which had heretofore controlled those attacks, and others suggested by my partner, Dr. Weeks, had no effect. I have been treating a case since I wrote you, of a young man of a consumptive family, who has had several attacks of hæmorrhage. He has been treated by an allopathic physician, but as he seemed to be failing, they changed the treatment. Apocynum-cannabinum was one of the principal remedies I gave him. He commenced to improve immediately. Although he was raising a little dark-colored, dirty-looking matter, every day, it gradually decreased, and became whiter, till now he is about, quite comfortable.

"I have used many of the 'New Remedies,' for several years; so has Dr. Weeks, often with striking results. We will try and give you an item occasionally." (*American Hom. Observer.*)

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ARTICLE XXXIX.—*Remarks on Diseases of the Nervous System.* (An extract from the Annual Address to the Hunterian Society, on Medicine and Psychology.) By DENNIS DE BERDT HOVELL, Fellow of the Royal College of Surgeons, London.

Coffee is more effectual against the effects of cold than alcohol, because it not only stops waste, but according to Dr.

Smith is a cardiac stimulant. Opinions as to not only the efficacy, but the actual effects of stimulants, are very different, and fiercely contested in proportion as their real action is imperfectly understood. If the opinion of Brodie be correct, that wines and alcohol do not give real power to the nervous system, but merely uphold strength while it is being expended, several of the phenomena of its use and abuse are explained. Without discussing the effects of its excessive use, it would appear that the impunity or otherwise with which it is indulged, depends to some extent upon the amount of exertion taken during its influence: to instance two extremes, the comparative impunity of post-prandial indulgence, and the contrast of the evil effects of the morning glass of sherry substituted for breakfast, with the day's work in prospect. The subject of delirium tremens escapes for a time, till the shock of an accident or some other circumstance, proves to be an exciting cause; and according to the same hypothesis, the predisposition of the intemperate to heat apoplexy, is still more obvious, because such persons live, as it were, on the brink of nervine bankruptcy, and all borrowing incurs a larger debt to be repaid hereafter. Heat apoplexy is acknowledged to be a paralysis or paresis of the respiratory tract, giving rise to sanguineous congestion of lung from want of power to maintain circulation; cerebral congestion and extravasation ensue as a secondary result, the structure of the brain being free from appreciable lesion. Stimulants and tonic cold are the appropriate remedies. This does not contradict what has been previously said of other forms of apoplexy, but opens the question as to the best means of promoting contraction of vessels—this must necessarily vary with different states. Here the illustration of Dr. Billing is readily brought to mind, whether to take bricks out of the cart, or to flog the tired horse up the hill—a practice, which, if it does not issue in triumph, results in cruelty.

The effects of over-exertion, still more of dissipation, are more serious in the intemperate, because the structure generating nerve-force, being reduced to a state of greater exhaustion, is thus rendered more liable to molecular change. As a correlative statement it may be remarked here, that

whatever materially interferes with the generating power of nerve-vesicle, or the conducting power of nerve tubular fibre, constitutes paralyzing lesion; and this definition includes all forms, whether of organic change, functional derangement, or that condition in which abnormal expenditure is largely in excess of supply, viz., the state of paresis.

A certain expenditure of nerve-power predisposes to paralysis; a greater degree, especially when combined with depression from moral or emotional causes, tends to insanity; excessive use or expenditure of a natural function causes the first, the perverted use or abuse of the function leads to the latter. Some confusion of idea and consequent misapprehension appears to have arisen from losing sight of a simple verbal definition: we speak of a patient being depressed, and again of his having rallied, the idea thus conveyed to the mind is that of simple elasticity; but to examine the matter more closely, that which is spoken of as an impression or depression, is an actual loss of power or interruption of supply. The shock of an accident is an illustration of this; and it becomes an interesting question how far this is a mechanical effect, in the same way that the magnetism of a mass of iron is deranged by a severe blow. It should be borne in mind that in such cases we are not dealing with steel springs, but with a body in which waste and repair are continually going on: we are speaking, in fact, of the relative proportion between these two processes; and the state of depression, or more properly paresis, resembles all matters of currency in depending upon the degree of solvency of the bank, and the amount of assistance which may be given to it from without.

This brings us to another subject. The moral emotions are allowed to have a more powerful effect on our frame than any amount of intellectual exertion and excitement; the link between the two produces more speedy exhaustion than physical or mental labor. Although the heart is the reputed seat of the affections, their real centre would be more correctly described as that portion of the nervous system which regulates the action of the heart; and as we cannot properly treat the physical conditions of blood-vessels and other structures, without taking into account the nerve-power which regulates

them, neither, in a higher sense, can we treat lesions of the nervous system without recognizing the moral power which sustains or depresses it, and thus it not infrequently happens that, in order to relieve the disorders of the body, we must first minister to the mind diseased and pluck from the memory the rooted sorrow.

It is present to the mind of all, that the blood-vessels are placed under the control of two classes of nerves; and derived from the sympathetic, producing contraction of calibre; the other, connected with the cerebro-spinal, presiding over dilatation.

The glands are similarly supplied with two classes of nerves—

1. The sympathetic, producing contraction of the secreting vessels.
2. The cerebro-spinal ramifying in the immediate vicinity, influencing dilatation.

The experiments of M. Claude Bernard have shown that the following phenomena occur after division of the sympathetic:

1. Dilatation of vessels, with increased rapidity of circulation.
2. Impeded interchange between blood-vessels, arterial blood retaining much of its venous character;
3. Increase of temperature, and
4. Of absorption.
5. Increase of muscular irritability, of temperature of surface, of vascularity, and general sensibility of cerebro-spinal nerves, constituting *hyperæsthesia*.
6. Functions of secretions are deranged.
7. As long as animals are kept in good condition they do not suffer from division of sympathetic; all excito-motory functions, even those of reproduction, are performed, but if condition be reduced the health fails proportionately.

Dr. Stevenson, of Edinburgh, has compared the symptoms of rickets with the phenomena resulting from division of the sympathetic.

1. Increased vascular action, visible pulsation of carotid.
2. Increased temperature of body, and local sweating, especially during sleep.

3. Increased nervous susceptibility and desire to be cool, indicated by kicking off the bed-clothes.

In mollities ossium we find a similiar class of symptom, only associated with the wasting of bone structure, instead of, as in rickets, interfering with its development; and although subjects of this disease are mostly weakly persons, who had experienced more or less privations, almost all had been subject either to excessive expenditure of strength or to anxiety of mind. (*Quarterly Journal of Psychological Medicine, and Medical Jurisprudence.*)

ARTICLE XL.—*Homœopathy in Allopathic Journals. Editorial Annotanda.* By EDWARD MERYON, M.D., F. R. C. P. Formerly Lecturer on Comparative Anatomy at St. Thomas' Hospital.

The London Lancet publishes a Paper "*On Homœopathy.*"

DR. MERYON begins his examination into the merits of Homœopathy with a sketch of Hahnemann's origin, early discoveries and claims. The "leading dogma" of the new system of medicine was embodied in the aphorism "*Similia Similibus Curantur.*"

This author's first objection to this declaration is, that "it lacks the charm of *novelty*; for it was enunciated in the very words above quoted by Gregory the Great in the Sixth Century." We can not stop to debate a side-question like this: we know there are many wise maxims to be found in very old books—books much older than Hahnemann or Pope Gregory; and they would be found very useful if men in our day would heed them more than they do.

The author then quotes some further sentences and paragraphs from Hahnemann which must be very important if they can be shown to be true: First, that each medicine has the power of exciting a *peculiar* series of symptoms. Surely this statement is consistent with every man's experience. Hahnemann made another observation, and this he admits to be new: "Proceeding in his investigations, he arrived at the conclusion that the medicinal virtues of medicines are developed and enhanced by trituration and minute sub-division; and that

many substances which are usually regarded as inert, such as Charcoal for instance, acquire power by virtue of the powdering, levigation, or sub-division to which they are exposed."

This is a remarkable assertion indeed, but it is one that any student can bring to the test of experiment. Many have tried this experiment. We have never heard of any body who did not soon become convinced that the assertion of Hahnemann was true and important, and truly valuable in the treatment of disease.

The next point made is one on which men may agree or differ. If they follow the doctrines of the Organon in treating diseases they will succeed better than they ever did under any other law of cure. The author quotes: "All diseases have an immaterial cause, the origin of which is of a dynamic nature, and they can only be destroyed by a dynamic power." The author objects to this because it was believed by somebody before. It is "a recurrence to the old Platonic theory of the existence of an immaterial active principle, which Athenæus of Attilia had revived in the time of Christ, and to which he gave the name of dynamic power, instead of pneuma or spirit as it was called before." Whatever be the exact truth here nobody is troubled by it. The only question between Hahnemann and Hippocrates is, which method of selecting a remedy gives the most direct road to a perfect cure of our patient in the given case before us? If we can *cure* by an attenuated drug a case which other means have failed to cure, there must be *some theory* whether any body understands it or not, by which we can, sometime explain the mode in which it was done.

Dr. Meryon wishes to give Homœopathy a fair hearing, and condenses what he supposes to be the quintessence of the whole system into the four propositions which follow:

1. *That medicines have the inherent, unconditional and absolute power of exciting disease.* "Of this first dogma" our author says,—"it is unquestionably true; but it is not new. Arsenic will produce inflammation and ulceration of the stomach; sulphate of copper will produce similar effects on the small intestines; phosphorus will produce inflammation of the muscular coat of the stomach; bichloride of mercury will

produce inflammation in the kidneys; and in many other instances, medicines are known to produce specific morbid actions." It would seem that the author who can say just this much has not to walk far to shake hands with Hahnemann. But, before he tries to adapt finer doses of these same medicines to the cure of specific forms of disease with their many symptoms which each drug is capable of causing, the author shrinks from the side of his new comrade when he remembers that drugs produce "*secondary*" as well as "*primary*" symptoms. He need not flinch here. If he will only look into the Organon again he will not only find Hahnemann asserting the same fact, but also displaying it more clearly before the mind than anybody had done before, and then surpassing all the observers of every school in discriminating between *primary* and *secondary* effects. Not only did he observe what preceding and contemporary observers had often seen; he *experimented* till he found the safe and simple means of turning these *disease-producing* agents into *disease-curing* agents. He was led by his experiments, by his "provings" on drugs to the theory that there was a law of Nature hitherto overlooked, under which the remedy that would cure a given form of disease could be known before it was tried. If its pathogenetic or disease-causing powers were well known, the case that could be cured by it would be recognized as soon as it was clearly studied and understood.

2. The second proposition of Hahnemann is thus stated:

*That the pathogenetic (no the disease-curing) effects of medicines are developed, and indefinitely increased by trituration and subdivision.*

The author wishes to keep as near reform as he can without touching it, and he begins by admitting thus: "It is undoubtedly true that mechanical subdivision does promote the action of medicines by reducing each individual atom to a condition susceptible of being acted on and absorbed by the stomach and intestines, and so far the morbid effects are developed; but that they are indefinitely increased by trituration is inconsistent with reason and disproved by impartial observation." The question here presented is not one that can be settled by the abstract reason of a man who has never made a

single test experiment; it must therefore be held as undecided till those "impartial observations" have been collected and analyzed. Has Dr. Meryon ever tried one fair experiment? Has he ever tested the virtues of one remedy prepared and used as ordinary homœopaths use the same agent every day? Has he ever tried the third dilution of Aconite in one hundred febrile cases of such character as we daily use it for? We know he has not, or he would not write as he does. A man of such ability and honesty as he appears to possess can not long refrain from trying a few such experiments. When he shall have made a few such trials with the commonest remedies which Hahnemann first taught the profession to use, than we shall not hear again of his writing to expose Homœopathy.

Our author is obliged to acknowledge that "Hahnemann advanced a plausible theory for what he was constrained to practice." We ask what "constrained" him to use attenuated doses instead of massive ones? There is but one answer: he failed to cure his patients while he followed the old teachings, and was so much more successful after he had learned how to select remedies on another and higher theory that he honestly believed his discovery one of the most important ever made in medicine.

Dr. Meryon can not get over the testimony he finds of the success of homœopathic practice. His admission on this point is thus stated: "*And yet the only evidence we have of an art of healing at all, is accorded to this system of infinitesimal doses, for patients have affirmed that their sufferings have been palliated or removed by it; and the criticism of the orthodox physician, that the incidental feature of a severe dietetic regimen cures, is a reproach to him, seeing that he may use it as well as the homœopathist.*"

Here we are on the point of shaking hands with our new friend, when, all in a moment, he takes a curious counter-march. He appeals to an English metaphysician for an argument, by which he may show, that *human testimony*, no matter how much you bring together of it, is *not to be trusted*. Mr. Mill, of the British Parliament, is rather favorably known in this country as a theorist, and reasoner about questions



which do not admit of demonstration by actual physical experiment. He somewhere thus generalizes his ideas of the worthless character of human testimony: "A fact may have been asserted by a hundred witnesses; but there are many exceptions to the universality of the generalization that what a hundred witnesses affirm is true. We may seem to ourselves to have actually seen the fact; but that we really see what we think we see is by no means a universal truth." Who ever before heard of a sect or a party so much afraid of trusting their own senses as these modern philosophers? Our almost convert has deliberately shut his eyes and walked over the blind side of the bridge. Medical philosophers, afraid of seeing some new truth which may demand the exercise of the upper story of their brain, deliberately close every one of the external senses!

Dr. Meryon has one more point to make and dispose of. It will not take him long to finish it. He says, "If the third proposition, which we have yet to consider, be admitted—namely, that diseases are merely dynamic—immaterial disturbances, there may be no absurdity in the supposition that infinitesimal doses of medicine, endowed with the like dynamic immaterial forces, might neutralize and cure them. But that the dogma is a fallacy is beyond a doubt; and also that the source of the error is in the imagination."

How is assertion to be proved true? Not by a series of accurate observations and well-attested facts, but by appealing to a "System of Logic," written by the aforesaid Mr. Mills, to instruct school-boys how *not* to use their senses. It might be gathered from some of this philosopher's writings that *eyes are made to be used*; but in the extracts selected for us by Dr. Meryon, we are assured that such lying witnesses must never be trusted. Mr. Mills observes, that in matters open to universal observation, "a general proposition, which has not the smallest vestige of truth, is received as the result of experience." And our medical philosopher at this place, instead of boldly facing us with a few honest trials of remedies for which we have claimed well-proven properties and curative powers, he retreats behind the following quotation from that same iron-clad "System of Logic: "

“In the department of inquiry relating to the more complex phenomena of nature, and especially those of which the subject is man, the diversity of opinions still prevalent among instructed persons, and the equal confidence with which those of the most contrary ways of thinking cling to their respective tenets, are proofs not only that right modes of philosophizing are not yet generally adopted on those subjects, but that wrong ones are; that inquirers have not only in general missed the truth, but have often embraced error; that even the most cultivated portion of our species have not yet learned to abstain from drawing conclusions for which the evidence is insufficient.”

Now we don't find much fault with the quotation here copied, (rather badly printed in the *Lancet*), from Mr. Mills; but we will cheerfully submit the question here raised to any jury of school-boys, and permit them to decide it. We ask, in honest sincerity, who are the men who “have not yet learned to abstain from *drawing conclusions for which the evidence is insufficient?*” Is it the homœopathist, who has tested the assertions and reasonings of Hahnemann, on himself and on his friends, and on his patients in a thousand varying shapes to see how fully they would be confirmed by real and repeated experiments? Or, is it the self-satisfied allopath, who thinks he knows so much without bringing to the aid of his *guessing* faculties a single observation, a single fact; that he has never condescended to test a single remedy by a single experiment?

It may be claimed by this author, that he is sincere in his desire to do the cause of science good service by “investigating homœopathy.” Perhaps he is honest in it. It is certainly kind in him to take the labor from the shoulders of his brethren and perform it himself. But unfortunately his *qualifications* are not up to the requirements of the occasion. His preliminary *education* is not sufficient for the problem he undertakes. The real problem, indeed is one that he fails to comprehend, and, therefore, he expends the remaining treasures of his ample magazine, and fills up three more of the precious pages of the *Lancet*, in debating questions which are not before the court. The wisdom he needs will not be

reached through the foggy reasonings upon which he has thus far relied. No philosophical question can be settled by the off-hand theorizings of any man who is too lazy to make exact observations. And yet, it has been in this way only that the opposers of homœopathy have ever tried to arrest its onward march. They have all imagined some burlesque of the thing that the new version of Therapeutic Science pretended to be. They have fought that monstrosity through the whole of the century which has now become old and gray-headed; and now, *real* homœopathy continues to grow more rapidly than ever, untouched by a single hollow bomb-shell which learned and scientific artillerists continue to fire into the empty vacuity against which they point their heavily charged pop-guns. They will never explode homœopathy till they find out what it is. They will never understand what it is till they experiment for themselves.

In an editorial, the *Lancet*, (for June, 1866,) discusses again the comparative advantages of killing homœopathy off or permitting it to die of itself. It is not quite certain which is the surest mode of getting it out of the way; and it, therefore, tries the two methods in *alternation*. It is well pleased that this very fair course has been pursued towards homœopathy *as it was* "twenty years ago—nobody knows exactly what it is, and what its practitioners are doing now." "We are glad," says the *Lancet*, "that the soundest and wisest minds in the profession—those which saw soonest through it, and were best entitled to have summarily rejected it—restrained their impatience so far as to write upon it, to reason about it, to make all possible concessions to its advocates, and only after such treatment to reject it as altogether false and contemptible." These "soundest and wisest minds" of the profession were Sir Benjamin Brodie and Sir John Forbes. The reasonings of the former of these great teachers we have given a sufficient account of in a former volume of this JOURNAL. (See Vol. X. page 540.) The tribute of Sir John Forbes to the "genius, scholarship, indefatigable industry, and undaunted energy" of Hahnemann was published in the *British and Foreign Medical Review*, Jan., 1846. The following words have been often quoted; the *Lancet* thinks they are worth printing again: .

"In the history of medicine, his name will appear in the same list with those of the greatest systematists and theorists; surpassed by few in the originality and ingenuity of his views; superior to most, in having substantiated and carried out his doctrine into actual and most extensive practice."

The *Lancet* is gratified with the liberal spirit under which orthodox authors have investigated and "argued out the subject of homœopathy." If any of them are really employed in "experimentally considering it" in such a mood as this, we assure them that all their facts and conclusions will, by us, be thankfully received and respectfully considered.

Up to the present writing the *Lancet* remains fairly anchored in its old faith, "unshaken, unseduced, unterrified." It don't pretend now to tell how it came into possession of its present creed. "The conclusion" at which it has arrived "is one at which most of us have come *so rapidly and so unalterably*, that we cannot, without an effort, command either the time or patience to follow the formal process of reasoning by which we came to it." We can heartily sympathize with the editor in making this frank confession. We ourselves once in our juvenile years, went over just about the same "*formal process of reasoning*," and reached the very same "*conclusion*," as "*rapidly*," and, as we *then* verily believed, as "*unalterably*" as the self-satisfied editor of the *Lancet* was in those same days making up his mind for life and eternity. What has become of those "unalterable" principles? We can only answer as Red Jacket answered when Lafayette asked about the graceful raven scalp locks which had been admired by warriors and ladies a half century before: "Ah!" said the forest orator, "*Time has made sad work with them.*"

The *Lancet* is improving. It has as many correspondents and collaborators as ever; and they are generally becoming more liberal. One of its contributors on the other side of the globe, is engaged in experimenting on homœopathy; and, though he has not yet reached the merits of the actual question in controversy, we sincerely hope he may ultimately learn all about it.

In an editorial on "Scientific Medicines and Innovations," we recognize the spirit of modern improvement. The admis-

sions and concessions of Sir John Forbes, published in the *British and Foreign Medical Review*, twenty-two years ago, are respected; and new assurances are given that the *Lancet* is able and willing to "give innovators a fair hearing, and their statements proper consideration." Its Australian investigator of this greatest of medical heresies, "does Hahnemann the justice to credit him with an early spirit of skepticism, with abilities far above the average even of that age of remarkable men," (of whom he names John Hunter, James Watt, Benjamin Franklin, Voltaire, D'Alembert, Adam Smith, and others,) "with an industry for the collection of facts which no other writer on natural science (except, perhaps, John Hunter,) ever possessed, and with perfectly honest intentions in the conduction of his experiments."

"Nothing," says the *Lancet*, "is more important than the cultivation of this spirit of coolness and concession. It strengthens the friends of truth; it weakens the advocates of error. There is no sounder indication of a good judgment than the ability to make allowances—to tolerate the wishes of men and their weaknesses, to concede to all men dissatisfied with ordinary medicine considerable right to do so."

The *Lancet* cannot yet advise *consultations* "with homœopaths. This would be absurd. They must take all the glory of their cures to themselves, for we must be allowed complete disbelief in them."

And what is the objection to consultation with the homœopaths? The *Lancet's* position on this question is not very clear; but it refers us to some celebrated British authors, who many years ago condescended to investigate homœopathy. Of these, Sir Benjamin Brodie may be accepted as one of the most distinguished. We will permit him to give the orthodox apology for declining to consult with a homœopathist. In a letter published a few years ago in the *Lancet*, this celebrated surgeon objected to consultation with a homœopathist on the ground that "the views" held by the respective parties "are wholly unintelligible to each other." He, therefore, thought there could no good result from a consultation with men "in whose opinions" he has not the smallest faith, and whose *notions, indeed, WE CANNOT COMPREHEND.*"\*

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\* See North American Journal of Homœopathy, Vol. X., page 540.

Now the apology of the distinguished surgeon for declining to talk with a new-school physician is certainly the best that has yet been given, and we shall be obliged to accept it. The student who understands *Algebra* as well as *Arithmetic* never demands a consultation on an advance mathematical problem with one who has only studied *Arithmetic*. The homœopathist must necessarily have some "notions" which the allopath "CANNOT COMPREHEND."

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ARTICLE XLI.—*On the Physiological Action of the Muscles concerned in the Movements of the Lower Jaw.* By THOMAS BRIAN GUNNING, M.D.

[We extract the following important article from an extended Memoir by Dr. GUNNING, on the Muscles of the Head, Neck, Jaw and Palate. This paper is introductory to one on "Diagnosis of Fractures of the Lower Jaw," which was promised (in the portion giving cases illustrating the treatment,) in his former article, published in the September number of the New-York Medical Journal, 1866, and also in this JOURNAL, May, 1867. The article referred to will appear as promised. [ED. N. A. Jour.]

THE necessity for muscles of great power, and acting upon long levers, to turn the head quickly, is demonstrated by the action of the sterno-cleido-mastoid. In very quick turning of the head the muscle acts instantaneously; this, however is but seldom. In the ordinary rotation of the head, it takes no part whatever, unless the head is obstructed as when lying down on the side. But if the head is turned far around, the muscle always acts firmly in the last part of the movement. This can be verified if the body is held upright and the forefinger placed in the interclavicular notch, with the thumb and second finger resting on the tendons of the muscles, and notice taken of the tightening and relaxation of the tendons. The comparative indifference of this muscle to the head's rotation can be more easily demonstrated in the evening, or when fatigued. From this it appears that the action of the *sterno-mastoid* in turning the head is of a very secondary character. It acts only when the rotators which pass from the axis to the atlas and occipital bone, and the *splenius, capitis* and *colli* of the



opposite side, are already in action, and even then only to assist in turning the head quickly, to carry it further round, or to overcome obstruction. When it assists in turning the head it draws one mastoid process forward, while the splenius pulls the other mastoid process backward.

The sterno-cleido-mastoid muscle is said to be a rotator, a flexor, and an extensor of the head. What this flexing of the head means, in addition to lateral movement, may be learned by the following quotation. "The sterno-mastoid muscles, when both are brought into action, serve to depress the head upon the neck, and the neck upon the chest."\* These views are also maintained by J. Cruveilhier† and may be accepted as those not only of the French anatomists and physiologists generally, but also of the German and English with few exceptions. Professor Henle, however, says positively that these muscles do not flex the head down in front, and that they lift the head and bend the neck when the body is brought up in rising from the back.‡ This is a great advance upon what is said by others, but beyond this he gives no intimation of understanding their peculiar and most important function.

The insertion of the sterno-cleido-mastoid muscle is around the front of the mastoid process, and back along the superior curved line, about half the distance between the mastoid process and the centre of the occipital protuberance, while the front of the mastoid process is nearly always on a line with the centre of the condyles of the occipital bone (in rare instances, however, it is nearer the front of the condyle). The sterno-cleido-mastoid muscle is consequently inserted back of the centre upon which the head rocks (except in rare cases when a small portion of the muscle is a little forward of it). Notwithstanding this, it is set down as rocking the head forward, and the action of the muscle in rising is brought forward to prove it. This experiment, however, if properly conducted

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\* Gray's Anatomy. 2d Amer. edit., p. 256. Phil. 1865.

† *Traité d'Anatomie Descriptive*. Troisième edit., tome deuxième, p. 178. Paris. 1851.

‡ *Handbuch der Muskellehre des Menschen* von Dr. T. Henle, Professor der Anatomie in Goettingen. (Page 110).



and explained, will prove the contrary. If the experimenter, while lying flat on his back, with the forefinger resting in the interclavicular notch, and the thumb and second finger on the tendons, will raise his head and shoulders a little, he will find that the muscles are acting strongly; then by staying in that position and rocking the head backward and forward, it will be felt that the muscles are unaffected in any part of their fibres, and that they pay no attention to the movement of the head, neither the tendons on the sternal portions nor those on the clavicular being relaxed for a moment. Then sit up, throw the head forward sufficiently to relax the tendons, and rock the head as before; it will now be found that the tendons remain relaxed, showing that tightness of the tendons did not conceal action of the muscles in the first experiment, and demonstrating that the *sterno-cleido-mastoid* muscles do not "serve to depress the head upon the neck." In bringing the head forward these muscles act only until the head comes to its centre of balance, when the tendons relax and remain so, even when the chin touches the breast. But if the head is obstructed in this downward movement, these muscles will then assist to bring it down in front and to hold it there. The *sterno-cleido-mastoid* muscles do not, however, in this rock the head upon the atlas, but bring and keep the atlas forward. Neither are they "extensors of the head" in the sense indicated by the books, which seems at first sight to accord more with their insertion back of the centre of the condyles. But the insertion is so peculiar that it requires consideration to determine how the muscles affect the head. The mastoid process is always below the superior curved line upon which the back part of the muscle is inserted. When the process is large it may be more than an inch below it, although much less when the process is small, as in childhood before the cells are developed. Moreover, the uniformity of position between the mastoid processes and the condyles horizontally is not met with in their vertical relation, the condyles being on some skulls more than half an inch lower than the mastoid processes, while on others the processes are as much below the condyles, the large proportion being between these extremes. These variations go far to show

that the sterno-mastoid muscles are not intended to rock the head backward, for when the mastoid process is much lower than the condyles, and especially when it is large and projects forward somewhat, to correspond to the direction of the muscle it follows that as the head is pulled downward (by the *trapezii*, &c.) the mastoid processes go upward and forward; consequently if the *sterno-cleido-mastoid* were to act to bring the head down behind, the portion on the mastoid process—the strongest part of the muscle—would hold the head down in front, probably as much as that on the occipital bone would pull it down behind. But their action can be tested by lying down so as to remove the necessity for action of the muscles to hold the atlas. In this position (care being taken not to lift the atlas, or neck) the *sternal* portion of the muscles will not act in concert with the other muscles to rock the head back, even if the whole weight of the body is thrown upon the back of the head, and I have been unable to find any action in the clavicular portion, although the action of this part of the muscle is so delicate and prompt that it can be distinctly felt when the foot is raised in walking, the head and body being then thrown over to the other side to restore the balance. Further, when the *sterno-cleido-mastoid* and the *splenius* of the same side are acting in concert to pull the head down to the shoulder, no backward movement of the head is discoverable. *This is conclusive*, for both these muscles having similar insertions, if one rocks the head back the other must, and their combined action would be manifest if they exerted it.

It has been previously shown that this muscle acts as a *rotator* only by sometimes assisting the *splenius*, &c., of the opposite side, and as a lateral *flexor*, in connection with the *splenius* of the same side, but only when the head is obstructed, and then generally by its clavicular portion, the sternal acting only in extreme necessity. It is now seen that it does not flex the head down in front, that is upon the atlas at all, and that its action as an extensor of the head can not be demonstrated. The proper function of the *sterno-cleido-mastoids* when acting in concert, is to give anterior support to the top of the spine, the *splenii* muscles giving posterior support. This may be easily proved by sitting down and watch-

ing the tendons. When the head is back of its centre of support both the sternal and clavicular tendons are tightened, when rising they become tenser until the head is started, as it comes into balance they relax. On sitting down, the tendons tighten to check the head as it goes back out of balance. Sudden forward movements tighten them until the head is in motion, they then slacken as the head is forward of the centre and the atlas supported by the *splenii* muscles. If the head is in balance, any pressure upon the forehead acts with increased force upon the atlas and brings the muscles into action to keep it upright. The action of the sterno-cleido-mastoid muscles in these movements is but a modification of the service rendered by them in raising the head from the horizontal position, in doing which the muscles at first support more than the weight of the head, for in supporting the mastoid processes they support the atlas, and make it a fulcrum between the bulk of the head and the counter-balance at the other end of the lever, but as the body comes upright and the head into balance, the strain upon the sterno-mastoid muscles gradually diminishes, until the head is held by the posterior muscles, when the atlas bears all the weight *vertically*.

[A reference to the figure (page 416) will render this explanation more apparent. The same figure also illustrates the action of the muscles of the lower jaw, and confirms the opinions expressed in the subsequent portions of this paper.]

The hyoid bone, in addition to the muscles which pass to it from parts above the lower border of the jaw, gives attachment to others, which pass up the front of the neck below the jaw. Of these the *sterno-thyroid* arises close to the centre of the posterior surface of the upper bone of the sternum, and falling back somewhat as it passes up, is inserted into the side of the thyroid cartilage, from whence the *thyro-hyoid* (appearing like a continuation of the preceding) goes up and is inserted into the body and greater cornu of the hyoid bone. The *sterno-hyoid* arises from the sternum and end of the clavicle and is inserted into the lower border of the body of the hyoid bone. It is separated considerably from its fellow at its origin, but crosses the sterno-thyroid and approaches it in the middle of its course; it leaves the front of the thyroid cartilage uncovered. ;

The *omo-hyoid* arises from the upper border of the scapula, and occasionally from the transverse ligament which crosses the supra-scapular notch. It passes across and up the side of the neck to be inserted into the body of the hyoid bone. It crosses over the *scaleni* and *thyro-hyoid* but under the *trapezius* and *sterno-cleido-mastoid* muscles. It is a double-bellied muscle united by a tendon which is held down by a process of the deep cervical fascia. The first portion is nearly horizontal in its course, but underneath the sterno-mastoid muscle, where the cervical fascia passes around the tendon, it turns up so that the second portion is nearly vertical in its course to the hyoid bone. These are the directions of the muscle when at rest, but when active it approaches the line of its attachments and the cervical fascia is drawn upward and backward.

The *digastric*, another double-bellied muscle, has peculiar relations with the preceding. It arises from the digastric notch, on the inner side of the mastoid process of the temporal bone, and passes downward, forward, and inward, to the side of the hyoid bone, where its rounded tendon (after passing through the stylo-hyoid muscle) is held by an aponeurotic loop in connection with the side of the body of the hyoid bone above the insertion of the *omo-hyoid*. The muscle then passes forward and is inserted into a large depression on the inner side of the lower border of the jaw close to the symphysis. The tendon which divides the posterior and longer belly from the anterior, gives off a large aponeurotic layer, which is attached to the body and great cornu of the hyoid bone; and with the portion on the opposite side is termed the *supra-hyoid aponeurosis*; it forms a strong layer of fascia between the anterior portions of the two muscles, and a firm investment for the other muscles of this region. The *digastric* muscle is peculiar in not being inserted into the hyoid bone, but attached to it by a loop; this allows the muscle to act without interfering too much with the hyoid bone. The muscle has not, however, that freedom which is attributed to it as a reflected cord, for its aponeurotic connection with the hyoid bone and adjoining muscles prevents it from sliding through the loop which attaches it to the hyoid bone, except to a very limited extent. This powerful muscle exerts great influence

from the various and important movements in which it takes part.

The last muscle to be described in this connection, the *platysma myoides*, is very distinctly separated from all the others. It is a broad thin plane of muscular fibres, immediately beneath the skin, on the side of the neck. It arises from the clavicle and acromium, and from the fascia covering the upper part of the pectoral, deltoid and trapezius muscles, and going upward and forward, it covers in the angle and the border of the jaw to the symphysis. It is inserted into the lower border of the jaw, in front, but back of the commissure of the lips it is found interlaced with the muscles above. It affords muscular support to the integument, and a cover to the muscles beneath, but leaves the thyroid cartilage and the front of the trachea free.

The service supposed to be rendered by the foregoing muscles is shown by the following selections:

J. Cruveilhier says: "The *sterno-hyoid*, the *omo-hyoid*, the *sterno-thyroid*, and the *thyro-hyoid* are the simplest in their structure and the simplest in their action; all coöperate to the lowering of the jaw. Moreover, if the jaw is fixed, they flex the head."<sup>\*</sup>

Sappey says: "The *genio-hyoid* raises the hyoid bone when the jaw is fixed, and lowers the jaw when the hyoid bone is fixed, and flexes the head when both are fixed."<sup>†</sup>

J. Cruveilhier says of the digastric: "If the hyoid bone is fixed the posterior belly becomes the lowerer of the jaw, in consequence of the reflection of the muscle; the anterior and posterior bellies can throw the head backward."<sup>‡</sup>

Jamain says: "If the hyoid bone is fixed, the digastric co-operates in lowering the jaw."<sup>§</sup>

Todd's *Cyclopædia* says: "When the hyoid bone is fixed by its depressors, and perhaps in some degree retracted by the joint actions of the posterior belly of the digastric and of

\* *Traité d'Anatomie Descriptive*. 3me ed., tome 2me, p. 179. Paris, 1851.

† *Traité d'Anatomie Descriptive*. Tome 1, première partie, p. 218. Paris, 1850.

‡ *Traité d'Anatomie Descriptive*. Troisième edit., tome deuxième. p. 182. Paris. 1851.

§ *Nouveau Traité Elementaire d'Anatomie Descriptive*. p. 180. Paris, 1853.

the omo-hyoid, the anterior belly, both passively as a reflected cord, and actively in virtue of its muscular fibres, depresses the lower jaw, and opens the mouth."\*

"Chief action of the omo-hyoids is to tighten the cervical fascia during deglutition; they are also capable of depressing the hyoid bone."†

Gray's *Anatomy* says of the digastric, mylo-hyoid, and genio-hyoid: "When the hyoid bone is fixed by its depressors and those of the larynx, they depress the lower jaw;"‡ and further, that in deglutition "the anterior belly of the digastric carries the hyoid bone, &c., upward and forward and the posterior belly upward and backward," and says of the *platysma-myoides*: "Its anterior portion, the thickest part of the muscle, depresses the lower jaw."§

Henle thinks: "The *platysma-myoides* are not depressors of the lower jaw."§

Duchenne says: "Its action being exhausted by the mobility of the integuments of the face, the neck and the chest, it has no longer sufficient strength to depress the lower jaw."¶

Cruveilhier says: "The *platysmas* are sometimes unequal in strength."\*\*

Ziesssen says: "The muscle is sometimes absent."††

The absence of the *platysma-myoides* in some cases, and its inequality in others, proves that it is not of any consequence in depressing the jaw, which is a movement requiring great promptness and exactitude. It may be held between the thumb and finger, near the front of the jaw, and if care is taken to discriminate between it and the integument, it may be felt that the muscle pays no attention to the movement of the jaw.

\* Todd's Cyclopædia. Vol. III., p. 564.

† Ibid. p. 568.

‡ Gray's *Anatomy*. 2d American Edition, p. 260.

§ Ibid. p. 256.

§ Handbuch der Muskellehre des Menschen, von Dr. T. Henle, Professor de Anatomie in Goettingen. p. 108.

¶ De l'Electrisation Localisée. p. 360. Paris, 1855.

\*\* Traité d'Anatomie Descriptive. Troisième edit., tome deuxième. p. 166 Paris, 1851.

†† Die Electricität in der Medicin, p. 44. Berlin, 1857.

The muscles which centre in the hyoid bone have power to control and move the organs to which they are attached, (and of which they are in several instances important parts,) subject, however, to the following limitations. The *stylo-hyoid ligament* passes down on each side from the styloid process of the temporal bone to the little horn of the hyoid bone. These ligaments have, therefore, a slanting course, while the *supra-hyoid aponeurotic layer*, between the hyoid bone and the inner side of the front of the jaw, has a horizontal direction. By this arrangement the glottis and its covering, &c., are held at some distance from the back of the pharynx, and free respiration secured, independent of muscular action, while the hyoid bone can move upward or forward to a considerable extent, and be returned to its natural position when at rest, in any direction that is not back of this resting-place. But below this the downward, and especially the backward movements of the hyoid bone are very limited, being only what is gained by the tightening of the ligaments, &c.

Although a case is sometimes seen in which the *stylo-hyoid* ligaments give place to muscles, in others they are entirely ossified, and the temporal bones and the hyoid bone are in one piece. Showing that, depression of the hyoid below its natural position when at rest, is unnecessary, except to a trifling extent.

The digastric muscle is set down as drawing the hyoid bone backward and forward in deglutition, and as depressing the jaw by acting as "a reflected cord." These services are inconsistent with each other and with the anatomy of the parts. If it were fixed so as to draw the bone backward and forward, it could not slide and be of service as a "reflected cord" sufficiently to lower the jaw. To do the latter the anterior belly should be inserted higher up the jaw, while a long unrestricted tendon of the muscle should run through a fixed loop on the lower border of the hyoid bone, which last should also be freed from the styloid ligaments, and be drawn down half-way to the sternum every time the jaw opened wide, and proportionally for less opening.

In respect to the united action of both bellies drawing the head backward, it is only necessary to say that the origin of the digastric is partly in front of a line drawn across, just behind

the condyles of the occipital bone; it could not, therefore, draw the head back appreciably even if its insertion were directly under its origin. It is consequently a mistake to suppose it can do so when its direction forward is more horizontal than vertical. In fact this muscle is the great agent in drawing the head *forward*. The posterior belly slants down to the hyoid bone, but the anterior is nearly horizontal in its course, and when the muscle acts it tends to the line of its attachments by drawing or endeavoring to draw the hyoid bone upward unless the jaw is much depressed, when, as the muscle is straight, or nearly so, it has no power to raise the hyoid bone. But in several important services the digastric acts in concert with the omo-hyoid. In this way the muscles passing from the hyoid bone to the front of the jaw, including the anterior belly of the digastric, are as effectually antagonized as if a powerful muscle passed from each side of the hyoid bone to the opposite cervical vertebrae, with the advantage of greater length of muscle to contract, and easier adaptation to the movements of the jaw; and the muscles in front of the hyoid bone act, when necessary, in alternation with the omo-hyoid and the posterior belly of the digastric. More frequently, however, the anterior belly of the digastric acts with the posterior belly and the omo-hyoid, for they keep the head upright. In doing this the omo-hyoid muscle and the posterior belly of the digastric draw or hold the hyoid bone back, while the anterior belly of the digastric brings in the chin, and the *temporal* and other elevators of the jaw draw the head forward; in this way the digastric acts on a long lever, as the head rocks on a centre, but a little below the entrance of the external ear. The digastric and omo-hyoid muscles are always active during forward or backward movements of the body or head. They do for the head what the sterno-mastoid muscles do for the spine, and their action can be felt easily with the finger, in sitting down or rising up, &c. They are also powerful rotators of the head, and the action of the omo-hyoid is singularly quick in sudden turns of the head, (as with the sterno-mastoid muscles,) the digastric being useful in assisting to keep the hyoid bone up in place, it being held laterally by the aponeurosis and probably by the mylo-hyoid muscle.



If the end of the finger is placed just behind the origin of the *cleido-mastoid* during these movements, the omo-hyoid will be felt rising above the clavicle, and carrying the cervical fascia upward and backward; and if a finger is placed behind the mastoid process so as to cover the end of the digastric notch, the digastric muscle will be felt acting in concert with the omo-hyoid, and the anterior belly can be felt between the jaw and hyoid bone. The peculiar attachment of the digastric can now be appreciated, as the hyoid bone is left sufficiently free in its various movements, although it is at the same time the centre of control and support to the head. The importance of this support to the head can hardly be over-estimated, for the weight of the head beyond the atlas must be balanced. This the digastric and omo-hyoid muscles do effectually by acting upon the jaw, which is a lever whose length below the top of the atlas is over one-third of the height of the head above the atlas. The points from which these muscles act are the mastoid process and the shoulder; the vertex of their angle being in the hyoid bone, from whence they draw in the chin; in this direction they are very active and powerful. They not only balance the head in locomotion and leave the other muscles free to act in deglutition, vocalization, and articulation, but give them important assistance.

The following quotations show the opinions entertained as to the action of the muscles which move the lower jaw:

Gray's *Anatomy* says: "The temporal masseter and internal pterygoid raise the lower jaw against the upper with great force. The two latter muscles, from the obliquity in the direction of their fibres, assist the external pterygoid in drawing the lower jaw forward upon the upper, the jaw being drawn back again by the deep fibres of the masseter, and posterior fibres of the temporal. The external pterygoid muscles are the direct agents in the trituration of the food, drawing the lower jaw directly forward, so as to make the lower jaw project beyond the upper. If the muscle of one side acts, the corresponding side of the jaw is drawn forward, and the other condyle remaining fixed, the symphysis deviates to the opposite side. The alternation of these movements on the two sides produces trituration."\*

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\* Gray's *Anatomy, Descriptive and Surgical*. 2d American Edition, p. 252. Phila. 1865.

Todd & Bowman's *Physiological Anatomy*, part iii., p. 539, says: "The *external pterygoid* neither raises nor depresses the lower jaw."

My own views as to these muscles also, differ materially on some points from those expressed in the quotations. The *stylo-hyoid ligaments* make it impossible that the hyoid system of muscles can depress the lower jaw by acting upon it vertically, and the following experiments show that they do not.

By resting the finger on the thyroid cartilage, with its end placed against the hyoid bone, it will be found that they do not descend when the jaw is opened.\* Further, if the thumb is placed under the chin and the jaw held *firmly* open against it, by carefully throwing the hyoid bone up by swallowing, it will be found that the jaw is held down by other muscles than those inserted into the hyoid bone; as it will not go up if the experiment is properly conducted, even when the hyoid bone is carried above the border of the jaw. This may, however, require some care and practice; as the jaw is, in general, nearly shut in deglutition, and its depressors are inclined to relax in sympathy with the movements of the other parts. The position of the *masseter* is too well known to need particular description. The fibres of the deep portion have a more perpendicular direction than those of the superficial portion, the last passing backward as much as downward. The deep portion draws the jaw upward and backward, the superficial portion upward and forward. The *internal pterygoid* has the same general direction as the superficial portion of the *masseter*, excepting that as it arises from the pterygoid fossa it passes considerably outward to reach its insertion on the inner side of the ramus and angle of the jaw. It has, therefore, not only the upward and forward motion of the superficial portion of the masseter, but also lateral power over the jaw.

These muscles not only raise the jaw and teeth, when cutting with the incisors and crushing with the molars, but are also the main movers of the jaw in trituration. In cutting they bring the jaw forward bodily; in trituration they exert more forward and lateral action on one side than on the other; by this the jaw is thrown over to the opposite side and then

\* Except to a trifling extent, when the jaw is opened unusually quick or wide.

*drawn in and carried out continuously on that side*, and not carried over to the other side. It is a mistake to suppose that trituration of the food is effected by the alternate action of the muscles of both sides. When the jaw and teeth are perfect, the teeth of one side only are used, until the muscles tire, perhaps, and then those of the other side are resorted to. If the teeth are tender, badly placed, or deficient on one side, trituration is performed on the other only.

The *temporal* muscle, which covers so large a portion of the side of the head, and is strongly inserted into the inner surface, apex and anterior border of the coronoid process of the jaw, pulls its insertion upward and backward, and assists the *masseter* and *internal pterygoid* muscles in cutting, crushing and tritulating the food.

The *external pterygoid* is a short, thick muscle, which arises from the pterygoid ridge on the great wing of the sphenoid, and the portion of bone included between it and the base of the pterygoid process, from the outer surface of the external pterygoid plate and the tuberosity of the palate and superior maxillary bones. It arises in two portions separated by a short interval; they both pass outward and backward and are inserted into a depression in front of the condyle of the lower jaw, and into the corresponding part of the interarticular fibrocartilage. The separate portions join and form one muscle previous to their insertion; the middle fibres being horizontal, but as the origin of the muscle is very wide vertically, the upper portion descends in passing back, while the lower ascends. This strong and beautiful muscle has, from its peculiar situation, great influence over the jaw. The origin being more internal than the insertion, gives the muscle control over the condyle laterally, by which it is held firmly in the glenoid cavity, and the great strength of the muscle tends to keep the condyle from being driven back by falls, or blows upon the chin, which otherwise might occur easily, as the glenoid fossa is very shallow behind.

A more prominent service of this muscle is when it brings the condyle forward either on its own side alone, as in trituration, or with its fellow of the opposite side, as in cutting by the incisors. In these movements it acts in concert with other motors of the jaw. To consider it especially the tritulating

muscle is no more correct than to suppose that when triturating with a pestle in a mortar, the thumb and forefinger (which are further from the grinding surface) are the triturators rather than the fingers below.

The *external pterygoid* muscle controls the upper end of the jaw in concert with the *temporal*, while the muscles attached to the body have especial control below, and by the concerted action of all, power and steadiness are secured in the complicated movements of the jaw, and of the lower teeth against the upper. The *external pterygoid* muscle has one office peculiar to itself, that of holding the condyle fixed on any part of the *eminencia articularis*, to which it may be drawn in movements of the jaw. For this service the muscle is admirably fitted by the great width of its origin, which enables it to brace the condyle so firmly against the part above and in front of it, that the jaw is fixed, even when wide open, as firm as if the condyle was hinged in that position.

The *eminencia articularis*, the rounded projection which forms the front of the glenoid fossa, is indispensable to this fixation of the condyle; and as the condyle in coming forward, mounts this eminence, the jaw, while going down in front, is also carried down bodily, by which the back teeth of the lower and upper jaws are widely separated. These advantages are gained while the centre, or rather the curve, upon which the jaw turns, is three-fifths down toward the angle. This may be tested by placing the wrist and hand around the back of the neck and applying the end of the middle finger to the back of the ramus, and finding the point upon which it turns, which is probably near the insertion of the internal lateral ligament. By this arrangement the jaw is opened promptly and widely, without interfering with the parts behind; which would be injuriously pressed upon if the condyle remained still and the angle went back far enough to open the jaw wide.

The *external pterygoid* is now to be spoken of in a service in which the action of the muscle is greater in range, frequency and importance than in any other, and in which it has never before been recognized, *that of opening the mouth*. This mus-

cle antagonizes the temporal, masseter and internal pterygoid muscles and is, especially by its lower head, *the depressor of the lower jaw*. It does this alone when necessary, without assistance from any other muscle. Its ability to do this may be proved by bracing the arm against the breast and applying the thumb firmly to the chin; or better, by placing the jaw flat on the mantel, or any fixed support, then on opening the mouth the head will go backward, being drawn back by the external pterygoids whose insertions in the condyles are fixed by support of the jaw.

The action of the external pterygoid muscles in opening the jaw is similar to their action when the jaw is brought forward to cut with the incisors, the difference in effect being produced by other muscles; the temporals probably act similarly in both movements. The masseters and internal pterygoids, however, must relax in the opening of the jaw instead of assisting to carry it forward as in cutting, while the digastrics, which relax in the forward movement of the jaw, undoubtedly assist to draw the chin back in gaping, vomiting, and in very wide opening of the mouth when voluntary. When not otherwise employed, it is probable that they always assist in opening the jaw, as they are admirably fitted for carrying the chin back, when the condyle is going forward. It is impossible that they could carry it back readily if the condyles were not at the same time pulled forward. For, when the chin points down very much (as in some persons even with the jaw closed), the digastric muscle forms but a slight angle at the loop, and decided action of it in such cases would tend to keep the condyles of the jaw back in the glenoid cavity from the start, or soon after, as the opening of the jaw would straighten the digastric so much that it would pull nearly in the direction of the ear and have but little power to carry the chin back. That the digastrics draw the condyles of the jaw back in the glenoid fossæ when acting without decided action of the external pterygoids, is demonstrated by exerting strong suction with the tongue against the roof of the mouth. In doing this the upper and lower teeth are held a little apart and the condyle of the jaw can be felt to move back, as the muscles tighten, if the point of the little finger is pressed firmly into the

ear so that its front rests against the auditory process. In cases where the anterior belly of the digastric ascends from its loop to the chin, so that it has some vertical direction to favor it; and even supposing it were assisted by strong back fibres in the mylo-hyoid muscle, it is not possible that the condyle could release itself from the *eminentia articularis*; and unless it did so and came forward, the jaw could open only to a trifling extent, for it would act as if hinged in the glenoid fossa. But with the external pterygoids drawing the condyles forward, the jaw opens readily, as upon a centre in the ramus, and the question arises as to what the jaw really turns upon.

The masseter and internal pterygoid muscles hold the angle very much as if a sling were passed around it, while the *stylo maxillary ligament* is also inserted into the angle. It might therefore be thought that the jaw turned upon the angle if this part did not go back during the forward movement of the condyle, thus proving that the jaw turns on a portion of the ramus between the angle and the condyle. Under all the circumstances the insertion of the *internal lateral ligament* around the inferior margin of the dental foramen marks the centre upon which the jaw opens with sufficient exactness. This ligament is a thin aponeurotic expansion, which descends perpendicularly from the extremity of the spinous process of the sphenoid bone, and cannot properly be considered the special support of the jaw in its downward or upward movement. It is more likely that the pterygo-maxillary ligament also exerts an influence, and that all the ligaments and muscles inserted into this part of the bone are instrumental in determining the centre upon which the jaw opens.

The shape of the jaw, whether congenital, or modified by age, or accident, may also vary the location of the centre somewhat; but at all ages the condyles must come forward to open the jaw effectually. This can be done only by the *external pterygoid* muscles, whose special office is to move and also fix the condyles, and in connection with the temporal and other elevators, the jaw also. In this way only can the digastrics and associate muscles act efficiently in their most important functions; otherwise they would be disturbed by undue movement of the jaw. In certain cases, however, the digastrics, as before stated, assist in moving and holding the jaw.

When the *external pterygoids* throw the jaw wide open, the chin is much below the hyoid bone, but controlled by the anterior bellies of the digastric muscles, the hyoid bone being fixed by the posterior bellies and by the *omo-hyoid* muscles, which can now be felt in action. Consequently the three extremities of the jaw, the chin, the angle, and the condyle, have each diverging or converging muscular support. The *digastrics* go to the chin, the *internal pterygoids* go to the angles, and the *external pterygoids* to the condyles. This arrangement of the muscles in connection with the ligaments holds the jaw firm in all its complicated movements.

It has been shown that the *sterno-cleido-mastoid* muscles do not rock the head, but that they give anterior support to the atlas, while the *splenii* muscles give posterior support, and that in combination they support it and the head laterally. This support is so complete that the head has a firm resting place, upon which it is held securely in all positions. The muscles which give form to the neck, and support and move the spine and head, are so arranged as to leave the front of the spine free for the tongue, larynx, and trachea, with their special muscles, &c., and for nerves, blood-vessels, and glands of prime necessity.

These important parts are shut in and protected by the lower jaw, which gives attachment to muscles indispensable to those organs in the performance of their functions, while its own movements are in strict subordination to them. By this respiration is secured from interruption at all times, and occasionally made tributary to vocalization and articulation, and the vocal tube modified and moved with wonderful delicacy and energy in its participation in these functions, and in accordance with those of mastication and deglutition.

The lower jaw is also the great lever by which the head is held upright.

These explanations of the physiological action of the muscles which control and influence the lower jaw, prepare the way for the diagnosis of its fractures, upon which I purpose to write hereafter.

ARTICLE XLII.—*A Brief Sketch of the Life and Character of the late MATTHEW SEMPLE, M.D., Prof., &c., &c.* By SAMUEL B. BARLOW, M.D. Prof. of *Materia Medica and Therapeutics*, in the Homœopathic Medical College of New-York. Delivered before the Faculty and Students, October 18th, 1867.

GENTLEMEN:

By the kind invitation of the present incumbent of the Chair of Chemistry and Toxicology in this Institution, with the concurrence and approval of the Faculty, I appear before you to occupy a brief hour in endeavoring imperfectly to portray the life and character of our late, lamented colleague, Professor Semple. I the more readily acceded to a request thus kindly preferred, because, for two seasons past the Professor had been an inmate of my family and had endeared himself to the household by his many and excellent graces. But in entering upon the fulfilment of the mission thus delegated to me, I found myself sternly confronted by a class of elements of mind and character, which, in the concrete, constitute no ordinary phase of humanity. Feeling doubts of my capacity to grapple with and handle successfully those elements, I have felt constrained to proceed cautiously and with fear, lest I might do injustice either by too large an expression of my appreciation of his many excellencies, or else by falling short of what was demanded by truth in treating of a case somewhat extraordinary. I have endeavored to follow a just and well warranted middle course, which, in general is found to be the safest, as well as quite often the pleasantest and most satisfactory course to be followed on occasions of this kind. I therefore crave a suspension of any rigid criticism for what may be deemed a failure on my part in the performance.

The records of a good man's life afford an instructive, a perpetual, ever-pleasing, ever-profitable lesson to the mind of the contemplative and thoughtful. The history of man, which is the history of the world, is mainly conversant with the sinister side of human nature: a record of his evil passions, desires, propensities; his ambitions, his feuds, his defeats and his con-



quests. Wars, murders, circumventions, assassinations, rivalries, fill up the world's history as acted out by its great men—its heroes—its Alexanders, its Cæsars, its Napoleons. All the world's ignoble great men fill the volumes of the world's history, leaving brief space wherein to record the acts of its Washingtons, and the kindred spirits whose brilliant, benevolent and useful acts should fill to repletion the emblazoned page of humanity's history. To the contemplative mind the revolutions of kingdoms and states, the rise and fall of empires and hierarchies afford a fund of instruction and matter for improvement not superior, if indeed equal, to the quiet, unobtrusive, useful walks of the philosopher, the physician and the civilian. Who would exchange the sweet biography and character of a Newton, a Marmontel, an Addison, or a Priestley, for the more startling, because the more criminal, more soul-harrowing narratives of the lives of the great earth's conquerors, heroes, so-called, and tyrants, who have only gained a name, an eminence, of infamy, perhaps the possession of a throne and coronet by wading through rivers of blood to accomplish their unholy desires and aspirations?

The family of Semple is an ancient and well-allied Scotch family, not unknown to martial and literary fame. They were with Wallace, and with Bruce also, in the early border wars, not as laggards, or idle hangers-on to the army, but active, and ably fulfilling their mission there, as well as in all places where their vocation led them. Sir Walter Scott has not omitted an honorable mention of the Semples in his historic novels, which are really much more reliable than some sober and ponderous histories of which I ken. Several of the name have won distinction in literary walks, in the fields of history, poetry, voyages, travels, statistics, mathematics and romance. Robert Semple, an uncle of the man to whose life I am about to direct your attention, wrote and published, between 1803 and 1814, various works, to wit: "Voyages and Travels in and about the Cape of Good Hope, from Cape Town to Bletterberg's Bay;" a novel, entitled "Charles Ellis," in which are incidents of a voyage to the Brazils and West Indies; "Travels through Spain and Italy, to Naples, thence to Smyrna and Constantinople;" "The Spanish Post Guide," a book for tra-

vellers; "A Journey to Spain, the Sierra Morena, to Seville, Cordova, Grenada, Malaga, Gibraltar, Tetuan, Tangier;" "Observations on the Present State of Caraccas, and visit to La Victoria, Valencia and Puerto Cabello." "Travels from Hamburg to Berlin, Gorlitz, Breslau, Silberberg and Gottenburg." All the above-named works were written and published between 1803 and 1814. He was appointed to the honorable and responsible post of Governor of the Hudson's Bay Company, whither he repaired, and was massacred by the savages in a rebellious uprising of the northern tribes in 1815 or 1816. (?)

The father of Robert, the traveller, had a trading-house or factory, at the Cape of Good Hope, which reasonably enough accounts for his son's being in that part of the world. It may be said, without any leaning to vanity or arrogance, that the family have been for four or five generations at least, noted for good sound sense, mental activity, and general intelligence and enterprise. A most lovely maiden sister of the subject of this memoir, still resides at Wilmington, Delaware. She is a lady of great intelligence, in good pecuniary circumstances, eminently devoted to deeds of charity and mercy. During the slaveholders' rebellion, she obtained, not without great propriety, the *soubriquet* of the "Florence Nightingale of the South." She was the first lady of loyal and patriotic proclivities who entered Richmond after its capture. She spent much time and large sums of money in relieving the sick and wounded soldiers, and others whom the fortunes of war had rendered objects of charity. She spent much time nursing in the hospitals at Fredericksburg and elsewhere, "laying up treasure where moth and rust corrupt not."

Matthew Semple, Doctor of Medicine and Professor of Chemistry and Toxicology, at first in the Homœopathic Medical College, at Philadelphia, from its commencement, for eight years, and at a later period, in the Homœopathic Medical College of New-York, for four sessions and a half, and up to the time of his death, was the son of Matthew Semple, of London, England, and his wife, Hannah Jackson, a lady of high cultivation and intelligence.

The Semple family, of which our subject was a descendant,

were of the family of Lord Semple and the Earl of Selkirk. Matthew, the father of the Professor, was one of five brothers, most of whom died in the service of the British Navy, none of whom married except Matthew, who, having come to America, in July, 1798, became a shipping merchant in Philadelphia, in which business he continued until the embargo was enforced, pending the war of 1812-'15, between Great Britain and the United States of America, which effectually closed the avenues of that business, he retired to Washington, Pennsylvania, where he was in the superintendence of a Branch Bank of the United States, the parent bank, (of Jackson and Biddle notoriety), being located in Philadelphia. In Washington he lost his talented wife, the mother of Matthew, when he was but about two years old, which, of course, must have been about 1815 or '16.

Matthew was born in Philadelphia, May 21st, 1813. The old adage was never more true than in his case, which says: "The boy was father of the man." In early youth he evinced an unconquerable love for philosophy and chemistry. Making a laboratory of the attic of his father's house, where he could without disturbance make his boyish experiments, with his crucibles and apparatus, most of which were of his own manufacture, his love of experimenting and play (and he considered his experiments as his play) were so great, that he made little progress in his more legitimate education until he was thirteen or fourteen years of age, at which period of his life his father placed him in the celebrated school of Mr. McAdam, a teacher of much celebrity. He now, for the first time, seemed to feel the necessity of securing an education, and applied himself earnestly, as was his wont in whatever he undertook, to accomplish the now understood and appreciated task of its acquisition. He seemed to lose no moments of time; usually finishing his tasks before his class-mates had fairly commenced theirs. His receptive and retentive faculties and capabilities were really excessive, exhibiting a cerebral activity which characterized the whole career of his life. His teacher, soon doubting whether knowledge, acquired with such an astonishing rapidity could be thorough, questioned him with critical closeness; he found his answers not only correct, but that he had

made himself master of his subjects in all their more immediate and necessary connections. It was not an unusual occurrence for him to study all night, himself only cognizant of the fact, when he found the morning sun-light streaming into his room through the window. He was enthusiastically devoted to chemical experiments and inventions, and improved some of the methods of chemical manipulation and processes for chemical illustration. During the latter years of his life, learning by the public prints the regrets expressed by the Emperor of the French, at the fact that the iron-clads of the French navy were faster going to destruction than those of the British and American navies, by rapid and unchecked oxydation; and seeing, as he believed clearly, how the destructive process could be hindered and repaired, he wrote to the Emperor, detailing a plan for the purpose. His letter was well received and replied to by the Emperor in person, and the letter is still in the family. The views of the Professor were adopted and put in practice, with what success I know not. At eight years of age he was in Latin, which he then wrote with a correctness and judgment not often seen in students far advanced toward a collége course. Latin letters of his, written at eight years of age, are yet with his family, and preserved with a truly religious veneration. Professor Semple, when a young man, studied for the Episcopal Ministry, with Rev. Dr. Stephen H. Tyng, who was then in orders in Philadelphia; and after his theological course was finished he was several years engaged in preaching and ministering in Episcopal orders in the City of Harrisburg, Pa., where his labors were highly appreciated; and he then had before him the cheering and comfortable prospect of a life of great usefulness and acceptableness as a pastor. Many of his written sermons still remain, monuments of his untiring industry, and evincing a lucidness, an eloquence and power rarely found in similar performances. He was an orator by nature and much more by cultivation and experience.

He commenced the study of medicine as early as 1830, as appears by his Lecture Tickets still in the hands of his family and graduated M.D., from the University of Pennsylvania in April, 1838.

He however did not enter diligently into practice of his Profession for some years, being deterred partly by poor health, partly by directing his more diligent attention to his religious ministrations; but more from pure devotion to chemical and philosophical pursuits, they being at all times the specially cherished employment of his mature, as they had been of his juvenile years. At the very opening of the Homœopathic Medical College of Pennsylvania he entered the Faculty of that Institution as Professor of Chemistry and Toxicology and continued in the Institution in that capacity for eight years, a faithful worker and diligent promoter of the interests of the College, cotemporaneously with the present Dean of this Faculty. He held the same position in the Faculty of this the Homœopathic College of New-York for four and a half of the seven sessions of its existence, in which station he still remained at the time of his untimely and lamented decease. As a teacher his Prælections were direct, lucid, pointed, apprehended with ease by the student: communicated in a manner calculated to please, encourage, cheer and fortify the ambition of his pupils; while his manner on all occasions was calculated to secure the friendship and cordial esteem of all who knew him.

A perfect glow of earnest, sincere and honest enthusiasm was infused into all his teaching and pervaded all his intercourse with his fellow-beings, whether his superiors, inferiors or equals. While the Faculty of this Institution mourns with most sincere and unfeigned regret the great loss which the death of Professor Semple has inflicted upon it yet it sees in the future the bright prospect of his place, so mournfully vacated, filled to the satisfaction of all concerned in the interests and welfare of the School by the genius and industry of the present incumbent of the chemical chair.

As a man Professor Semple was nobility itself. Honest, simple, truthful, unassuming, devoid of pride or *hauteur*, beloved of all who knew him.

As a Christian, sincere, humble, well versed in the great doctrines of his Great master. As a scientific teacher he had few equals; scarcely a superior. As a friend; steady, reliable, trustworthy to the last degree. As a father and husband, kind, indulgent, yet firm, replete with every grace which

adorns the home-circle. He brought up his family in the fear of God ; teaching them to do the good and eschew the evil. As a Citizen, patriotic, loyal. As a member of a learned Profession he was esteemed in an eminent degree by the whole brotherhood of the Faculty in the great community of which he was a member.

As a practitioner of the Healing Art he was eminently successful ; a careful follower of the great therapeutic Law and in all his intercourse with the sick, the suffering and the feeble, he was actuated by a truly benevolent thoughtfulness ; of kindness most eminent toward the needy, the distressed and bereaved ; imitating the example of his Master in endeavoring to soothe and assuage the inevitable painful attendants and concomitants of the sick-bed and cheering the departing by the benignity of his counsel.

Matthew Semple died as he had lived, at peace with his God and with his fellow-men. The last few months of his life were spent, as if he believed his end was approaching, in setting his house in order, and he had succeeded in placing his pecuniary concerns in such condition that he could well say : I am ready to depart, my work is done, my trunk is packed and ready for my journey.

His pupilage in homœopathy was under the guidance and direction of Dr. Jacob Jeanes, an early and well-trying friend, who remained such to the last hours of his life ; and the Doctor's attentions were kindly and tenderly bestowed during the last hours of the life of his dear, long-cherished and beloved friend.

He had labored under some derangement of cardiac action for many years, and at last he succumbed to a sudden accession of valvular disturbance, with some paralytic manifestations, and finally yielded up his spirit, after a few hours of illness, on the 17th day of May, 1867. He was buried on the 21st, in Mount Moriah Cemetery, in West Philadelphia, on the very day on which, had he lived, he would have completed his fifty-fourth year.

Professor Semple was but once married, which was on May 28, 1842, to Miss Caroline E. Wills, of Harrisburg, Pa. His widow still lives, with an exceedingly agreeable and well-re-

gulated family of five children, three daughters and two sons, all of whom remain at home, unmarried. The eldest son is in a shipping-house, in Philadelphia, with good prospects for a brilliant future; the younger son, a young man of seventeen or eighteen years, through with his preliminary studies, may probably turn his attention to medicine or to the trade in drugs. Professor Semple died of congestion of the brain, with effusion and paralytic manifestations. His illness was short, and after he went into the profound condition he was unable to speak; a deep lethargy or coma supervened, lasting until life was extinguished. Temperate was he, eminently, perhaps, even to a fault; for, if he had allowed himself a glass of generous wine, when exhaustion of the vital powers was, as it often was, quite manifest in him, doubtless it might have helped to maintain the normal standard of innervation and circulation, and thus have aided and warded off congestion and any paralytic tendencies. Excessive heat and active exertion in walking may have been the immediate exciting causes of the attack which brought about the end of his life, by over-exciting the circulation and action of the heart; but of this it is useless to speculate. He may have had some hereditary or constitutional proclivity toward congestion and paralytic manifestations, and a brain habitually active may have had much to do in bringing about the final and fatal cataclysm.

How ought all who knew him to be ever thankful to that Great Beneficent Power who guides the destinies of all, for the bright and ennobling example so brilliantly set out before us, and how ought we all to exert our utmost capacities in endeavoring to imitate the blessed example thus afforded us in cleaving to the good and avoiding the evil with which our life-path is so thickly strewn! May the God of all grace and power and glory enable us all to follow in the footsteps of our illustrious brother who has gone before us, pointing the way and calling us to come upward to share his reward.

#### ADDENDA.

I will add a few words from two letters, one from the venerable Jacob Jeanes, M.D., of Philadelphia, who is too well-known to the profession to need any word of commendation here or elsewhere; the other from Mr. H. Morrow, Principal of a High

School or Classical Institution, at Hatboro', near Philadelphia, a gentleman of the purest and most exalted integrity, and for a very long time an ardent friend of Professor Semple, and who affirms only what he well knew to be true.

Dr. Jeanes says: "Enjoying such friendly relations with Dr. Semple, your request has given me much pleasure. My first acquaintance with him was formed whilst he was a youth, in the shop of an apothecary, who was an old friend of mine. He was a youth of good morals and was well informed in matters relating to his business. In time, after surmounting many difficulties, through enterprise and energy, he became himself the possessor of an apothecary shop. Whilst he was engaged in this occupation he delivered one and perhaps several courses of lectures on his favorite science, chemistry. Knowing him to have color-blindness, so that he could not distinguish naturally red from green, I put him through an examination in regard to the colored things in his shop, and he answered to every thing correctly, making a retentive and cultivated memory compensate for his deficient power of distinguishing the red from the green, &c.

"Our friendly relations, which commenced so early in life, continued to its end. Even in his last illness I attended him as one of his physicians. He was my pupil whilst studying medicine in the University of Pennsylvania, of which he was a graduate. Our conversations then and afterward often turned upon the subject of homœopathy, and may have been influential in turning his attention to it. After his acceptance of the Chair of Chemistry, he commenced the study of medicine, and in practice adopted the homœopathic system. I may be allowed to say I assisted him in this as well as I could."

Dr. Jeanes adds much more of an extremely interesting nature, but brevity compels me to leave out much that I would gladly insert.

Mr. Morrow says: "His genius was entirely his own; he scorned to imitate any human being, for his lofty intellect and grasping faculties soared far above any contemptible imitation of his fellow-men. In his religious views as well as practices he was a true Christian. His philanthropy was universal; his large heart went out in sympathy to the oppressed, not only



in words but in actions, administering consolation to the afflicted, feeding the hungry and pointing the sinner to the Lamb of God. He was always engaged in some good word or work. It always afforded him greater pleasure to give than to receive; I have known him to give his last dollar to a friend, let that friend be bond or free; all were brothers in the common bond of humanity, and all shared his kind sympathies.

“His early professional career was attended with difficulties which few men could surmount, but he grappled with them, and with a firm and steady purpose conquered them all and arose to an eminence in his profession which few attain. His tastes were strongly literary and scientific. I have known him, after laboring in his business in Philadelphia arduously through the week, and for years too, to walk to Germantown, with his rude apparatus on his shoulder, and lecture, (always to a full house); and at its close, which never was earlier than ten o'clock at night, he would walk to Hatboro', lecture the next evening, (which was Saturday,) to my students, and on Sunday morning walk to Pennipack, nine miles, preach there, and find his way as best he could to the city, to resume his duties and repeat the same thing again, which he did without murmuring, but always cheerful and happy. His apparatus was mostly made by himself, from whatever materials he could lay his hands upon; old glass-ware, carpet-rods, necks of porter-bottles; in short, he would make anything he wanted from the rude materials at hand. I never saw him at fault in the lecture-room or anywhere else for want of apparatus to illustrate his subject. As a lecturer he was highly appreciated, possessing always that “*suaviter in modo*,” peculiar to himself; whilst, at the same time, his earnest truthfulness manifesting itself, and showing that he possessed in an eminent degree that other faculty of a public speaker, the “*fortiter in re*.” As a chemist, I think I am not saying too much when I say he had no superior. As a physician, few equals. As a Christian, unostentatious and doing the will of his Master. As a man, honest. Pope's couplet may well apply to our friend who has gone before us: “An honest man's the noblest work of God.”

His place will be hard to fill both in the social, scientific

and religious circle, for the world did not appreciate him and God called him home :

“ Whom God best loves he soonest calls away  
To realms of bliss, where reigns eternal day.”

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ARTICLE XLIII.—*A Singular Case,—and its Treatment.* By  
E. M. HALE, M.D.

Mr. S., a gentleman of above fifty years, applied to me for treatment of symptoms having the following singular history :

On a warm day in June—while ploughing in a rather wet field—he felt a severe sense of nausea, *which resulted in vomiting whenever he looked at the pools of standing water.* He had some thirst, but whenever he thought of drinking, the nausea was increased. From that day his stomach became so weak that he could not retain but a portion of his food eaten. Vomiting of ingesta would sometimes occur before he had finished his meal, sometimes an hour after eating. He had not observed that the sight of water caused vomiting of late; he had no difficulty in drinking water. His weight had decreased from 180 to 120 lbs., and his strength was failing rapidly. Bowels very constipated, only one evacuation a week, generally. Tongue clean, breath not offensive, urine normal, mind depressed, pulse feeble, but regular.

I could not do otherwise than diagnose this case as one of those *neuroses* which cannot be classified, or accurately explained in the present state of pathology. I could not gain any clue to the predisposing cause of the malady. The man said he was in good health when he was seized with the symptoms mentioned.

Although the symptoms did not correspond very closely with those of *Aquaphobin*, there was sufficient resemblance to warrant the following prescription :

*Aquaphobin* 30th. Five drops 3 times a day; with diet of beef-tea, stale-bread, rice and black-tea. In two weeks the patient came into the city and reported that he did not now vomit his food until an hour after meals. His mind was less depressed, and he thought he was better.

Believing the *Aquaphobin* had done all that could be expected of it, I prescribed

*Nux-vomica*, 31st, two drops two hours after each meal, or three times daily.

Three weeks passed by and my patient presented himself before me with a very gratified expression on his face, stating that after the first week of taking the last medicine, the vomiting of ingesta ceased entirely, and that he now could eat the simple articles of diet I recommend, with impunity in considerable quantities. He had gained three pounds in weight each week, and wished to learn if he could not eat meat, and vegetables.

*Nux-vomica*, 2d trit., one grain, was ordered at bedtime, and a dose of the 31st in the forenoon.

I prescribed the 2d trit., because the bowels still remained obstinately constipated, with more weakness in the lower extremities than the rest of the body. Four weeks from the last prescription, he sent me word that he was gaining four pounds a week in weight, could eat anything he pleased—digested it well, and that his bowels were regular. Discharged cured.

ARTICLE XLIV.—*Remarks on Provings with High Potencies.*

By B. FINCKE, M.D., Brooklyn, N. Y.

With caution judge of possibilities,  
Things, thought unlikely, e'en impossible,  
Experience often shows us to be true.

SHAKESPEARE.

PROVINGS by high potencies are not a novelty. Our literature furnishes several by Hahnemann, Hering, Wolf and others. Doubts have been thrown upon them by those who see virtue in the palpable dose only; but it is acknowledged, that high potencies bring out the pathopoëtic\* picture of the prov-

\* Hitherto the terms *pathogenetic* or *pathogenic* have been used indiscriminately, to designate both the natural and artificial morbid action of the drug. But, these actions are really different actions, and, in order to distinguish between them, we use the terms *pathogenetic* and *pathogenic*, to denote the natu-

ing-remedy with much more of details and characteristics, than we can obtain from the crude substance, mother-tincture or low potency.—*Jahr.*

Without discrediting the provings with lower potencies, mother-tincture or crude substances, and without rejecting the symptoms to be gathered from toxicology, all of which have their proportionable value as far as it goes; we must say, there is a fallacy in putting forth provings with large doses exclusively as the *only* proper method of directing the pathopoetic action of the medicine or nosological groups, comparable to the pathological abstractions and generalities of the text-books of the old school. The fallacy, to our mind, lies in the assumption, that a "material" dose, as they call it, affects, under all circumstances, the organism more powerfully than an infinitesimal dose. Very likely, the philosopher with this idea, starts from the observation of the toxic effects of the medicine, finding in the destruction of the organism by poison the maximum of pathopoetic action. He is right in this. But the object of proving is not to kill, but only to make sick, and to cognise the symptoms. For this reason it is necessary to moderate and lessen the dose below the maximum, because only by doing so we are enabled to observe the distinct pathopoetic action of the medicine. How far, for this purpose, the dose should be lessened, is not a matter of speculation, but of experiment. We must simply try the different potencies which stand for the different degrees of lessening and moderation of the substance below the maximum. And on such trial, what do we find? That some people are more affected by the lower, some more by the higher potencies. So, then, the proposition that material doses act more powerfully than the infinitesimal ones does not hold good, certainly not,

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rally morbid action, and the term *pathopoetic* (from the Greek of  $\pi\alpha\theta\omicron\varsigma$  disease, and  $\rho\omicron\iota\epsilon\iota\varsigma$  make) to signify the artificially morbid, and more particularly the probative action. This comprises the symptoms in their individuality as well as in their totality.

For descriptive purposes the same symptoms may be variously grouped and considered: *quotidier*, as special symptom; complexes, ( $\nu\omicron\sigma\sigma\alpha\iota$ ) within the symptom—totality ( $\pi\alpha\theta\omicron\varsigma$ ). When so we call them *nosopoetic*, *nosological* or *nosographical*.

in every instance, and hence it fails to serve as a general maxim.

Moreover, we are told that large doses of lower potencies, mother-tinctures or crude substances, must be tried in frequent repetition, in order to get distinct nosological groups, with objective changes in the organization. But this, proposition, too, has not the sound foundation of experiment, and does not stand the test of experience. The philosopher who reasons from such premises should go out to a pond and throw a pebble into the quiet water. There he would perceive, how, from the point of solicitation, where the stone fell in, the undulations are forming in regular circles, very distinct, and becoming larger and larger, until they reach the shore, and are reflected back to the point of solicitation. If he threw the stone for the purpose of finding out the effect of its fall into the quiet sheet of water, he would have the opportunity of watching the symptoms of the motion resulting from the assimilation of the motor-stone and the solicited water, and proceeding under certain mechanical laws. And, if he wanted to test his observation, he would wait until the surface of the water is quiet again, and then repeat the same experiment and observation. But how confused would his observations be, and how little would he gain from his experiment, if he would, at the same time, throw in now one pebble, then another, then a third one, and so on, a number of them in regular succession? The surface of the water would be ruffled in all conceivable directions by undulations meeting each other in irregular commotions, and the philosopher would not be able to observe anything, except the general tendency of the troubled waters to regain their equilibrium.

Equally so, the medical observer, for the purpose of proving, should give to the organism one dose of one remedy at one time, and then wait, continuing his observations, until the undulation of the pathopoetic action ceases, and the organism returns to its normal equilibrium. If he does not do so, the organism will present, not so much the peculiar pathopoetic action of the remedy, as of the self-preserving effort of the organism to regain its standard—to get rid of the foreign substance in some way or other, by the exertion of the powers of

its various organs. This reasoning is confirmed by facts and experience; and after various and extensive observations made, we may be permitted to state, that, beside the toxic action of poisons, (which is not admissible here, being dangerous to life,) it is the action of high potencies in single doses, better than any other, which is able to produce whole groups of diseases and disorganizations, objectively observable, *vooot*, and, if not that, certainly to produce symptoms so similar to such disorganizations, that hardly any difference is detectable. For argument sake, taking an extreme instance, if we do not produce a genuine cancer by proving upon a healthy person, it would be poor logic indeed, to infer therefrom any short-coming of homœopathy. Whoever would so reason, would prove himself to be no better homœopathician than logician. For, when we observe upon the healthy all the symptoms characterizing cancer, except the objective real vehicle of those symptoms, so to speak, viz., the malignant tumor or ulcer, then the symptoms observed by the prover are certainly as painful and loathsome to him, as any real cancer may be; and they have all possible reality for him, as if he had the real cancer-disease. Such symptoms, then, are the homœopathic instruments for curing the patient who suffers from the similar actual cancer-disease.

It is the very similitude of the symptoms which renders the cure possible, and in this it is, that the very beauty and certainty of homœopathy consists. Now, cancer is a disease which may be set down as equivalent to chronic poison. It is not necessary to produce cancer in a healthy, in order to cure it in a sick person. To do so, would be just as foolish as to give to a healthy person a substance producing death, in order to learn how to cure another lying on the point of death. And it would be just as logically false, as a certain kink in the heads of certain homœopathists, who mean to cure one inflammation by another, for instance, an ulcerated cervix uteri by the solid stick of Nitrate of Silver.

All this being so, we are justified in saying, that the fallacy above-mentioned lies in the assumption, as if a "material" dose would affect the organism more powerfully, than an in-

finitesimal one. This inference does not apply to proving, but it applies to killing, wherewith homœopathy has nothing to do.

To return to the nosographical groups: *those*, who, from being either of a generalizing turn of mind or influenced by the physiological school, or not strong enough to work directly with the individuality and totality of symptoms, incline to creating nosological complexes with scientific names, answering the pathological abstractions of the Old School, will find, that Provings with High Potencies, furnish material for pictures of such quotal complexes with more ease, definiteness and correctness, than are ever obtainable from the descriptions and classifications of the physiological school which are sadly deficient in the *fundamenta divisionis*.

A proving by one drop of Spongia-tosta 30 (cent.) produced in the course of almost a week a complex of symptoms (nosological group) which, if it had occurred in a person not having taken Spong.-t., would have been set down as membranous Croup (see American Homœopathic Review, Vol. I. p. 317). In a case, in 1864, read before the New-York Homœopathic Society, aggravated Nymphomania resulted from one dose of Lachesis 41m (cent.)—(see Hahnemannian Monthly Vol. I. p. 341.). A complex of symptoms unmistakable, answering to the description of an intermittent of a quotidian type, was observed to be the effect of one dose of Gelseminum-nit., 1m. (cent.) (see NORTH AMERICAN JOURNAL OF HOMŒOPATHY, Vol. XV. p. 413)—and this Proving has since been verified and confirmed by clinical experience, as well as by other provings.\*

Dismissing the subject of nosographical groups with a word of caution against the allopathic tendencies of Symptoms-Quotalism, we have to advert to the fact, that, besides such groups, many other symptoms are observable which the observer, if nosologically inclined, might easily underrate, as to their curative value, because of their seeming unconnectedness with the nosographical complex. Such symptoms are not less im-

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\* The Provings of Gelseminum-Nit. published by Dr. Hale were not made with High Potencies, and they do not contain the picture of Intermittent, as shown by the proving with a High Potency here mentioned.

portant as belonging to the specific action of the remedy; for every symptom, apart from having a certain physiological value in its connection with the totality of the symptoms or the quotality of a nosological group respectively, has a peculiar probative and curative value of its own, and may be used effectually, if it reappears, in other combinations, differing from that in which it was gained. As in our great Republic everybody moves free and independent in his own household, whilst at the same time he partakes of the Government of the whole Union; so even the minutest part of the organism, besides its connection with the whole, for the preservation of the whole, has a self-preservation of its own, without which it could not exist or perform its organic functions. Hence it is, that such apparently extraneous symptoms are worth as much as any, and, if characteristic, worth more.

It is a strange phenomenon in the human mind, that it tries all kinds of speculations, follows all sorts of prejudices, and incurs any amount of unnecessary labor, merely to avoid making directly the simple positive experiment and to be excused for avoiding the trial proposed. Hahnemann in his time admonished the medical world: "*macht's nach, aber macht's genau nach!*" and yet it seems, that time has not moved since; his warning is still unheeded. With a great number of homœopathic physicians it is almost fashionable to praise Hahnemann to the skies, merely to disown him on earth. By innumerable experiments and cures, the efficacy and curativeness of high potencies is firmly established. And yet, it is as a new task upon us to establish their positive value.

Wolf, by his provings of Thuja-occ. 1m. astounded the world. He proved one single pellet of Jenichen's 1m. potency for full two years upon himself and hundred others, and the result of his laborious observations is published in his "Homœopathische Erfahrungen on Dr. C. W. Wolf, 2-5. Heft." "Die Grundvergiftungen der Menschheit und ihre Befreiung davon," (Berlin, F. A. Herbig, 1860, pp. 363.) And, as yet, many of his symptoms seem strange to the uninitiated, whilst any sensible physicians, by comparison with the Provings of Thuja-occ. by Hahnemann and others, and by use in practice, are satisfied of their genuineness.



High potencies are very apt, to hunt up in the system old symptoms, and groups of symptoms, with a velocity and intensity sometimes surprising, and with a clearness and objectivity sometimes awful to behold. Although such symptoms may be considered as the offsprings of disease, latent or not entirely cured (Hoppe's *Schlummernde Krankheiten*), they, nevertheless have to be reckoned effects of the proving substance. For as Hahnemann observes, (*Organon*, 5th ed., §138) "they presently come, whilst the administered forceful medicine governs the whole system, not by themselves, but from the proving substance." Of such symptoms Wolf's proving contains a great number. The proving remedy frequently serves as a healing remedy at the same time for the latent disease awakened in the course of the proving, often disappears altogether. But often too, such is not the case, when the same remedy, with other influences brings up the same group of symptoms over and over again.

BROOKLYN, March, 1865.

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## General Record of Medical Science.

1. *Gettysburg Lithia Water as a Solvent of Urates.* By THOMAS SHEARER, M.D., of Baltimore, Md.

THE *Salts of Lithia*, into the pharmaceutical properties of which Lipowitz and Alexander Ure were the first to inquire, were prominently brought under the notice of the medical profession seven years ago, by Dr. Garrod, who recommended them in cases of uric-acid diathesis connected with gravel, and also in chronic gout. This recommendation was based upon the fact, that lithia possesses great affinity for uric-acid, rendering it soluble; and hence when mixed with urate of soda, it decomposes the latter, and unites with the uric-acid, forming a soluble urate of lithia, and leaves the soda free. Uric-acid is sparingly soluble in water; although perhaps more soluble in the blood, owing to causes not yet investigated. Various derangements of the system cause an excess of uric-acid, which, if not eliminated from the blood is excreted, and forms gouty deposits, (true chalk stone,) or urate of soda, gravel or vesical calculus.

Carbonate of Lithium is less soluble in water than the similar salts of soda or potash; one hundred parts of water dissolving only one part of carbonate of lithium. But this one part renders soluble four parts of uric-acid, whereas, otherwise, only one part of uric-acid is soluble in ten thousand parts of water. Its solubility is therefore increased four hundred

fold, and Lithium in this respect surpasses the other alkaline salts in the following proportions: Carbonate of Lithium 8.

Carbonate of Soda	4.
Borate of Soda	2.
Carb. of Potassa	2.
Bicarb. of Soda	1.

Alexander Ure found that in a solution consisting of one part of Carbonate of Lithium to one hundred parts of water at a temperature of  $98^{\circ}$ , a vesical calculus was corroded, and lost five grains in five hours; he therefore recommended injections of Lithium. Dr. Garrod made an experiment by placing in a watery solution of Lithia the end of one of the metacarpal bones, which was completely infiltrated with a gouty deposit. In the course of two or three days the whole of this deposit was dissolved. With such facts before us, it was reasonable to suppose that the salts of Lithia would prove a curative agent of the highest order in the treatment of rheumatism, gout, disease of the kidneys and bladder, and the removal of all the morbid phenomena, the result of the uric-acid diathesis. This conviction was further strengthened by carefully examining a proving made by Dr. Constantine Hering, of Philadelphia, and published in 1863, of the effects produced by the Carbonate of Lithium, when taken by persons in health, so as to ascertain its pathogenetic or disease-producing powers. The symptoms elicited by the proving, bear a striking resemblance to many of the pains and disturbances of the system, which are witnessed in gout, rheumatism, irritable bladder, &c., and prove conclusively its homeopathicity to these conditions, and afford another illustration of the universality of the law expressed by the motto "*Similia Similibus Curantur.*"

About two years ago we obtained half an ounce of pure Carbonate of Lithium, and made a trituration with sugar of milk, in the proportion of one to one hundred; of this we gave grain doses three times a day, with very satisfactory results. A short time after,—having heard of the Gettysburg spring,—we ordered a barrel of thirty gallons, with the intention of trying it thoroughly, wherever, in our opinion, it seemed to be indicated. The results were not satisfactory from the fact, that the water acting on the vegetable matter of the cask, produced very speedily chemical decomposition, changing the color and taste of the water, and affecting to a very great extent its therapeutical properties. After some delay we obtained a liberal supply of the water in glass, and for more than a year have been using it constantly in our practice.

The results we shall presently give.

Thus far we have confined ourselves in its administration to cases of chronic rheumatism, gout, and diseases of the kidneys and bladder, being guided in a great measure by the effects produced during the proving by Dr. Hering. We are, however, perfectly satisfied from the strictly alkaline character of the water, and the soda, magnesia and lime, with which the lithia is combined, that it must prove signally curative in different forms of dyspepsia, diseases of the liver, stomach and bowels. Whether its action is confined to the digestive mucous surfaces, or extends to the pulmonary as well, I am not prepared to say, but intend shortly to institute a series of experiments with a view to determine that point.

It is worthy of remark, that the Salts of Lithia have not been found in any springs on this continent, except at Gettysburg, while in Europe, only two have been found to contain it in appreciable quantities.

The Fetzquelle and the Murquelle, two of the thermal springs of Baden-Baden each contain Chloride of Lithia, the former only two grains, while the latter contains nineteen grains in a gallon of the water.

Want of time and space will forbid our giving an extended notice of each case; enough, however, will be said to demonstrate the efficacy of the water in the various forms of disease, for which it has been prescribed.

*Case 1.* Mr. —, aged forty, plethoric, sedentary habits; high liver; has been suffering from attacks of gout for several years, averaging four attacks each year, and lasting from three days to a week; pain so severe as to be excruciating; confined to the great toe; sometimes both; suffered also from constipation; frequent attacks of sick headache, &c. In all, about seven or eight gallons of the water was taken, extending over a period of four months. Has not had the slightest symptom of his old enemy for a period of ten months, although exposed to causes which invariably provoked an attack previously.

*Case 2.* Has had rheumatism for ten years, pain at times intense, to use her own language, every muscle and joint aching; deposits of urate of soda in all the joints of the fingers of both hands; ankles swollen, and exceedingly painful; locomotion almost impossible, and the patient comparatively helpless. The water was commenced in quantities of 8 oz., three times a day, for ten days, then discontinued for three days, to be resumed as before. That this patient was not entirely relieved was simply because the water was not continued for a sufficient length of time.

A gentleman consulted me, who stated for nearly twenty years he had been suffering from disease of the kidneys or bladder, or both; his symptoms were as follows:

Almost always an aching and sometimes an acute pain across the back in the region of the kidneys; sensation as if the back were half sawed through, pain in the back aggravated by standing, or lying too long in bed—urine at times containing copious phosphatic deposits; at other times and for some weeks continuously, the urine appeared normal in color, quantity and specific gravity. Repeated daily tests showed that the urine had a decidedly acid reaction, and an examination by the catheter revealed great tenderness of the membranous portion of the urethra, enlarged prostate and extreme irritability of the neck of the bladder.—Not much inconvenience was experienced in passing water during the morning and forenoon; but in the afternoon the patient suffered from symptoms of strangury, lasting from three to four hours, and only mitigated by remaining perfectly quiet. Other symptoms were burning in the palms of the hands and soles of the feet, in summer, and in winter icy coldness of the feet, from morning till night; entire loss of sexual desire, with mental depression and extreme constipation of the bowels.—The stomach seemed to be in good order, appetite fair and digestion perfect. As no trace of blood had been discovered in the urine, or any evidence of pus globules, the idea of ulceration had to be abandoned. The patient had been subjected to both allopathic and homœopathic treatment but without any really permanent benefit. As he com-

plained constantly of a "sensation as if a drop of urine was oozing from the orifice of the urethra," I determined to try the effects of *Eupatorium-purpureum*, that symptom being characteristic of the remedy above-mentioned, in addition to its being fully indicated by all the other symptoms of the patient. Fortunately before prescribing it I consulted the proving of *Lithium-carbonicum* and determined to try the efficacy of the water, unassisted by any other agent, and with a result which has demonstrated most conclusively its efficacy in diseases of that description.

The patient after six weeks use of the water (taken before breakfast, dinner, and on retiring, 8 ounces each time) felt like a new man; every unpleasant symptom gradually disappeared; but lest the effects might prove only palliative, I directed it to be discontinued for a week, then resumed for four weeks, for two months more; and up to the present time my patient remains entirely well.

In this case the water acted as a mild diuretic at times, although this result was by no means uniform, and while on the bowels no aperient action was produced, the constipation yielded very soon and the bowels are now healthy and regular.

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## 2. *Health in City and Country.*

Few really know how great the difference is. Here are some statistics which indicate it. The comparison is made between London and the rural district of Lewisham. The deaths registered in London during the seven years which the observations covered were 342,000. If the morality had been no greater than in Lewisham during the same years in proportion to the population, the deaths would have been 244,128. Therefore 97,872 died in London more than would have died if the population had been as well situated in relation to health as were the people in Lewisham. The difference is still greater if we take the children alone. The deaths of children under five years registered in London during the same period were 139,593. If the mortality had not been higher than in Lewisham, the deaths would have been 80,632. So that 58,961 children under five years of age died in the seven years that would not have died if they had been under the sanitary conditions ordinarily found in the rural districts. A great many facts of a similar nature might be cited, but these will answer as specimens. One would think that they are sufficiently appalling to awaken very earnest inquiry on the part of the inhabitants of cities, which would, of course, result in determined action. But the subject seems to meet with but little attention except with a few, who find it hard work to bring about any effective measures of prevention.

What now are the causes of this great difference between town and country? There are some significant facts which bear on this question. We will cite but a single one from the city of New-York. In a late weekly report of the Registrar of Vital Statistics, it is stated that in the Fifteenth Ward, where cleanliness prevails, the death-rate was but 1 in 8524 of the inhabitants; while in the First, Fourth, Sixth, and Tenth wards the rate was 1 in 1771; and in the Sixth, taken by-itself, it was as high as 1 in 987.

In this latter case the mortality is more than eight times as great as in the Fifteenth Ward. If we look at such facts in connection with comparisons made between cities and the country districts, we come to the conclusion that *the sanitary difference between the different parts of a city is often greater than that between the city, taken as a whole, and any portion of the country.* In the comparison we have cited between the Sixth and the Fifteenth wards in New-York the difference in mortality is more than twice as great as that cited between London and Lewisham.

Such facts as these point to the grand source of the excess of mortality in the city. It is impure air, rendered so by human filth—we say *human*, including both that which comes directly from the person and that which appears in the surroundings. Some other causes operate, it is true, but this is the chief cause. It is the gaseous emanations from accumulated filth that originate to a great extent many of the most fatal of our prevalent diseases, and aid most decidedly in the diffusion and intensification of those which come from some specific cause. Very truly then did Dr. JAMES JOHNSON, (Editor of the *Medico-Chirurgical Review*), say of impure air, in his testimony before the commission of the British Parliament, "Ague and fever, two of the most prominent features of the malarious influence, are as a drop of water in the ocean when compared with the other less obtrusive but more dangerous maladies that silently disorganize the vital structure of the human fabric under the influence of this deleterious and invisible poison."

There are noxious exhalations in the country, for there is a lack of sanitary carefulness there as well as in the city. But there is no such concentration of filth as there is in a crowded city, and impurities in the air are readily diffused and carried off. There is a merciful provision for our safety in this diffusion of gases among each other. Though a noxious gas may be of greater specific gravity than the air, it does not remain quietly underneath the air, as water does under oil, but, from the general disposition which gases have to mingle together, it pervades the air, its diffusion being hastened by every agitation of the atmosphere, and thus, under all ordinary circumstances, it becomes quickly diluted. But if it be generated largely, and in pent-up places, the opportunity for its dilution by the air is restricted, and it acts upon the human system in a more or less concentrated form.

But it is to be remembered that a family who are cleanly in their persons and surroundings may have disease inflicted upon them by the uncleanness of their neighbors. The diffusion of the unhealthy emanations may not be effectual in their case. So also a cleanly portion of a city may suffer from the uncleanly portions. The farther it is removed from them the better, for the greater is the dilution of the poison.

A later report gives the following statistics:

Five persons died in this city last year over one hundred years old.

The number of deaths in New-York last year was 23,159, a decrease from the previous of 3,656—a decrease of 5 in 1,000 in general mortality, and nearly 5 per cent. on the whole population in infectious diseases.

During 1862 there were about 7,600 marriages, and about 30,000 births in the metropolis.

Half of the entire mortality of New-York city is among children under five years of age.

Statistics and study show that of all the deaths on this island above 17 in 1,000 are preventable. In the fifteenth Ward, probably the cleanest in the city, 15 in 1,000 died last week, and in the Fifth Ward, probably the filthiest, 28 in 1,000 died. This is a good counsel for cleanliness.

## Reviews and Bibliographical Notices.

1. *The Constitution of Man, Physically, Morally and Spiritually Considered; or, the Christian Philosopher.* By B. F. HATCH, M.D. New-York: Published by the Author, 1866. 8vo., pp. 654.

It is said to be possible for an accomplished prestidigitateur in literature or oratory to write a book which shall cross *nobody's* prejudices; to construct a political platform of so many planks of undefinable shapes, that *any body* may stand upon it till after the next election; or to preach a sermon which shall hurt *nobody's feelings*, and cause every auditor to think all the better of the orator as well as of himself. It is supposed to be even possible for a sturdy pedestrian pilgrim to stagger through the rugged, weary pathway of human life without jostling any fellow traveller from his own chosen path, or treading upon anybody's sensitive corns. Whatever powers or merits the author of the work we now take up may possess, those above enumerated do not appear to be among them. Instead of endeavoring to please everybody, he seems to possess peculiar qualifications for pointing out with the greatest precision everybody's errors. That the false theories and doctrines, yet popular in the world, are very numerous we do not doubt. We have had our own multifarious faults corrected so often and so justly that we have learned to bear such trials with philosophical composure. Even the most sensitive of our readers have learned many good lessons from each others' criticisms; we are none of us yet too old or too wise to learn something more.

But patient as we are, we can not bear to be criticised on every thing at once. Our author's range is very wide; but, fortunately for us, we can claim that his heaviest artillery is aimed at the favorite strong-holds of other professions. He gives us a large volume, full of earnest and apparently well-studied words, embodied in stern and solemn sentences, almost every one of which will fall like a bomb-shell in some portion of the great camp of Modern Civilization, Philosophy, Science, or Theology. Fortunately for the world and for us this City of Christian Civilization has abler watchmen on its walls than we have pretended to be. *Our* duty then is an humble one: we proceed with a few of those sections of the book which have a *Medical* bearing, and even in this narrow space we at once see too much to be appropriately noticed within the space we can devote to so great a subject.

The Philosophy of Human Nature is indeed one of the greatest themes within the reach of the human mind. The author at once assures us that our teachers have told us but little about it, and that that little has been generally wrong. Hence it is immediately decided that the way to learn more than we know is to begin by laying aside the theories and opinions which we once thought ourselves rich in possessing. "Were there a single man," says Bacon, "to be found with a firmness sufficient to efface from his mind the theories and notions vulgarly received, and to apply his intellect free and without prevention the best hopes might be entertained of his success." Custom is called the queen of the world: and "Opinion, says the great Pascal, disposes of all things. It constitutes beauty, justice, happiness: and these are the all in all of the world." "Almost every opinion we have," says Charon, "we have but by authority: we believe, judge, act, live and die on trust, as common custom teaches us; and rightly, for we are too weak to decide and choose of ourselves. But the wise do not act thus." Or, as Sir W. Raleigh has expressed it, "It is opinion not truth, that travelleth the world without a passport."

Having settled the fact that modern philosophy is unsettled in almost all its creeds and theories the author proceeds to show that the world is greatly in need of fixed principles on every subject that has ever engaged the human intellect. He does not acknowledge himself to be a universal skeptic, but doubts the correctness of commonly-received opinions on more points than we have room to enumerate. The best we can do for him and for our readers is to permit him to speak for himself on a few themes in which we may all feel some interest.

We must pass over (without reading) the first hundred pages, as they have a theological bearing and touch upon many questions which our JOURNAL can not enter into. On that whole subject it is neither for nor against *any body*. The enemies which the book will stir here are so numerous that we will not attempt even to classify them.

The first Medico-physiological question we come to, is one which no Medical Journal has intelligently referred to for a quarter of a century. Let us catch up one section, and let it go for what it may be found to be worth.

"MESMERISM."—The opposition we raise here includes almost every body who ever heard of the subject. The objectors say: 1. The followers of Dr. Franklin and the American and French philosophers who, as a scientific Committee of Vigilance, exploded Mesmerism. Anthony Mesmer had arrived in Paris in 1778. The scientific men of that day were astonished by his high pretensions. Ben Franklin of America was there at the time, and was the only man in the world who then knew any thing about electricity. He was appointed at the head of this committee. Mesmer was not on hand: his pupil Deslon did not know much, attempted some impossibilities, and of course, failed. The commissioners reported that there *could be nothing* in Animal Magnetism, and Mesmerism was supposed to be "*killed off*." 2. The followers of the hundred noblemen who were convinced by Mesmer's experiments that there was *something real* in Animal Magnetism, of De Leuze who experimented forty years, and published in 1825, of the Marquis De Puységur, who discovered *Clairvoyance*. Neither of these classes will be satisfied with the present work. Let us see what it has to say:

"Mesmerism is really nothing more than the influx of the positive forces of the operator into the receptive subject. These forces, acting upon the *odysic* sphere, which intercepts between the outer and the inner consciousness, and which was designed to protect the sovereignty of the individual in his own realm. No sooner does he allow himself to become subject to the will of another, instead of acting from his own rationality, than he yields the negative plane of his nature to objective instead of subjective forces, and thus, like a city which had allowed itself to be deprived of every munition of defence, he lays himself open to the intrusion of every foreign foe, whether men or devils. The Mesmerist communicates to the person whom he operates upon the things of his own spirit, his bodily health or disease, his vital fluids and forces, streaming with the fire of his passions, potent with hunger or the satisfaction of his appetites. The odysic currents, darting through the ruling eye, the operative hand, convey the heaven or the hell within the human breast. Moral qualities and mental states are freely transmitted through the Mesmeric fluids." "The Mesmerists, whether male or female, gradually obtains that immense power with their patients which results from the inter-diffusion of the one life, the forces of one animal soul, throughout the other. The human body was made to be the channel for Divine influences."

"Hence Animal Magnetism, whenever practiced without reference to ends of orderly use, becomes the means of bursting the barriers which protect the individual from the disorderly influences of others, and, at the same time, prevents lost spirits from access to the mental tabernacle. Usually it has proved to be the means of connecting the evils rather than the virtues of mankind, which it has immensely augmented through their reciprocal action upon each other. Physical contact, without a determinate will-force in the direction of resistance of evil, often proves fatal to the morals of the individual."

Of Magnetization for the purpose of inducing sleep he says, quoting from another author: "Magnetization to induce sleep as a physical remedial agent, when the magnetizer "is governed by improper motives" produces an interior obsession, when carried to any length or attended with success. "A partial vigor may indeed be imparted to the body, but soul-conditions are disarranged and the internal harmony destroyed. It is not in order to yield the body to a magnetizer for the purpose of the development of spiritual sight or for the attainment of conditions of mediumship." "Again: diseases, or the conditions out of which they take their rise, are also propagated from one person to another! Most of the physical sufferings of life are induced by such associations as are adapted to the development of certain forms of the malady."

"Probably there is no subject more important to be understood than this sort of social commerce; none freighted with greater consequences to mankind. In every community there is a class of vampyres and parasites who continually suck up the vital forces of those with whom they associate, and their victims drag out a feeble and wretched existence without ever suspecting the cause of their misfortunes." We quote thus far, not expressly in consequence of the importance of the subject, but because we suppose



that no Medical Journal will dare to touch the subject on one side or another, for the author or against him. We have opinions, even upon such questions as this; it will be time enough to give them when they are called for.

We will now pass over some melancholy chapters as well as some more cheerful; though their bearing on health, and (through physical and mental health) on human happiness may be honestly conceded without lowering the flag of medical honor and medical dignity under which we intend ever to fight.

After many strong assertions, learned quotations and acute reasonings on a series of physical as well as metaphysical themes our author reaches the grand realm of wonder and mystery,—the brain and the nerves which proceed from it. No analysis of the elaborate chapter on "Marriage as a Principle" would be useful here. We will merely quote at random a few paragraphs on a controverted point of some interest. At page 317 we read:

"But it here becomes necessary to warn the reader against the mistake into which many have fallen, by accepting the prevalent opinion that the cerebellum is the seat either of sensation or of the sexual instinct. So far from such being the case, both comparative anatomy and a rational philosophy clearly demonstrate that it is no more and no less than the *negative* pole of the mental powers; by which may be understood, all those forces connected with the cerebrum, whether designated moral sentiments, intellectual faculties, or animal propensities. It is more properly the *semi-intellectual*, but intermediate and subordinate principle, between the spiritual and higher functions of mere organic life,—the conjunctive medium between Spirit and Matter, through which all sensuous influences are conveyed to and from the sensorium. The thoughts for example, which the author is penning, are formed in the cerebrum, but before he can communicate them to others, they must first be reflected upon the cerebellum, to which is delegated the power of all constantaneous movements by the intellectual control of the motor impulses; and by this means the tongue, or hand, is made the instrument to give them expression.

"It is a physiological fact, that as we ascend in the scale of organic life a new sensation ganglionic centre is added to each successive grade of sentient beings. The multiplication of these ganglia and trunks is principally due to the multiplication of the organs to be supplied, as in the case of the nervous ring of the star-fish, where the ganglia,—all of them apparently identical in function and similar in the distribution of their branches—are repeated in conformity with the number of the radiating parts of the body; or in the case of the ventral nervous cord of an *articulated* animal, in which the ganglia are in like manner repeated longitudinally, in accordance with the number of segments of the body, and of the pairs of members connected with them. In other instances, the multiplication of ganglia is due to the increased complexity of the functions performed by a set of organs: of which there are numerous examples in the higher Vertebrata. In all cases the individual ganglia remain to a great extent independent of each other; so that the removal of any one, (if it can be accomplished without injury to the rest), affects only the particular organ to which alone it ministers. The

highest form of these ganglia is the chief seat of sensation to each generic species: and from these alone it is easy to distinguish, or to point out the successive gradations of organized beings. In the Acrita, such as the sponge or polypus, there is no distinct nervous system, so far as human ingenuity can detect, but an *indistinct, diffused* condition of the molecular nervous fibres, which give evident indications of the near approach to their systematic arrangement, into connected filaments or sensational ganglia."

The functions of the cerebellum are considered at length, and the claim of Dr. Gall to the discovery of the exact location of the organ through which is manifested the sexual instinct is fairly disproved. In conclusion the author says: (p. 335).

"One point more remains to be briefly considered, viz.: the stress which Phrenologists lay upon their observations of the relative size of the cerebellum in different individuals, asserting that the intensity of the sexual instinct can readily be determined, though to a limited degree, by the *backward* and downward projections of this division of the brain. But that affords no proof whatever of its being the seat of the function usually assigned it. The peripheral organs must necessarily become displaced or removed from the medulla oblongata, in proportion to the enlargement of the central ones.

"And here I will take the occasion to remark, that it is my opinion that all of the *Instinctive* organs are grouped around the spinal cord, and below the inferior surface of the corpus callosum. \*

"These are the first blossomings of organic life, and characterize, to a greater or less degree, every grade of sentient beings—increasing as we rise in the scale of organization. The convolutions may, with much propriety, be denominated the *plane of conscious reflex action*; and I think it will yet be found, that each convolution is the seat of a distinct and separate faculty of the mind. The instincts have their birth from the mere physical organization, and belong to the *material* side of life. These connect directly with the body through the *afferent* or *motor* nerves, and may be said to be the superior part of what Dr. M. Hall denominates the *excito-motory system*. Their impulses are downwards to the body, and we become conscious of their existence and demands, only as their influence is conveyed back through the *afferent* † or reflex nerves to their respective convolutions.

"If this hypothesis be well founded it will be seen that the size of the brain in any particular part will depend upon: first, the size of the instinctive organ at or near the centre; and second, the extent of the convolution which is its spiritual or conscious plane of mental operation. If such should prove to be the case, we may reasonably conclude, that the size of the con-

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\* This is the great transverse commissure, situated just beneath the great longitudinal fissures, and which connects the central hemispheres. It consists of nervous filaments, which originate from the gray matter of one hemisphere, converge to the centre where they become parallel, cross the meridian line, and are finally distributed to the corresponding parts of the hemispheres upon the opposite side.

† *Afferent* nerves are those which convey impressions *towards*, and *Efferent* those which convey them *from* the nervous centres.

volutions are in keeping with the strength or intensity of the instinct; and hence both unite to expand the cranium in the direction of their locality. In this way "power is in proportion to size," and enables the practical phrenologists to determine with no little accuracy the leading traits of character in the individual. Moreover, by this arrangement every part of the encephalon is occupied by either instinctive organs, or the convoluted planes of their reflex action. This also effectually answers the objection which Dr. Carpenter and other eminent physiologists have so justly brought against Gall's and Spurzheim's system of Cerebral Physiology, in which much of the peripheral surface and nearly all the interior portions of the brain are left wholly without any ascertained use.

"The objection raised by Dr. Dalton, to the geographical position of the different mental faculties, founded upon the fact that the gray matter which composes the outer surface of the convolutions "is continuous throughout, there being no anatomical divisions or limits between its different parts, as there are between the different ganglia in other portions of the nervous system,"\* has no valid importance. For it is well known, that although there are 31 pairs of nerves which issue from as many different ganglia and segments of the spinal cord, each of which performs a distinct and separate function, that the cord itself, from its inferior to its superior extremity, possesses gray matter so perfectly consentaneous in all its parts as to have the appearance of continuous ganglia. Such being the case in regard to those ganglia which have an exclusive reference to the *physical* forces of the body, we cannot be surprized that the lines of separation between those of a *mental* character should elude our observation."

"After saying this much in refutation of the system of cerebral physiology introduced by Gall and Spurzheim, and which has been, so far as I know, universally accepted by phrenologists, I shall proceed to designate the PONS VAROLII or Tuber Annulare as the true locality of the *sexual instinct*, and offer a few considerations in support of my hypothesis."

We have not time to hear the "considerations to-day; they will occupy some pages and will no doubt well pay the reader who has the professional heroism to encounter them and study them.

We must now pass, not only from one *chapter* to another, but from one *book* to another. In laying down Dr. Hatch's Volume on "THE CONSTITUTION OF MAN," we can not help remembering another book with the same Title published many a year ago when we, as well as the new science of *Anthropology* were young. Perhaps no small work of this century, having effrontery to claim recognition as a most *superficial* exposition of the philosophy of our nature has had more influence on the men who were boys forty years ago than "*The Constitution of Man* by George Combe." We pick up the "*Third American Edition*, Boston, *Allen and Ticknor*, 1834," but the first was issued in 1828. The book of 1868 has *no feature* in which it resembles the book of 1828. The Science of Man, as you see it presented by Combe, has grown to what we see it in the work from which we have made a few Extracts. In making those extracts it has not been

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\* Human physiology, p. 368.—This Journal for Nov. 1867.

our purpose to show where that science stands to-day. We are not sure that we have any readers who wish to know much more of its present claims than they already know: If we have, they know how to follow the subject through its labyrinth of a thousand winding paths. We have read *this book* to see *whether the world has been growing during the last forty years*. We rest in the belief that *within the next forty years* the medical profession will make some grand improvements and discoveries relating to the "CONSTITUTION OF MAN."

2. *Chemistry*. By WILLIAM THOMAS BRANDE, D.C.L., F.R.S. L. and E. of Her Majesty's Mint. Member of the Senate of the University of London, and Honorary Professor of Chemistry in the Royal Institution of Great Britain; and Alfred Swayne Taylor, M.D., F.R.S., Fellow of the Royal College of Physicians of London, and Prof. of Chemistry and Medical Jurisprudence in Guy's Hospital. *Experimentis et Præceptis*. Second American Edition thoroughly revised. Philadelphia: Henry C. Lea. 1867. 8vo., pp. 764.

THE author of this work was well-known to the cultivators of chemical science for more than half a century. Of him then it is only proper to say now that his many labors ended and he closed his earthly life on the 11th of February, 1866. With Sir Benjamin Brodie he was engaged as a teacher in the Medical School in Great-Windmill Street in 1811, just at the time that Charles Bell, another brilliant star of the same college, published his first modest announcement of his first discoveries in the nervous system under the title of "*An Idea of a new Anatomy of the Brain, submitted for the observation of the Author's Friends*."

These three youthful giants have since enrolled their names among the immortals, a triumph seldom gained with less than half a century of hard work. Of the three it is not necessary to say which was or is the *greatest*. Brande undertook the most laborious task of all, with the smallest prospect of earthly fame; but he received all he sought for. His Lectures were heard by but few; but the substance of his experiments and researches were embodied in the "*Manual of Chemistry*," the most popular, most extensively studied and most truly scientific *hand-book* of chemical science ever published. But it could never be finished while its author was alive; and so long as he could think or work the Manual was continually growing in spite of all the author's efforts at condensation. In 1863 he united with another already illustrious chemist and Medico-Legal author in the work of concentrating the *Manual of Chemistry* into a smaller work more available for the uses of students and Teachers.

Mr. Brande's reasons for selecting such a co-adjutor are sufficiently seen in the modest words of Dr. Taylor: "For thirty years we had known each other, and during that time we had been frequently associated in many important chemical investigations of a public and private nature. All scienti-

fic men who were brought in contact with Mr. Brande, could not fail to be struck with the accuracy and extent of his knowledge, the retentiveness of his memory and truthfulness and honesty of purpose by which he was always actuated.

"The friend of Guy-Lussac and Thénard, and the colleague of Davy and Faraday, he formed a connecting link between the chemists of the past and the present generation."

Of the work now before us, the authors say. "We felt that there was a large amount of useful chemical knowledge available for the student, but that it was too often locked up in elaborate treatises, and incorporated with subjects of no practical interest." They say they have avoided as much as possible the introduction of questions connected with abstract science or with chemical philosophy and "we excluded from our pages the formulæ and descriptions of substances which were never likely to be seen except as rare and curious specimens in the cabinets of professors. The chemistry of every-day life is quite sufficient to give full occupation to a medical student."

Of the present edition Dr. Taylor says:

"The revision of the second edition, in consequence of the death of my lamented colleague, has devolved entirely upon myself. Every chapter and indeed every page has been revised, and numerous additions made in all parts of the volume."

This system of chemistry may now be regarded as the most thorough and reliable of all the elementary works on the noble science which has been growing up through all the dark ages and all the years of the world's morning sunrise from the ashes of the alchemists, and the smoke and gases of the modern magicians. On looking through it we at once perceive that the subject embraces an immense multitude of facts,—too numerous to be named, too multifarious to be classified. The size of the work and its elaborate and exhaustive character indicate the grade of students for whom it is intended, and may excuse the absence of the "pictorial illustrations" for which we always look in a text-book for beginners. This indeed, though the best chemical text-book in the world for the advanced pupil, for the practitioner and the amateur, is not a *first-book*.

Something smaller and cheaper will answer for the juvenile chemist, the superficial scholar, the boarding-school miss or the popular lecturer in the village lyceum: but Brande and Turner must be perhaps for years, the hand-book of the more thorough chemist. We will then accept their work at what is, and speak of it as it deserves. An extract or two will give a specimen of its character and give the present view of science on a theme of much interest at the present time.

ASPHALT, or *Mineral Pitch*, in its purest form, may be taken as the type of the Bitumens: it occurs on the shores of the Dead Sea (the Asphaltic Lake), in Barbadoes and Trinidad, Albania and nearly pure at Coxitambo in South America. It formed a leading ingredient in the celebrated Greek fire of the middle ages. Pure asphalt is black, or dark brown, has a slight bituminous odor, a resinous fracture; sp. gr. 1 to 1.1; it softens when heated, and burns with a smoky flame. It is insoluble in water, sparingly

so in alcohol, but abundantly in ether and in benzole. Asphalts and bitumens of various degrees of purity, and from various sources, are used in combination with lime, chalk, sand, &c., for pavements and cements. Two of the proximate components of asphalt have been termed *Asphaltene* ( $C_{40}H_{32}O_6$ ) and *Petrolene* ( $C_{20}H_{16}$ ).

**PETROLEUM, NAPHTHA.** *Rock-Oil, Mineral Tar.* ( $C_{24}H_{24}$ ).—Inflammable oily bodies, issuing often in large quantities from fissures in connection with coal strata, and in other localities have been long known. The purer varieties are nearly colorless, and burn without residuum (native naphtha). Others are brown, and leave asphalt when distilled. The Burmese petroleum or naphtha has long been celebrated: it issues from a sandy loam resting upon bituminous shale and coal strata: it is used in lamps, and mixed with earth for fuel. Enormous quantities of rock-oil have been lately imported from the United States and Canada. In the former country the wells are chiefly found in New-York, Pennsylvania, and Ohio. Those of Mecca (Ohio) have been sunk from 30 to 200 feet in a sandstone, which is saturated with the oil. Of 200 wells which have been sunk, a dozen or more yield from five to 20 barrels of oil daily. The wells of Pennsylvania vary in depth from 70 to 300 feet, and the petroleum, or rock oil is met with throughout. The oil varies considerably in color and thickness. Its specific gravity is from 0.830 to 0.890. The oil-wells of the United States are for the most part sunk in the sand-stones of the Devonian series; but those of Western Virginia and Southern Ohio rise through the coal-measures which overlie the Devonian strata. In Canada the oil is found in shales and limestones. At one of the Canadian wells the oil rises from a depth of 234 feet at the rate of 25 barrels, or about 1000 gallons per hour; and much of it is allowed to run to waste from the inadequacy of the supply of barrels, and of other means to store it. At another well the supply is alleged to have poured forth about 70,000 gallons a day uninterruptedly, except when the opening was plugged, for several months. A third well exists of similar capacity; and the other wells which require labor or machinery for pumping are innumerable. The American rock-oil may be regarded as a compound of various hydro-carbons, boiling at different temperatures, and possessing different degrees of inflammability. Some of these oils evolve a vapor which is exceedingly inflammable and dangerously explosive when mixed with air. An act of the legislature prevents the storage of petroleum, except in limited quantities, where it is proved that it is liable to give off a vapor at or below  $100^{\circ}$ , which will ignite on the application of flame and produce combustion of the liquid. This kind of inflammable oil has been sold for the purposes of burning in lamps, and owing to the evolution of inflammable vapor has led to fatal accidents. An oil is easily tested by placing a portion in a beaker immersed for a few minutes in water, at a temperature of  $100^{\circ}$ , and bringing a lighted taper near the mouth of the beaker. If the vapor should ignite, and cause the ignition of the liquid oil, it is exceedingly dangerous, and can hardly be regarded as reasonably safe, if it evolves an inflammable vapor at this temperature, although the flame may not be communicated to the liquid oil below. As a rule, all oils intended for burning should only be capable of

burning by the aid of a wick. All these mineral oils, when subjected to fractional distillation, yield products more or less resembling those similarly obtained from coal-naphtha, and are available for similar commercial purposes. A heavy inflammable liquid distilled from Petroleum is known under the name of *Kerosine*.

COAL-TAR, as produced in the gas-factories, is a very complex substance: It is always alkaline, from the presence of ammonia: it contains aniline and numerous other bases, as well as carbolic and acetic acids. When distilled, fetid ammoniacal compounds pass over, and a light oil (*coal-naphtha*) succeeded by small portions of a heavier oil (dead oil), containing a little paraffine, and naphthaline; the residuary pitch, or asphalt, is used for common black varnishes. By a careful fractional distillation of the rectified naphtha, the following products are obtained:—1. An oil of an alliaceous odor, boiling between  $150^{\circ}$  and  $160^{\circ}$ ; 2, an oil boiling at  $170^{\circ}$ , identical with *benzole*,  $C_{12}H_6$ ; 3, an oil consisting chiefly of *toluole*  $C_{14}H_8$ , boiling at  $240^{\circ}$ ; 4, an oil boiling between  $240^{\circ}$  and  $290^{\circ}$ , having the proportions of *cumole*,  $C_{18}H_{12}$ ; and 5, an oil boiling between  $330^{\circ}$  and  $340^{\circ}$ , and resembling *cymole*,  $C_{20}H_{14}$  (MANSFIELD, *Quarterly Journ. Chem. Soc.* I. 252). Naphtha therefore is a mixture of several apparently definite hydro-carbons. Amongst them *benzole* is the most important."

"BENZOLE. ( $C_{12}H_6$ ): *Benzine*.—Benzole was first discovered by Faraday, in the products of the destructive distillation of whale-oil; and Mitscherlich obtained it by heating benzoic-acid with excess of hydrate of lime; but it is now procured from coal-naphtha, the more volatile products of which when cooled to  $32^{\circ}$ , deposit it in a solid form. It fuses at  $40^{\circ}$ , boils at  $170^{\circ}$ , and burns with a very smoky flame. It is insoluble in water, but soluble in alcohol and in ether; it dissolves fats and oils, and is a useful solvent of wax, caoutchouc, gutta-percha, sulphur, and numerous resins."

"CARBOLIC ACID. *Phenol, Phenylic, or Phenic-Acid*. ( $C_{12}H_6O_2 = HO, C_{12}H_5O$ ).—When those portions of the acid of coal-tar which distil over between  $300^{\circ}$  and  $400^{\circ}$ , are mixed with a strong and hot solution of caustic potash, a crystalline mass is obtained, which is resolved by the action of water into a light oil, and a heavy alkaline liquid; when the latter is neutralized by hydrochloric-acid, the impure carbolic-acid separates in the form of a light oil: it requires to be distilled off chloride of calcium, exposed to a low temperature, and freed from the remaining liquid. The pure acid forms a colorless deliquescent crystalline mass, which fuses at  $95^{\circ}$ , and passes into vapor at  $370^{\circ}$ . It has a smoky odor, an acrid taste, and the antiseptic properties of Kreosote. It is much used as a deodorizer. It does not redden litmus, but produces a transient greasy stain upon the paper. Its specific gravity is 1.062. When heated in a sealed tube with ammonia it yields aniline and water: ( $C_{12}H_6O_2 + NH_3 = C_{12}H_7N + 2HO$ .) When carbolic acid is distilled with perchloride of phosphorus, one of the results is chloride of phenyle ( $C_{12}H_5Cl$ ), a fragrant liquid, boiling at  $277^{\circ}$ , and a crystallizable phosphate of phenyle is at the same time formed. A numerous class of substitutional phenylic compounds, in which chlorine, bromine, and nitrous-acid replace one or more of the hydrogen atoms, has

been formed; they mostly constitute monobasic acids, and many of their states are of a definite character."

3. *Special Pathology and Diagnostics, with Therapeutic Hints.* By C. G. Raue, M.D., Professor of special Pathology and Diagnostics in the Hahnemann Medical College of Philadelphia. Philadelphia: F. E. Bœricke, 635 Arch-st. New-York: Wm. Radde, 550 Pearl-st. Boston: Otis Clapp. Chicago: C. S. Halsey. Cleveland: Beckwith. Cincinnati: Smith & Worthington. Detroit: E. A. Lodge. St. Louis: Luyties. Pittsburg: Backofen. London: H. Turner, & Co. 1867. Large 8vo. pp. 644.

The numerous Works on Practical Medicine already before the homœopathic medical profession, as well as the activity of publishers in continually adding to their number remind us perpetually of the industry of our working practitioners and the faith of publishers in the grand cause in which they are all laboring. They all see that the new books are still flowing off after the old ones toward some ever extending frontier: and they all believe that that frontier, like the boundaries of empire marked out by the Roman god *Terminus*, will henceforth continue to advance forever, and never recede. If they will not stop making books we must follow them up and do our best in the way of reading them. One of the latest and most attractive looking works lately received is above announced by its title-page in full.

The author's purpose in writing this work is sufficiently well set forth, but we will not ask any "apology for his book:" his reasons are good enough no doubt. A teacher who feels the want of a certain kind of book and can not find it has certainly a right to make one to answer his own uses, "furnishing him with the essential points of those branches" on which he finds it necessary that he shall concentrate his mind. He may, very properly proceed to embody them in a "concise form," and to bring them "up to the latest dates." Some very good books have been made up in this way. The artist begins on the text that "a line every day soon makes a book." He finds the work grow on his hands. He soon finds it growing too large; and thenceforward he works an hour a day in *making it larger*, and six hours a day in "*making it smaller.*" In this manner the present work may be said to have been constructed.

The author's object is "*Special Pathology and Diagnostics,*" with only "Hints at Therapeutics." His quotations and suggestions have been furnished by various authors—"collected from all sorts of observations with *high and low, middle, high, and highest*" potencies. He thinks that the more we "incline to individualize the more we are inclined to choose the highest." This is all right; but we always wish when we are told that a case has been cured, that the reporter would tell us how *much* he used, as well as *what* he used.



In the *Classification of Diseases* the author aims only at simplicity with no effort at a symmetrical system of Nosology. Thus the grand divisions of the whole subject are disposed of under:

*Head, Eyes, Ears, Nose, Face, Mouth, Neck, Thorax, Abdomen, Organs of Generation (Male—Female), Spine, Motory Apparatus, Nerves, Blood, Fever, Eczanthenata, Skin.*

This arrangement may have its advantages, if any system can now claim any advantages. We believe as much as Linnæus did that "Method is the Soul of Science." But we have no longer a Cullen, a John Brown, a Darwin or a Mason Good among us, and we pass to something more interesting at the present day.

We will not seek for something to criticise; as our mission is rather to develop and bring out all the good than to trim to death the more feeble plants that would soon die without any aid from us. It is possible to fire a few minnie rifle-balls through certain rudimental or ill-developed organs or members of a book otherwise very good, and leave it as hopeless of life as an eagle with a broken wing. Let us strike in at some point which presents an attractive heading, and become interested if we can.

"**CEREBRAL SYMPTOMS, which appear objective to our senses during the life of the patient.**

"**DELIRIUM**,—an aberration of mental action. It shows itself in the most various forms, from a still murmuring of single words, sometimes scarcely audible, to the most violent furibund utterances and actions; sometimes continually turning around one and the same idea, and at other times connecting and mixing the most different objects. Sometimes the patient seems sad or frightened, at other times jocose or audacious; in fact manifesting itself in the expression of all possible ideas and emotions of the mind. It never denotes any *particular* form of brain disease; but it is a bad sign when it occurs in consumptive persons; in jaundice, during pregnancy, or parturition; after apoplexy or external injuries of the head.

"**Drowsiness, sleepiness, sopor, stupor, coma.** Sleep is that state of the brain in which it recuperates its lost energies; and therefore it comes naturally after a well-finished day's work. According to Dr. W. A. Hammond, sleep is directly caused by the circulation of a less quantity of blood through the cerebral tissues that traverses them while we are awake. The condition of the brain, which is favorable to sleep may also be induced by various other causes, such as *Heat, Cold, narcotics, anesthetics, intoxicating liquors, loss of blood, &c.* If these agents are allowed to act excessively, or others such as carbonic oxyde, and all those which interfere with the oxygenation of the blood, are permitted to exert their influence, *sopor, stupor, coma* results. Stupor and sleep are two entirely different conditions. "In the first place. Stupor never occurs in the healthy individual, while sleep is a necessity of life; secondly, it is easy to awaken a person from sleep, while it is often impossible to arouse him from stupor; thirdly, in sleep the mind is active, in stupor it is as it were dead; and fourthly, pressure upon the brain, intense congestion of its vessels, the circulation of poisoned blood through its substance, cause stupor, but do not induce sleep. For the production of the latter a diminished supply of blood to the brain is necessary."\*

\* Wm. A. Hammond, M.D., on Wakefulness, p. 18.

"*Sleeplessness, wakefulness, insomnia*, may be induced by every cause capable of increasing the amount of blood ordinarily circulated through the brain. Such are:

1st. "Long continued or excessive intellectual action or any powerful emotion of the mind.

2d. "Those positions of the body which tend to impede the flow of blood from the brain, and at the same time do not obstruct its passage through the arteries.

3d. "An increased amount of blood is determined to the brain by certain substances used as food or medicine, such as Alcohol, Opium, Belladonna, Stramonium, Indian hemp, tea and coffee, &c.

4th. "Functional derangement of certain organs of the body, whereby increase in the amount of blood in the brain is produced; such as exalted sensibility of the nervous system, nervous debility, disordered menstruation, deficient action of the heart, habitual cold feet, indigestion." (*Hammond*.)

Though wakefulness may be the forerunner of serious cerebral disturbances, it is otherwise of no diagnostic value.

*Full of sleep and yet unable to sleep* is a symptom which most frequently denotes an irritation of the brain or its membranes; but any particular kind of disturbance it does not indicate. (Bell, Apis, Opium.)

*Starting and screaming out in sleep*, are symptoms which frequently foretell spasms and meningeal inflammations, although they are sometimes mere symptoms of disorders of the digestive apparatus. From the "screaming out in sleep," we must distinguish the *shrill scream* which we meet with in meningitis, a peculiar shrill, piercing, short, agonizing sound, without tears, repeated every now and then. Once heard it is not easily forgotten.

*Spasms, convulsions*. As spasms and convulsions may originate at the periphery as well as at the centre of the nervous system, all spasms do not indicate cerebral disturbances. Spasms may consist of single jerks of single limbs or muscles, or they may be general or all over the body; in which case they are called convulsions. They may occur periodically in alternate contraction and relaxation of the flexors, and then they are called *clonic spasms*; or they may continue uninterrupted for a longer time, and are then called *tonic spasms*. If they occur on one side only, accompanied by loss of consciousness, they generally originate in the brain, caused either by an internal injury of the head, or by inflammatory processes; apoplexy; exudation; formation of pus or tumors within the cavity of the skull. They appear mostly on the side which is affected, whilst the opposite side becomes paralyzed. If they attack the *muscles of the neck*, causing a contraction of the nape of the neck, with or without a rigid bending of the lower limbs backwards, it denotes a basilar meningitis.

*Epilepsy* is a peculiar form of spasms, which, according to the observation of a French physician, is said to have the following characteristic features: it commences with a *sudden deadly paleness of the face*, the patient gives at the same time a shriek, and falls down in spasms; this lasts from a quarter of a minute to a whole minute. After this the face becomes red and turgid, the patient is generally convulsed and entirely insensible, this lasts one and a half to two minutes. After this the convulsions gradually cease, the stage

of the decrease lasting from three to eight minutes, followed by a heavy sleep.

About its nature we know very little, and it is mentioned here merely as a symptom, which frequently accompanies *parasites* in the brain, and some deficiencies in its natural growth."

A similar summary of the leading features is also given of:

Paralysis: Abnormal motions of the head; the constant reaching with the hand to the head; beating, with one arm and one leg of the same side up and down, sometimes for days and nights; ptosis or paralysis of the eyelids; strabismus, or squinting; contraction or dilatation of the pupils; injection of the inner canthus of the eyes, with a show of "glutinous substance floating over the eye-ball;" symptoms visible in the face; paralysis of one side of the tongue; constant vomiting; irregular or sighing breathing; pulse slower at the time of exudation in the brain, increasing to smallness and great frequency afterwards: bright redness on the palms of the hands and points of the fingers; lifting of the feet when walking (the *cock's walk*); tottering, reeling or stumbling in walking; walking backwards involuntarily, as in softening of the cerebellum," &c. &c.

With this brief notice we may consign to the reader's care and respectful consideration this work of many subjects, sections and sub-chapters. It is evidently a work requiring for its construction the time which a busy teacher may have been able to devote to it during the number of years within which the author says he has felt the want of such a book. He has encountered the difficulties which others have met in trying to treat of so many themes within a limited space. Such a work is easily criticised, however skilfully its author may have labored in compiling it. Even in those sections and paragraphs which most clearly display the highest genius in generalizing known truths into a symmetrical form the critic can always see faults in the system of classification adopted; if new facts be given they must take up room, and must enlarge some parts disproportionately; if they be left out the book must be imperfect,—too meagre to be of practical value. Thus, let the author travel up the stream or down it; whether he crosses above or below, he is sure to stir the mud at the very point at which the wolf chooses to drink. Our present author is intelligent, industrious, and faithful. He gives good evidence of acquaintance with the present state of pathology, with its literature, though he makes few references to authorities. On many points the practitioner will desire to refer to more extensive works; on others, and on nearly all, the student will find the present a very useful summary of all the wisdom of the past corrected by attainments of our own times.

4. *A Synopsis of Materia Medica, with Groups, General Characteristic and Diagnostic Symptoms.* This Book contains the Notes of a Student in Hahnemann College, from the Lectures of PROF. E. M. HALE. Session of 1867 & 1868. Chicago, 1867. 8vo.

WE have here a *Note-Book* for the use of the Student of *Materia Medica* which is evidently designed to methodize the process of *preserving* the

most important points presented by the teacher. The design is that the notes that may be taken shall not be too many, but shall be well considered, deliberately entered upon the blank page which is already headed by the *group* of remedies which are known to be capable of causing as well curing the same or analogous symptoms. Instead of the *twenty* groups of Teste we find the principal remedies displayed in twenty-nine groups, each made up of agents which have more or less relation to each other.

5. *United States Medical and Surgical Journal*. Edited by Geo. Shipman, M.D., assisted by Profs. Wells, Dunham and T. F. Allen, of the New-York Hom. College; from Profs. Ludlam and Lord, of Hahnemann College, and Franklin, of St. Louis (Missouri) Hom. College; also from Dr. Wesselhœft, Dorchester, Mass.

THERE is in the present number a fine portrait of Dr. Jos. H. Pulte who has done as much as any one man to popularize Homœopathy among the masses of many countries. A biography of eight pages makes us better acquainted with the author than we had hitherto been. It has been thought a good work to "embalm in the memory of posterity the illustrious dead;" we think our respected and valued contemporary does a better work in making known to the toiling student and practitioner of the passing hour the virtues and trials as well as the triumphs of the *illustrious living*.

6. *The American Pronouncing Dictionary of the English Language*: Exhibiting Variable, Contested and Difficult Spellings; Inflections, Accents, Prepositions with Corresponding Conjunctions, Numerous References, &c.; Definitions of Names, Foreign Phrases; Rules for Spelling; Lists, Contrasting conservative with Websterian Orthographies: Proverbs and maxims, &c. By ALEXANDER H. LAIDLAW, M.D., Philadelphia: Crissy & Markley. pp. 600.

THIS is certainly the most useful Dictionary of its size we have ever used.

7. *The Complete Phonographer*. Being an Inductive Exposition of Phonography, with its Application to all Branches of Reporting, &c. By JAMES E. MUNSON, Official Stenographer to the Surrogate's Court of New-York.

NEW-YORK: Robert H. Johnston, 64 Nassau-st. 1867. 12mo. pp. 236.

8. *Homœopathy*. An Explanation of What is, &c. By F. H. ORME, M.D., of Atlanta, Georgia. Detroit: Dr. Lodge, 51 Wayne-st. 1868. 8vo. pp. 40.

THIS is a good exposition of the subject, and is well suited for the object proposed by the author. It gives a large number of facts well collated.

9. *Consumption can be Cured!* "Is Phthisis Pulmonalis Curable?" Answered Affirmatively. By Dr. MEYHOFFER, of Nice, Italy. Second Edition. Detroit, Mich.: E. A. Lodge. pp. 24. 8vo.

THE author's faith is high; but his advice is good.

10. *Digitalis*. By E. M. HALE, M.D.

THIS is a paper read before the Illinois State Medical Society. It gives the results of modern experimentation in search of the sphere of action and medical properties of this little known remedy. It is too long to be copied and too good to be abridged. An agent of such power is capable of doing many things; it has certainly performed some wonders in cases not yet well discriminated from others, which it has positively refused to touch. Let us again try, with Prof. Hale's help, to get its image impressed more clearly in our minds; and then we may more surely individualize the cases to which it is adapted. We may yet learn just how and when to trust it. Hitherto it has been thought to be about as capricious as the *familiars* who pretended to do the bidding of the Davenport Brothers. If we will become better acquainted with our remedies they will do more for us than they have done.

11. *First Annual Report of the Washington Homœopa<sup>h</sup> Dispensary*, Washington, 1867. Medical Staff: T. S. Verdi, M.D.; W. Hale, M.D.; C. S. Verdi, M.D.; C. W. Sonnenschmidt, M.D.

THE American "City of the Cæsars" continues to rise in importance and in the estimation of the nations of the earth, it is therefore proper that it take rank with the foremost of modern cities by establishing a *Homœopathic Dispensary*. Already within its first year 800 patients have been treated.

12. *The Chair of Homœopathy in the University of Michigan, or: Homœopathy or Rational Medicine*. Open Letter to JULIUS F. MINER, M.D., Surgeon to Buffalo General Hospital. By HEINRICH BÆTHIG, Graduate of the University of Breslau. Licentiate of the Erie Co., Med. Hom. Society, N-Y: Buffalo: Robert Hager. 8vo. pp. 12.

THE "*Northern Lights*" once suspended operations on the North-Western Lakes for a whole century. They have more recently given regular performances under the Aboriginal title of "*The Dancing Ghosts*."

The above correspondence shows that their light is becoming quite brilliant, and we are assured that they will soon illuminate the *Michigan University*.

THE HOMŒOPATHIC DISSECTING-KNIFE applied to the Pacific Medical and Surgical Journal. — Correspondence of the Californian. The edge of this dissecting-knife is very rough as well as sharp. It lacerates terribly.

THE TRAVELLER'S GUIDE, for the use of twelve principal Homœopathic remedies. By E. A. Lodge, M.D.

GUIDE for the use of six leading homœopathic remedies for travellers and others. E. A. Lodge M.D., Detroit.

AMERICAN HOMŒOPATHIC OBSERVER. Detroit. Nov., Dec., January, Vol. V., and Feb., 1868.

BOSTON MEDICAL AND SURGICAL JOURNAL. Dec., Jan.

NEW ENGLAND MEDICAL GAZETTE, Boston. Nov., December, Jan.

WESTERN HOMŒOPATHIC OBSERVER. St. Louis: H. C. G. Luyties. January, 1868, beginning Vol. V.

QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE. New-York.

MEDICAL INVESTIGATOR. Chicago, December, 1867, January and Feb. 1868.

THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. January, 1868. Phil.: Tafel. London and Manchester: H. Turner.

HAHNEMANNIAN MONTHLY. Jan., 1868. Phila.: A. J. Tafel, 48 North 9th-st. London: Alf. Heath, 114 Ebury-st.

JOURNAL OF THE MATERIA MEDICA. New Lebanon, N.-Y., Jan., 1868, Vol. VII., No. 1.

PACIFIC MEDICAL AND SURGICAL JOURNAL. Jan., 1868. San Francisco: Cal., Bancroft & Co.

THE HALF YEARLY ABSTRACT OF THE MEDICAL SCIENCES. (RANKING'S.) Being a digest of British and Continental Medicine, and of the Progress of Medicine and the Collateral Sciences. Vol. XLVI. July,—December, 1867. Philadelphia: Henry C. Lea, Nos. 706 and 708 Sansom-st. 1868. Svo. pp. 288.

LA HOMEOPATIA, Publication mensual del Instituto Homeopatico de los Estados Unidos de Columbia. Bogota. Impronta a Cargo de Focion Mantilla.

### Miscellaneous Items.

1. *The Thirteenth Annual Report of the Bond-st. Homœopathic Dispensary*, Founded and Managed by Dr. OTTO FULLGRAFF, is before us.

DURING the year, commencing Jan. 31st, 1867, to Jan. 31st, 1868, 26,046 patients have been treated, and 50,122 prescriptions dispensed by

Dr. Fullgraff and his faithful assistants, Drs. C. Th. Liebold, H. B. Hund, J. P. Ermentraut, C. E. Campbell, F. Seeger, C. W. Kuhn, H. E. Powell, F. C. Hilmer, H. Saltzwedel and Fred. Danne. Dr. J. Judson Campbell, who has charge of the Dental Department, reports that during the year, assisted by Dr. C. W. Kuhn and C. E. Campbell, over 3000 teeth were *dislodged*.

The Branch Dispensary, in Seventh-st. corner Avenue B, (opposite Tompkins Square), under the charge of Dr. J. P. Ermentraut, F. C. Hilmer, and H. Saltzwedel, report that of the above figures there were treated by them 9,252 patients, and 20,322 prescriptions dispensed.

The *total* number of out-door visits made by both Dispensaries was 8325.

The *total* number of deaths was 52.

The Board of Directors, of this really benevolent institution, consists of some of the most influential and popular citizens of our city. Foremost among them stands our facetious friend A. Oakey Hall, District Attorney. The Hon. C. E. Loew, County Clerk, and his energetic brother E. V. Loew, are also well-known, and to their efforts is the dispensary indebted for an additional municipal appropriation of \$500, for the use of the branch dispensary. The Hon. Rufus F. Andrews, Ex-Surveyor of the Port, J. B. Garvin, Shepard Knapp, Orlando L. Stewart, Robert Gracie, and Dr. Fullgraff compose the rest of the Board.

We hear our faithful friend, Dr. H. B. Hund, will report some interesting cures. Drs. C. E. Campbell, Kuhn and Ermentraut, have met with flattering success in the treatment of diseases, which are generally so much more difficult to treat in the poor, than in those whose wants are all supplied.

Dr. C. Th. Liebold has made several successful operations for harelip, cataract, &c.

Mr. C. M. Vergnes and Mr. C. A. Thoma are connected with the dispensary as medical students.

F. S.

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## 2. *A new Homœopathic Life Insurance Company.*

COMPLAINT was once made by Pluto, the king of the lower portion of the invisible world, that *Æsculapius* did not permit the usual and necessary number of men to die. There was probably good reason for this complaint against *Æsculapius himself*, but it has never been made against his *successors* till very near the present time, when some medical journals objected to the establishment of homœopathic dispensaries. *Life Insurance Companies* originated in the wants, the hazards, and the earliest instincts of modern society, in search of unknown but hoped for good to be hereafter realized through *mutual co-operative associations*. Until recently they were all based upon the "*Bills of Mortality*," which allopathic medicine has been continually permitting to grow larger instead of smaller. The rapid spread of homœopathy among the people has furnished the means of lessening the the death-rate in the communities in which it is practiced; and has induced the most acute of business men to establish insurance companies

basing their operations on the fact, that, although Pluto does not find much fault in these days with allopathic medicine, he is continually complaining of homœopathy.

Insurance Companies of the latest and most improved style therefore offer to insure "a long life and a merry one," to all who are under the habitual care, (sick or well,) of a practitioner of homœopathy. We have already two strong and successful homœopathic insurance companies. We have now the prospectus of a third, to be located in the American metropolis. We hope these companies will all live a thousand years at least, and that each of them will greatly extend the lives of all patrons in the same direction.

The HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY, of New-York, has obtained a liberal charter under the laws of this state, which will enable it to adopt and carry out the most advanced ideas in regard to life insurance, and at judiciously reduced rates of premium to those using homœopathic treatment. This Company proposes to base its operations upon this fact, after a careful comparison of statistics.

### 3. DR. B. FINCKE'S *High Potencies before the American Institute of Homœopathy.*

THE following resolution was presented at the meeting of the American Institute of Homœopathy in New-York June 6th, 1867.

*Whereas*, The preparations of homœopathic medicines known as Fincke's High Potencies have been used, and are recommended by many of our profession, and

*Whereas*, Dr. Finke has publicly stated his desire to publish to the profession at the proper time, his mode of attenuating the same :

Therefore, *Resolved*, that, in the opinion of this Institute, the time has fully come, when such exposition should be made, and in behalf of the profession we respectfully solicit from Dr. Fincke his mode of preparing the same at his earliest convenience.

Upon the adoption of this resolution, Dr. Finke rose, and made the following statement :

GENTLEMEN! The sentence alluded to in your resolution has been misconstrued by half, as it seems to me. I did not think of prescribing to the profession the proper time when I should tell them, but I meant the time, when I should be able to write down my experience, and when I should find a publisher to print it. As soon as these conditions are fulfilled, I promise you to tell you everything how my potencies are made. But there is no manner of secrecy about them. They are made of well-known substances, the same, that you use in various potencies. They are diluted, on the centesimal scale, and every one of them is actually what it says, the centesimal dilution of the remedy. So there is no secret about it at all. Now, in the course of my studies, I have arrived at the fact, that the 100,000th Potency does not only cure, but even produce provings. It was such an accidental proving which I present to-day to the Institute,



and I thought it my duty, to apprise the profession of it. In conclusion, I hope you will construe what I have to say, rather in my favor, than against me."

#### 4. Increase of Insanity.

A LONDON Paper says: "That the Home Secretary, the Lord Chancellor and the Commissioners of Police of England are constantly receiving extraordinary communications from persons laboring under cerebral diseases."

It is certainly true that Insanity is increasing in all the great centres of modern civilization. If Medico-Legal science is keeping pace with the progress of the times will not some of our enlightened correspondents give us the proofs of this advance in practical Psychology.

#### 5. North Western Provers' Association. Chicago.

THE third annual session of the above society was held in this city, Nov. 12, 1867. The president in the chair.

The minutes of the last session were read and approved. The following gentlemen were then duly elected members of the association: Drs. E. Perkins, W. S. Johnson, J. T. Nurriman, C. S. Fahnestock, J. M. Cunningham, A. M. Wells, E. W. Rogers, J. B. Compton, J. D. Taylor, E. B. Beeson, J. H. Smith, A. Herbert, E. Cowell, T. G. Comstock, J. W. Blakely, H. R. Madden.

The society then proceeded to the election of officers for the ensuing year with the following result:

*President*, Dr. E. M. Hale.

*1st Vice-President*, Dr. T. C. Duncan; *2d do.* Dr. F. Smyth; *3d do.* W. S. Johnson.

*Recording Secretary*, Dr. S. P. Hedges.

*Corresponding Secretary* for Illinois: Dr. E. Perkins; for Iowa: Dr. J. E. King; for Minn.: Dr. A. Herbert; for Wis.: J. H. Smith; for New-York: Dr. A. M. Wells; for Ohio: Dr. C. S. Fahnestock; for Canada: Dr. C. W. Clark.

*Honorary Corresponding Secretary* for Penn.: Dr. J. W. Blakely; for Mo.: Dr. T. G. Comstock; for La.: Dr. W. H. Holcomb; for England: Dr. Henry R. Madden.

*General Corresponding Secretary*, Dr. T. C. Duncan.

*Treasurer*: One of the Publishing Committeee Dr. C. S. Fahnestock.

Dr. T. C. Duncan reported provings of *Salix-purp.* and *Cochlearia*. Dr. C. S. Fahnestock contributed a proving of *Erechthitis*.

The following drugs were selected for future proving, *Erechthitis*, *Stillingia*, *Ostrya*, *Bromide of Ammonia*, *Dioscorea* and *Ptelia*.

On motion the secretary was directed to transmit a copy of the above proceedings to the various Medical Journals.

On motion adjourned.

DR. T. C. DUNCAN, *Gen. Cor. Sec.*

Chicago, 59 Clark-st.

### 6. *Condition of the Teeth among the People of Different Nations.\**

In England, among what are called the refined classes, the teeth are bad; while among the peasantry they are good. The difference in diet affords a sufficient explanation.

In Lesser Asia, where the diet is mainly milk, eggs, figs, &c., Hippocrates tells us they have fine teeth.

In Central Africa, north of the equator, the barbarous practice of filing the teeth prevails; but in other parts of Central Africa, where this is not done, we are told by Pritchard, the teeth are good.

The Nubians, according to Burkhardt, have simple habits and good teeth.

In the western portions of South Africa, the inhabitants are well made and have good teeth.

In different parts of Asia, where rice and other cereals constitute the principal food, the inhabitants have fine teeth.

The Tartars, according to Ehrmann, are of middle stature, with oval heads, regular features, small eyes, nose and lips thin, with teeth strong and white.

Between Hindostan and China, the teeth are blackened by chewing a mixture of lime, catechu, &c., and present a very disgusting appearance.

Baron Larrey tells us that in Eastern Arabia, the inhabitants have beautiful white teeth. He tells us also, that Egyptians have large jaws, moderate alveola, and, fine, white teeth, and that they use but little animal food.

A missionary tells us that the inhabitants of the Society Islands are of middle stature; that they always have their complement of teeth, except in extreme old age, and that these teeth, though large, are very white—seldom discolored from any cause.

The New Zealanders vary in color from a deep orange to black, and there is a corresponding variety of features. The teeth are broad, white, and well set. One author tells us that in old persons they are much worn down, and have a peculiar structure, referring probably to the filling of the pulp cavities with secondary dentine. In districts where warm sulphur springs abound, the enamel is yellow.

In some of the islands of the Pacific, the inhabitants live principally on cocoa-nuts, banyans, &c.; and they are characterized by strong features, sharp noses, large black eyes, large mouths, and fine white teeth.

The Fejee Islanders and the Australians were also described as having good teeth.

He quoted from "Morton on American Skulls," and from Capt. Cook and others, to show that the native races of America have good teeth; but to follow him as minutely here as our notes would enable us to do, would lengthen our report beyond what is intended.

He next referred to the United States, where, he said, we have a mixed population, so assimilated in features and manners that the historian will notice us as one race; and how different the record of the jaws and teeth

\* Transactions of Amer. Dental Association.

How often we find contracted jaws over-crowded with deformed or badly developed teeth! And so terrible are the ravages of disease among these organs, that 20,000,000 are lost per annum!

Humboldt speaks of the peasantry of a mountain region having fine teeth "like all nations that lead a very simple life." These peasants had not changed the proportions of nutriment in the "staff of life," as is done in the bolting of flour; but they use the entire grain. They have another advantage in plenty of out-door exercise, which enabled them to appropriate the necessary food.

He thought we ought to learn from the book of nature, thus spread out before us, and cease the disastrous practice of separating the mineral elements from our staff of life. But the results in the way of defective teeth were not so astonishing, he said, when we take into consideration the extent of the means and agencies employed in thus deteriorating the food. In 1860 there were 13,868 mills in the United States, employing 27,626 men, who received in wages \$8,721,391. All this power and capital are employed in destroying the proper and natural proportion of nutrient materials in that which forms the chief article of our diet. And this is one of the most prominent reasons of the greater amount of dental decay found here, than observable elsewhere. The potter can not make a pot without clay; nor can the constitution build up bony tissue unless furnished with bone-making material in the food.—*Dental Cosmos.*

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#### 7. *Correction.*

In our November No., (Dr. Wm. E. Payne's Address), the name of our able and worthy colleague, Dr. Charles H. Burr, of Portland, Maine, was omitted by mistake.

In the list of the Bath physicians, the name Dr. M. S. Bing should be Dr. M. S. Briry.

We hope our collaborators will write NAMES so legibly that each letter may be distinctly seen. The largest publishing house in the world is just now perplexed with orders for books which it can not fill; as no scholar can be found who is able to read THE NAMES of the writers.

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#### 8. *Homœopathic Infirmary for Women,*

LOCATED at the corner of 48th-street and 6th Avenue, is now thoroughly reorganized and open for the reception of patients. The following Ladies compose the new *Board of Managers*: Mrs. E. G. Bartlett, 82 West 11th-st.; Mrs. Jas. J. Roosevelt, 836 Broadway; Mrs. Jas. M. Smith, 85 Lexington Av.; Mrs. C. V. B. Ostrander, 38. West 27th-st.; Mrs. C. L. Stickney, 130 East 12th-st.; Mrs. John G. Davis, 10 West 25th-st.; Mrs. Nicholas H. Decker, 225 5th Av.; Mrs. Joseph C. Carey, 146 West 47th st.; Mrs. F. W. Hurtt, 94 East 60th-st.

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9. HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW-YORK.—The seventeenth annual meeting of the society will be held in the City Hall, in Albany, Tuesday and Wednesday, February 11th & 12th, 1868.

### 10. *New-York Homœopathic Hospital.*

THE work of organizing an efficient Board of Directors for this recently incorporated and much needed Institution is progressing. Very soon the remaining difficulties will be overcome, and we are assured that a building will then be provided "that shall be suitable for college and hospital purposes, after the manner of Bellevue; and which shall be under the support of the commissioners of public charities of the city of New-York."

### 11. *The Gettysburg Lithia Mineral Water.*

THE following analysis of the water from this now celebrated spring is given by Prof. Mayer of the Pennsylvania College:

	Grains Troy.
Bicarbonate of soda .....	46.05
"    lithia.....	}
"    potash.....	trace.
"    magnesia.....	76.05
"    iron.....	trace.
"    lime.....	81.00
Sulphate of lime .....	53.20
Chlorides .....	trace.
Phosphates.....	trace.
Silica .....	10.00
<hr/>	
Total.....	266.30

We publish elsewhere (page 450) an important article on its medical use by Dr. Shearer of Baltimore. A report confirmatory of the correctness of the statements there made has been published by Dr. John Bell of Philadelphia, a high authority on Mineral Waters.

### 12. *At a meeting of the Albany County Homœopathic Medical Society, held December 6, 1867, the following resolution was unanimously adopted:*

*Resolved,* That we cordially approve the proposal having in view the establishment of a new State Lunatic Asylum, under the auspices of the Homœopathic School; and that we earnestly recommend our brethren of the medical profession throughout the State to extend to this measure all the assistance in their power.

Similar resolutions have been passed by the New-York County Homœopathic Society, as well as by other Societies in different parts of the State.

### 13. *Personal.*

E. POTTER, M.D., SPRINGFIELD, ILL.—A dispatch by the Associated Press, dated January 12th, brings us the following sad intelligence:

"This morning, about nine o'clock, Dr. Potter was found dead in his office. A coroner's inquest was held, and a verdict rendered that he came to his death from *apoplexy of the heart*. The doctor left home yesterday evening in his usual health, and his family supposed he was detained with some patient, until discovered by friends. He was a man of fine attainments in his profession, and was universally respected by all who knew him."

He was found upon the sofa, one hand over the region of his heart. A Bible was near him, open at the 106th and 108th Psalms. He seemed to have had a premonition of his departure. In a letter directed to Colonel J. R. Woods, dated January 9th, is the following:

"For five or six months past I have been under the impression that, about the close of 1867, or the early part of 1868, I should pass from this natural state to the spiritual—to my home in Heaven. And this feeling has pressed itself upon me at all hours, and frequently abstracted me from all that was about me.

"Of course, I know that such feelings would generally meet with ridicule, and this has prevented me from communicating my impressions to any person. The 'New Year' has ushered in, and now I am sure that I have but a few days more to spend in this world. \* \* \* \* \*

"I have worked hard in my profession for twenty-six years—more than a quarter of a century. Fifteen years of this time was devoted to the murderous allopathic system, and the last past eleven years to the Homœopathic system; which, in the fullness of time, as truth is always to be received, must be the universal practice. Trusting that you may continue your usefulness, and find constant happiness, and that we may finally meet in Heaven. I am, yours truly E. POTTER" (*Invest.*)

[We had a friendly acquaintance with Dr. Potter fifteen years ago: and a noble and true man he was. ED. JOUR.]

#### 14. *Small-Pox*. Discussion in the Cook Co. (Ill.) Hom. Soc.

THE CHAIR inquired if the members had had many cases of small-pox recently, and what was their treatment?

DR. C. C. SMITH—Have had some cases. My prescription is *Thuja*, 200th, a dose every three hours. In one case the primary symptoms were those of pneumonia, then the eruption came out. There was no pain in the back.

DR. COLTON—My remedies are *Tart. emetic* and *Merc.* Some years ago *Macrotin* was lauded as a remedy to prevent pitting, but it failed me, and now I do not use it.

DR. WOODWARD—I would ask Dr. Smith the indications for *Thuja* in this disease.

DR. SMITH.—I know of none. I use it upon the strength of the recommendation of some German physicians that it would prevent pitting. Dr. Reisig, of New-York, never vaccinated his children. Small-pox was around, and they took it, and he cured them with *Thuja*. They were not pitted at all. He thinks much harm is done by vaccination.

THE CHAIR—Some of the Germans have queer ideas. Dr. Wolfe, of *Apis* notoriety, thought that typhoid fever was caused by vaccination.

DR. C. C. SMITH—For the severe pain in the back *Actæa* is a good rémèdey.

DR. R. LUDLAM—I had a case recently in which the severe pain was located in the head. For this I gave *Bell.*, *Ars.*, and *Merc.*, with no relief. I gave her *Tart. emetic*, and the pain left her almost as soon as the remedy was taken. She was soon nicely covered with the eruption. I think *Tart. emetic* the remedy for small-pox. It will produce on mucous membranes an eruption identical to the small-pox eruption. Some years ago<sup>1</sup> I wrote a series of articles for the Medical Investigator on this subject. Dr. Pearson, of Mt. Pleasant, Iowa, found fault with me. He stated that *Apis* was the remedy for small-pox. I do not claim originality in the use of *Tartar. emetic* in variola.

DR. WADSWORTH, of Connecticut, being present, stated that Homœopathy was making good progress in that State. They had about sixty physicians. They tried to get into the State Hospital. Through a misunderstanding \$10,000 was appropriated to them; the legislature supposing that was what was wanted.

He was glad to see the physicians in the West so wide awake, especially those in Chicago. (*Investigator.*)

16. *Sixteenth Annual Report of the Directors of the New-York Ophthalmic Hospital.* For the year 1867, at No. 387 Fourth Avenue, cor. 28th-st. Incorporated, April 21, 1852.

N.B.—The Hospital is open for the reception of Patients every day at 2 o'clock. (Sundays excepted.)

THE Directors publish the resolution formerly passed in which they gave notice to the board of Allopathic physicians that their services were no longer needed. They express the fullest confidence in the superiority of homœopathic practice in all *Diseases of the Eye, &c.*, and their high gratification with the results of treatment under the new system which they had conscientiously adopted only a few months ago. The present Report does honor to the Directors, to Homœopathy, to the philanthropic patrons of the Institution, and, still more, to the ability and faithfulness of the new board of surgeons and physicians.

The following announcement is made for 1868:

Lectures four days in the week, at 2 p. m. By C. Theodor Liebold, M.D., on Operative Surgery of the Eye and Diseases of the Conjunctiva. By J. F. Allen, M.D., on Anatomy and Physiology of the Eye, and Use of the Ophthalmoscope. By J. M. E. Wetmore, M.D., on Diseases of the Cornea, Iris, and Lens. C. A. Bacon, M.D., on Anomalies of Refraction and Accommodation. The Board of Consulting Surgeons, consisting of P. P. Wells, M.D.; H. D. Paine, M.D.; G. E. Belcher, M.D.; and Carroll Dunham, M.D., will, during the session, deliver lectures on the *Materia Medica* as applied to the Diseases and on various other subjects.

The department of instruction seems to be acceptable to the large number of students who attend Clinics and Lectures.

Clinics are held four days in the week, care being taken that our patients are not injured by too prolonged examinations.

Lectures are delivered during the lecture term, on Wednesday and Saturday evenings, embracing Anatomy and Physiology of the eye; Diseases of its different structures; Accommodation and Refraction; Operative Surgery and use of the Ophthalmoscope.

The large number of patients daily prescribed for in this Hospital afford an extensive field for observation and instruction, which the attending Surgeons will render valuable to students who wish to avail themselves of its advantages.

17. *Nitro-Muriatic-Acid in Hepatic Disease.* By SIR RANALD MARTIN, C.B., F.R.S., Physician to the Council of India.

*Chronic Enlargement of the Liver.*—Early in my course of service in India I became aware of the inutility of mercury in the treatment of chronic enlargement of the liver, and of its baneful effects in the splenic cachexia with hypertrophy of that organ. I therefore speedily employed the nitro-muriatic-acid in the form of baths, as follows:—

*Directions for Preparing and using the Nitro-Muriatic-Acid Bath.*—Take of pure concentrated hydrochloric-acid, by measure three parts; strong nitric-acid, two parts; mix the acids very slowly and carefully, so as to avoid any evolution of heat or steam; after half an hour add the distilled water, five parts. Mix the whole carefully.

After the example of Sir Astley Cooper, it is well sometimes to let the educated patient speak to his own case:—

“In November, 1829, I arrived in Calcutta suffering from the consequences of jungle fever. My liver and spleen were perceptibly enlarged; my limbs were much swollen, and so stiff that I could with difficulty walk, and the least exertion occasioned vomiting. Before my arrival at the Presidency I had for many months taken medicine. This plan was altered, and I was put through a course of nitric-acid baths, taking a vapor bath every other night for the first week. The nitric-acid bath acted in a few days very powerfully immediately on using it; and in about three weeks both the liver and spleen could no longer be felt, nor did pressure give me much uneasiness; the stiffness, too, dissappeared, and my skin became less tense and dry. I took an aperient draught twice a week, and used nothing else but the bath. I left Calcutta in the end of December for Simla, and had little or no occasion for medicine during two years afterwards, my general health being completely restored.”

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No. LXIV.

Original and Translated Papers.

ARTICLE XLV.—*Address before the Homœopathic Medical Society of the State of New-York.* By BENJAMIN F. CORNELL, M.D., President of the Society. Delivered February 11, 1868.

GENTLEMEN:

The subject I have chosen, upon which in accordance with usage to address you on this occasion, is the Physical Degeneracy of Man. Its causes, and our duty as a profession in connection with it.

That the human race is becoming effeminate, enfeebled and physically degenerate, as it passes down through succeeding generations, must be obvious to every man of observation, who contrasts the days of his childhood and youth with those of maturity and age, or who has been familiar with the history of man; and more especially it needs no argument addressed to the physician of thirty or forty years' practice to establish the fact.

It is unnecessary to contrast the longevity of the ancients with the brief duration of man's existence in this our day, when the allotted three score and ten is becoming the extreme limit, and thirty years the average of human life.



This is proudly styled the age of progress, of discovery, science, knowledge and invention. Lightning is chained to the car of progress. Space and time are annihilated; and yet proud as we are of our intellectual advancement and superiority, when we contrast our physical condition, force and power with the fathers of the race, we are ready to hide our dwarfed, enfeebled, effeminate and diminished proportions, and shrink from the contrast.

In the contemplation of this subject, I pause at the threshold astonished, appalled at its magnitude and the difficulties in my path. To attempt to compress into the limits of a short address the history of mankind, the habits, fashions, passions, propensities, vices, diseases and crimes of the tribes, races and nations of mankind, would be the 'work of a life-time, and volumes, nay a library of volumes would be the result.

I can therefore but glance at a few of the causes that have contributed to this decline; and here again new difficulties arise in my path and block my progress.

The question arises where to commence. I trace these causes backward up the stream of time, and I find no starting-point till it emerges from the garden; 'tis there the seeds of disease, pain and death were planted, there decay was stamped upon mortality; and as it has passed downward it has become turbid with the vices and crimes of mankind, till in our day it is a boiling, seething torrent of corruption and death.

It is not my intention to inflict upon you a homily on morals; yet the physical and moral decline of man are so intimately connected, as cause and effect, that I shall fail to do justice to one, without introducing the other.

I shall not attempt to present the causes of degeneracy in the order of their origin, but select a few, more particularly adapted to our country and generation.

The first and not least important agent of physical decay I shall mention is Alcohol, where used as a beverage in the various forms of distillation and fermentation. How far back the use of these intoxicating beverages can be traced, my antediluvian lore is too deficient to determine.

We find that Noah, a man so pure that of all the race, he and his family were saved from the destruction of the flood to

repeople the earth, after leaving the ark, "planted vines and drank the wine thereof," and became beastly drunk and exposed to shame.

That the continued use of this beverage has descended through the all cycles of time to this our day, is an established fact, and invariably with the same result. Shame and disgrace are the attendant consequences.

The juice of the grape is extolled by many as one of the good creatures of God, and not to be prohibited. I am aware of the fact that the holy inspired volume contains numerous instances of its use, that even the Saviour graced the marriage feast, and when the wine was exhausted performed a miracle to replenish it. That Paul advised Timothy to take a little wine for his weakened digestion. I am aware also that wine is denounced as a mocker, and that a curse is pronounced upon him who holds the cup to his neighbor's lips. I would not be irreverent but the particular circumstances of the miracle are such, that strong doubts arise as to the change that occurred in the pure limpid product of the fountain. The guests were well drunken, filled to the brim with wine; and who that has had similar experience, but must recollect how cooling, how grateful and soothing to the over-stimulated and fevered system was one long draught of nature's pure element, and how ready to cry out, "the best of the wine is reserved to the last of the feast."

And in Paul's advice to Timothy we see more of the habits and fashion of the times, than inspiration in the prescription. I consider the pure juice of the grape the least objectional of alcoholic beverages. Alcohol produced from cereals and fruits of the earth by distillation, is said to have been discovered by the Arabs, and for many centuries used principally as a pigment or paint. It is still used for that purpose, and one peculiarity of it is, that the color never fades, but grows brighter and brighter every day. I have seen some roses painted with it that were a perfect blaze of beauty, surrounded by a halo of light.

How it came into use as a beverage we have no means of knowing: the presumption is, that the painter sucked his brush, from the fact that those of the present day who "imbibe" are

called "suckers;" be that as it may, it is now used in all its varied forms as a beverage, to produce artificial exhilaration and intoxication, and is one of the most destructive engines of the enemy of man, for his demoralization and annihilation.

It will be my present object to show some of the effects of this powerful stimulant and poison upon the human system.

Alcohol cannot be used as a beverage with impunity; taken into the human stomach in the least quantity from which a sensible excitement is produced, is intoxicating, and to that extent the participant is intoxicated. I do not mean to be understood that he is gloriously, superlatively, beastly drunk, drunk clear through, but the first glimmer of the eye, the first dizziness of the brain: the first acceleration of the pulse, is an evidence of intoxication, and it only requires the continuance and increase of the stimulant, to produce the more loathsome and disgusting features of the certain and inevitable result. At this early stage, nature rebels and arouses all her energies to expel the intruder: but by frequent and repeated indulgence, the system becomes less and less sensitive, and by degrees yields to its power; resistance is fruitless, the enemy takes possession of the citadel and riots on its substance. The mind like the body yields; resolution, virtue, conscience all surrender; disease seizes upon the victim, and death closes the scene. The fatal results are not always sudden, frequently the warfare is protracted through many years; but nothing can change the result but the abandonment of the poison. The strong man yields inch by inch to the destroyer. The body gradually changes from health to decay, and the system becomes diseased. The tender mucous membrane of the stomach is first irritated; then inflammation, ulceration and schirrous supervene. The eye passes through all the gradations of expression, from brilliancy to inflamed, bleared and idiotic. The pulse is accelerated, wiry and intermittent. The face changes from excited, flushed and heated, to pallid, blotched, bloated and purple. The tongue, the index to both mind and body, gives utterance to the hilarity of excitement, to thoughts that burn, to the phrenzy of the maniac, and the drivelling of the idiot; it becomes coated, dry, inflamed, swollen, paralyzed. The gastric juice is deficient in quantity and quality; indigestion fol-

lows; flatulence, acidity, cardialgia and the burning, torturing fire that is never quenched. The liver is congested, inflamed, enlarged, ulcerated.

The spleen is enlarged. The kidneys disorganized. The bladder inflamed. The alternations of dysuria, and diabetes frequently occur. The bowels are constipated, or relaxed. The lungs inflamed, congested, and hepatized. The head swollen. The body bloated, and dropsical. The limbs enfeebled, trembling, palsied. The brain passes through all the excitements and diseases from simple exhilaration to stupidity and coma, from inflammation to apoplexy; when the scene closes, the curtain drops, the tragedy is ended.

When we reflect, that, perhaps during the whole history of our country, there has never been a greater amount of alcohol used in form of beverages than at the present; and also that nearly all are adulterated and impure; that the most poisonous narcotics and irritants, as strychnine, tobacco, nit-acid, and numerous others equally destructive to human life enter into their composition; is it strange that so large a portion of our countrymen are becoming debilitated, enfeebled and physically degenerate?

Opium-eating is also becoming alarmingly prevalent, and its effects in many respects are similar to those produced by alcohol; but as the number of its devotees fall so far short of the cup, it would be comparatively harmless, did it not form the grand panacea of infancy and childhood. Paregoric, Godfrey's cordial, Bateman's drops, Mrs. Winslow's and numerous other Syrups, Laudanum, &c., in which the basis is Opium, are the arms and implements of warfare with which the nurse lays right and left in combatting the ills with which poor suffering infancy is afflicted. If the child has colic a dose of Paregoric. If a pin pricks it or a feather gets in its ear a dose of Godfrey. If it has taken cold from neglect or exposure, or is coming down with scarlatina or measles a dose of Bateman. If teething, vomiting, diarrhoea, dysentery or spasms a dose of Mrs. Winslow; and when the nurse leaves, and the charge devolves upon the mother,—if she is tired, exhausted or fretful and peevish the poor infant is the scape-goat, and Godfrey and Winslow are again brought into requisition; but when she wishes to

call on a friend, or to attend the lecture, the theatre, or the opera, and the efficacy of the former remedies are worn out and exhausted, then laudanum is resorted to, to drown in stupor and forgetfulness, the poor innocent sufferer. Is it strange the mortality of infants is so great? or that so many that struggle through infancy and childhood, are feeble in mind and body as they arrive at man and womanhood?

Tobacco is another debilitating and destructive agent; as a powerful narcotic its action is upon the brain and nervous system. In a highly concentrated form it is certainly and speedily fatal. Its habitual use is not productive of so violent and demoralizing results as is alcohol, yet not the less certain. It is merely a question of time, the system must be hardy, vigorous and enduring that can resist its undermining influence; and but few of the youth of the present day can be ranked among that class, as the habit becomes established and the quantity increased, a train of nervous symptoms are developed: dizziness, trembling of the limbs, weakness of the knees, faintness, cold clammy perspiration, palpitation of the heart, paleness of the face, loss of memory, compression of the brain as if a band of iron surrounded the forehead, loss of appetite, nausea, &c., which culminate in a train of nervous and sympathetic diseases, neuralgia, rheumatism, epilepsy and paralysis and frequently in dyspepsia, diabetes, costiveness, hæmorrhoids and ultimately phthisis. This habit prevails among the male sex to an alarming extent, and is producing deplorable results. We scarcely meet a boy in the streets of our cities or villages, 8 to 10 years of age who does not patronize the weed, (how they get the means at the present enormous price is a mystery.) We see coming up around us a pale, puny, feeble race to fill the places of their more hardy, robust, vigorous fathers. It may be said, the fathers also partake, true, its use can be traced back through many generations, but the habit has never been so universal as at the present time, neither was it commenced at so early an age, since my recollection a boy was the subject of ridicule if detected with a cigar or a quid in his mouth before he had attained his growth, his frame well knit, his muscular proportions developed, and his manhood established. In short that was before the days of Young America, and

before a host of other causes contributed to debilitate the race; and yet many of them succumb at last. It is not a natural element of strength and longevity, and sooner or later it will tell upon the human organism.

The next cause of physical decline I shall mention is our manner of living; here are many causes combined: first our houses are over-heated. Ranges, furnaces, registers, coal stoves, double doors, double windows, rubber stops, are all calculated to shut out and burn up the pure air of Heaven; with the thermometer from 65 to 80° the inmates, particularly children, become enervated, relaxed, enfeebled; and when exposed to the searching, piercing cold out-door atmosphere of 0 to 20 below, is it strange that croup, pneumonia and consumption claim so many victims? or that those who survive struggle on like hot-house plants that yield to the first chill blast of autumn? What a contrast between the present and fifty years ago. Then the houses were open, large fire-places filled with wood, lodging-rooms through which the air circulated freely, and not unfrequently the snow with it, the tough hardy boys rolling and tumbling in the snow drifts, coasting or snowballing; the girls buxom, with cheeks like roses and eyes sparkling like diamonds, all life, hilarity and enjoyment. The winter school, the spelling and singing schools, the sleigh-rides, the social parties; then were the times and the pleasures freed from the trammels of fashion, and these the houses that made men hardy, honest and brave, and the women the best of wives and the noblest of mothers. The thought intrudes, how will the next generation of mothers compare with them?

In nothing has the change been greater during the last half century than in the quantity, quality, variety and cookery of our food: fifty years ago, even in those families best able to afford luxuries, the daily food was of the plainest, and the cooking of the simplest kind, pastry, preserves, pies, pudding, &c., were rare accompaniments to the common meal, but were reserved for company or extraordinary occasions; killing time was the general feast of the year; what a contrast with the present; we are now wading through volumes of cookery books and exhausting French inventions, to gratify a vitiated and

depraved appetite; meats, fowl, fish and game in every variety; stimulating soups, oysters to be followed by a rear-guard of puddings, pies, ices, fruits, and not uncommonly a bottle of wine for the stomach sake. All do not partake of this bill of fare it is true, but the appetite is the same, and gratified to the extent of the ability.

Tea and coffee as a beverage with our meals have been charged with producing dyspepsias, neuralgias and other injurious effects upon the stomach, bowels and nervous system generally. I shall content myself with a few extracts compiled by Dr. I. D. Johnson, published in the *Hahnemannian Monthly*; and permit me to say, that from my personal and professional experience I fully endorse the views presented.

Dr. Johnson says: we are convinced by many years' observation, that very many of the diseases we are called upon to treat, as dyspepsia, nervous and sick headache, heart diseases, paralysis, epilepsy, neuralgia, &c., &c., are the legitimate and certain fruit of these narcotic stimulants.

Hahnemann describes a number of diseases induced by these beverages and assures us, "that they are most insidious and dangerous enemies, which slowly and silently undermine the citadel of life itself."

Dr. Bell says expressly, that coffee has a "pernicious effect upon the stomach, bowels and nervous system generally."

Dr. Shurtleff of Boston says, "of all the common beverages drunk in society, coffee is decidedly the worst."

Mr. Graham declares, that "both tea and coffee are among the most powerful poisons of the vegetable kingdom."

Dr. Combe observes, that "tea and coffee not only ruin the stomach, but seriously derange the health of the brain and nervous system."

Dr. Teste says, that "coffee is responsible for six or seven-tenths of the neuralgias we have to treat daily."

Dr. Johnson reports numerous cases sustaining these assertions, but I have not the time to present them.

The enormous quantities of alkalies that are mixed with our food must irritate, inflame and ultimately destroy the mucous coat of the stomach and produce a train of distressing and alarming diseases.

Buckwheat, that enters so largely into our bill of fare, produces results which call for the careful and serious investigation of the scientific physician. It is a well-established fact that from the commencement of the use of this article of food to its suspension, an irritation of the surface of the body, in many cases eruptions, pustules, boils and even abscesses are the result. What is the agency attached to buckwheat in the production of these symptoms? is it the cause or the remedial agent? has it been the fruitful source of the alarming amount of cutaneous disease with which the race are afflicted? or does it act medicinally in driving back to the surface those impurities that have heretofore been repelled from it? I call attention to this article in this connection, hoping it may lead to further investigation.

The ever-changing fashion in ladies' attire must claim a moment's attention. To attempt to trace the changes for fifty years would require more time than I am at liberty to devote to it. The conclusion that every observing man must arrive at, is that if those who design and originate the changes in fashionable dress, wished to destroy the race, their ingenuity could devise no means more successful for its accomplishment: their assaults have been upon the most vulnerable points, and with every change a new position has been exposed to attack. At one period the tight-laced corset to compress the chest and produce a wasp-like form was the rage, and the engine of destruction; and the result was what any sensible man or woman might have anticipated. The lungs were compressed; the circulation impeded; palpitation of the heart; rush of blood to the head; dizziness; epilepsy; apoplexy; congestion of the brain and consumption became so prevalent and alarming that the fashion was generally abandoned. Unwilling to admit defeat, the enemy only changed the method of attack; and if the results were not melancholy, it would be amusing to trace the various changes that have taken place, the sudden contrasts: the feet are exposed to wet and cold, through wafer-soled slippers for thick gaiter boots; heavy skirts, containing six or eight pounds of cotton, and their waists and sleeves, low necks and fur hoods are changed for balloon skirts, wadded and padded busts; and an apology of a hat, that grows small by



degrees, and beautifully less, until the present style consists of three rye straws tied together by pink ribbons, price twenty dollars! I need not detail the results, every physician knows that much of his practice depends upon the pride and ignorance of the sex in the matter of dress.

Our system of education is wrong, and unless changed, must contribute largely to physical decay; the district-school-houses, where the young idea first goes hunting, are generally small, badly arranged and illy ventilated; as many children are packed into them as they can contain, of all ages from four to sixteen, perched upon high, hard benches, the smaller ones seldom able to touch their feet to the floor, with nothing to interest them; for six hours in the day they sit in terror of the ferule or whip, scarcely daring to breathe the vitiated air that has been inhaled by fifty pair of lungs numerous times before. They come out in the spring pale, puny, and feeble, with a perfect horror of the old weather-beaten school-house; after dragging along a few years in these democratic primaries, they are sent to the academy or seminary to be finished off, where they are "boarded and taught common English for \$50 a term, all other branches extra." These "extras" are the destructive elements of the system. These are where the profit comes from, and as many are crowded upon the student as he or she can be induced to take; if ambitious they must rise at five in the morning and study till ten at night, all the relaxation they have is in the hours they steal to practice music and painting; thus they struggle on for two or three years. Is it strange, that dizziness; pain in the head; loss of appetite; exhaustion; palpitation; pallor of countenance or hectic flush; sunken eyes; hollow cough and a shattered, broken constitution accompany the diploma when they leave the institute and go home to die, or struggle on for years to recover from the effects of this cramming system? The mind is thus imperfectly educated at the expense of the body. This is all wrong and every humane physician should labor to correct it. Within the last year some improvement has been made in the male department of these seminaries in the matter of athletic exercise, by the introduction of base-ball, and the effect must be salutary; but the females who are to be the mothers of the next

generation, still pine and languish for the air and exercise which fastidious fashion denies them. Are you all familiar with the amount of exercise permitted at female seminaries? Some three years ago I had occasion to visit a rural village where one of these institutions is located, containing about one hundred young ladies. I was about to say it was my pleasure, but I correct the expression, it was with sorrow and disgust that I witnessed a scene I shall never forget: the one hundred beautiful and interesting young ladies emerged from the seminary, in double file, with a commandant at the head of the column and one of lower rank in the rear, to see that no violation of decorum was permitted; with as much precision as drilled veterans they marched up the sidewalk for full fifty rods, crossed the street, marched back on the opposite side, recrossed, entered the institute, the door closed. They had taken exercise for the day. Fathers tremble for your daughters. Do not let me be understood as opposed to the education of our female youth; far from it. It is our pride and boast that the privileges of education are open to all, the humble as well as the high. All our beautiful daughters may have the advantages of a substantial education. But I object to the hurricane, the tornado, the deluge, that break down and destroy all physical resistance. I would have the gentle dew, the refreshing shower, the silent flow that shall nourish, irrigate and strengthen the human mind and develop the physical beauty of America's fair daughters. Then instead of a dwarfed, enfeebled, degenerated, we should have a healthy, intelligent and beautiful future generation of mothers that shall ennoble and perpetuate the race. Physicians, let us use our influence to correct this great error in American Society.

It is my firm conviction that vaccination has been a curse instead of a blessing to the race; every physician knows that cutaneous diseases have increased in frequency, severity and variety, to an alarming extent. Not only the ancient forms of eruptive disease, scrofula, psora, erysipelas, salt-rheum, tetter, &c., but new varieties are making their appearance, for which no satisfactory cause can be given, unless they are a compound of all the others, with a sprinkling of venereal to give them respectability; and as contemporaries, a correspond-

ing increase of chronic disease of all the internal organs. To what is this increase owing? Many families transmit disease hereditarily; contagion may account for some of the varieties; in a large majority, however, to no medium of transmission is the wide-spread dissemination of this class of disease so largely indebted as to vaccination.

I hope this subject will be thoroughly investigated by the members of this society.

The clerks and book-keepers who stand behind the counter or sit at the desk twelve hours in the day, six days in the week, year after year, find but little in such a life to lengthen its duration.

Not only the wealthy, the educated and refined are the subjects of decline and degeneracy. The poor are not exempt from the ills of humanity; far from it. Visit the factories of flourishing, wealthy, refined New England; see the thousands of pale faces and debilitated bodies of the operatives of all ages, from tender childhood to tottering age, shut out from the bright sunshine of Heaven; do we find health, vigor and the elements of long life there? Go to the tenement houses of New-York, from the cellar to the attic crowded with poverty, misery, starvation. The poor, trembling, half frozen, half starved sewing girls of the attic, stitch, stitch, stitch eighteen hours out of the twenty-four, whose only music is the "song of the shirt," upon whose life the vampyres of Chatham-st., have revelled, and who go at last to an early grave in Potter's field, or to the dens of prostitution, infamy and shame, and so downward through that den of misery, destitution, intoxication, blasphemy, obscenity, crime, famine, pestilence and death. Do we find vigor, strength and longevity here? all, all is degraded, polluted, loathsome, vile, a vast pool of seething putridity and corruption!

Certain secret vices of youth, to which are given the tender name of youthful indiscretions, are to an alarming extent undermining the health, weakening the intellect, destroying the manhood, and laying the foundation of premature decay, disease and death.

Another cause of declension, physically and morally that is sapping the foundation of life and virtue, is excessive sexual

intercourse. One of the ruling passions of the American people is lust. I am aware that in the utterance of this sentiment I place myself in antagonism to Dr. Allen, who in an address before the Social Science Association of Boston, in September last, upon the population of Massachusetts, said, "The population of Massachusetts is only kept up by the influx of the foreign element in their population; while the American portion are rapidly diminishing from the increased number of deaths among American born children and the greatly diminished number of births in consequence of abortion." Another position he assumes and to which I particularly object is, "that the habits, fashions, dress, food, &c., cause the loss of sexual instinct, destroy the love of children and the desire to have them."

I must beg leave to dissent from the latter position; my conviction is, that never since man was created has lust ruled with such despotic sway as at the present. It overleaps all the safe-guards of society; delicacy, modesty and virtue are becoming obsolete; infidelity to the marriage vow, illicit intercourse and prostitution are alarmingly on the increase. The very causes he presents as lessening the passion increase it. The precocity of the female sex, the forcing hot-bed process of maturing, the indolent habits, heated rooms, high-seasoned food, late hours, the superficial character of education, the sensational and romantic literature with which they are gorged; the excited imagination, the theatre, the opera, the ballet to which they are early introduced;—the love of dress and the desire for admiration; the scenes they witness, and the descriptions they read, undermine the delicacy and modesty of their nature, fill the imagination and excite the passions. They are educated for marriage, and long before short dresses are discarded, they look longingly forward to matrimony as the consummation of earthly bliss. With inflamed passions, they seek their early gratification legitimately if they can; and only by the closest maternal guardianship and watchfulness and early moral and religious training can illicit indulgence be prevented. If marriage is happily consummated, gratification is so frequently carried to excess, that poor weak human nature sinks into debility, painful decay, disease and

death, a martyr to unbridled passion and unlimited indulgence ; if maternity is the result, she is illy fitted to sustain its duties, cares and sacrifices ; and nought but the philoprogenitive faculty that is simply implanted in her nature enables her to endure them. In a large minority of cases from debility she is incapable of giving sustenance to the offspring she has ushered into existence ; and another offshoot of still weaker powers of endurance is left to struggle on against the tide of early decay ; and yet this passion seems the last to yield. Am I asked for the proofs of assertions I have made ? I refer you to the annals of prostitution, to the numerous instances of infidelity, elopements, divorces, free-love associations, infanticides, abortions, desertions of infants, and every variety of profligacy that would disgrace even Parisian society. In short, all professional observation and experience must convince us that so far from the passion becoming extinct, it is earlier developed, more expressively indulged, and is one of the great causes of physical and moral degeneracy. Shall we stand idly by and see our lovely country-women become the victims of lust and raise no warning voice ?

Gentlemen, I am aware that I am trespassing upon your patience. I would stop here if I dared, but duty impels me and I would sooner incur the odium of tediousness than resist the conviction of duty. Bear with me then, while I call your attention to one more cause of degeneracy, not only physical but legal, moral and religious, that is spreading its baleful influence over our fair land ; and if its increase for the next quarter of a century equals the last, the worst days of French infidelity and atheism will be eclipsed by American loathsomeness and corruption ; need I say that I refer to that most detestable and criminal practice of artificial abortion. This damnable practice, this offshoot of European profligacy, is sapping the foundation of the health and morals of American society. It is an imported vice, and like other imported fashions, vanities and immoralities is eagerly adopted and naturalized by the wealth and fashion of the land ; herein lies its danger ; its popularization places it beyond the reach of moral condemnation or legal responsibility : from this high eminence its descent through the lower grades of society is

easy and rapid. Every city has its Restells, revelling on the price of blood. A few years ago this vile practice was unknown in the rural districts; now it is the rule instead of the exception. We are importuned daily by all classes to perform this operation. It has become a mania in the community. The highest and the lowest, not only those who would hide shame and escape disgrace, but those who would avoid the penalty of legitimate indulgence. We are as often applied to by the moral and religious Mrs. Prims as by any other class. I envy not conscience that yields to the importunity, or the man that defends or excuses it. The act will be called by the name it deserves, murder. Of all the causes of physical and moral declension none is more blasting in its results. It is estimated that one-eighth of the cases of pregnancy in our land is disposed of in this manner, astounding as this fact is. Where will another decade find us? If the moral indignation of our country is not aroused, the legal power enforced, we shall be demoralized, depraved and degraded, the reproach of the world; all other vices will keep pace. We witness the effect of this practice upon the poor pale faces and tottering limbs we meet at every turn, in the cases of leucorrhœa, prolapsus and ulceration we are called upon to treat, in the water-cures and other kindred institutions that spring up all over the country devoted to the treatment of this special class of diseases. From this practice and the excess I have mentioned, we can scarcely find a well woman in the community. But this is the least gloomy side of the picture. Could the evil be suppressed, the sick might be healed, the next generation saved, and hope again dawn upon the world. It is the moral aspect of this practice that causes every lover of his race and his country to tremble. The tendency is downward, the end total depravity and ultimate ruin. The woman who solicits and submits to the operation to produce abortion, takes a step in the downward course that is seldom retrieved. The moral purity is destroyed; vice is no longer odious. It begets a laxity of moral principle that too often terminates in the indulgence of unbridled passion. The next step is infidelity to the marriage vow. The utter wreck of all moral and religious responsibilities, and the horrors of atheism.

Gentlemen, we have a duty to perform, I call upon you as philanthropists, as fathers, husbands, brothers, as physicians, as men, proud of your high position, to set your faces against this horrid practice; I appeal to you by the purity of your wives and your affection for your daughters, to discountenance this abominable evil. Through this more than all other causes combined, the profession of medicine is losing the confidence of the people. That profession must become disgraced, whose members commit or countenance the commission of crime; and the guilty member soon finds his level in the estimation of all honorable and high-minded men. Are we less successful than formerly? has scientific research ceased? is investigation less persevering? that the time-honored profession of medicine is becoming a by-word and reproach among men? none of these. It is because we are temporising with a vitiated public sentiment. When we doubt a man's moral purity we no longer trust:—so with parties, communities or professions; destroy the foundation upon which confidence rests, and confidence and respect are annihilated.

If we would retain our high, social, moral and professional position, there must be no smell of fire on our garments. We must be above suspicion. We have the entry to the privacy of the domestic circle; but let the doubt once arise of our moral purity, and our influence is gone, the confidence, the trust, the respect a long professional life-time has acquired, vanish in an hour.

The country is getting alarmed and aroused upon this subject; we already hear the mutterings of the press, and the feeble warnings from the sacred desk, the rumbling that precedes an earthquake. Shall we be the last in the field? We wield more influence than all others combined: to us are entrusted the lives of the people; we are the conservators, the guardians of the public health, the sentinels upon the watch-towers; shall we witness the approaches of the enemy and not sound the alarm? If the effort feebly inaugurated shall fail, the sin lies at our door; on us the odium rests.

If we would place our profession upon the high eminence of moral confidence and respect, we will enter into this warfare, we will exert the influence we possess, and future generations will bestow upon us their blessings.

I may be asked to explain the apparent paradox in my argument in the face of recent statistics, which show within the last twenty years an increase of the longevity of human life of two and a half years. The explanation has already been made by several of the life insurance companies of Europe and America, who have had the ingenuity to discover the cause and the shrewdness to avail themselves of it. They have reduced their rates of insurance ten per-cent. to those who use homœopathic remedies.

Joshua commanded the sun to stand still. We have done a nobler work, we have rolled back the torrent of disease and death that was about to engulf the world.

ARTICLE XLVI.—*Animal Poisons—A Sketch.* By S. LILIEN-  
THAL, M.D., of New-York.

ANIMAL substances play as considerable a part in the homœopathic materia medica as they did in the pharmacopœa of several centuries ago, only with the difference, that where the ancient as well as the modern physicians relied chiefly in their use on eclecticism and prescribed their remedies experimentally or *ex usu in morbis*; we rely on a firm law, theoretically formed, but now proved to be immovably true by the experience of thousands of the disciples of Hahnemann. The subject of all remedies from the animal kingdom is too broad to be condensed in one article, we, therefore, leave out all isopathic remedies, as osteonecrosin, leucorrhin and a host of others; we also pass by such remedies as glanderine, hydrophobin, &c., as uncertain and therefore justly discarded by the majority of our school, although it cannot be denied, that in some rare cases they have been used beneficially by some of our best physicians. Neither will we examine the working of such remedies as Cimex, Murex, Sepia, &c.; but let us confine ourselves to the poisons of venomous animals as Apis-mellifica, Arænea-diadema, Bufo-subytiensis, Melœ-cantharis, Crotalus-horridus, Trigocephalus, Lachesis, Naja-tripudians, Theridion-curassavicum, Tarantella, Vipera-redi and Vipera-torva, and some others of less note.



By examining in a general way the poisonous action of these animals we find, no matter from what species the poison comes, the same results always follow, namely: "decomposition of the blood and affections of the nervous centres" in quantitative difference according to the intensity of the poison. In fact, all present in their symptoms more or less *a high degree of adynamia with sanguineous and nervous depression.*

Snake-poison is only injurious, when carried into the circulation; brought on a healthy surface it may remain without effect. Some physicians even go so far as to doubt their action when introduced into the stomach, and recommend therefore that some person should suck out the poison from the bitten part, before the virus could contaminate the whole mass of blood, with only this precaution, that such a person must have his lips and his buccal cavity perfectly sound, and to spit out every drop of the matter drawn. But even with this precaution all danger is far from being removed; for persons have died who inadvertently swallowed some of the poison; and frequent experiments have shown, that even animals cannot swallow the poison of snakes with impunity; for we read, that milk, partaken of by a cobra, is thus rendered poisonous to animals; although it is well known, that no poison is ejected from the serpent whilst feeding, and therefore a little must at least exude, to render the food noxious. We do not mean by this to deny the benefit of extracting by suction the venom from the bitten part, for the mosquito, our well known enemy, gives us a practical lesson thereof; as if the little sucker be allowed to take its fill, he counteracts by suction the effects of his own poison and the bite is followed by very trifling irritation: but just drive him off or kill him, the instant its sting is felt, and we see and feel its effects in a stronger and more lasting irritation; yea, in the tropics, even erysipelatous inflammation of a high degree is a frequent sequel of the bite, of a mosquito. After all, what is the use to expose any person to such dangers, when we have in the cupping-glass and in similar instruments means, which perform the same process better, after the previous use of the caustic or the bistouri.

It is remarkable, that all over the world the same antidotes

are employed, and in a great many cases successfully. They are usually Ammonia in its different preparations, Asafœtida, Arsenic, Guaco, fluid Chlorine and especially alcoholic stimulants, the latter in quantities perfectly astonishing. That in such rapidly destroying cases the antidotes must also be given in quick succession and pretty large doses, is easily understood as a matter of course, till reaction takes place, when the intervals may be lengthened and the doses reduced. The first glimmer of benefit frequently is relief from the deathly sickness of the stomach; the breathing becomes easier, the skin recovers by degrees its natural warmth, and the drenching perspiration dries up. The more improvement sets in, the more sensible will he get of the nauseous taste of the medicine; inasmuch as the nervous sensibility of the palate returns, or when whiskey was used, symptoms of intoxication will begin to show themselves.

Before going into the symptomatology, allow me to give you the history of some cases; for they prove fully and convincingly the beauty and the truth of our great law.

Dr. Shaw, of New South Wales, Australia, relates:

The patient had been bitten by a black snake, one of the most deadly of the Australian species. He was seen two hours later, when the doctor found him in a very low condition, countenance pale and listless; body bedewed with a cold perspiration; the pulse small, rapid and fluttering, with great drowsiness and disinclination to speak or to answer questions. A ligature had been applied by a neighbor above the wound shortly after the injury was inflicted. The doctor excised the bitten part and around it, and encouraged free bleeding by letting the boy's father suck the wound for about ten minutes. Strong solution of Ammonia was then applied to the wound, and the Ammonia and Asafœtida draught given every hour with strong coffee *ad libitum*. After three hours he was out of danger.

Dr. Kuhn of Holland relates:

A soldier, twenty-two years of age, felt himself at the moment, when bitten by a Lachesis, like one struck down by lightning and lost his consciousness. In this state vomiting and purging came on. After an hour he revived, complaining

about great oppression and anguish over the chest with constant inclination to vomit; the hand and arm inflamed and swelled up with great pains all through it; he had continuous fever and dry skin, and complained of great dryness and unquenchable thirst. For seven days he passed neither urine nor fæces; his whole face now swelled up, the eyes sunk in their orbits, the pulse got small and quick, his tongue dry and coated with constant thirst. The bitten part mortified, the fingers swelled more and more and lost all sensation, blisters as from a burn formed over the whole arm, and amputation was performed, to save the poor fellow's life.

Dr. Blackburn of our Southern states says:

A negro woman was bitten on her ankle by a rattlesnake (*crotalus horridus*). The doctor saw her eight hours after the wound had been inflicted. She was deathly sick, cold rigors running over her; pulse 120, small and thread-like; the entire left leg swollen to twice its natural size. She complained of no pain in the bitten part, and even insisted that no wound had been inflicted. Considering her past all cure, corn whiskey was given her by the gill every few minutes, till she had taken two quarts within twelve hours, when, discovering some symptoms of intoxication, it was discontinued. She fully recovered.

He also relates the story of a man, who, in a beastly state of intoxication, took hold of a large rattlesnake, and squeezed her very tightly, notwithstanding that she bit him several times. The snake at last, fully enraged and unable to extricate herself, bit herself, which soon relieved her from all torture, for the reptile speedily expired; whereas the man never complained of the least pain or uneasiness.

Dr. Leon Soubeyran records the singular case of a man, who, having been bitten by a reptile six years ago, experienced annually for a month, from the date corresponding to that on which the wound was inflicted, some pains in the injured arm. Mr. George Villers has also noted a periodically returning swelling in dogs, several years after they had been bitten by reptiles. Dr. Demarest relates the case of a woman, bitten at the age of 26 by a viper; she had for a period of 39 years every spring on the 28th of May an eruption of large vesicular

bullæ on the forearm, attended with much itching, but no other disturbance of health.

Dr. Humboldt inoculated in 1854 many persons in New Orleans and Cuba with the poison of the rattlesnake, considering it the great prophylactic for yellow fever. He was led to the idea of this prophylaxis by the observation, that galley-slaves, brought from Mexico to Vera Cruz, who had been bitten by vipers on their journey, always showed decided symptoms of yellow fever. The effects of inoculation, modified as they were by the administration of Guaco, were: a peculiar expression of the countenance, similar to that in eruptive fevers, a drunken appearance of the eyes, which were injected; after this they suffered from headache, pains in the loins, pains in the salivary glands and in the direction of the different branches of the nerves, distributed through the face and teeth; lassitude, drowsiness, coryza and œdema of the face followed and jaundice set in with hæmorrhages and suppression of urine. During convalescence patients suffered from itching and cutaneous eruptions of different kinds.

Similar in character and in danger are the poisoned wounds inflicted by bees, wasps and other insects of that class, as even cases of death from such stings are on record. Thus we read of a man, who, in consequence of a sting of a wasp lost his intellectual power and lived for years in the condition of an idiot.

Dr. Marcy relates the case of a man, who was stung on the eyebrow by an incensed honey-bee. Shortly after he complained of a sudden prostration of the vital forces; severe vomiting and profuse diarrhœa set in; his face grew pale, his extremities cold, pulse feeble, scarcely discernible at the wrist; no redness or pain in the part stung, but severe griping pains all over the abdomen. After reaction had taken place, he still complained of bruised sensation all over; sides, hips, back, in fact he ached everywhere, and he was kept awake and restless during the whole night by loose urgent stools. Stinging, prickling, burning, smarting, itching sensation all over the skin. For several days he was troubled with a morbid excitement of the urinary organs and of the digestive apparatus with a hot and burning sensation and oppressive feeling all over.

We have now seen, that all poisonous bites affect all constitutions alike, producing everywhere blood-poisoning and depression of the nervous centres. Hughes in his work on pharmacodynamics considers them both primary effects; although it is frequently the case, that the virus reaches the nerve-centres only by absorption and diffusion through the circulation. Let us now consider what the poison is and then the different ways of its destructive agency. Dr. Halford of Melbourne answers our first question: for he has discovered, that by the bite of the Cobra di Capello molecules (cellular) of germinal matter are thrown into the blood, and by their rapid multiplication destroy life. They are circular cells,  $\frac{1}{1700}$  of an inch in diameter, and containing a round nucleus, and other still more minute spherules of living germinal matter, all of which can easily be detected and microscopically examined. That such living germinal matter is the cause, we may easily corroborate by the effects of the trichina spiralis, producing also more or less all the symptoms of typhoid fever with its fatal results. That a disease, resembling measles, if not identical has arisen from inhaling the dust of rotten straw, we all know from several reports, given in different journals during our late war; and if this is so, which I do not doubt for a moment, may we not hope to get more definite knowledge of the poisons of all zymotic diseases? Claude Bernard is therefore perfectly justified in the conclusion, that the action of poisons is strictly parallel to that of internal diseases. Let us take as the best type of blood-dyscrasia typhus: and we find this disease in all its different ramifications (for we are old-fashioned enough, to consider typhus and typhoid as mere varieties of one and the same disease) characterized: by dry tongue, stupor, delirium and great prostration. Dr. Jenner, who acknowledges also only one fever poison, is perfectly right, when he considers the intense prostration produced by the fever (as in our cases by the poison) tending to cut off the patient by pure weakness. Another certain and constant symptom of typhus is the swelling of the spleen, *the* organ, which purifies the blood and renders it fit to enter the circulation again, and it would be worth while, to prove by *post-mortem* examinations in persons, who have perished from

poisonous wounds; if or how much the spleen is affected in such cases. The thread-like and quickened pulse, the cold extremities, the anxiety and oppression of the chest, all show in typhus and in the prostration from poisoned wounds, that the heart is paralyzed by a poison and can drive the blood with but little force only to the remote points of the circulation. To support nature, in order to be strong enough to throw off this incubus and so eliminate every particle of this foreign intruder is in every such case our sole indication. Whiskey, brandy, alcoholic stimulants in some shape or other are our sheet-anchor in both diseases; and as in typhus the age of the patient gives the indication for stimulants, for the older our patient is, the more it is our duty to keep up the failing powers of life, so the deadliness of the poison will be the criterion for its application; for we know, that the bites of all reptiles are not alike in danger, and the larger the serpent, the broader its cheeks or the longer the teeth have remained imbedded in the wound during the bite, the greater will be the danger and the more doubtful our prognosis.

Yellow fever with its mental and physical depression is another case in point; and if such a similarity of symptoms exists, can we wonder any more of the great curative influence which in so many cases the different animal poisons have shown? Take again the spotted fever, another zymotic disease, falsely called cerebro-spinal meningitis, with its group of symptoms, consisting of trismus, retraction of the head, opisthotonos, pleurothotonos, rigidity of the recti-muscles, contraction of the muscles of the extremities, convulsions and subsultus tendinum; and we find their counterpart in the symptomatology of Apis, of Crotalus, of Lachesis, remedies recommended for such diseases by the most able physicians of our school: for it is chiefly by their operation upon the nervous-centres, that they affect the whole constitution in such a violent manner. Examine the pathogenesis of any of these remedies, and we find general tremors or extreme lassitude, jerking and convulsions, delirium and starting up in sleep, even frenzy, or weakness and numbness of the extremities, faintings, loss of consciousness, with sudden sinking of the powers of life and ending in death.

What Hahnemann called psora, what so many medical men call scrofulosis, is at any rate a blood-poison, which has to be eliminated, before even a relative state of health is restored. Whether scrofulosis and tuberculosis are one and the same disease, remains an open question, to the solution of which we have no time to enter; yet Budd and others consider the true tubercle a zymotic disease of specific nature, and that it is disseminated through society by specific germs contained in the tuberculous matter, cast off by persons already suffering from the disease. Villemin also proved several years ago the inoculability of the tubercular poison; and we do not therefore find it remarkable, that most of the animal poisons are recommended for these diseases. Baruch thinks highly of Theridion in phthisis-florida and it has in his hands effected cures, when given at the beginning of the disease. Dr. Hilbers in England has much confidence in Crotalus, as alleviating the symptoms, especially the cough, of phthisis; and Lachesis shows a remarkable power of allaying the cough of pulmonary abscess and phthisis.

So far we have found all the animal poisons act alike, producing *adynamia with sanguineous and nervous depression*, and therefore removing the same state, when homœopathically indicated. But there must be a great difference between them, for another beauty of our system is, that we have no substitutes, no genera, but only individual cases and strictly defined remedies, to correspond to those cases. Experience has shown, that to get at those different actions we have to employ even the very highest dynamizations; and this explains the fallacy of so many otherwise good physicians, who deny any great curative power to such polychrests as Lachesis and Apis: whereas others, who are in the habit of strictly individualizing, and who are therefore steadily on the lookout for the characteristic symptoms of every case, consider the same remedies as some of our most valuable treasures, and use them with the utmost confidence and greatest success, at any rate as often as any other remedies in the whole materia medica.

Jahr in his "Klinische Anweisungen" speaks beautifully of the qualitative differences of the dilutions, where he says: It is a known fact, that all remedies and poisons in large, mas-

sive, or at any rate sufficient doses, produce their generic noxious effects, as all narcotics stupefaction, all drastics purging, all acrid poison, inflammation of the abdominal viscera (all-snake poisons adynamia). If we now draw several circles one outside of the other and let the radii strike out from the centre one to the outside circles, we then see all the radii concentrated on a small space in the centre, but the more the radii diverge, the larger will also be the space between them. And thus it is also with remedies; in the centre, equal to the crude matter, we find only genera, but no individuals, but the more the radii diverge, the more characteristic differences will be between the remedies, belonging in the centre circle to one class.

By applying these considerations to the different snake-poisons, we find: that in relation to the decomposition of the blood, they rank thus: *Crotalus*, *Vipera*, *Lachesis*, *Naja*; but in relation to the neurotic symptoms *Lachesis* and *Naja* take the front rank, and *Crotalus* and the vipers follow. Of the insects and spiders *Apis* and *Theridion* affect more the sanguineous sphere and *Bufo* and *Tarantella* incline more to the affections of the nerves. The *Crotalus* poison produces always, and this sometimes in a few minutes: painful swelling of the bitten part, ecchymosis, blueish gray color and gangrene with hæmorrhages from nearly all the orifices of the body, and through this decomposition, depression of the nervous-centres, showing itself by twitchings and convulsions, delirium syncope, exhaustion and death from paralysis of the spinal nerves.

The viper's venomous bite also produces quickly gangrene and hæmorrhages from the different orifices. Cases are also on record, where the patients fell down immediately after the bite; but the paralytic symptoms always came at later period. *Post-mortem* examinations have shown, that the oppression of the chest with its torturing anguish is very frequently caused by the extension of the gangrene to the lungs and liver, although death may also supervene, as in the rattlesnake, by the depression of the nerve-force, so necessary to the regulations of the functions of life.

In *Lachesis*, on the contrary, we see the nervous-centres at-



tacked at first; the man is struck down, as if by lightning; unconsciousness is the first symptom; the sympatheticus, and vagus are attacked, thus disturbing the whole machinery of life and the decomposition of the blood, even to gangrene, are the necessary consequences of this want of vitality.

The Coluber-naja, the dreaded Cobra of the East Indies, although their bite is so often fatal, yet experience has shown that it must be so in a less degree; for snake-charmers and conjurors tame them and use them in their public exhibitions, using only the precaution to have red hot irons ready, fitting exactly the tortuous fangs of her snakeship. The Naja affects especially the pneumogastricus, and the neurotic symptoms predominate over the hæmatic. Hughes relates, that in the keeper, killed at the Zoological Gardens in London, death ensued from suppression of respiration, and the air-passages were filled with frothy mucus.

Now by comparing the different remedies together, we find among others the following characteristic differences. So *Crotalus* has lowness of spirits, *languor*, melancholy; *Lachesis* on the contrary: irritability. *Crotalus*: imbecility; *Lachesis*: insanity; in *Crotalus* we have: weakness of memory; in *Lachesis*: mental excitability and rarely absent-mindedness; *Crotalus*: constant drowsiness and sopor; *Lachesis*: sleeplessness or aggravation after sleep; *Crotalus* has thirst during the fever, *Lachesis* after the chill. With *Crotalus* most of the symptoms appear on the right side; the action of *Lachesis* is principally on the left, especially in paralysis; *Crotalus* effects fat persons more than thin ones and white people more than colored; *Lachesis* shows greater affinity to the female sex and is more adapted to thin and emaciated than to fat people.

Take again *Lachesis* and *Naja*, two remedies, so invaluable in organic or functional diseases of the heart, whether it be hypertrophy or valvular disease, or mere nervous palpitation, and which Rutherford Russel considers identical in such a degree, that he utters the hope, that the poison of the more frequently found Cobra might entirely supersede the to him doubtful *Lachesis*; and yet what great differences do we find even in those few and meagre provings, instituted with *Naja-tripudians*. Most provers were affected with intense depres-

sion of spirits, with a melancholy of that peculiar kind, that they had the full perception of what to do, yet they were unable to overcome the irresistible inclination not to do it; whereas the *Lachesis* prover is peevish, fault-finding, with his excessive desire to quarrel and dispute, from mere desire of contradiction. *Naja* has aggravation by motion, *Lachesis* during rest; the *Naja* symptoms improve in the open air, by smoking or taking alcoholic drinks,—the very things which aggravate the symptoms produced by *Lachesis*; *Naja*: amelioration by sleeping; *Lachesis*: aggravation after sleeping; *Naja*: aggravation by deep inspiration, whereas in *Lachesis* the predominance is amelioration from inspiration and from deep respiration:—indices enough, to show that there is a vast difference between the two poisons and substitution always a mistake.

Turning to our second class, comprising *Apis*, *Aranea*, *Bufo*, *Cantharis*, *Tarantella*, *Theridion* and a host of others, we find that all of them concentrate their action more or less: 1. on the urinary organs; 2. on the nervous system; 3. on the external and internal skin; 4. on the sexual organs.

Considering their action on the urinary organs, we find that *Cantharis* exerts a specific influence on the urinary organs, inflaming the whole mucous tract from the kidney to the urethra, showing as primary symptoms burning pains and strangury; constant desire and yet inability to micturate, and frequent micturition only secondarily as curative effect or caused by paralysis of the sphincters; the contrary is the case with *Apis*, where frequent and excessively profuse discharge are primary, and the scanty and rare micturition secondary effects. In *Apis* we find the strangury always the effect of a mechanical injury or caused by affinity, the inflammation spreading from other organs, as *e. g.*, the womb, to the urinary organs; whereas the same disease has to start from the urinary organs, if *Cantharis* should be indicated. So also the irritation of the sexual organs, even to abortion, is in *Cantharis* caused by the irritation of the urinary system; whereas in *Apis* the sexual organs are primarily at fault, exciting pathological states afterwards in the neighboring organs. Albuminous urine belongs to both, but in *Can-*

tharis, although the urine may be highly albuminous, the quantity is always small, containing even shreds or casts of the uriniferous tubuli; whereas in post-scarlatinal dropsy and other cases of Bright's disease, we have to look for the cause of the disease to other organs, in order to find the symptoms covered by Apis. Generally Apis acts only beneficially to remove the albumen from the urine, when there is an unabsorbed effusion remaining after an inflammatory state of the serous membranes, showing itself in an cedematous state of the cellular tissue. Other differences are in their aggravations and ameliorations: for in Apis we find predominance better in the open air, from cold, from washing or wet applications, when rising from bed or from uncovering, while the Cantharis patient fares better in-doors, during rest, from warmth and from wine.

Upon the nervous system neither Cantharis nor Apis have great primary relations, and in tetanic or epileptiform convulsions, in the prostration of diphtheria or even in coma we would only find the Spanish Fly indicated, when the urinary symptoms correspond; and although Apis has a good reputation in hydrocephalus, yet the unknown writer of the prize essay on meningitis basilaris is perfectly right to propose Glonoine for the nervous affection, and its alternation with Apis in a high dynamization, only immediately before the stage of exudation sets in. *Apis* shows rather a powerful primary action on the great sympathetic, and cures thus uncomplicated pure intermittents, especially when the paroxysm comes on in the afternoon and the chill commences in front; but periodicity is a symptom belonging more or less to the whole class of animal poisons; and we find them frequently indicated in protracted or mismanaged intermittents, although the differential diagnosis is also here paramount. Look only at an *Aranca-diadema* intermittent with its predominating chilliness and lassitude, reminding one of the white Hellebore, and compare it with those inveterate cases, which *Lachesis* will alone cure, arousing the nervous energies to new life, and enabling nature thus to drive out the double-headed monster of a miliary and quinine cachexia.

In the diseases of the sexual organs we find *Cantharis* only

indicated where exalted sensibility shows itself, as in satyriasis, nymphomania, with violent itching and burning in the pudenda; the same agency explains to us also its action to promote fecundity, or to expel moles, dead fœtuses or the placenta. Of far greater value are the other animal poisons; and Apis and Lachesis stand justly in the front rank of our remedies for sexual diseases. Yet they differ already on the sides affected; and Apis shows also in its symptoms more of the congestive type, as bearing-down pains in the pelvis; painful sensitiveness of the cervix during coition; congestion and tenderness of the ovaries; albuminous leucorrhœa; engorgement and ulceration of the os uteri; whereas Lachesis and Theridion have predominant nervous symptoms, for in Lachesis we see the sexual symptoms often complicated with hysteria and heart symptoms. How often do we hear females complain of a burning pressure from within outward on the top of the head, and relieve them quickly by a few pellets of the Lachesis; another woman has headache of the worst kind during her climaxis, a perfect sea-sickness, and Theridion is our weapon for its removal. Other frequent complaints during the climaxis are a sinking feeling at the pit of the stomach, a sensation of suffocation, a kind of pseudo-narcotism, symptoms, which we find nowhere so well described as in the pathogenesis of these animal poisons; and it could not well be otherwise, for they are produced by the same cause in the disease and in the remedy: by a detrimental substance, circulating in the blood, which must be eliminated before the equilibrium can be restored.

Before concluding let us glance only at their effect on the internal and external skin, and here the same rule holds good, Cantharis will only be indicated in erysipelatous inflammations of the mucous membranes or in chronic skin-diseases, when the urinary organs are also affected. Apis does not go very deep neither externally nor internally; and Hughes characterizes the indication for Apis to be œdema. In skin-diseases the affection dare not go to the destruction of tissue, but is accompanied by excessive itching and burning. How different again Lachesis works, our great remedy not only for gangrene, but for all diseases where destruction of tissue is characteristic: as for

carbuncle, malignant pustule, diphtheria, pyæmia. No poison undermines health more surely, although slowly, than scrofulosis in its diverse forms; and if experience shall prove that its antidote is found in Theridion, we may thank homœopathy for another boon, as our duty is not only to relieve pain; for to prevent diseases should be the aim of our lives.

We have so far only thrown out hints for further study; to do justice to our subject, a whole monograph could be written.

ARTICLE XLVII.—*Small Contributions to the Treatment of Diphtheria by Dr. Sorge in Berlin.* Translated from the Klinik, by S. LILIENTHAL, M.D.

BERTHA N., two years old, took sick with scarlatina end of March, 1866; and after its termination the right external ear inflamed and covered with ulcers, whose surface was coated by a yellowish-gray skin, penetrating deeply in the meatus auditorius externus. I saw the child for the first time on the 9th of April, and found not only the ears, but also both eyes inflamed; the lids were swollen, especially the upper right one, they felt firm and were covered on their inside with a gray skin, which could only be detached with great labor and with hæmorrhage; the lower half of the right cornea was greatly dimmed. For two days I treated her with Mercurius internally and externally with aggravation of all symptoms, when I changed to Arsenicum. I removed daily with great care all membranes, using a sponge and brush, washing it off with water to which were added a few drops of a strong arsenical solution and gave internally every two or three hours three drops of the fourth decimal dilution of Arsenic.—Up to the 22d the status morbi remained the same; then the exudations dissolved more easily and by the 24th hardly any new formation could be seen. From the 14th to 16th I used also warm poultices and after that for hours a moist warm cloth. By the 25th this diphtheritis was vanquished; the remaining inflammation, so similar to a catarrhal one, I treated only externally with red precipitate ointment with the best results; the otorrhœa on the right ear also passed off, but the tympanum re-

mained with a hole.—There can be no doubt about the diagnosis in this case. The diphtheritis had clearly spread from the right ear to the eyes; in other less pregnant cases we might be in doubt, if we had to do with the so-called Egyptian ophthalmia, a blenorrhœa nervatorum or with the beginning of a diphtheritis of the conjunctiva.—But the blenorrhœa nervatorum always begins in the first eight days after birth, shows a far more copious secretion; and the affected lids feel more flabby, softer, they can be everted with greater ease; whereas in the conjunctivitis diphtherica the hardness of the eyelids is perspicuous. This very circumstance gave me the diagnosis of a diphtheritis conjunctiva in a child a week old, where on account of its age I only expected a blenorrhœa; this case I treated only externally by careful daily cleansing of the eyes, careful removal of all exudations and brushing with a salve of Plumb.-acet. Gr.  $i\frac{1}{2}$  to  $z\text{i}$ . cerate, and afterwards Ung-hydrarg. Præc.-rubr.; poultices with warm water were only used for a few days and with interruption. It was a perfect cure, as also in two other cases, which were treated on the same principle. How much may be ascribed in the first case to the internal application of the Arsenicum and how much to the cleansing and the external applications, I leave the reader to decide.

I treated diphtheritic angina frequently in Berlin, especially after scarlatina.

Virchow affirms, that he has never seen any other exudation in the fauces, than diphtheritic membranes. This affirmation may be true for *post-mortem* examinations, but certainly not for living subjects; for we frequently find simple fibrinous deposits, especially on the tonsils, distinguished from the diphtheritic membrane by its clear white color, and which can be removed without making the mucous membrane under it bleeding and sore; although sometimes we are unable to remove anything, as the deposit penetrates also the tissues of the mucous membrane lying below it and cannot therefore be taken hold off with the princette. Such simple fibrinous exudations may frighten a novice, but they never show any inclination for decomposition and pass off quickly under the most simple treatment with Aconite or Mercury. Far otherwise is it with the true diphtheritis of the fauces. The diph-

theritic membranes have a tendency to decompose quickly. The detritis carries the process farther over the surface and sinks in the depth of the tissues. The palsies, appearing in angina faucium, are explained by Virchow by a continuation of the process to the base of the brain, by others by its continuation to the great ganglia of the sympathicus on the neck.

For the treatment of angina faucium, I consider careful cleansing of the greatest value. After depressing the tongue with a spoon, I dislodge with a large and heavy brush, which I clean repeatedly in cold water, all membranes of every thing unclean with the utmost severity, and even bleeding should not hinder us in its continuance. This operation must be daily repeated, in difficult cases even twice, and it has to be done by the physician himself. As a specific remedy I give Arsenic 3 or 4, decimal dilution, every second or third hour, and with a stronger solution of Arsenic in water I touch the diseased surface, after having cleansed it thoroughly before.

With such treatment I had extraordinary success when no palsy was present at the beginning; and I have no doubt about the remedial power of Arsenic in this disease.

The diphtheritic angina of the larynx, diphtheritic croup, needs an entirely different treatment and is very frequently fatal; yet I had the good luck to cure the following hard case.

Hermann S., eight and a half years old, son of a merchant, enjoyed good health with the exception of hardness of hearing, caused by catarrh of the tubes and of the inner ear. He took sick on the 13th of May, 1859, with a slight catarrhal fever, emanating, as it seems, from the stomach, which passed off by the 16th under Aconite and rest. Without having left his room, anxiously cared for by a devoted mother, the boy began to cough roughly on the 17th, which cough increased during the night, and when called in in the morning, I found croup fully developed; rough, hollow cough; whistling sound during in- or expiration; many ronchi over the whole chest; moderate hoarseness; somewhat disagreeable breath; hot skin; pulse 120. I felt astonished and frightened to see the whole uvula and the greater part of the tonsils covered thickly with a gray membrane. I cauterized immediately with lunar caustic in substance the whole affected surface, repeating it again on the

19th, and gave internally *Sodi-puri* 2, decimal dilution, every hour three drops, ordering also a weak iodine-ointment to be rubbed on the neck, yet in spite of all the whistling, the oppression of breath and the ronchi increased; I therefore changed to *Hepar-sulph.*, second and third decimal dilution, two or three grains every hour. Thus I continued up to the 20th at noon, when I removed with tweezers a firm membrane, about the thickness of a line from the whole anterior surface of the uvula; *the surface of the mucous membrane under it was sore*; on the tonsils remained parts of the membranes, the dyspnœa had steadily increased, and over the whole chest the respiratory murmurs were hardly to be heard. *Bromium*, second decimal dilution in water, two drops every half hour.

20th of May, 9 P. M.; restless, throwing about; abdominal respiration; heaving of the shoulders; loud whistling and moaning during respiration; respiratory murmurs weaker even than at noon; many hoarse ronchi over the chest; cough with a choking voice, without the least expectoration; sometimes a flapping could be heard in the larynx; copious perspiration; pulse 130. I prescribed as an emetic *Tartarus-stibiatus*, gr. iii. et aq. dist. ʒii. Only after using up the whole mixture vomiting followed. In the vomited matter swam a membrane one and a half inches long, perforated in several places,  $\frac{1}{4}$ — $\frac{1}{2}$  line thick, firm and tough; it was closed like a ring at one end by other small, less tough membranous pieces; and it is perfectly natural, that alleviation followed and quiet sleep, after such a discharge. From midnight on *Brom.* 2, gtt. iii., every hour.

May 21st, amelioration kept on; the uvula was newly covered with a fine membrane; the tonsils clean, but like the fauces very red. *Brom.* 2, gtt. iii., every hour. In the evening: pulse 120; copious perspiration; loud vesicular breathing, intermixed with many moist ronchi; breathing easy, although still some whistling; the cough rough and barking without expectoration. The boy played in his bed. *Brom.* 2, every second hour.

May 22d. The new membrane on the uvula has increased; some membrane again on the right tonsil; the mucous membrane of the tonsils and the fauces deep bluish red and apparently thickened; on the left lower and posterior side of the



chest smothered percussion and weak bronchial respiration (broncho-pneumonia). Hepar-sulph. 3, every hour; after midnight every second hour.

May 23d, forenoon I found the smothered murmurs over a smaller space; the membrane on the uvula thinner, even some spots in the centre already clear; the mucous membrane of the tonsils and of the fauces of a lighter red and the swelling nearly all gone; respiration easier, although some whistling still; the cough without any sound; pulse 96. Hepar 3, every second hour.

May 24th. The boy coughed a great deal during the night; respiration free; loud vesicular breathing over the whole chest with many fine and coarse ronchi; the affected space in the chest of less dimensions, with clear vesicular breathing under it; cough soft with some flapping in the larynx, without expectoration; the uvula smaller, still covered with a light membrane on one side, another piece still hung on the upper part of the right tonsil. Hepar 3, every third hour.

May 27th, afternoon. Nothing abnormal any more on the palate or fauces, the uvula only a little reddened; breathing perfectly natural and free; some cough still. These remnants were left to the action of the Hepar, without repeating it again.

That we had to do in this case not with a simple exudative laryngitis, but with a diphtherite, is proved by the painless and insidious appearance, the soreness of the mucous membrane under the gray membrane and the fœtor of the breath. The remedial action of the Hepar is fully shown; how much Brom. did, I cannot judge, but evidently the emetic on the evening of the 20th was clearly indicated; a "*Hahnemannian*" would have stuck with firmness to the words of the master and let the boy suffocate.

*Habeat-sibi.*—A Hahnemannian would never have got to the necessity of giving that emetic. But even, if it ever should come to such a point, a Hahnemannian would consider this emetic a mere mechanical remedy: for the flapping in the larynx shows conclusively that the membranes were already loosened, only the mechanical force was needed, to throw it off; and this the Antimonium-tartaricum did better perhaps than

any other emetic, for there was some homœopathicity in its application. I recollect a case, to which I was called early one morning, where I found a strong, hearty Irishman suffering from neglected double pneumonia; panting for breath; bloodshot eyes; blueness of the face; with every symptom of threatening suffocation, and though a strict homœopath, I bled him from both arms freely and copiously, till the breathing got more regular and the danger was removed. Did I infringe by this heroic venesection any law of homœopathy? By no means; I considered it then as now merely a mechanical measure, to reduce the quantity of blood circulating in the oppressed and overloaded lungs. Can any one ask of us poor Hahnemannians, to heal a broken leg with symphytum in the higher dilutions, without putting a bandage on? Yet the one is just as absurd as the other; and I feel sorry to see such a man as Dr. Sorge, the author of that splendid monograph on Phosphorus, descend to such sneers. But let us examine this case and the treatment. According to the treatment so successfully instituted, Dr. Sorge had no case of true diphtheria, as Bretonneau described it to be, but a severe case of membranous croup; whereas the ophthalmia mentioned above was truly diphtheritic, and therefore found in Arsenic its simillimum. Sorge thinks to prove his diagnosis "by the painless and insidious appearance; the soreness of the tissues under the gray membrane and the fœtid breath." But it is known that membranous croup is one of the most insidious diseases; frequently attacks its victims in the spring; in croup we find a hyperæmic state of the bronchial tubes; and broncho-pneumonia is a frequent accompaniment: whereas the diphtheritic poison spreads more easily upwards to the nasal mucous membrane and down to the abdominal organs. In croup and in diphtheria the exudations may be firm and like wash-leather, and the membrane may be seated so compactly on the mucous membrane underneath, as to leave it sore after a violent separation. True, the fœtid breath would make us lean towards diphtheria, but the prostration, so characteristic to diphtheria, was entirely wanting.

We have no doubt, but the cauterization practiced by Dr. Sorge on the 18th and 19th of May, rather aggravated the dis-

ease; and Kane's remark is justified by experience, that where the skinny exudation is loosened and removed by external means, it will soon be covered again by the same skinny mass; but where it is thrown off spontaneously, it generally does not renew itself.

It may be that Bœnninghausen's treatment, confirmed by the experience of so many physicians, might have cured the case more "*cito et jucunde*;" at any rate Dr. Sorge relied entirely on croup remedies for the removal of this disease. Yet we would have preferred with Kafka *Phosphorus* to the Brom., having especially among its symptoms "the highest degree of dyspnoea; suffocative cough; cyanosis of the face with danger of death from paralysis of the lungs; whereas the Tartar-emetic has nearly the same symptoms, with cold, clammy extremities, and its application, even as an emetic, was therefore more than justified; certainly to Hepar belongs the chief honor of having saved the boy's life; but neither Raue, nor Kafka, nor Baer mention Hepar as a diphtheritic remedy. Arsenicum, Apis, Lachesis, Phytolacca, the mineral acids—these are the sheet-anchors whereon we have to rely, to remove the fungous growth which underlies diphtheria; and the gargling with spirits of camphor and alcohol is certainly to be preferred to all other and perhaps doubtful external means.

ARTICLE XLVIII.—"*Sleep-Inducing Hallucinations.*" By  
THOS. MORE MADDEN, M. R. I. A., &c.

UNDER the above name, Mons. Maury and other recent French writers on this subject describe a form of spurious dreaming which presents a very close analogy to insanity, and that which M. Maury states is very common even in persons whose mental as well as bodily health are equally good. These "sleep-inducing hallucinations," as they are called, consist of spectra, which appear before the mind just at the moment of sleep, and which, according to M. Maury, are reproduced in the ensuing dream.\* My own observations however, lead me to

\* *Le Sommeil et les Rêves, &c., &c., par M. L. F. Alfred Maury, Membre de l'Institut, Paris; 1862.*

think that this phenomenon is not so commonly met with as the writer I have just referred to, supposes. In fact, of the very large number of persons I have questioned on this subject very few indeed were conscious of these "pre-somniferous hallucinations." I know one person to whom they sometimes occur, but as far as he is conscious of, are never reproduced in the succeeding dream. Occasionally these hallucinations are so vivid that the delusion continues even after the eyes are open. Some months ago, after having passed a restless night, this individual was dozing off towards morning, when in the transition-state between sleeping and waking, two specters, whose faces he felt quite familiar with, though they were of colossal size and were clad in the costume of last century, appeared standing one at each side of the foot of the bed, over which they leaned upon their halberds. To assure himself that he was not dreaming, he opened his eyes and sat up in the bed, but the hallucination still continued for some time as distinctly as before, and then suddenly disappeared. This case presents a good example of the close resemblance between the phenomena of the state just described and insanity. Here was an impression produced by a hallucination on one of the senses which was as vivid for the time as if it had been produced by an objective cause, and had this hallucination extended to the other senses, and if the person had not been able to reason rightly that this impression was unreal, the illusion would have become a delusion, and the individual would have been insane. So nearly do the confines of sanity and insanity approach in dreams. The individual to whom the foregoing hallucination occurred, explained it by "The Laws of Association," as laid down by the Rev. Dr. Wills. For, the day after the dream I have spoken of, this gentleman visited the exhibition of the Royal Dublin Society, and there, to his surprise, recognized the figures he had seen in his dream in the mutes in Mr. —'s excellent painting of "Goldsmith's Mourners," which, he says, must have impressed itself on his mind at a preceding visit, although he could not recollect having seen it before.

The most noticeable points of resemblance between dreaming and insanity are the loss of all power of discriminating

between the possible and the impossible, the absence of surprise at the most astonishing scenes and events, and the ready credulity with which absurd contradictions and impossibilities are quietly accepted by the mind as facts. Another peculiarity of the mind in dreaming, is want of consecutiveness, and connexion between the various dreams which succeed each other, the mind passing with ease from one subject to another in no way connected to it in the same manner as it also does in insanity.

*Occasional Manifestation of Mental Power during Dreams.*

One of the most remarkable phenomena in connection with dreaming is the occasional manifestation of intellectual activity by persons in this condition. Though this fact is doubted by some psychologists, and amongst others by Rosenkrantz and Baron von Feuchtersleben, who asserts that "intellectual problems are not solved in sleep, because intense thought is without images, whereas dreaming is a creation of images."\* This assertion, however, is directly opposed to many well-known cases, in which the full powers of the mind have been exercised by persons apparently in a sleeping condition.

Sir Thomas Brown goes so far as to believe that "Sleep is the waking of the soul; the ligation of sense, but liberty of reason." Condillac states that while engaged in his "Cours de Etude," he frequently developed and finished in his dreams a subject which had engaged his attention when he retired to rest. Condorcet had presented to him in sleep the solution of a difficult calculation that had puzzled him all the preceding day.

"Nous avons quelquefois," says Cabanis, "en songes des idées que nous n'avons jamais eues. Nous croyons converser, par exemple, avec un homme qui nous dit des choses que nous ne savons pas. J'ai connu un homme tres-sage et tres-éclairé (Franklin) que croyait avoir été plusieurs fois instruit en songe de l'issue des affaires qui l'occupaient dans le moment." Cabanis accounts for this by supposing that the mind continues to occupy itself in such cases with its waking thoughts, and continues these with the fictitious creations of the dreaming

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\* Von Feuchtersleben, *Medical Psychology*, p. 167.

imagination.\* The same thing is said to have occurred to Brindley, the engineer, when constructing the Bridgewater canal. Dr. Gregory, too, stated that he found his dreams often occupied by thoughts and arguments "so just in point of reasoning and so good in point of language," that he made use of them in his lectures.

Goethe says in his *Memoirs*: "The objects which had occupied my attention during the day, often reappeared at night in connected dreams. On waking, a new composition, or a portion of one I had already commenced, presented itself to my mind. In the morning I was accustomed to record my ideas on paper."† In Lord Jeffrey's life it is stated that this judge of unenviable notoriety entertained a somewhat similar opinion. "He (Lord Jeffrey) had a fancy that though he went to bed with his head stuffed with the names, dates, and other details of various causes, they were all in order in the morning, which he accounted for by saying that during sleep they all crystallized round their proper centres."‡

The well known history of the composition of Coleridge's poem of "Kubla Khan," during sleep, may also here be cited as a further illustration of my statement. We read that in the summer of 1797 Mr. Coleridge, being then *in ill health*, was rustivating in a quiet farm-house in the country. On one occasion, having previously taken an anodyne, he fell asleep in his chair, while reading in "Purchas Pilgrimages" a passage referring to the Khan Kubla. He slept on for three hours, and during this time, as he subsequently asserted, he had the most perfect confidence that he composed from two to three hundred lines of poetry whilst still asleep, and did not experience the least consciousness of effort in so doing. When he awoke he had a perfect recollection of the whole poem, and instantly wrote down the fragment which exists of "Kubla Khan." But whilst thus engaged he was called out of the room for about an hour, and on his return he found that he had lost all distinct recollection of the poem, although he still

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\* Cabanis, *Rapports du Physique et du Moral de l'Homme*, 8th edition. Paris: 1844. p. 574.

† Goethe's *Memoirs*, p. 126. London: 1824.

‡ Lord Cockburn's *Life of Lord Jeffrey*, vol. i, p. 243 (note).

retained a dim consciousness of its general purport, and even remembered a few scattered lines.\* The late Sir B. Brodie (in his "Psychological Inquiries") relates a somewhat analogous case, in which a friend of his, whose mind had been deeply occupied with some abstruse scientific point, about which he failed to satisfy himself, imagined that the matter had been cleared up suddenly in a dream. It would be easy to add to these cases, but enough has been said to prove that the exercise of mental power is not incompatible with the sleeping state.

It must be admitted, however, that such cases as the foregoing are comparatively rare exceptions, and that the faculties most commonly exercised in dreams are the memory and imagination, unbridled by the judgment.

The sense of the ludicrous is occasionally highly developed in dreams. I know a gentleman who seldom indulges in a pun when awake (although when he does attempt them they are generally good); but when asleep he frequently fancies that he has made a capital pun, which amuses him exceedingly at the time, though on recalling—which he can always do in the morning—he finds that it is very far from being as witty as he had supposed.

Sir Thomas Brown thus recorded his own experience on this subject—"I am in no way facetious, nor disposed for the mirth and galliardise of company; yet in one dream I can compose a whole comedy, behold the action, apprehend the jests, and laugh myself awake at the conceits thereof. Were my memory as faithful as my reason is then fruitful, I would never study but in my dreams, and this time also would I choose for my devotions; but our grosser memories have then so little hold of our abstracted understandings, that they forget the story, and can only relate to our awakened souls a confused and broken tale of that which has passed."

*The Real and the Apparent Duration of Dreams.*—The rapidity with which events that appear to have occupied long periods of time pass before the mind in dreams is another very interesting question. "In dreams," says Dr. R. R. Madden,

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\* Coleridge's Poems, Aldine edition. London: 1848. p. 214.

“the time occupied by the playing out of entire scenes of an ideal drama, the wonderful incidents of which could not be described (were they to be written down) in half an hour, is often hardly appreciable; sometimes it is estimated by seconds, at other times by minutes.”\* This fact is so generally admitted that I have referred to it only in consequence of some remarks in the Rev. Dr. Wills’ learned paper “On Dreams,” in which he says: “It seems probable that most dreams occupy the same time which the same succession of ideas would in waking; there seems at least no ground for the contrary opinion.”†

It would be easy, however, to quote numerous instances in refutation of this theory of Dr. Wills. Very interesting illustrations of the inaccurate perception of the time occupied by dreams are given in Lord Brougham’s “Discourse on Natural Theology,” and also in Dr. Winslow’s work, “On Obscure Diseases of the Brain.” Dr. Abercrombie narrates the following instance of this: “A gentleman dreamt that he had enlisted as a soldier, joined his regiment, deserted, was apprehended, carried back, tried, condemned to be shot, at last led out for execution. After all the usual preparations a gun was fired; he awoke with the report, and found that a noise in an adjoining room had both produced the dream and awakened him.”‡ The late Sir B. Brodie’s remarks on this topic are very suggestive. He says: “If we were to pursue this subject it would lead us to some curious speculations as to our estimate of time, and the difference between the real and the apparent duration of life. . . . The apparent duration of time is longer or shorter in proportion as a greater or smaller number of different states of mind follow each other in succession.”§

From the foregoing observations we may, I think, arrive at the conclusion that neither of the two theories—one or other

\* Dr. R. R. Madden, *Phantasms, or Illusions and Fanaticism of Protean Forms productive of great Evils*, vol. I, pp. 92. London: 1858.

† Rev. Dr. Wills, *On Dreams*, Transactions Royal Irish Academy. 1859. Part 2d.

‡ Dr. Abercrombie, *Inquiries Concerning the Intellectual Powers*, pp. 284 London: 1863.

§ Sir Benjamin Brodie, *Psychological Inquiries*, part 1st, pp. 149. London: 1862.



of which are most generally adopted with regard to dreams—*i.e.* that which teaches that dreams depend on the association of ideas, on the one hand, and that which supposes their origin in bodily sensations on the other—afford any satisfactory explanation of the phenomena of dreaming; though as has already been shown, both these causes, either alone or combined together, frequently do influence the state of the mind in sleep. But to assert that a dream is occasioned by some physical sensation or by the association of ideas, affords, I think, little insight into the real nature of a mental condition in which the images set before us, and the impressions produced upon the mind are as vivid, and apparently as actual, as those transmitted through the waking senses, and far more distinct than those which can be called up by any voluntary exercise of the memory. Nor do these theories in any wise explain or even throw the least light upon the singular exaltation of the mental powers, or at any rate of certain faculties of the mind, such as the imagination or the memory, which occasionally occur in the dreaming state.

Too many well-authenticated facts are recorded concerning this mysterious condition of the mind to permit us to doubt that manifestations of a nature which cannot be explained by any reference to physical laws, have taken place during sleep. To all these cases I would apply the words of Bossuet, when speaking on the same subject—"Il y a," he says, "des choses tres admirables qui échappent a notre vue et qui n' sont ni moins vrais, ni moins desirables, quoiqu'on ne les puisse ni comprendre ni imaginer."\* I have collected a very large amount of facts bearing on this branch of the present inquiry. This, however, would not be a proper place for entering into the consideration of so extensive, though so important and interesting a topic. But I would gladly recur to it, should I be again afforded an opportunity of doing so. The subject, however, which we have now to consider is one of a very different character from the foregoing—namely, the physiology of dreaming. (*Medical Press and Circular.*)

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\* Chefs d'Œuvres de Bossuet, p. 449. Paris edition. 1829.

ARTICLE XLIX.—*Case of Ascites.* By B. F. CORNELL, M.D.,  
Moreau Station, N.-Y.

THE following case of Ascites is not reported as a homœopathic cure, but for the magnitude and anomalous proportions of the case. The quantity of the fluid exceeding any case on record.

In the year 1837 I was engaged in the practice of medicine (Allopathic) in the city of Columbus, Mississippi. In the month of September I was called about 18 miles from the city over the border of the state into Alabama, to visit Mary, daughter of Maj. Gore, aged 20 years, tall in stature, light complexion, blue eyes, auburn hair, nervo-sanguineous temperament. I was astonished at the appearance the case presented.

The history of it is as follows:

When 14 years of age she was attacked with rubeola, which from exposure was repelled. The catamenia was also suppressed: soon after this the abdomen began to enlarge and continued to do so for six years up to the time of my visit. She had been under various systems of medical treatment, including Botanic, Thompsonian and Indian; the last claimed to have learned of the Indians the art of cure and had some celebrity among the backwoods settlers in that new settlement; I mention this practitioner on account of the theory he advanced respecting the cause of the disease. He avowed that there were several small holes through the stomach making it a sort of strainer through which the fluids escaped and accumulated in the abdomen. The case presented the following features. The whole body was enlarged; there was no waist, the expansion commenced at the clavicle in front, and the axilla on the sides; the back was broad, the false ribs were much distended, as also the lower portion of the sternum, making the distention uniform from the throat to the lower portion of the bowels. Her general health was not very materially impaired. The appetite and digestion were good, the quantity eaten was not as great as formerly from the want of room to contain it. The heart's action but little disturbed, about 72 beats per minute; the breathing particularly after much exercise was labored and increased; was able to ride 15 to 20 miles in a day in a carriage. After making a critical examination and finding no

organ materially affected and the strength good, I decided to perform the operation of paracentesis. I prepared a bandage about three inches wide and many yards in length; she sat in a chair; the trocar was introduced in the linea alba and as the fluid escaped I commenced applying the bandage around the body, commencing at the axilla with as much tension as she could bear; this prevented faintness or exhaustion. The fluid was 55 minutes in discharging, measured 12½ gallons and weighed 100 lbs. and 12 oz. The day before the operation she weighed 202 lbs. the day after 98 lbs. The fluid was of a straw color; she sat up during the entire discharge of the fluid. After she had rested some four hours, I removed the bandage and the following condition was presented. The integuments at the navel could be carried round like a blanket five inches beyond the spine. The ribs spread outward, and the diaphragm so much distended that a large loaf of bread could be passed up under the ribs on either side above the false ribs. I had a corset prepared, and after bathing the body with dilute alcohol and rubbing it vigorously with the hand for several minutes, the corset was put on and laced with as much force as could be endured; then applied the bandage as before. I had these removed every day, and after bathing and friction with the hand, applied and replaced. I pursued this course for some thirty days when I left it off at night; some two weeks after abandoned it entirely, substituting one broad bandage pinned snugly around the abdomen. The corset was continued till the ribs compressed into the natural form; the integuments gradually contracted; and in the course of a year the shape had become nearly normal. The only remedies used internally were diuretics Tinct. of Iron and an alkali made by burning grape-vine, the ashes put in water and taken after eating. I remained in that city two years after the operation, and no accumulation of fluid followed the operation; I attribute the cure to compression. The only unpleasant sensation she complained of after the operation was a pain in the lungs as the air distended them. The exertion necessary to raise her voice to a natural tone was so great as to be heard several rods. The case was published about a year after the operation in the Columbus papers, and copied into those of all the principal cities of the South; I heard

from her one year after I left Columbus; no accumulation of fluid.

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ARTICLE L.—*Valedictory Address to the Class of the Homœopathic Medical College of Missouri.* By WM. TOD HELMUTH, M.D. Delivered, March 3d, 1868.

LADIES AND GENTLEMEN:

BEFORE proceeding to the immediate subjects which should necessarily appertain to a valedictory address, permit me, in the name of those interested in the Homœopathic Medical College of Missouri to thank you for your presence here this evening.

We deem it a most encouraging mark of the interest you feel in the enterprise which we have inaugurated, which bearing so closely upon the science of Homœopathy, must also indicate your preference for that system of medical treatment.

The Homœopathic Medical College of Missouri teaches to its alumni ALL the collateral branches of medical science; and I take this opportunity of pointing out this fact in the most forcible manner, in order that you may understand that a properly qualified homœopathic physician in point of educational accomplishment is fully the equal of those who have received the doctorate from other medical institutions, whether in this city or any other in the length and breadth of this broad and beautiful country. I am the more earnest in this matter, because it has been the constant effect of unscrupulous and bigoted minds to lead the community astray in this particular, and to endeavor to encourage the belief that a homœopathic physician requires neither education, reflection, experience or perception, not even an acquaintance of the common branches of knowledge; his competency consisting in the mere physical possession of a bottle of sugar pills and a book of domestic medicine. Any such assertions or even any such innuendoes having such a tendency are the most wilful and malicious perversion of facts. The gentlemen who receive here to day their Diplomas, have been as thoroughly indoctrinated in Anatomy, Physiology and Pathology; in Chemistry, Surgery and Obstetrics as any students in this country.

The difference between the curriculum in old and new school institutions existing simply in the chairs of practice of medicine and materia medica, in other words in the method of administering remedial agents for the varied ailments to which the human body is liable.

The scientific homœopathic physician acknowledges the great necessity of a thorough acquaintance with all the collateral branches of medical science, but reserves for himself the right of applying his medicines according to the law he deems surest and safest and quickest and best for the relief of suffering humanity.

Then let those who are ignorant, thunder out their anathemas against the system; let them pour out the vials of their wrath upon truth; let them beg and pray legislatures for protection and support; but *Truth* is IMMUTABLE, day after day it gathers increment until it shines resplendent in the perfect gem. It resembles that wonderful stream which feeds the Velenis, which in spite of the crash of its waterfall, its foam, its thunder, and its wrath, deposits the solid and beautiful marble, crystal after crystal in the very midst of its turbulent and troubled waters.

The priests of Juggernaut deride all species of religion save their own, and in making an array of the antiquity and power of their idol, find a fair apology for the death of thousands of victims, crushed, to pieces beneath the feet of the sacred elephant.

Who is to be the judge in these matters of medicine? I answer the people; the free, enlightened, well-judging people of the country. *Blind* adherence to the *ipse dixit* of any one man, or any school, does not belong to the minds of men in the nineteenth century: it may perhaps sway communities for a time, but facts must substantiate theories, assertions must be verified, predictions based on vaunted scientific calculations must be fulfilled, or little by little, the acknowledgment of truths hitherto ignored will overwhelm falsity. The renowned apples of the Dead Sea were fresh and beautiful to the sight of the explorers, but when tasted were found full of bitterness and ashes, and thenceforward they were forever forsaken. I state these facts in this connection, because, Ladies and Gentlemen,

when you hear the periodical predictions of the downfall of homœopathy, which appear like epidemics throughout the country, you may smile at such puerile and actually worthless efforts to obstruct the truth.

GENTLEMEN OF THE GRADUATING CLASS :

It is usually the custom of the colleges to deliver upon occasions like the present, a panegyric upon medical science, to speak of those master minds that have attained to singular eminence, and to stimulate you to follow in their footsteps; to record the gradation in the history of medicine and surgery from far back into the dim vista of fable to the present era, to call from their graves the ancient upholders of our art, and send them, one by one in proud procession before your admiring gaze, each with his old worn-out and stereotyped accomplishment.

*Æsculapius*, who was deified by the ancient Hippocrates (poor old Hippocrates) whose aphorisms should be deeply studied—Galen and the predictive wonders of his six hundred books.—Rhazes and his descriptions of *spina ventosa*, Avicenna and his introduction of chemistry into physic; dissolute Paracelsus with his wonderful but fallacious *catholicon*, Jenner and his vaccine scab, Harvey and his circulation, with a hundred others, are sent through the panorama with a slight of hand which is amazing to behold; but these *et omne genus* have become such "stale, flat and unprofitable" subjects for a discourse like the present, that for to-night the venerable upholders of our science may sleep in peace. In the course of lectures which have just closed, you have been thoroughly indoctrinated into the history of medicine, my task to-night is to say, *farewell*. Shall I tell you plain straightforward truth? or shall I lead you to believe that the career of the physician though fraught with *some* inconveniences is, on the whole, an easy way of passing through life, of attaining distinction, of acquiring an enviable position and of leaving an honorable name? or shall I say that the path you have chosen in this life is a most difficult one. It is trying to the body, the mind, to the heart, the temper and the affections. It is in many instances a thankless life. The more advanced you become in professional reputation the more you are

bound hand and foot. I cannot expatiate on the importance of your calling because you have to wrestle with disease, and suffering, and death,—nothing more, nothing less. You must study the living to preserve life; you must study the dead to preserve the living; you must study health to appreciate disease; you must study disease to promote health.

Do not believe, that when you pass out into the world with the doctorate in your possession, that the path of life is open and easy. It will have its sunshine and sorrows; its clouds and its tempests; its rough and thorny paths; its smooth and delightful ways. But the *responsibilities*; the *responsibilities* I say, which belong to it, and which you have voluntarily assumed, are heavier than those belonging to any other vocation in life save one. Face them and face the duties they impose; the irregularities they occasion; the inconveniences they engender; with a stern and unflinching resolution of purpose: Mark out for yourselves a path of duty; consider what you deem to be the best manner of overcoming the obstacles which will most certainly impede you in your professional lives, and then let the world talk as it may. Recollect the words of "Owen Meredith:"

" For let a man once show the world that he feels  
Afraid of its bark and 'twill fly at his heels.  
Let him fearlessly face it, 'twill let him alone,  
But 'twill fawn at its feet if he fling it a bone."

The responsibilities of the professional man are numerous and onerous; human suffering to be relieved, health to be promoted, *vitality* to be preserved. If you ask me what is vitality? I say I know not, like the greatest powers of the universe its effects are cognizable, its being unexplainable. It is the question which has baffled the sophism of the schools; has eluded the grasp of the most astute medical philosophers, and puzzled the brains of the greatest metaphysicians. Call it by what name we may, "germ-force," "vitality," the vital principle; endeavor as we may to bring it within the sphere of what are termed the known forces; class it with the laws that govern the wonderful actions of conservation and correlation in the mighty universe, and beyond is this: there is a principle which scientific investigation cannot grasp, the effects of which we appreciate, its being incomprehensible and the subtlety of

which can only be fully explained by these wonderful words: "And the LORD GOD formed man out of the *dust* of the ground and breathed into his nostrils the breath of life, and man became a living soul." To prolong this life, to preserve, to ascertain what will conduce to the preservation of its health, what will relieve it when attacked with disease, is the aim of the physician. This the members of the medical profession generally understand, but in *this* light the majority of the people never regard it. The doctor (an unfortunate individual, says Tolkinge, who is constantly required to perform miracles) is regarded by the community as their servant; they talk of *employing* you, as you employ your driver, and when you are employed you are expected to do as you are bidden. I once was told, that I had no right to *think*, my business being to come when I was called. Let your aim there be, to raise the standard of the medical profession not only in your intercourse together, but in the estimation of the laity: aim to be their medical counsellor in disease and suffering, their friend always whom *money* cannot buy, whom money cannot pay. Endeavor to lead them to understand, that although every one is naturally and perhaps excusably selfish when sickness threatens, that you can be and are the conscientious judge of the time and "how often" you should see them.

Let me here inform you without prescience that every message on your slate in the morning will be followed by "immediately or "at once," or "right away," and to show you frequently this urgency for the doctor's visit may develop itself into curious phases; I was informed by a little dirty, rosy-cheeked, bright-eyed boy, who rushed into my office in a great hurry, and whom I knew no more than did Europa on the sea-side the milk-white bull, and with an urgency of expression I shall never forget, stammered out in his haste, "My uncle would like to see you before you go out." Many a time have I been summoned in the utmost haste and have found the urgency of the call prompted not by the severity of the sickness of the patient, but for the convenience and accommodation of friends and attendants. I know of many very sensible persons who do this simply because they do not *think*. They do not remember that you may have a patient on whom the verdict of



“life or death” will soon be passed, that it is of the utmost importance that every gradation in the critical period should be watched, that a change of medicine *at the proper time* may save life, may save the father or the mother of a large and growing family from the jaws of death. Therefore, I say, endeavor to instruct the people up to this point. I would not, on the other hand, have you understand that there are not exceptions to what I have stated to you, but in the main I express truth when I say that the majority of people, particularly those in the upper walks of life, are abominably selfish when sickness even threatens. Take for instance, a young mother with her first infant. Her darling has the colic; it vomits from being over-fed, it is restless from an overflowing stomach. I tell you she will not care how many cases of typhoid fever at the crisis, or how many cases of cholera verging upon collapse, or how many people in the agonies of neuralgia or gout you may have to treat; the baby, the baby, the baby is the object of her adoration, to the exclusion of every thing and every body else; and you can perceive how her maternal affection is centered in the growing scion of the family when she draws up the drapery of cambric and lace with which it is so abundantly enveloped and exposes its chubby little legs (which for some unaccountable reason every mother does) to your wonder and admiration. This is all natural, has ever been, and will ever be, but you as medical men, must always insist on your prerogative as *judge* in these matters, and should always visit that patient first whose case is the most serious.

There are mutual duties of both doctor and patient, and they are well summed up in a delightful book called “Spare Hours,” by Dr. Brown, it is a pleasant work to read at your leisure; he is writing for the people and has two chapters, one “on the doctor, our duties to him;” the other “the doctor, his duties to you,” of the former he says, “1st, it is your duty to trust the doctor: 2d, it is your duty to obey the doctor: 3d, it is your duty to speak the truth to the doctor, the whole truth and nothing but the truth; and 4th, it is your duty to reward the doctor. Of the latter or of the physician’s duty to his patients he has the following: 1st, it is the duty of the doctor to cure

us, 2d, it is the duty of the doctor to be kind to us, 3d, it is the duty of the doctor to be true to us, 4th, to keep our secrets, 5th, to warn us and best of all, to forewarn us, 6th, to be grateful to us, and lastly to keep his temper." I can not urge upon you, gentlemen, any more serious considerations than a careful remembrance of these duties throughout life.

But I must pass on to an important subject, and one on which I desire to dwell with as much force as I am able, which is fraught not only with the deepest interest to you, but which should be seriously entertained by every thinking man and woman in our community, a subject which may appear novel, but is nevertheless important, and one which I had intended to offer for your serious consideration early during the course. But the time offered for the curriculum of our lectures is so wholly occupied by those subjects which appertain directly to the different chairs, that other and important collateral matter is often unavoidably omitted. On the whole, perhaps, it is better that I should express myself to-night, in order that a few members of our community may have their thoughts directed to so important a matter which I am glad to announce is at present interesting the politic bodies of the greatest governments of Europe. I mean that of "*Premature Interment.*"

Every man, woman or child who dies in civil life requires the certificate of a physician. I urge upon *you* to be certain that your patient *is dead* before you sign this paper which renders the consignment of the body to the grave legal; and above all, use all the influence you possess to allow the corpse to remain a *decent* length of time, as a *corpse* before it is buried.

If there be one thought above others, horrible alike to all ages and classes, regardless of size or color, it is that of being "*buried alive.*" The bare idea of being placed, shrouded in a coffin, its lid screwed down, of being borne to the grave, of being lowered into the earth, there to revive for a *single* moment of time, is possessed of most *ineffable* terror, which, if possible becomes still more aggravated by a knowledge of facts which incontestibly prove, that persons *supposed* to be dead are conscious of what is transpiring around them without the power by either breathing motion or signal of any kind

to inform the *living* that they are about to consign to all the terrors of the charnel house a being in whom the vital spark is not yet extinct. All, or at least most of us, have known the horrors of the night-mare, when with every concentrated effort of body and brain, we are apparently unable to escape some dire calamity, when exquisitely conscious of suffering or imminent peril we are unable to move a single muscle, nay, not even a fibre for relief or self-preservation. Such may perhaps present a faint, a very faint conception of the feelings of those who to all appearance *dead* are yet alive, who are fully conscious that funeral rites are being performed for them. They feel the tear-drops of their best beloved upon their face; are conscious of the lamentations of nearest and dearest friends; there in the coffin impassive they lie and hear the turn of each and every screw as it closes down upon them and shuts them out from all intercourse with the live things of earth; fully aware of those sombre surroundings of death of which ancient philosophers have told us, "*magis paraphrenalia mortis, quam mors ipsa me terret,*" they lie in their wooden box to be murdered by their friends. How many have suffered these agonies, God alone can tell! how many asphyxiated, but *not* dead, mortals in the time of pestilence, when hundreds are daily dying have been hurried to the tomb, there to awaken to realize the coffin, the shroud, and the hideous surroundings of the grave.—God alone knows.

Gentlemen, there can be no doubt that many persons have been interred in a cataleptic condition or in a state of coma which belongs to many toxæmic disorders. Instances of the kind are within the experience of most medical men, and from time to time the attention of the authorities and the public has been directed to the evils of premature interment. In a work published in London in 1817 on the subject, the criminality and horrors of hasty burial are pointed out, and many curious facts presented which prove that the accident occurs more frequently than is generally supposed. Mr. Gustave De Bon has also made a genuine and well-deserved impression upon society by his book on "Apparent Death and Premature Burial," the preface of which is written by Dr. Priory, who appears to have made the subject one of especial study—the

illustrations are so forcible that at least one of them may be given to you. After what was deemed a fatal attack of catalepsy an English patient was pronounced dead, and laid out in his coffin. But although he had entirely lost the power of motion, he heard perfectly well all that was said and done around him. To use his own language, subsequently given, he "wanted to speak, to make some movement, but his tongue clave literally to the roof of his mouth, and his limbs, although they distinctly felt the contact of the clothes thrown over them bound by invisible bands, refused to produce the faintest sign of motion."

For three whole days his body lay there in its grave-clothes; he heard and understood all that took place near him, and from moment to moment vainly hoped that the fatal charm which weighed upon him was about to be broken. However, the bier was at last covered over, and he even heard the grating of the coffin-nails as they were forced slowly into the wood. "It would be impossible," he writes in the narrative of this occurrence, published by himself, "to find terms in which to express what terror and despair filled my soul. Each stroke of the hammer vibrated sadly through my head, like a funeral knell, announcing the fate reserved for me. If I had only been able to cry out, or even without the hope of being heard, to utter a single groan! but no; although my shoulders were crushed by being squeezed into this narrow space, while I felt my head and my limbs bruised and scratched by the hard contact and asperities of the wood, I had to lie there motionless and mute. I could never until then have believed, that a human heart could be agitated by such frightful anguish without bursting. Soon afterwards they took me up, placed me in a hearse and I was drawn away to the graveyard. At the moment of our arrival there, I tried to make a fresh effort, but still in vain. I felt the coffin, with me in it, swing above the grave that was about to swallow me; and as they lowered me slowly into that horrible receptacle, I could distinguish the sounds of the coffin grinding against the four walls of earth, that were to shut me in forever. When I at last rested on the bottom of the grave, I heard the solemn voice of a friend. He was bidding me a tender adieu, which

reached me like the last echo of earthly sounds, and soon after a fearful crash and noise, that gradually died away, like the distant rumbling of thunder, told me that my grave had been filled in, and that the clay actually covered me. All was then over! I was cut off from the living! why had I not died in that appalling instant?". Some surgeons, anxious to make experiments on his corpse, disintered him only a few hours later. "They laid me out," says he, "upon a marble table. The Professor approached with his knife in his hand, and made a slight incision in the cords of my breast. On the instant a fearful revulsion took place in my whole body and I uttered a terrible scream, while exclamations of alarm and horror escaped from the lips of the bystanders. The bonds of death were broken, I was restored to life."

In the French senate there is a bill now pending for an extension of the *code civil*, in the matter of ante-burial ceremonies. The law of France requires that twenty-four hours shall elapse between death and interment, which Dr. Cornol, the presenter of the petition, states is not sufficient, and supports his position by reciting numerous cases, similar to those we have already narrated. It would be well for us Americans, and especially western Americans to take cognizance of these facts; the practice of interments made so hastily that all decency is shocked, and all feelings outraged, is by no means a very rare occurrence: We see a crape upon the bell-knob in the morning, and as we pass in the evening it is gone; a few hours often suffice for the ante-burial ceremonies and the corpse, *if it be one*, is hurried away to earth.

This petition of Dr. Cornol gave rise to some very curious revelations. It appears that upon handing in his petition M. de la Gueronniere spoke most forcibly against extending the ante-burial term, but the surprise of the fathers may be imagined, when his Eminence the Cardinal, Archbishop of Bordeaux, arose to oppose the Vicomte's conclusions, giving the strongest testimony in favor of the bill of Dr. Cornol. He stated that he had himself, while yet a *cure*, saved several lives about to be sacrificed to the indecent haste of survivors. He had seen an aged man live over twelve hours after he had been laid in his coffin, and related a case of coma in a young

lady, which simulated death to such a degree that she was prepared for the tomb, but was rescued in good season. The French senate listened with patience and wonder to the reverend Archbishop, and remarked in his tone an extraordinary earnestness for which they could not account. He stated that a young priest fell down dead, (as it was supposed), some forty years ago. The funeral-bell was tolled; the measure of coffin taken; the *De Profundis* recited by the priests; and all the burial ceremonies of the church entered upon. At length some one present spoke; it was a friend known and loved by the deceased from earliest infancy;—as if by magic a spell was broken,—blood began to circulate in the veins, and the apparently dead man arose. Imagine how his hearers raised to the highest pitch of interest, hung upon the last words of the Archbishop, when with solemn tone he thus concluded his remarks: “That young priest, Gentlemen, is the same who is *now* speaking to you, and who, more than forty years after that event, *implores those in authority*, not merely to watch vigilantly over the careful execution of the legal prescriptions with regard to interments, but to enact fresh ones in order to prevent the recurrence of irreparable misfortune.” These remarks produced such a profound impression upon the senate, that they are now taking steps towards the prevention of such dire calamities as have been recorded.

It is astonishing how many instances of premature interment may be conjured up upon investigation. Boniface the VIII. and Winslow, the celebrated anatomist, are both said to have been nearly buried alive, and I can present you in this city to-day to a man, who for three days and nights lay upon the “cooling-board,” and would most certainly have been buried had it not been by the occurrence of unforeseen circumstances. Another instance of the kind I have given to the profession elsewhere.

How shall the evil be remedied. The few facts we know must render the unknown more fearful. The number of persons buried alive no doubt is more than we suppose. We see records of them in the daily prints, and we know of others which it is the secret of families to keep forever from the public. The first precaution must be to extend the time of

ante-burial rites. Never allow a patient to be interred for at least forty-eight hours after death, and in many cases this period should be longer. After life comes death, after death decomposition, *wait* for the indications which point to its appearance; other precautionary measures are:

1st. Coffins shall not be closed, but merely covered with a cloth.

2d. Graves in which they are placed, should not be filled for the space of seven days, a light covering of zinc or wood sufficing meanwhile for their protection.

Again, be certain that there is present that rigidity of muscular fibre which belongs to death. If there be doubt, explore carefully the cardiac region by auscultation. The heart will beat, though faintly, even during syncope and even after the long breath is drawn it may continue for a time, therefore perfect tranquility of the organ will in most instances indicate that the vital spark is extinct. M. Bouchert has discovered after numerous carefully performed experiments, that in the dying the longest interval between the pulsation of the heart was six or seven seconds. But M. Rayer states that in newborn infants, in the cold stage of cholera, the interval is certainly longer than that we have mentioned, therefore it is advised that the verification of decease take place at two periods, one immediately after life is supposed to have departed, and another in twenty-four hours after, and if on both occasions all movement of the heart is absent, death may be said to be certain: but if further precaution is necessary, the application of a red-hot iron will prove either death or life; if vitality be still present, the cautery around the burnt and charred surface will present a vivid redness, if death be certain, nothing but a shrivelling of the integument results.

I would have you, Gentlemen, direct the attention of the authorities in your towns and villages to these facts; use all your influence to extend the ante-burial term, and humanity will be benefitted to a greater degree than most of us would imagine.

There is yet another point, to which in conclusion I wish to direct your attention as homœopathic physicians; it is this: Never under any consideration, while you actively support

the system of medicine which you believe to be true, while you defend it from the attacks of its enemies and place it in its proper light among your patients, never, I say, be personal in your attacks upon physicians of the old school. Stand upon a plane above it, far above it. The allopathic profession in the main believe their system to be the best; reserve the same right for yourselves as honest, upright, thinking men in a free and enlightened country. *Never* style them quacks, or pretenders, or knaves, or fools, or scoundrels, or liars, because, as has been done a thousand times, the anathemas will eventually recoil with ten-fold violence upon yourselves. Regard the *system*, not the men; look into *principles*, not persons; believe that the system is erring, but that its upholders are at least honest in their convictions. Say so to your patients, and the power of truth will stand by you in spite of all opposition. Recollect,

“ While round and round we run,  
That ever the truth comes uppermost,  
And ever is justice done.”

Let me tell you an allegory.

Far up among the peaks of Styria, which are covered by the snows of ages, where the foot of man has never trod, where the silence of a thousand years is never broken by a human voice, there trickles a tiny rivulet. It glistens in the sunshine as it slowly passes down its channel, and shimmers in the moon-beams as the stars look down upon it in the quiet night. Downward through its rocky channel it takes its way, it widens as it goes onward, it gathers strength as it winds around each precipice or dips behind the mossy and aged stones. Still does it gather strength, and in a widening tide it courses onward toward the sea. The gorges of the mountains, the forest trees, as they are swayed by the evening winds or are rocked by the mighty tempest, look down upon the *river* as it courses onward to the plains beneath, with the grandeur and might of its flowing waters. Here a boulder has essayed to impede its progress, but it passes by it with a silent sweep; there the tangled masses of roots, and stones, and trees, thrown by the convulsive avalanche across its bed, would stop its progress; it washes them away as though they were straws



with the might of its overpowering waters, and onward it bounds in its majesty, its waves glancing in the sun-light and laughing in the depths of the silent night to fertilize the plains, which drink in its life-giving waters, until it bows its head and mingles with the interminable waves of the ocean. Gentlemen, so it is with truth—so with homœopathy. Conceived in the mind of a single man in a small town of Germany, one among the millions upon earth, unknown, unheard of;—like the rivulet it silently passed from mind to mind, washing away every opposing obstacle, standing firm in every ordeal, until it has caused, not only the greatest of all revolutions in medicine, but has been of incalculable benefit in prolonging and preserving human life.

I had thought to close this lecture here, but I cannot without a single word of farewell; because the probabilities are, that most of us may never meet again on this earth. What shall I say to you? If I had a friend who was about to start upon a long and perilous journey, in which danger and death might meet him at every turn, what would I say to him? this: I would grasp him firmly by his hand, look full and fairly into his face, and while I smothered down my own emotion would say, God bless you and good bye!

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ARTICLE LI.—*Injuries of the Head and their Treatment.* By  
C. TH. LIEBOLD, M.D., of New-York.

IN the last number of this JOURNAL there are two very good articles setting forth the value of cold water in the treatment of different diseases. Their perusal reminded me forcibly also to bring forth my experience with this valuable agent in the treatment of surgical cases. During the late war I have had occasion to use cold water and ice in a large number of cases of hospital gangrene and erysipelas. The wards set aside for all those cases occurring in the U. S. General Hospital at Point Lookout, Md. were put under my charge for over two years, and they afforded indeed a wide field of opportunity, to try the value of this kind of treatment. The result was as satisfactory to myself as it was to the patients, and to the different surgeons

in chief. I hope to be able in some future article to make use of my notes. At present I will confine myself to one class of injuries, that of the head and more particularly of the skull and its contents, and illustrate it by a case from civil practice, which may serve as a prototype of this class of injuries.

Mr. Joshua A. Royston, some forty years of age, a Kentuckian by birth, a gentlemen of powerful frame and a perfect healthy constitution, was shot in Chatham-street on July 3d, 1866, in anticipation of the glorious Fourth by one of those urchins who at that time had yet free play, with no fear of Kennedy before their eyes. He was brought to Bellevue Hospital in an insensible condition. He was put to bed and left there to himself without any further molestation by surgeon or nurse. During the night he tumbled out of bed and was put back by some other patients. By next morning he had so far recovered his senses, that he insisted upon and did leave this model institution in the greatest disgust. He walked and rode all alone to his home in Brooklyn. An allopathic physician and surgeon of good reputation was called to attend him, who did so for twelve days and would still have continued for a short time; but the family became so alarmed, as the patient himself could not be alarmed any more, that his wife came in great haste to Dr. O. Füllgraff of this city, their former physician, who referred her to me. I found him in a perfectly insensible, comatose condition, unable to be roused. He had gradually sunk into this state for the last four or five days; the lucid intervals becoming shorter and shorter until they ceased entirely. The wound, in the right side of the head, about two inches above the ear, shows a scalp wound and a depression in the skull as large as a half of a small bean. The projectile, a pebble and a small scale of bone have been removed in the beginning. The treatment had consisted in a poultice to the wound; Spirits of Ammonia and some white powders, most probably Calomel, internally, and as much porter and wine and beefsteak as could be forced down. A severe traumatic meningitis with effusion, most probably purulent, was the result. Prognosis very doubtful, as those secondary comatose conditions always are. The only favorable sign was the absence of convulsive movements and violent delirium. A slight paralysis of the extremities of the opposite side existed.

The line of treatment was at once radically changed. I cut the hair off all around the wound, had a large chunk of ice brought into the room, to cool the compresses on, which had to be changed continually not allowing them to become warm. All stimulants, meat and broth were absolutely and strictly forbidden. Nothing but some farina-jelly, ice-cream, stewed prunes or baked apples in the smallest quantity allowed; as a drink, pure water and lemonade.—It lasted nearly three days before signs of returning consciousness appeared, and then the first words were: "Porter and Beefsteak." Now it became a hard task for me, to keep his wife and daughter from fulfilling his desires. The application of cold appeared to them very rational, and was executed with the greatest faithfulness day and night, the more so as the patient soon showed by signs, that it was agreeable to him. But to starve him, and to keep all strengthening drinks from him, they could not comprehend; they thought it not only inhuman, cruel and unnecessary strictness, but also irrational. "How can he live through this long sickness, if his strength is not kept up," and many such to them conclusive and unanswerable arguments were brought forth. On the contrary I had to bring rebutting testimony from all four corners. I spoke of the intimate relation of the stomach to the brain; of the even visible congestion of the head from rich food and stimulating drinks, and dressed physiology up in the homely garb of every day occurrence. But the final and the most convincing argument was that they had had proof sufficient, to what state the former stimulating treatment had brought the patient; and that I would guarantee the entire recovery and take upon myself the entire responsibility, as far as any physician could in any case. And that I positively declined to treat the patient any further if they would not promise me to carry out my directions implicitly and to the letter. This they did, as hard as it was to their womanly feelings, and the patient got better from day to day without any relapse or untoward symptom. Gradually the quantity of the food was increased, but never to so much, that he could not have taken any more, and then the quality was improved by chicken broth and boiled chicken, pigeon and mutton in small bits. All the medicine he took were a few doses of Gel-

seminum the first days, afterwards nothing at all. I thought certainly that some bone would ultimately exfoliate, as the probe found it bare in the circumference to the extent of a silver ten cent piece, but in this I was disappointed; the wound closed gradually in the latter part of August, and a depression marks the place of injury. Up to this day the patient has remained well.

It would be very wrong to call one line of treatment the allopathic, and the other homœopathic or hydropathic. Though it is not difficult especially in the old school, to find for almost any given case, equal authorities for the most opposite treatment: there is just in these cases among modern European writers of experience, with but one exception, great unanimity, all recommending in the main that line of treatment pursued by me in this case. The exception spoken of is: J. Neudörfer, M.D., Professor of General and Clinical Surgery in the University of Prague, Regimental Surgeon of the Imperial Austrian Army, &c., in his work, *A Manual of Military Surgery*, Leipzig: Vogel, 1864–1867. An excellent review of the part of his work, treating of this class of injuries is given in the *American Journal of Medical Sciences*, October No. of 1867. Dr. Neudörfer who has had experience in the Schleswig Holstein, Italian, Mexican and Austro-Prussian wars, discards the ice entirely, and in regard to the diet, I quote from the *Review*, page 433:—Much more important than the question of general remedies is that of diet, and we here find, that the author, acting upon his conviction that inflammation and its consequences are by no means to be regarded as necessary results of these lesions, advises that the food be nourishing, easy of digestion, (beefsteaks are not so very easy), and sufficient in quantity to appease the appetite. Excess must be avoided; but if the patient be not disposed to eat, he should be allowed any little delicacies that he may crave, and a small quantity of wine should also be permitted during the day. If these points be neglected and the diet be restricted, the case will pursue an unfavorable, or at any rate a protracted course. The following extracts express the reasons which induced Dr. Neudörfer to pursue a course of dietetic measures which is so utterly at variance with that generally adopted and advised by many surgeons.

“It must be borne in mind that hyperæmia of the brain is less to be feared than the opposite condition, and that our efforts should be directed to maintaining that organ in such a degree of turgescence, that it will remain on all sides in close contact with the skull, since under these circumstances alone will a wounded brain comport itself as one that is normal. Indeed the circumstance cannot be too strongly insisted upon that, as soon as the turgescence of the brain—be it through too restricted a diet, loss of blood, or irritation of the injury—has become so much diminished that the greater part of its surface is not in direct contact with the skull, it will be exposed to constant inflammatory irritation from ordinary external influences.

“The contact of the air and the weight of the brain exert a pressure upon its base, which compression will be transferred to other points in the different postures of the body, and probably also the shocks through the pulsations of the heart, which are now no longer limited to the seat of the injury, are dangers which generally excite inflammation, and are followed by a fatal issue. Holding these views, I allowed myself to be tempted to make cautious trials of wine in wounds of the brain, and these experiments have succeeded so well, that, at the present time, I have no fear of ordering from the eighth to the sixth of a litre (about 1-1½ gills) in the twenty-four hours. For the past seven years I have been in the habit of administering wine and a nourishing diet in the worst cases, and in the majority of wounds that I have treated, I have found no occasion to depart from this rule. Nevertheless I do not venture to recommend the course to young surgeons who have had no experience.”

This last sentence damages his reasoning more than the longest and most elaborate opposing argument which could be brought against it. A course which is not safe to be followed by the young, is no safe course at all. Furthermore, we learn, that his great and only remedy to combat the congestions and inflammations which do arise, is digital compression of the carotids, and in the severest cases even the ligature. That this occasions much greater disturbance of the circulation, which he so much dreads, than the local application of cold

to the seat of the injury, I think cannot well be denied. In anæmic conditions caused either by loss of blood or previous insufficient nourishment, no judicious surgeon will any way keep up a low diet for any length of time.

In regard to American writers the Review says: "In our own country, in 1816, Dr. James Mann published a volume entitled, 'Medical Sketches of the Campaigns of 1812, '13 and '14.' During the late war the only works which appeared on military surgery were those of Drs. Tripler and Blackman, Prof. Hamilton and the small volume of Prof. Gross, issued as hints for the field-surgeons. None of these works are more than mere outlines; and we anticipate therefore with high expectations the appearance of the surgical history of the late war, based as it will be upon nearly 200,000 cases of injuries. The contents of Circular No. 6, in itself a valuable and handsome production, so far as the statistics to which it applies have been worked up, bear ample evidence that Dr. Otis, the surgical historian of the war, is fully qualified to cope with the immense task that has been enjoined upon him by Surgeon General Barnes." Turning to Circular No. 6, we find on page 17: "In looking over the registers of gunshot injuries of the head, two general facts are noticed; first, that in the after-treatment of scalp-wounds, a multitude of surgeons did not consider spare diet, perfect rest, and anti-phlogistic measures as of essential importance; and secondly, that in the treatment of cranial fractures, the general tendency was to the practice recommended by Guthrie in regard to operative procedures, rather than the more expectant plan insisted upon by the majority of modern European writers on military surgery."

As to the regulation of diet being regarded as not important, I have been witness of several fatal cases. One of these cases was that of a strong, young officer of the C. S. A., a prisoner of war. He had a gunshot fracture of the frontal bone, directly over the nose, which had been healed up to a small fistulous opening. He was up, walking about, expecting every day to be exchanged. One day he took a hearty dinner of pork and beans, was seized shortly after with convulsions, and in less than twenty-four hours he was already in his grave. I have even seen several instances of soldiers com-

ing into the hospital with gunshot fracture of the skull, being regarded by their surgeons as light and superficial, because they did not complain of much pain, sent to full diet into the dining-room as long as they could walk; and when they became comatose, there was a consultation called, and trephined and elevated, until their spirits were elevated to a better world.

Of statistics we give the following summary :

	Number.	Recovered.	Died.
U. S. Army	704	199	505
Schleswig Holstein	46	35	11

That is in round numbers : in the U. S. Army there died out of every seven treated, five, and recovered, two. In Schleswig Holstein, where through the exertions of Stromeyer, the greatest regard was paid to diet and cold applications, there died out of every nine treated, two, and seven recovered.

Dr. Franklin of our school, in his work: *The Science and Art of Surgery*, part ii., page 689, says, after giving many remedies and indications for their use:—"and, what is of the greatest benefit in these cases, is to pay particular attention both to dietetic and hygienic treatment throughout the course of the disorder."

That is very good, but too vague and short to serve as a guide to the young or old inexperienced practitioner in treating those cases which have been regarded by the surgeons of all times and nations as the most grave, most interesting and as of the most vital importance to both patient and doctor.

It is not the intent and purposes of this article to treat the different phases and stages of this class of injuries, especially not the question of surgical interference, even cursorily; it would require the space of a whole No. of this JOURNAL to do it; only a few points, but those of the greatest importance have been selected; and I hope that my few remarks upon these, may help to raise at least a doubt in the mind of some of those doctors who did not regard them before as being of essential importance.

*March 18th, 1868.*

ARTICLE LII.—*Clinical Conversations.* By DR. GALLAVARDIN  
of Lyons.

1. *Treatment of Angina Granulosa.*—To the remedies used hitherto in that disease: Sulphur, Merc., Arsenic, Kali-chloricum, I wish to add *Ambra*, producing in at least thirty cases a cure or at least an improvement. Used methodically in the sixth dilution and repeated at suitable intervals, it has cured cases, which had already lasted several years. *Ambra* is also indicated in persons afflicted with tetter or hæmorrhoids, if there are, 1. sharp-pointed vesicles; a kind of sudamina on the fauces, 2. a pustular eruption or a granulosa secretion in the throat, 3. cough, coming from the throat and usually accompanying this disease.

2. *Treatment of Dysentery.*—1st. This disease can frequently be eradicated by one remedy, but there are cases where we may be obliged to alternate; frequently this disease takes more or less the intermitting type. An attack of fever comes daily or every other day, the stools appear daily at the same hour, either in the morning, evening or night. We prescribe then alternately *Chinia-sulph.* and *Ipecac.* or *Quinine* and *Corrosivus*; the Quinine against the intermittents. These remedies suffice in the usual cases, especially in the first and second period. But in the third period a sudden aggravation takes place, the local symptoms appear more strongly and the paroxysms show dangerous symptoms, indicating *Quinia* against the intermittents, and *Secale-cornutum* against the mucous affection of the rectum. With these two remedies we have cured some very desperate cases.

2d. A patient, who with this remittency suffered also from paralysis of the sphincter ani, was cured by *Secale-cornutum*.

Should this remedy not suffice to eradicate such a paralysis, then I would recommend *Arsenic* and *Phosphor*, the only two remedies which produce an open anus in a well man. *Chin-sulph.* and *Sec.-corn.* should be used at the very start of difficult and ataxic forms, where they are sure to help. We prescribe *Secale-corn.* 3 or 1, and *Chinin*, 1st cent. tritur., even



as much as a gramme, repeated from 1-4 hours, according to the severity of the case.

3. From many cases I mention only a few :

A child of five years was attacked with dysentery in its ataxic form. Irregular course, in the beginning little marked and not periodic interruption; afterwards strongly characterized with threatening danger. Sixty passages in twenty-four hours. The sickness lasted fourteen days and was removed by the alternate use of *Secale-corn.* and *Chin-sulph.* In other cases perhaps *Arsenicum* might be alternated with another remedy. [Rheum cures such cases in one day. Ed.]

3. *Treatment of Neuralgia.*—*China* and *Thuja* in alternation frequently cure the neuralgias of the head, less frequently those of the upper extremities and of the upper half of the trunk, and they lose all effect in those of the lower half of the trunk and lower extremities. Having to treat a toothache, for which no remedy can be found homœopathically indicated, we may try with benefit *Thuja* and *Coccus-cacti* in alternation, especially if the nervous pain is seated in carious teeth. These two remedies have in such cases frequently more success than *China* and *Coccus-cacti*.

Many nervous ills are more or less intermittent and show also certain local characters; then *China* is indicated against the intermittent and *Thuja* against the local state. If we have a remedy which suits better the local symptoms, we use this in alternation with *China*.

*Coccus-cacti* is specifically indicated against toothache of carious teeth. Used alone, it does not cure as certain as in alternation with *Thuja*. (Which cures?) We use the lower dilutions, 1-3 and repeated from  $\frac{1}{2}$ -4 hours according to the severity of the pain.

a. Brachial neuralgia of fourteen days, cured by *Thuja*.

A lady suffered for two weeks from the following symptoms: Tearing and beating pains in the shoulder and arm-pit down to the fingers; trembling in the muscles from the arm-pit to the middle of the arm, changing its place. Arm and fingers are so insensible and benumbed, that they hardly feel the heat of the stove. Increase of pain, when the arms hang down, in bed; amelioration by motion; cold and perspiration;

at night aggravation; getting asleep late; restless dreams; chilliness and yawning after midnight; difficult stool every two or three days; frequent tenesmus; fæces sometimes mixed with blood; thirst only at night; chilliness in the arm; palpitation with malaise; ill-humor and despondency. *Thuja* 27 cured this lady perfectly in a few days. (Rüchert's Clinical Experience, III., 548.)

b. Facial neuralgia, of twelve years' standing, fruitlessly treated by all methods, and where even the division of the nerves was several times performed, quickly cured by *Thuja*.

After removal of an eczema on the ear there appeared facial neuralgia in a washerwoman, forty-one years old. She had already suffered twelve years. The paroxysms were severe, of short duration, every five or six minutes during the day, less frequent at night. The pain radiated from the lips and gums, spreading over the right side of the face, which swelled up. In fading away it left there a feeling of numbness and tension. Sulphur, Arsenic, Merc., and especially *Verbascum* brought amelioration, but only *Thuja* from the 3d to the 30th effected a perfect cure.

c. Bœninghausen cured a neuralgia capitis, which had lasted eleven years, perfectly and quickly by the use of *Thuja* 200.

4. *Retrocession of the Normal Transpiration of the Feet.*

1st *Observation*: A woman, forty-two years old, lost by some accident the transpiration of her feet. Since then she complained of a nearly continual toothache, anorexia, icy coldness of the feet at night. She got *Silicea* 30, three times daily for twelve days. This not only cured the whole case, but produced also well characterized pathogenetic symptoms; for, for the first few days the icy coldness of the feet not only increased, but she felt also in bed a general chilliness over the whole body. Menses were retarded, but more copious and more plentiful. She took some more *Silicea* on account of some climacteric troubles.

2d *Observation*: G., sixty-six years old, hæmorrhoiderius; got a thorough wetting about twelve years ago and never changed his clothes during the whole day. Since then he was so deaf, that he could not hear the ticking of his watch, even if put closely to the ear. Nine months ago he

caught a fresh cold and the transpiration of his feet was gone. *Silicea* 30, three times a day, for ten days. This produced frequent epistaxis, unbearable pains in the bowels and round the thighs, so that he stopped the medicine after the third day; but perspiration returned and his deafness was cured; I had cured deafness before with *Silicea*, but never before such an old chronic case.

*3d Observation:* N. N., suffered from such extremely profuse perspiration of his feet, that the skin of his soles bleached and softened. This effluvium affected him so disagreeably, that he suppressed it suddenly, by washing his feet with soap and rum. A short time afterwards he got, in consequence of a cold, an abscess in the *regio ani*, from which arose two incomplete external fistulæ. The one ended in the rectum, the other extended to the fleshy part close to the spine. The first had a length of two, the other of three centimetres, and in diameter half a centiméter. Both fistulæ suppurred profusely, so that they had to be bandaged twice daily. To complete the history, we may add, that the man, who enjoyed usually very good health, has not blown his nose for the last six months, and suffered from constipation. He also received *Silicea* 30. During the first week of its application the perspiration of his feet returned and increased during the whole month, the constipation ceased; the suppuration of both fistulæ decreased in such a manner, that less bandaging sufficed. Both fistulæ shortened and threw out granulations. The dryness of the nose also subsided during the first month. Three months afterwards no bandage was necessary, as the linen did not get soiled any more; and it is more than probable, that in the course of time they will heal up altogether without any further medication.

*4th Observation:* A fine young lady aged eighteen years somewhat lymphatic, but who regularly menstruated had as morbid antecedentia a kind of epileptic attack with loss of consciousness, which happened on Christmas-day, 1863, after having attended the night before the holy services in the church. In April, 1866, she confessed to me, that she had taken a severe cold the year before, by getting over-heated during dancing, and thus lost her habitual transpiration of the feet. Since

then she complained of anorexia, continual chilliness of the lower extremities, menses lasted hardly a couple of days, whereas they were formerly more copious and lasted five days; and during March and April the epileptic attacks had reappeared. I ordered Silicea 30, three times daily for two weeks. During the first week heat had already returned in the feet, in the thighs during the second week. These changes are perhaps indications of the return of the imperceptible transpiration; appetite returns, menses have also reappeared, although scanty; and she had one hysterical attack with loss of consciousness. I repeated Silicea 30, forty-five times in fourteen days.

On the 5th of May perspiration of the feet had fully returned and the heat of the lower extremities was normal. With the return of the perspiration the frontal and occipital headache had steadily decreased. On the 30th of April she had an attack, but without loss of consciousness. On the 20th of May she was dismissed perfectly cured. (*Hirschel's Klinik*).

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ARTICLE LIII.—*Short Gleanings from Foreign Periodicals.*

*Pharmacological Notices.*—Dr. Ed. Rose (*Virchow's Archive*, 1866) made the following observations on the effects of Iodine, after an injection of large quantities of tincture of Iodine into ovarian cysts.

1. To a lady, twenty-five years of age, twenty-five ounces of tincture of Iodine were injected. The consequences were apathy; icy coldness; loss of pulse; the secretion of urine decreased for a long while and an *exanthema*; deep-red spots on the fauces and acne in the face.

2. The same quantity was injected into the ovarian cyst of a girl, a little over sixteen years old, and retained in the sac for about half an hour; half of it discharged itself again, the other half (163 grains) retained in the abdomen. The effects of it were painless watery vomiting; cold extremities; the pulse could hardly be felt; great thirst; no micturition. On

the third day fever; on the fourth, menses too early and a light-red papulous exanthem. On the fifth day, swelling of the salivary glands; difficult deglutition; the fauces of a darker color. On the sixth, five dark stools after an injection; the exanthem increases and has spread by the eighth day down to the knees. The formerly jumentous urine is clearer and of an amber color. On the ninth day the secretion of saliva diminished; dryness of the mouth. Vomiting; diarrhœa; *sudden death*. *Neither in the contents of the cyst, nor in the serum of the blood, nor in the bile could a trace of Iodine be found*, as it had been discharged by the urine and by vomiting. The pulse leads the author to the assertion, *that Iodine acts specifically by exciting the muscles of the arteries*, and the effect of this vascular spasm is the accumulation of blood in the capillaries and veins, therefore icy coldness; paleness; cyanosis. By pressure, hyperæmia follows with capillary hæmorrhages; spots; papulæ. That the same happens also internally, the extravasata in the pelvis renalis prove; as also the infiltration of the fat and the cellular tissue with fluid blood on the dorsal side of the vertebræ.

According to ПОДКОПАЕВ (*Archive for Path. Anatomy, Vol. 33*) the action of the salts of Potassium is paralyzing to the muscles and to the heart, (slow pulse; coldness;) they diminish the number and the strength of the contractions of the heart. In larger doses they produce a cessation of the motion of the valves; in smaller doses they diminish only the action of the heart for a shorter time. The temperature falls in the first case, also the pressure of the blood, (the finer arteries do not fill with blood.) Dyspnœa on account of diminution of the exchange of the gases, and convulsions on account of decreasing arterial supply to the brain. The salts of Potassa also act depressingly on the central organs of the nervous system.—The salts of Soda show no action on the heart.

WARNKE (*Schmidt's Jahrbücher, 1863*.) gives the following case of poisoning with *Vinum-colchici*: Vomiting; diarrhœic stools similar to rice-water passages; bone-pains; extreme thirst; collapse as in cholera; insensibility of the abdomen; pulse hardly perceptible; fingers spasmodically contracted and in constant motion; blue spots down the spine.

Psychical functions undisturbed even unto death. Oppression; malaise; pressure in the pit of the stomach; convulsions; tetanus; death.

SAIKOWSKY made beautiful experiments on fatty metamorphosis by the application of *Phosphorus*, *Arsen.* and *Antimon.* Liver, kidneys, the muscles of the heart and diaphragm; glands and stomach contained fat. (*Virchow's Archive.*)

DE LUCA removes spots on the cornea by dusting in the eye of the horizontally lying patient finely pulverized *Natron-sulphuricum.* (*Gaz. des Hop.*, 1867, *Jan.*)

After the use of *Iod-mercury* traces of the Mercury appear in the perspiration, of the Iodine in the urine and saliva. *Chloride of Mercury* appears as such in the perspiration, but only traces of it in the urine. (*Arch. Gen.*)

WYSLET recommends in severe burns the application of an oil-bath as quick as possible after the accident. Patient must remain in the oil-bath from eight to sixteen hours without interruption; Olive oil ought to be used, first cold, afterwards warm. The temperature of the bath should not exceed 10–18° Réaumur, [54–72° Fah.] therefore thus only, that the patient does not feel cold in the bath. (*Gaz. des Hop.*, 1867.)

BEGGIE has used *Kali-bromatum* in a great many cases, where he wanted a quieting, sedative or hypnotic action, and expects a great future for this remedy. The medium dose for chronic cases is 20–30 grains, morning and evening, which may be continued for weeks. In the cholera he gives the same dose every half hour, so that he expends a couple of ounces in a short time. He gives the following notes:

1. This remedy is a valuable hypnotic, even in cases where other narcotics fail to produce sleep; it acts first of all by quieting, and after a longer use it produces a quiet sleep without any troublesome secondary effects.

2. The same beneficent action is produced in sleeplessness, mental irritation and nervous affections, sequels of continuous mental exercise.

3. Also in such affections caused by masturbation.

4. In certain forms of epilepsy; but the remedy has to be continued for a great length of time, even after amendment has shown itself.

5. It is worth a trial in acute mania and delirium potatorum.
6. In spasmodic affections of the respiratory organs. (Tussis convulsiva, laryngismus stridulus, asthma.)
7. In certain cases of vomiting.
8. It has been used successfully in diabetes mellitus, even to the total and lasting disappearance of the sugar in the urine.
9. It shows also its quieting effect in feverish affections, as in a case of intermittent quotidian.
10. In neuralgic affections.
11. In morbus Basedowii. (Grave's disease.)
12. In cholera it removes the muscular spasms and the vomiting. (*Edinburg Med. Journal.*)

*A Case of Cyan-kali Poisoning with Recovery.*—A man, usually enjoying good health and just recovering from small-pox, got into a melancholic mood and took about twenty grains of Cyanide of Potassium to end his mortal career. His symptoms were, sudden falling down; cyanosis of the swollen face; loss of consciousness, which kept on for three days with trismus during the same time; relaxation of all the muscles of the body with increased reflex-action; anæsthesia of the skin; chorea bulbi for three days, followed by diplopia after awakening from the sopor; suppression of fæces and urine with copious secretion of urine; retardation of the heart's action and of the respiratory motions with decreased temperature of the skin; aphonia after returning consciousness and hoarseness for a long while; aphasia; even after eleven days the patient could not remember some words. The treatment consisted in the consequent application of black coffee. (*Wiener Med. Wochenschr., No. 97.*)

*Effects of the Calabar Poison.*—1. The numbers of the pulsations of the heart are sometimes increased, sometimes diminished.

2. The power of contractions of the heart is increased.
3. The frequency of the pulse is diminished.
4. The bowels are spasmodically contracted.
5. Large doses diminish the frequency of respiration; it acts as an excitant on the sensible ends of the vagus in the lungs, paralyzingly on the medulla oblongata.

6. The cause of death is true suffocation, never direct paralysis of the heart.

7. Calabra is the strychnine for the central of the involuntary motions, (with the exception of respiration.)

8. It is the direct opposite of Atropin, as we can readily see in the contraction of the pupils. (*Centrallbl. f. d. med. Wiss.*, 1867.)

A healthy boy, five years old, ate some berries of *Belladonna*. After two hours, nausea; difficulty of swallowing; then vomiting twice; entire loss of consciousness with steady delirium, and convulsions of the extremities. During the delirium, loud screaming, barking and laughing, sometimes distortions of the face and greatly dilated pupils; on the following day, after great excitement, a perfect quietness without sleep for two hours, followed by death, four hours after the berries were taken.

Necroscopy showed great hyperæmia of the cerebral membranes; engorgement of the sinus with dark-red and thin fluid blood; medulla oblongata strongly injected.

*Nicotiana-tabacum* produces amblyopia and amaurosis, first observed by MACKENZIE. SICHEL has proved the truth of this fact in his practice, as he often saw blindness arise from the abuse of tobacco. (*Han. Zeitschr. f. prac. Med.*)

*Poisoning with a large Dose of Arsenic and Recovery.*—A woman, thirty years old, was poisoned by her husband, having Arsenic mixed with her food. After having taken a few spoonfuls, she remarked that something gnashed between her teeth, she therefore stopped eating, and threw the remainder to the chickens. Half an hour afterwards severe vomiting commenced; fluid stools; colicky pains; burning sensation in the fauces and convulsions. On the following day these symptoms decreased and left great debility. On the seventh day both feet swelled, with numbness and heaviness, and these sensations soon spread to the upper extremities. Six weeks afterwards examination still showed disturbed motility of the extremities, prevalence of the flexor and steady inflexion of the fingers. Amelioration was very slow, so that even after four months the points of the fingers still felt numb, and any exercise tired her very soon. Chemical examination showed five



grains in the vomited matter, and 1 to 3 gr. arsenious acid in the bowels of a hen, which had partaken of the food.—The verdict declared a poisoning with Arsenic as proven, and compares it to a severe lesion, but which produced no lasting damage. The quantity taken is enough to produce death; but the cause that it did not take place, lies in the circumstance, that the poison was taken in a fat dumpling, and in the severe vomiting. (*Kl. f. Staats-Arzneikunde.*)

ARTICLE LIV.—*Cases by Dr. Linsley.*

*Case 70.—On the action of Bryonia 10,000 (F.) and 500 (Leutze) on a horse—A case of heaves.* On the 25th of October I gave to a common farm-horse *Bryonia* 10,000 (F.) for the heaves, and left five more doses with his owner, to be given once a day. On the 15th of November I saw the horse again, and found his cough improved, and the heaving of the flanks slightly diminished. I then gave six more doses, to be taken as before. I saw the horse again on the 18th of November; is still improving, and his cough gone. I gave again *Bryonia* 10,000 (F.), and on the 2d day of December I saw the horse again, and find him better, except when driven fast. *Bryonia* 10,000 (F.) again. On the 12th day of December I saw the horse again, think the horse better, but the owner expressed grave doubts as to the efficacy of Homœopathy in cases of heaves, and as I was afraid he would try some allopathic remedies, I gave *Bryonia* 500 (Leutze), bought from Radde. On the 23th day of December saw the horse again. The owner expressed immense satisfaction at the rapid improvement. I again gave *Bryonia* 500, and on the 6th day of January I gave *Bryonia* 500. The owner is able to drive his horse as fast as he pleases. JOHN C. ROBERT.

*Case 71.—On the action of Arsenicum 1400 (J.) in Inter-mittent Fever.*—On the 15th day of September last, I was applied to by woman suffering from inter-mittent fever. She told me that she was sick with it during the month of June previous, and was cured (?) by taking a four dollar bottle of fever and ague medicine. On the 10th of September she was taken again; her symptoms were as follows:

Very severe pains all over the head, in small of back, and all her limbs, so as to make her unable to stand up, with nausea. Attack every other day, 4 p. m.

I gave her four doses of *Arsenic* 200 (L.), and two days after I was told that she was much worse, and that the attack came on every day. I then gave her *Ars.* 1400 (J.), as it was the only next higher potency that I had. After that she had two more attacks; about two months after she had another attack, when I gave her *Ars.* 1400 (J.) as before, and since that time I have heard no complaint. I have treated her husband with the same remedy with like success.

JOHN C. ROBERT.

*Case 72.*—Miss Annie R —, aged 23; complexion fair; hair dark; lymphatic temperament. In the fall of 1866 had intermittent fever, which she supposed cured by “Ayer’s Ague Cure,” but in the spring of 1867 the ague returned; it was suppressed by the use of “Shallenberger’s Fever and Ague Antidote.” On November 1st, 1867, was called early in the morning, and found the following symptoms:

Excruciating burning; stitching pains, that seemed to come from deep in the head, affecting the left eye, and seemed to follow the supra-orbital nerve of the same side. These attacks came on every morning about four o’clock, periodically growing worse each succeeding morning. At the time of attack the eye slightly congested with profuse acrid lachrymation. Nausea, vomiting, and no thirst, tongue clean. Pains relieved by being bolstered up in bed, and not aggravated by light. Began to get better about 12 a. m., and felt quite well by 3 o’clock, p. m.

The symptoms led me to give *Spigelia*. She received *Spig.* 200 one dose, with *Sac.-lac.*, to do two days. Reported much improvement next morning. Continued to improve for several days, when the symptoms seemed to remain about stationary, and of the same general character.

She then received *Spig.* 1000, which completed the cure speedily. Her health has been good ever since.

A. O. PITCHER, M.D., Mt. Pleasant, Iowa.

P. S.—She had some aching in limbs before this attack came on.

*Case 73.*—Mrs. K —, a German midwife, aged 38, called upon me in the evening of August 9th, 1867. Her urine was *dark-brown*, of *putrid cadaverous smell*, and during micturition she suffered unbearable pains. She had no appetite, and the “whole body,” as she said, “in dissolution.” She had been treated by two “rational medicine” doctors for three weeks. One of them had prescribed poultices and afterwards an emetic; the other, having learned that the former had tried, in vain to shoot out of the system the inflammation of the bladder and urethra from below and in front upwards, thought it more rational, perhaps, because the bladder is nearer to the rectum than the stomach, to shoot out it from behind downward, and had given a laxative.

Now she was convinced that, if Homœopathy could not help her, she would die.

I prescribed *Benz-ac.* 30, and the next morning her urine was of healthy color and smell; but as the pain during micturition was not quite abated, I recurred to *Canth* 30.

In five days she was cured, and has remained so.

H. BAETHIG, Buffalo, N.-Y.

*Case 74.*—Miss T., aged 23, scrofulous, had marasmus, general wasting; every few days diarrhœa, especially in the morning, driving her out of bed, quickly gushing out, very offensive; feet always cold. Got *Sulphur* 3m night and morning, three days: *Sac-lac.* for a month. Feet got warm at once. Said they had been warm and comfortable all winter, for the first time in her life. Cured. D. R. GARDINER M.D., Woodbury, N. J. (*Amer. Jour. of Hom. Materia Med.*, March, 1868.

ARTICLE LV.—*Medico-Legal Diagnosis of Insanity.—Duties of Physicians before Commissions of Lunacy.* By F. W. HUNT, M D., of New-York.

SINCE the time of the Great Emperor, Charles V., it has been the duty of physicians to instruct courts of law on many important matters. In the celebrated criminal code framed at Ratisbon in 1532, it was distinctly ordered that the opinions

of physicians should be formally taken in all cases in which death has been caused by violent means, such as wounds, hanging, poisoning, and also in prosecutions for infanticide.

In later times the study of questions, which physicians are supposed to have peculiar means of settling correctly, has grown into a science known as *Legal or Forensic Medicine*, or *Medical Jurisprudence*. It has already an extensive literature, and is supposed to be one of the most intricate and important of all the medical sciences.

A few of the AUTHORITIES ON THE MEDICAL JURISPRUDENCE OF INSANITY may be here mentioned :

Haslam on Madness, &c. Lond., 1809 and 1817.—Esquirol, *Maladies Mentale*, Paris, 1838.—Prichard, *Encyclop. of Pract. Med. art. Insanity*.—Morrison.—Conolly.—Bucknill and Tuke, *Psychological Medicine*, Lond., 1858.—Taylor's *Medical Jurisprudence*. Lond., 1858. p. 257.—Abercrombie on Diseases of the Brain. 1829.—Sir Charles Bell.—Dr. Marshall Hall.—Dr. Carpenter on the "Correlations of Physiology and Psychology."—Sir Henry Holland, "Chapters on Mental Philosophy.—Solly on Anatomy of the Brain.—Dr. Brown-Sequard, *Lectures on the Physiology and Pathology of the Nervous System*.—Dr. Todd's *Clinical Observations*.—Dr. Copland's work on Apoplexy and Paralysis.—Dr. Winslow's *Psychological Journal*.—The *Journal of Mental Science*, Edited by Dr. Bucknill.—*Physiology and Pathology of the Mind*, by Henry Maudsley, M.D. New-York: Appleton & Co. 1867. pp. 442.—Dr. Ray, *Med. Jurisprudence of Insanity*. Boston, 1860.—*Obscure Diseases of the Brain and Disorders of the Mind. Their Incipient Symptoms, Pathology, Diagnosis, Treatment and Prophylaxis*, by Forbes Winslow, M.D., and C. L. Oxon. pp. 760, London: Churchill. 1860.—*Statistics of Insanity in the United States*. By R. J. Dunglison, M.D. Phila., 1862. pp. 40.—*Historical Sketch of Sacerdotal Celibacy*. By Henry C. Lea. Phila: Lippincott & Co. 1867. pp. 601.—*Quarterly Journal of Psychological Medicine and Medical Jurisprudence*. Edited by Wm. A. Hammond, M.D., Prof. of Diseases of the Mind and Nervous System, Bellevue Hosp. Med. College, N.-Y. 1867 and 1868.—*The Insane in their Legal Relations*. By Dr. A. Motet. Paris, 1866.—*Principles of Æsthetic Medicine*. By John Peel Catlow, M. R. C. S. London, 1867. pp. 325. 8vo.—*Emotional Disorders of the Sympathetic System of Nerves*. By Wm. Murray, M.D., M. R. C. P. Lond. New-York: Simpson. 1866. pp. 95. 8vo.—Wm. C. Townsend on *Modern State Trials*.—Wharton and Stille, Phila., 1855. pp. 815. 8vo.—Beck's *Medical Jurisprudence*. (Dr. T. Romeyn Beck was born at Schenectady, N.-Y., Aug. 11, 1791, he died at Albany, Nov. 19, 1855.)—Elwell.—Du Vivier on *Melancholy*.—Marcé, *Traité des Maladies Mentale*. Paris, 1862.—Dagonet, *Traité Maladies Mentales*. Paris, 1862.—Parchappe, *Recherches Statistiques sur les Causes de l'Aliénation*. Paris, 1862.—*Phantasms: Illusions and Fanaticisms*. Dr. Madden. London, 1857. 2 Vols.—Dr. A. Constans, *Epidémie Demonopathique* en 1861. Paris, 1862.—*Opinion Relative to the*

Testamentary Capacity of the late James C. Johnston, of Chowan Co., N. C. By Wm. A. Hammond, M.D. Baker, Voorhis & Co., 66 Nassau-st, N.-Y. 1866. 8vo. pp. 72.—Hoffbauer, Untersuchungen der Krankheiten der Seele. Halle, 1803.—Guislain, Lecons Phrenopathies. Belgium.—Gorget, Megico-Legale, &c. Paris, 1826.—Baillarger, Medico Psychologiques. 1846. Paris.—Pinel, Thysiol. de l'Homme Atiené, &c. Paris, 1833.—Prichard on Insanity, &c. Lond., 1841.—Sir W. C. Ellis, M.D., on Insanity, &c. Lond.—M. Pinel, (jun.), Monomanie, &c. Paris, 1856.—Dr. John Reid, (Engl.), Hypochondriasis, &c. Phila., 1817.—American Journal of Insanity.—Dr. Geo. Combe, Mental Derangement. Edinb., 1831.—Med. Jurisprudence. By Amos Dean, &c. Albany, 1850. Medical Opinions of the Parish Will Case. New-York, 1857. 8vo. pp. 573.

On no occasion has MEDICINE assumed a loftier position than when stepping forward into the forum and, in the light of all scientific research, and of all modern discovery, announcing to courts and counsellors, learned judges and patient juries, the degree of *intelligence* that ought to be claimed by the individual whose judgment is suspected, and the extent of *responsibility* that the state may rightly measure out to the *unfortunate*, if not *criminal* individual, charged with the commission of crime. Never, said Dr. Rush, more than half a century ago, has medicine assumed a position more "honorable."

Medical men are supposed to have peculiar powers of discrimination and analysis of human motives, and the secrets of the human heart. They claim to belong to a profession which, in the words of a member of a rival calling, is composed of "astute personages—mysterious in their means of knowledge, and confident in their powers of extinguishing the common sense of both judges and juries." *Let it not be supposed that such pretensions can be easily maintained.* Never has medico-legal medicine been more severely tested than in that darkest field of all medical thought and research, the *Medical Jurisprudence of Insanity.*

The distinction between real and simulated imbecility or madness—between irresponsible insanity and irresponsible eccentricity, presents one of the most difficult problems ever presented to a physician. It is one of the requirements of the old English law, copied and followed out in every American state, that the man who is incapable of taking care of himself by his own wisdom, shall be taken care of by the

greater wisdom of the state in which he lives, and of which he only forms an atomic part. All persons believed by their family or others to be "of unsound mind," as idiots, lunatics, or insane persons, are considered as "incapable of making contracts, either personal or affecting real estate; of "suing or defending in courts of justice;" of "performing the ordinary duties and offices of life;" of "making devises or bequests." By an ancient legal maxim, "the Sovereign has the custody of lunatics." In practice this care is delegated to the keeper of the great seal. When a man is supposed to be insane, and no longer capable of protecting or taking care of himself, it is necessary that those interested in him or his estate shall apply to the keeper of the great seal for the appointment of a commission of lunacy, a writ "*de lunatico inquirendo*," to inquire into the fact of the lunacy of said person. The commissioners thus appointed are required to summon a jury who shall inquire into the fact of the alleged or suspected lunacy. If the party upon further investigation be found *really* lunatic, "the custody of the lunatic's person and estate devolves on the crown, and the chancellor, on petition, appoints *committees* to have the custody of either or both. These may be whoever the chancellor thinks fit, although the next of kin are usually preferred;" it is well-known that many abuses have been committed by relatives of persons alleged to be insane. They have therefore the right to a writ of *habeas corpus*, that the ground and cause of detention, even in an asylum, may be inquired into.

Lunatics are maintained by an allowance from their own estates; when they have none, they are consigned to public asylums. The law, regulating their care and control, is the Statute 3 and 4, William IV., Chap. 36. Licensed asylums for the insane, under the keeping of medical men, are under the control of licensing commissioners, Statute 2 and 3, William IV., Chap. 107. The incapacity of a person of unsound mind to commit a crime, depends, it is said, upon his *irresponsibility, moral and legal*. On a trial for crime, committed by an alleged lunatic, the jury is generally instructed by the commission or court "to acquit the prisoner if satisfied that he was incapable of knowing right from wrong," or that he was "un-

conscious that the act was a crime against the laws of *God and nature.*" If the jury acquit the prisoner on the ground of *insanity*, the jury are now directed (by Act of Parliament 39 and 40, George III., Chap. 94,) to find specially whether the person was insane at the time of committing the offence; if the jury thus find, the accused will be taken into custody, as a person not safe to be entrusted at large.

In America the law is substantially the same in all the states. The same definitions of the terms "unsound mind, idiot, non-compos, lunatic, monomaniac, distracted person," are accepted, and the mode of proceeding in contested cases is nearly the same in all.

If the questions submitted to physicians should be only such as arise in the plain, simple and strongly marked cases of insanity which occur in every day practice, their task would be an easy one. A few moments' conversation, a few blanks filled, a deposition signed and sworn to by *any two practitioners*, and the life-destiny of an unsuspecting fellow-being is disposed of. It is in contested cases that the difficulties arise; and there we shall find them sufficiently great.

#### DEFINITIONS AND SYNONYMS.

INSANUS: INSANE.—Literally "*Unsound.*"

SYNONYMS.—Insanity is a term that includes many varieties of unsoundness of mind,—as derangement, alienation, lunacy, madness, mania, monomania, delirium, craziness, distraction, frenzy, melancholy and dementia.

These words are used to denote various kinds, as well as different degrees of mental disorder.

*Melancholia* may be slight or intense.

LUNACY is properly a periodical insanity, formerly supposed to be influenced by the moon; this term is now applied by lawyers to all of those disordered states of mind known by medical men under the names of MANIA, MONOMANIA and DEMENTIA, generally, though not necessarily, accompanied by *lucid intervals*.

*Derangement, alienation and delirium* are all used to denote a less confirmed, or a less violent mental disease than madness and mania.

MONOMANIA is insanity on one subject only.

*Frenzy or distraction* is a violent turn of insanity or madness.

*Dementia* is a loss of understanding, or is a state of idiocy.

The wide range of subjects, legitimately embraced under our present heading may be estimated after a careful contemplation of the following:

*Analysis of the First Branch of the Subject.*

I. Morbid Phenomena of Intelligence.

II. Morbid States of Motion.

III. Morbid Conditions of Sensation.

This classification recognizes the three physiological functions of the cerebro-spinal system.

*a.* Thought.

*b.* Motion.

*c.* Sensation.

IV. Morbid Phenomena of the Special senses.

viz: *d.* Sight.

*e.* Hearing.

*f.* Taste.

*g.* Touch.

*h.* Smell.

V. Morbid Phenomena of Sleep.—Dreaming.

VI. Morbid Phenomena of Organic or Nutritive Life.

viz: *a.* Digestion and Assimilation.

*b.* Circulation.

*c.* Respiration.

*d.* Generation.

VII. General Principles of Pathology, Treatment and Prophylaxis.

The main characteristic of insanity, says Taylor, in a legal point of view, is said to be the existence of delusion; *that is*, that the person should believe something to exist that does not exist, and that he should act upon this belief. They may labor under *harmless* delusions, and be still fitted for their social duties. If these delusions lead them to injure others in person or property, then the case is considered to require legal interference.



Unsoundness of mind applies legally to some morbid condition of intellect which disqualifies him for managing his own affairs.

The failure of all medical and all legal authorities in court or elsewhere, to define insanity, may well discourage us from making the attempt. "Insanity like sense," says Sir H. Halford, "does not admit of a definition."

The Roman law spoke only of two species of mental derangement, *Mento Capito, et furioso*. The Prussian law distinguishes maniacs and idiots. The French law speaks of amenia, insanity, idiocy, without defining the divisions.

The law of England recognizes two forms or states of unsoundness of mind:

1. *Dementia naturalis*, corresponding to *idiocy*.
2. *Dementia adventitia*, or *accidentalis*. This last signifies general insanity as it occurs in individuals who have once enjoyed reasoning power.

Further efforts at exact definition have never been successful. It is generally said that *an individual is insane whose understanding is arrested or changed*, and when he is powerless to avail himself of his reasoning faculties or make known his wishes; though his external senses are still awake to the objects of the world around him. His perceptions of the external world may be mainly correct, but he has *some fixed ideas that is without foundation*.

There may be general or partial derangement of one or more faculties of the mind; in all cases this derangement prevents freedom of the mind's action, though the patient is still conscious of external actions and objects.

All persons of *sound mind* have ability to think and act freely: In the *insane* this ability is destroyed.

A *sane* man is a man of sound *common sense*. He is therefore in the truest sense of the term "a SENSIBLE MAN." The senses of an insane man are reliable on *many*, perhaps on *most* subjects, but not on *all*—not in all where ordinary minds might safely be trusted.

Esquirol's definition of monomania was thus given over 30 years ago: "Perversion of understanding limited to a single object or small number of objects, with predominance of mental excitement." (*Des Maladies Mentales*, tome I. p. 332.

Further on he describes it as a chronic cerebral affection, without fever, and characterized by a partial derangement of the intelligence, the affections, or the will. The intellectual disorder is concentrated on one object or a circumscribed series of objects. The patient sets out from a false principle, from which, however, he reasons correctly, and from which he draws the legitimate conclusions which modify his affections or the actions of his will. The illusions, hallucinations, vicious associations of ideas, and false, erroneous and whimsical convictions are the basis of that perversion of the intelligence which Esquirol calls intellectual monomania.

"In Monomania," says Taylor, (Medical Jurisprudence, page 553), "the mind is unsound: not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or person." (Pritchard). There is no doubt that all the mental faculties are more or less affected; but the affection is more strikingly manifested in some than in others.

An *eccentric* man may be convinced of his error: a *monomaniac* thinks his acts consistent with reason and with the general conduct of mankind.

Monomania may show itself in the form of causeless suspicion, jealousy or hatred of others, especially persons to whom the individual ought to be attached; and it may show itself under the form of a wild, reckless and cruel disposition.

This is what is called by Dr. Pritchard, "MORAL INSANITY."

We doubt whether it ever exists alone or distinct from *intellectual insanity*. The law hesitates at present to acknowledge moral insanity, at least in civil cases.

I have elsewhere said that physicians have seldom in courts of justice been favored with the opportunity to do honor to themselves, or their profession.\* I propose now to illustrate this observation by a few citations (necessarily at some length) from the books. The questions which have arisen; the confusion of authorities; the failure of witnesses, courts and juries, in solving the deep problem of the human soul, will

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\* This JOURNAL, Vol. XIII., p. 524.

sometimes awaken surprise, sometimes regret and disappointment. I refer to

1. *Case of James Hadfield.* On the 15th of May, 1800, Hadfield fired a horse-pistol loaded with two slugs at King George III. as he was entering Drury Lane Theatre. The audience was, of course highly excited, but the King was perfectly calm, raising to higher enthusiasm the loyal devotion of the people. Mr. Sheridan, on the spur of the moment composed the following additional verse to the national anthem. It was sung three times the same evening by Mrs. Jourdan.

" From every latent foe,  
From the assassin's blow,  
                                  God shield the King!  
O'er him thine arm extend:  
For Britain's sake defend  
Our Father, prince and friend—  
                                  God save the King!"

Hadfield was tried in the court of (King's) Bench for high treason. He was defended by Mr. Erskine in a speech often referred to since; and which Sir William Follet declared to be one of the most eloquent and able speeches that was ever delivered at the bar. It was in this speech that Erskine referred to a former case with such apparent truthfulness and power that this part of his speech has since been quoted in the defence of every person charged with crime in whose defence the plea of insanity has been set up.

Hadfield was acquitted on the ground of insanity. He was immediately committed to the safe-keeping of Bedlam Hospital, where he died in January, 1841, after an imprisonment of forty years.

2. *Case of Bellingham.* Bellingham killed Mr. Percival, Prime Minister of England, Monday, May 11th, 1811; and within seven days time he was tried, convicted, and executed; and on Monday, May 18th, the assassin's body lay on the dissecting table. This case has been discussed at great length by British writers. In commenting upon this case the advocate who defended M'Nauten said:

"Few will read the report of Bellingham's trial without being forced to the conclusion that he was really mad, or, at

the very least, the little evidence which alone he was permitted to adduce, relative to his state of mind was strong enough to have entitled him to a *deliberate and thorough investigation of his case.*" A military officer who was present at the execution, and very near the scaffold, has stated that he distinctly recollected that Bellingham, "while standing on the scaffold, elevated one of his hands as if to ascertain whether it were raining; he then observed to the chaplain, in a very calm and natural manner, "*I think we shall have rain to-day!*"

On this case the following remarks are made by Mr. Alison:

"Unquestionably, the mere fancying a series of injuries to have been received will not serve as an excuse for murder—for this plain reason, that, supposing it true that such injuries had been received, they would have furnished no excuse for the shedding of blood. On the other hand, however, such an illusion as depriving the pannel of the sense that *what he did was wrong* amounts to legal insanity, though he was perfectly aware that murder in general was a crime." (*Criminal Law of Scotland*, page 653.)

3. *Case of Edward Oxford.* On the 9th of June, 1840, Queen Victoria and the Prince Consort were riding in a low open carriage.

Just as they were ascending Constitution Hill, a young man had been observed for some time before walking backwards and forwards, with his arms folded under his breast. As the carriage approached, he turned round, nodded, drew a pistol from his breast, and when it was nearly opposite to him, he fired at the carriage. As it advanced he looked round to see if he were observed, then took out a second pistol, directed it across the other toward the Queen, who seeing it, stooped down. Oxford now at a distance of six or seven yards, fired very deliberately a second time. Witnesses heard the sharp whizzing "close past their own ears." Oxford was quickly arrested: and, when he saw the man who had snatched the pistols from him mistaken for the person who had fired, said "It was me—I did it, I give myself up—I will go quietly." At the police-office he asked, "Is the Queen hurt?" Some one said, "I wonder if there were any balls in the pistols." The prisoner said, "If the ball had come in contact with your

head, if it had been between the carriage you would have known it."

Oxford had purchased the pistols a few days before for a few sovereigns, about fifty percussion caps, a powder flask, with a bullet mould and five bullets, fitting the pistols were found at his lodgings; and he had been practicing firing at a target. When he asked if the Queen was hurt he told Lord Uxbridge that he had "been shooting a great deal lately—he was a very good shot with a pistol, but a better shot with a rifle." The balls were not found, though diligently sought.

When examined before the Privy Council, Oxford confessed freely: That "there were a great many witnesses" against him. "Some say I shot with my left, others with my right. They vary as to the distance. After I fired the first pistol, Prince Albert got up as if he would jump out of the coach, and sat down again, as if he thought better of it. Then I fired the second pistol. This is all I shall say at present.

(signed.) "EDWARD OXFORD."

The trial of Oxford took place at the Old Bailey (occupying the 9th, 10th and 11th of July, 1840). The judges were Lord Denman, Baron Alderson, and Justice Maule. Counsel for the Crown, Sir John Campbell, Attorney-general, and Sir Thomas Wilde, Solicitor-general. The indictment was drawn in the words of the Statute 39 and 40, George III., c. 93. §1.

The prisoner, says Mr. Townsend "stepped into the dock with a jaunty air, and a flickering smile on his countenance; glanced at the galleries, as if to ascertain whether he had a large concourse of spectators; and leaning with his elbow on the ledge of the dock, commenced playing with the herbs" (rue) which are always placed there. "He kept his gaze earnestly fixed on the Attorney-general during the whole of his address, twirling the rue about in his fingers, and became more subdued in manner towards the close of the speech." (*Modern State Trials*, Vol. I., p. 113. 1850.)

The defence relied upon the plea of insanity. Five medical witnesses were examined. Their testimony is thus condensed:

*First Doctor.*—*Question* by the prisoner's Counsel and the Court.—"Supposing a person, in the middle of the day, without any suggested motive, to fire a loaded pistol at Her

Majesty, passing along the road in a carriage; to remain on the spot; to declare he was the person who did it; to take pains to have that known; and afterwards to enter freely into discussion, and answer any questions put to him on the subject: would you, from these facts alone, judge a person to be insane?"

*Answer.*—"I should."

THE COURT.—"Do you mean to say, upon your oath, that if you heard these facts stated you should conclude that the person would be mad?"

THE DOCTOR.—"I do."

THE COURT.—"Without making any other inquiry?"

THE DOCTOR.—"Yes! . . . If, as a physician, I was employed to ascertain whether a person in whom I found these facts was sane or insane, I should undoubtedly give my opinion that he was insane?"

THE COURT.—"As a physician, you think every crime, plainly committed, to be committed by a madman?"

THE DOCTOR.—"Nothing of the kind; but a crime committed under all the circumstances of the hypothesis!"

It may be seen that the first question proposed by the prisoner's counsel was based upon a "hypothesis" which was invented as a lure to draw medical witnesses on to a ground which they *might* not spontaneously assume. It was true that Oxford "remained on the spot," as he could not get away. The high wall was on one side, high park railings on the other, and an infuriate crowd on all sides of him. He indeed confessed that he "did it;" but it had been seen by many others.

SECOND DOCTOR.—He is asked the same question as had been proposed to the first, with the addition of "hereditary insanity being in the family of the person concerned."

*Answer.*—"I should consider these circumstances of strong suspicion, but other facts should be sought before one could be warranted in giving a positive opinion."

*Question* by the Prisoner's Counsel.—"Are there instances on record of persons becoming suddenly insane, whose conduct has been previously only eccentric?"

*Answer.*—"Certainly. Supposing, in addition, that there was previous delusion, my opinion would be that he is unsound. Such a form of insanity exists, and is recognized."

*Question* by the Counsel for the Crown.—“What form of insanity do you call it?”

*Answer*.—“Lesion of the Will—insanity connected with the development of the will. It means more than a loss of control over the conduct—morbid propensity. Moral irregularity is the result of disease. Committing a crime without any *apparent* motive is an indication of insanity!”

*Question* by the Court.—“Do you conceive that this is really a *medical* question at all, which has been put to you?”

*Answer*.—“I do: I think medical men have more means of forming an opinion on that subject than other persons.”

*Question*.—“Why could not *any* person form an opinion, from the circumstances which have been referred to, whether a person was sane or insane?”

*Answer*.—“Because it seems to require a careful comparison of particular cases, more likely to be looked to by medical men, who are especially experienced in cases of unsoundness of mind.”

THIRD DOCTOR.—“I have 850 patients under my care in a lunatic asylum. I have seen and conversed with the prisoner. In my opinion he is of unsound mind. I never saw him in private more than once, and that for perhaps half an hour, the day before yesterday; and I have been in court the whole of yesterday and this morning. These are the notes of my interview with him:—‘A deficient understanding; shape of the anterior part of the head that which is generally seen when there has been some disease of the brain in early life. An occasional appearance of acuteness, but a total inability to reason. Singular insensibility as regards the affections. Apparent incapacity to comprehend moral obligations—to distinguish right from wrong. Absolute insensibility to the heinousness of his offence, and the peril of his situation. Total indifference to the issue of the trial; acquittal will give him no particular pleasure, and he seems unable to comprehend the alternative of his condemnation and execution: his offence, like that of other imbeciles who set fire to buildings, &c., without motive, except a vague pleasure in mischief. Appears incapable to conceive anything of future responsibility.’”

*Question* by the Court.—“Did you try to ascertain *whether he was acting a part* with you or not?”

*Answer*.—“I tried to ascertain it as well as I possibly could. My judgment is formed on all the circumstances together.”

FOURTH DOCTOR.—To the same general question put to the first and second Doctors.

*Answer*.—“An exceedingly strong indication of unsoundness of mind. A propensity to commit acts without an apparent or adequate motive, under such circumstances, is recognized as a particular species of insanity, called *lesion* of the will: it has been called moral insanity.”

*Question*.—“From the conversation you have had with the prisoner, and your opportunity of observing him, what do you think of his state of mind?”

*Answer*.—“Essentially unsound: there seems to be a mixture of insanity with imbecility. Laughing and crying are proofs of imbecility—assisting me to form my opinion. . . . . When I saw him, I could not persuade him that there had been balls in the pistols—he insisted that there were none. He was indifferent about his mother when her name was mentioned. His manner was very peculiar; entirely without acute feeling or acute consciousness—lively, brisk, smart—perfectly natural—not as if he were acting, or making the least pretence. The interview lasted about three-quarters of an hour.”

LAST DOCTOR.—“A practicing surgeon for between three and four years. Had attended the prisoner’s family.”

*Question*.—“What is your opinion of his state of mind?”

*Answer*.—“Decidedly that of imbecility—more imbecility than anything; he is decidedly, in my judgment, of unsound mind. His mother has often told me there was something exceedingly peculiar about him, and asked me what I thought. The chief thing that struck me was his involuntary laughing; he did not seem to have that sufficient control over the emotions which we find in sane individuals. In Newgate he had great insensibility to all impressions sought to be made on him. His mother once rebuked him for some want of civility to me; on which he jumped up in a fury, at the moment alarming me, and saying he ‘would stick her,’” &c.

A criticism on this kind of medical testimony is given in



Blackwood, (Nov., 1850, p.558). It is characterized as "the safe committal of crime made easy to the plainest capacity." It proceeds upon paradoxes subversive of society. Moral insanity? absurd misnomer! call it rather "immoral insanity," and punish it accordingly. Is it not fearful to see well-educated men of intellect take so perverted a view of the conditions of human society—of the duties of its members? Absence of assignable motive an evidence of such insanity as should exempt from responsibility! Inability to resist or control a motive to commit murder a safe ground for immunity from criminal responsibility! that "criminal responsibility, which a (late) Lord Chancellor remarked, secures the very existence of society."

The wisdom of the doctors called in Oxford's case has been thus reviewed:

The *first* doctor knew nothing of the case but what he had heard in court; though he had some years before attended the prisoner's father for symptoms of poisoning by Opium.

Doctor *second* gave speculative opinions, founded on what passed at the trial.

Doctor *third*. Only saw the prisoner once before the trial, and then "*for perhaps half an hour, on the day of the trial, or the day before it.*"

Doctor *fourth* saw the prisoner with the last named for "perhaps three-quarters of an hour!"

Doctor *fifth* was a practicing surgeon of only four years, which he admitted was but "a short time."

Sir Thomas Wilde made the plea for the Crown in Oxford's case. Admitting that the balls could not be found, he asked "what would be the condition of society, if assassins were to be cleared when the bullets, with which they murdered unsuspecting citizens, could not be discovered."

Are eccentric acts proof of insanity? then there were many eccentric characters in all our cities who are "*laying up a large stock of excuses for the commission of crimes.*"

"If laughing without cause" be taken as evidence of imbecility, "the lunatic asylums would soon overflow with gigglers."

Oxford made no effort to escape. Was that proof of in-

sanity? He was surrounded on all sides; none but an insane man would have thought it possible to escape.

The prisoner had not been thought insane by his family, or he would not have been trusted with fire-arms, as he had been using them.

LORD DENMAN thus charged the Jury:

“If you think the prisoner was, *at the time*, laboring under any delusion which prevented him from judging of the effects of the act he had committed, you cannot find him guilty. He might, perhaps, have been laboring under a delusion affecting *every* part of his conduct, and directed to one object alone; if that were so at the time of his firing, he could not be held accountable for it. But if, though laboring under a delusion, he fired the loaded pistols at the Queen, knowing the possible result—though forced to the act by his morbid love of notoriety—he is responsible, and liable to punishment.

“There may be cases of insanity, in which medical evidence as to *physical* symptoms is of the utmost consequence. But as to *moral insanity*, I, for my part, can not admit that medical men have at all more means of forming an opinion in such a case, than are possessed by gentlemen accustomed to the affairs of life and bringing to the subject a wide experience.

“The mere fact of the prisoner’s going into the park, and raising his hand against the Queen, is not to be taken as a proof of insanity—particularly if we suppose that he is naturally reckless of consequences. It is a mark, doubtless, of a mind devoid of right judgment and of right feeling; but it would be a most dangerous maxim, that the mere enormity of a crime should secure the prisoner’s acquittal, by being taken to establish his *insanity*. Acts of wanton and dangerous mischief are often committed by persons who *suppose* that they have an adequate motive; but they are sometimes done by those who have *no* adequate motive, and on whom they can confer no advantage. A man may be charged with slaying his father, his child or his innocent wife, to whom he is bound to afford protection and kindness; and it is most extravagant to say that this man can not be found guilty, because of the enormity of his crime!”

The jury retired, and after three quarters of an hour, returned with the following

VERDICT.—“We find the prisoner, Edward Oxford, guilty of discharging the contents of two pistols; but whether or not they were loaded with ball has not been satisfactorily proved to us—he being of unsound mind at the time. In other words, we find that he did not fire a pistol loaded with ball, because he was not of sound mind!” The judge hinted that they had not studied the language they had used, and sent them back to apply their minds to the true question.—viz.: “Did the prisoner, ay or no, fire a pistol *loaded with ball* at the Queen?”

*The Foreman.*—“We can not decide the point, because there is no satisfactory evidence produced before us to show that the pistols were loaded with bullets.” They retired to return with a verdict of “guilty” or “not guilty, on the evidence.” After an hour’s absence they finally brought back their verdict, “Guilty, he being at the time insane!”

*Lord Denman.*—“Do you acquit the prisoner on the ground of insanity?”

*Foreman of the Jury.*—“Yes, my Lord, that is our intention.”

*Lord Denman.*—“Then the verdict will stand thus: ‘Not guilty, on ground of insanity.’ The prisoner will be confined in strict custody, as a matter of course.”

The prisoner walked briskly from the bar, apparently glad that the tedious trial was over. (*Townsend*, Vol. I., p. 150.)

On this case the following criticism has been given: (*Blackwood’s Mag.*, Nov., 1850. p. 560.)

1. The evidence is not positive, but it is almost certain that the pistols were loaded with balls. If there *was* doubt, the jury ought to have *acquitted* the prisoner without reference to the state of his mind.

2. The verdict was the result of a compromise between the various minds about *how high the* punishment should be fixed; and also between the conflicting motives pleading in each individual mind, in favor of justice and humanity, at the same time. It was too painful to find him guilty of high treason, and too dangerous to turn an agent of so much probable evil loose upon society.

Acquitted of the charge of *high treason*, Oxford was in the same breath convicted of *insanity*. He was therefore consigned to Bedlam, where he was visited by the Reviewer ten years afterwards. He was then about thirty years of age. He thought he had been terribly punished for "his foolish act." When asked what made him shoot at the Queen, he said: "Oh, I was a fool; it was just to get myself talked about, and kick up a dust. *A good horse-whipping was what I wanted.*" The words were spoken with a sigh. "Should you have done it if you had thought of coming *here*?" "No indeed, I should not; it has been a severe punishment! I dare say public opinion says nothing about me now."

4. *Case of Daniel M'Naughten.*—Mr. Drummond, private secretary of Sir Robert Peel, then Prime Minister, was returning alone to his residence in Downing-street, London, on Friday afternoon, January 20th, 1843. A man named Daniel M'Naughten came close behind him and carefully taking a pistol from his breast he deliberately shot Mr. Drummond in the back, who immediately staggered away. Quickly the assassin as carefully took another pistol from his right breast with his left hand; cocking the pistol he took it in his right hand, but was tripped up by a police officer, and a desperate struggle on the ground ensued, during which the pistol went off without injuring any one. M'Naughten was taken to the station-house. Mr. Drummond died on the 25th of January, after great suffering.

It seemed that the assassin supposed he had killed Sir Robert Peel, whom Mr. Drummond was thought to resemble. He appeared calm; gave correct accounts of his recent travelling movements. He was considered sane, temperate; sometimes reserved: frugal; punctual in payments.

During the previous fortnight he had been observed loitering near Sir Robert Peel's official residence; and when shown his house in Whitehall he had been heard to say "D—n him," &c. His other remarks were perfectly rational. When he was arrested he was heard to say: "*He (or she) shall not break my peace of mind any longer.*" Letters were found dated in May and July, preceding the murder which indicated great caution, shrewdness and thrift on part of the writer. When

arrested he was found in possession of a banker's receipt for £745, two £5 notes, and four sovereigns; and ten percussion caps and bullets suiting the pistols were found at the lodgings. The pistols were purchased in July. Later, he answered a business advertisement in the following well-studied language:

GLASGOW, 19th July, 1842.

“Sir: My attention has been attracted to your advertisement in the Spectator Newspaper, and as I am unemployed at present, and very anxious to obtain some, I have been induced to write, requesting you to state some particulars regarding the nature of the business in which you are engaged. If immediate employment can be given or otherwise, what sort of security will be given for the money, and how much interest? I may mention that I have been engaged in business on my own account for a few years, am under thirty years of age, and of very active and sober habits.

“The capital which I possess has been acquired by the most vigilant industry, but unfortunately, does not amount to the exact sum (£1000) specified in your advertisement. If nothing less will do, I will be sorry for it, but can not help it; if otherwise, have the goodness to write to me at your earliest convenience, and address D. M., No. 90 Clyde-street, Anderson's front land, top flat.” (*Townsend*, Vol. I. p. 338.)

M' Naughten went to London during the same month; appears to have gone for about a fortnight to France, returning to Glasgow; went a second time to London in September, and resided there till the day in which he shot Mr. Drummond. His landlady, who accurately described his habits, stated that “she never thought him unsettled in his mind:” and on the morning of the fatal day, “did not observe any thing about his manner.” Such evidence as this reached back to the years 1840, '41, when he attended lectures on Anatomy in Glasgow. Those who knew him there never saw any thing to lead them to suspect “disordered mind” or that he was not “in his right senses.”

When arraigned at Bow-street on the charge of killing Mr. Drummond, M'Naughten made and signed the following statement:

“The tories in my native city have compelled me to do

this. They follow and persecute me wherever I go, and have entirely destroyed my peace of mind. They followed me into France, into Scotland, and all over England: in fact they follow me wherever I go. I can get no rest for them night or day. I can not sleep at night in consequence of the course they pursue towards me. I believe they have driven me into a consumption. I am sure I shall never be the man I formerly was. I used to have good health and strength, but I have not now. They have accused me of crimes of which I am not guilty; they do every thing in their power to harass and persecute me; in fact, they wish to murder me. It can be proved by evidence. That's all I have to say." (*Townsend*, Vol. I. p. 345.

On Feb. 3, two weeks after the murder, M'Naughten was arraigned at the Old Bailey. When called to plead guilty or not guilty he remained silent, with his eyes fixed on the bench. When authoritatively required to answer, he hesitated but said: "I was driven to desperation by persecution." On being told that he must answer "guilty" or "not guilty," he replied that he was guilty of *firing*. Lord Abinger said: "By that do you mean to say that you are not guilty of the remainder of the charge—that is of *intending to murder Mr. Drummond?*" The prisoner at once said, "yes," and a plea of not guilty was ordered to be recorded. The plea of insanity was immediately set up by his counsel, and an effort made to postpone the trial for time to collect evidence. Sir Frederick Pollock, the Attorney-general, at once assented, and funds set apart from the money found upon his person for his defence.

Friday, March 3d, the trial proceeded before Chief Justice Tindal, Mr. Justice Williams and Mr. Justice Coleridge. The prosecution was conducted by Sir William Follett, Solicitor-general. The prisoner was defended by Mr. Cockburn, Q. C. In the course of his opening speech, Sir William Follett, said:

"If you believe that the prisoner at the bar at the time he committed this act, was not a responsible agent—that when he fired the pistol, he was incapable of distinguishing between right and wrong—that he was under the influence and control of some disease of the mind which prevented him from being conscious that he was committing a crime—that he was violat-

ing the law both of God and man—then undoubtedly, he is entitled to your acquittal. But it is my duty to tell you that nothing short of *that* will excuse him, upon the principles of the English law. To excuse him, it will not be sufficient that he labored under partial insanity upon some subjects—that he had a morbid delusion of mind upon some subjects, which could not exist in a wholly sane person; that is not enough *if* he had that degree of intellect which enabled him to know and distinguish between right and wrong—if he knew what would be the effects of his crime, and consciously committed it; and if, with that consciousness, he *wilfully* committed it.

The question of the prisoner's guilt was indoubted. The facts of the assassination were indisputable. Defence could only be set up on the ground of *insanity*.

Mr. Cockburn addressed the jury at very great length, and with great eloquence and ability. His effort was directed to convincing the jury "that the prisoner was laboring at the time of committing the act under a *morbid* insanity,(?) which took away from him all power of self-control, so that he was not responsible for his acts. I do not put this case forward as one of total insanity; it is a case of delusion, and I say so from sources upon which the light of science has thrown her holy beam."

He then dwelt at length upon the theory of *moral insanity*, and enforced and illustrated it by many striking observations which could not fail to make a strong impression on the minds of the jury. Ten witnesses were called from Glasgow by whom it was proposed to prove that the prisoner had labored for about eighteen months under the persuasion that he was the victim of some such incessant, indefinite, mysterious persecution as he spoke of in his statement before the magistrate. Up to the time that he left Glasgow such a delusion seems to be admitted. In London nothing of the kind had been seen. In July, 1842, he had been heard to speak well of Mr. Peel, after hearing him speak in the House of Commons,—thought he surpassed Lord John Russel and Mr. O'Connell, and that Mr. Peel had fulfilled Byron's anticipation of him, "that he would be something great in the state." Was not heard to speak disrespectfully of Sir Robert at any other time.

Some thought he had some eccentricities as early as 1835. One landlord did not like his "infidel doctrines and the books of such character as he was in the habit of reading." Near the end of 1842 he had "notions as to being persecuted." A witness told him "there were no such people as he supposed." He said that "if he could get eyes his upon them they should not be long in the land of the living," and shortly afterwards became very much excited. Sometimes he said he was "haunted by a parcel of devils following him." A landlady asked what he was going to do with some pistols he showed. He said "he was going to shoot birds with them." He told the commission of police that the persecution proceeded from the priests of the Catholic Chapel in Clyde-street, who were assisted by a parcel of Jesuits. In August, 1842, he told a witness, that "the police, the Jesuits, the Catholic Priests and Tories were all leagued against him.

Nine physicians were called to explain the above elicited facts in favor of the defence. And, says Mr. Townsend, "had the workings of the troubled brain been as distinctly visible to the eye, as the labors of bees seen through a glass hive, they could not have held the fact to be more demonstratively proved. Positively beyond the possibility of mistake and infallible as theologians, they explained all that might appear without the aid of science inexplicable; and proved, as if they were stating undoubted facts, an irresponsible delusion. One physician testified that "as a matter of certainty, M'Naughten was not responsible for his acts." Mr. Townsend adds:

"By an excess of lenity, the counsel for the prosecution allowed these scientific witnesses to depart from the ordinary rules of evidence, *to give their own conclusions from the facts proved, and usurp the province of the jury.*" (*Townsend*, I., p. 398.) "Each physician and surgeon, as he stepped into the witness-box, seemed anxious to surpass his predecessor in the tone of decision and certainty; each tried to 'shoot still farther than his predecessor into empty space.' A distinguished physician in Pate's case had asserted 'his conviction that he could ascertain the nicest shade of insanity! that the shadowy trace of eccentricity, dissolving into madness, could be palpably distinguished!' He was therefore positive that the



murder had been committed by the prisoner (*Townsend*, I., p. 396.) while afflicted by a delusion, under which he appears to have been laboring for a considerable length of time!!!"

After nine medical witnesses had spoken "with a wonderful degree of unanimity," the court surrendered at discretion.

Chief Justice Tindal here interposed to ask Sir Wm. Follett if he was prepared to combat such an array of medical witnesses,—“Because, if you are not,” said the Chief Justice, “we are under the necessity of stopping the case.”

There was no further medical evidence.

*Chief Justice.*—“We feel the evidence, especially that of the last two medical gentlemen, and who are strangers to both sides, and only observers of the case, to be very strong and sufficient to induce my learned brothers and myself to stop the case.” The Solicitor General had now such a hint as induced him to abandon the prosecution. He did not even call the two physicians who had been selected by the government to examine the prisoner, though they sat beside him in the court. “By that time,” says the Reviewer, “he had probably seen enough to make him distrust medical evidence altogether, come from whom it might!” (*Townsend*, I., p. 378.)

The Chief Justice thus addressed the jury. He did not think it necessary to go over the evidence. “If in balancing the evidence in your minds, you think that the prisoner was, at the time of committing the act, capable of distinguishing between right and wrong, then he was a responsible agent, and liable to all the penalties which the law enforces. If not so—and if in your judgment the subject should appear involved in very great difficulty—then you will probably not take upon yourselves to find the prisoner guilty. If that is your opinion, then you will acquit the prisoner. If you think you ought to hear the evidence more fully, in that case I will state it to you, and leave the case in your hands. Probably, however, sufficient has now been laid before you, and you will say whether you want any further information.”

*Foreman of the Jury.*—“We require no more, my Lord.”

*Chief Justice Tindal.*—“If you find the prisoner not guilty, say on the ground of insanity; in which case proper care will be taken of him.”

*Foreman.*—"We find the prisoner not guilty, on the ground of insanity."

The correctness of this verdict was much disputed. "But," as was remarked by Mr. Townsend, (Vol. I., p. 325,) "it is far more just and merciful to take care alike of the accused and of society, by confining in secure custody the doubtfully conscious shedder of blood, than to incur the fearful hazard of putting to death an irresponsible agent." The five law Lords, then in parliament unanimously believed M'Naughten responsible and guilty also, and expressed the opinion that the case should have been permitted to reach its legitimate termination. The Lords were:—The Lord Chancellor, Lord Brougham, Lord Cottenham, Lord Denman and Lord Campbell.

On this case Dr. Taylor, in his *Medical Jurisprudence*, (p. 799,) thus remarked:

"When we find a man lurking for many days together in a particular locality, having about him loaded weapons—watching a particular individual who frequents that locality—a man who does not face the individual and shoot him, but who coolly waits until he has an opportunity of discharging the weapon, unobserved by his victim or others,—the circumstances appear to show such a perfect adaptation of means to ends, and such a power of controlling his actions, that one is quite at a loss to understand why a plea of irresponsibility should be admitted, except upon the fallacious ground that no motive could be discovered for the act—a ground, however, which was not allowed to prevail in the case of Courvoisier, Francis, and the perpetrators of other atrocious crimes." M'Naughten was sensible of his danger and awake to his own interest. Immediately after committing the act, he thinks at one moment that he may have admitted too much:—He says to the officer, "*But you won't use this against me?*"

. . . . "But above all is to be noted the time when he first gives utterance to any thing directly and cogently favoring the notion on which his life depended—his insane delusion with regard to Sir Robert Peel—viz., after he had been for some time incarcerated in Newgate, and when he knew that he was being examined by a physician, in order to ascertain what had been his state of mind at the time in question, he said: 'Mr. Salmond, the Procurator Fiscal, Mr. Sheriff Bell,

Mr. Sheriff Alison, and *Sir Robert Peel*, might have put a stop to this system of persecution if they would! 'We were afraid of going out after dark, for fear of assassination: that individuals were made to appear before him like them he had seen in Glasgow!'

. . . . "That he *imagined the person at whom he fired at Charing Cross* to be one of the crew—a part of the system that was destroying his health. He observed that, *when he saw the person at Charing Cross at whom he fired*, every feeling of the suffering, which he had endured for months and years, rose up at once in his mind, and that he conceived that he should obtain peace by killing him!" (*Dr. Munro, Townsend*, Vol. I., p. 395.)

There appears acuteness, intelligent skill in leading a medical witness, which might bring the prisoner at least under the canon of the judges, in answer to the question of Lord Denman in Oxford's case, (see page 572,) "that notwithstanding the party did the act with a view, under insane delusions, of *redressing or revenging some supposed grievance or injury*, he is nevertheless punishable, if he knew at the time that he was acting contrary to the law of the land." (See p. 571, case of Oxford.)

M'Naughten was consigned to Bethlehem Hospital, where, after seven years' detention, his appearance was described by a visitor. (*Blackwood's Mag.*, Nov., 1850, p. 570.) "He appeared about forty years old; in perfect health; features regular, their expression mild and prepossessing. His countenance seemed certainly to exhibit a feeble intellect, shown chiefly by a faint flickering smile, even when he was speaking on the gravest subjects." He had tried to starve himself two or three years before, and had been supported by food given through the stomach pump. He complained of being "very uncomfortable," "very ill used here," "I wish I could get away from this place," &c. Whatever, therefore, may have been M'Naughten's state of mind when his crime was committed, the reporter had now "little doubt that he is in an imbecile condition."

M'Naughten, who had shot his unsuspecting victim in the back, was tried and acquitted on the ground of insanity. Mr. Townsend says, this acquittal "had not been anticipated" by the public: there was a deep feeling that there must be some

unaccountable defect in the criminal law. In parliament an Irish baronet, Sir Valentine Blake, moved for leave to bring in a bill to abolish the plea of insanity in cases of murder, except in cases in which the person accused was publicly known and reputed to be a maniac. This motion was not seconded; the subject was discussed in the House of Lords. Lord Campbell said:

“There may be great difficulty in convicting persons who are not in a state of mind to be responsible for their actions; but it is monstrous to think that society should be exposed to the dreadful dangers to which it is at present liable, from persons in that state of mind going at large.” (*Townsend*, Vol. I., p. 46.) On motion of Lord Chancellor Lyndhurst the judges were called upon to declare the true state of the law on this subject. Five questions were carefully drawn up and submitted. They are as follows:

QUESTION I.—*What is the law* respecting alleged crimes committed by persons afflicted with insane delusion, in respect to one or more particular subjects or persons:—as for instance, where, at the time of the commission of the alleged crime, the accused knew he was acting contrary to law, but did the act complained of, with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit?

*Answer.*—“Assuming that your Lordship’s inquiries are confined to those persons who labor under such partial delusions only, and are not in other respects insane, we are of the opinion, that notwithstanding the party did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit, he is, nevertheless, punishable according to the nature of the crime committed, if he knew, at the time of committing such crime, that he was acting contrary to law; by which expression we understand your Lordship to mean the law of the land.”

QUESTION II. AND III.—1. “What are the proper questions to be submitted to the jury, when a person alleged to be afflicted with insane delusion respecting one or more particular subjects or persons, is charged with the commission of crime, murder for example, and insanity set up as a defence?”

2. "In what terms ought the question to be left to the jury, as to the prisoner's state of mind, at the time when the act was committed?"

*Answer.*—"The jury ought to be told in all cases, that *every man* is *presumed* to be sane, and to possess a sufficient degree of reason to be responsible for his crimes, until the contrary be proved to their satisfaction; and that to establish a defence on the ground of insanity, it must be clearly proved, that at the time of the committing of the act, the party accused was laboring under such a defect of reason from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong. The mode of putting the latter part of the question to the jury, on these occasions, has generally been, whether the accused, at the time of doing the act, knew the difference between right and wrong—which mode, though rarely if ever leading to any mistake with the jury, is not, as we conceive, so accurate when put generally and in the abstract, as when put to the party's knowledge of right and wrong, with respect to the very act with which he is charged. If the question were to be put as to the knowledge of the accused, solely and exclusively with reference to the law of the land, it might tend to confound the jury, by inducing them to believe that an actual knowledge of the law of the land was essential in order to lead to a conviction, whereas the law is administered upon the principle that every one must be taken conclusively to know it, without proof that he does know it. If the accused was conscious that the act was one which he ought not to do, and if that act was at the same time contrary to the law of the land, he is punishable; and the usual course therefore has been to leave the question to the jury—whether the party accused had a sufficient degree of reason to know that he was doing an act that was wrong; and this course we think is correct, accompanied with such observations and explanations as the circumstances of each particular case may require."

QUESTION IV.—"If a person, under an insane delusion as to the existing facts, commits an offence in consequence thereof, is he thereby excused?"

*Answer.*—"The answer must of course depend on the na-

ture of the delusion; but making the same assumption as we did before—that he labors under such partial delusion only, and is not in other respects insane—we think he must be considered in the same situation, as to responsibility, as if the facts with respect to which the delusion exists were real. For example:—if, under the influence of his delusion, he supposes another man to be in the act of attempting to take away his life, and he kills that man, as he supposes, in self-defence, he would be exempt from punishment. If his delusion were that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment.”

QUESTION V.—“Can a medical man, conversant with the disease of insanity, who never saw the prisoner previous to the trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner’s mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law, or whether he was laboring under any, and what delusion at the time?”

Answer.—“We think the medical man, under the circumstances supposed, can not in strictness be asked his opinion in the terms above stated; because each of those questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide; and the questions are not mere questions upon a matter of science, in which case such evidence is admissible. But where the facts are admitted, or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted on as a matter of right.”

This authoritative enunciation of the law by its legitimate exponents, was supposed to supersede any further legislation. But medical jurists were not quite satisfied with it. Mr. Taylor, (*Medical Jurisprudence*, 3d Edit., p. 794.—one of the best books on Medical Jurisprudence.) says: “The law here appears to look for a consciousness of right and wrong, and a knowledge of the consequences of the act. The legal test is insufficient for the purpose intended: it cannot, in a large ma-

majority of cases, enable us to distinguish the insane homicide from the sane criminal . . . . A full consciousness of the illegality or wrongfulness of the act may exist in a man's mind, and yet he may be fairly acquitted on the ground of insanity. . . . There *are* no certain medical rules whereby homicidal mania may be detected. Each case must be determined by the circumstances attending it; but the true test for irresponsibility in these ambiguous cases appears to be, whether the individual, at the time of committing the act, had, or had not, a *sufficient power of control* to govern his actions. If, from circumstances, it can be inferred that he had this power, he should be made responsible, and rendered liable to punishment. If, however, he was led to the perpetration of the act by an *uncontrollable* impulse, whether accompanied by deliberation or not, then he is entitled to an acquittal as an irresponsible agent." (*Taylor*, p. 798.)

(TO BE CONTINUED.)

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ARTICLE LVI. — *Electricity Homœopathic to Intermittent Fever.*  
By GEORGE N. TIBBLES, M.D., Hudson City, N. J.

INTERMITTENT fever, is said, by most authors, to have its cause wholly in a miasmatic poison. I think this a partial misnomer and will endeavor to give satisfactory reasons for this opinion.

The mysterious emanation arising from low marshy grounds, and infecting the air, soil, and water—a pestilential something usually spoken of as malaria has for many years been sought for; but as yet no chemist has separated this germ of evil from the marshes in which it is thought to be engendered. Continual trials have failed to render it tangible; and as yet there has been no analysis of it.

Its sway is dreaded alike in the lowest valleys, and on the highest hills.

I have reached the conclusion that, described as malarial, the exciting causes of diseases are not *bad air*, but that they are the result of disturbed electricity; and that the marsh miasm gas, or effluvia of vegetables and decomposing animal matters

are not as commonly supposed, the specific causes of agues, or similar affections.

But, I consider that electric changes cause febrile diseases; and the noxious emanations are disturbed electro-galvanic currents, sometimes positive and sometimes negative, causing a want of equilibrium in human bodies; and these agencies are excited or set free from soils of marshes, by the effect of evaporation, and chemical action, by deposits of putrid waters among minerals, ores, and metals, in wet lands during rainy seasons after long continual absorption of solar heat by the earth.

In as many ways as those by which galvanism is produced in the earth, or air, the cause of this disease has the power to influence and disturb the natural electricity of human bodies, particularly when in contact with the ground.

This oft-repeated disturbance alters the condition and function of human organs, and is capable of exciting or depressing the vital functions of the body by acting chemically on the circulating fluids.

While the relations of electrical influence to the laws of life are universally admitted, the very existence of marsh miasms may be denied; their nature not being known, neither is their physical nor chemical properties; and even their presence is only known through their effects on the human constitution.

No other test of their existence has as yet been discovered.

Were miasms of ponds and swamps the exciting cause of ague, this pestilence wafted on the winds, would be just as variable in its effects as the wind itself.

We should then have every possible shade of suffering; but no parallel epidemics or endemics.

Every variety of inhaled poisoning would prevail at the same time and place.

But on the contrary intermittents and all other diseases induced by similar causes, are similar in character, and no two of them prevail in the same place at the same time.

Definite causes produce definite effects.

By no hypothesis deduced from the theory of miasm, can the known fact be accounted for, that places and localities can be pointed out, where malarious influence is insulated and limited to one range of a street or even to one habitation.



Malaria tossed about in the air will not account for one portion of a valley being affected, and not the other, nor will it explain why some dry and beautiful hills are unhealthy, while the marshes below are not.

It is well known that numerous small spots of land, circumscribed by a distinct boundary, have been noxious for ages.

It is also known that in various situations physicians cannot readily cure or relieve certain nervous or rheumatic complaints, owing to causes which are undoubtedly electrical.

This renders absolutely necessary the removal from such localities of sensitive patients, to whom a change of air is simply a change of habitual electricity.

While the nature, and even the very existence of marsh miasm is without a reasonable demonstration or explanation, the connections of electricity with all the agencies of nature are unbounded and undenied.

In its various forms of currents it contorts the muscles of lifeless animals; and it flies in its condensed form instantaneously through the circuit of many persons, producing a manifest shock in them all.

We observe that the amount of electricity required to charge different persons varies much in quantity; their capacity for electricity and their conducting power vary considerably: therefore, it is not strange that endless diversity prevails in the ailments and sensations of persons who are sensibly affected by what they call the state of the weather, the change of the winds, &c., &c.

These enemies are supposed to be the actual perpetrators of all their injuries, which of themselves they have not the power to inflict.

They are only vehicles of the disturber and conduct it.

They convey the disturbing agent galvanism, which speedily probes the bones, muscles, joints, and inmost organs of invalids, deranging the nervous function and effecting the animal spirits.

Electricity can produce thousands of distinct effects.

It is light, heat, galvanism, magnetism and chemical action, or it is convertible into them.

It encircles all particles of matter, and preserves it by its power of attraction and repulsion.

A definite proportion of electricity belongs to every thing; and, as a natural quantity is essential to health, so any excess, deficiency, or derangement, will cause derangement in living beings: therefore the natural equilibrium cannot be broken or disturbed without equal disturbance in all the functions influenced by definite electrical agencies.

Observation gives reason to believe, that there is a definite amount, either plus or minus, that is capable of producing certain diseases, in certain persons, in such localities as have their natural quantity of electricity reduced or disturbed to a specific degree, calculated to induce specific disorder.

The effects will be proportionate to the cause.

This regulation of balance is broken on many occasions long before the break of health sets in.

In some constitutions it occurs several months later than in others, as we are taught by experience.

Some people are scarcely liable to galvanic shocks, some are slightly so, and others are often slowly affected, or only after long intervals; and others escape altogether. I cannot believe that such differences would result were marsh miasm or poisons *inhaled* the exciting cause.

Such active poison, if in existence, and capable of destroying strong men in a few hours, would bring every human being in their reach under their destructive sway, without exception.

As free electricity prevails in the air, and most places, you may ask why epidemics do not prevail at all times?

I answer: because the integuments even of delicate human beings are not susceptible of ordinary or slight electric passes; but were the cause, as said to be, miasms, extracted from marshes by the heat of the sun, their violence on the contrary, would assail *all persons*.

To produce certain stages of epidemics galvanic disturbance must be in operation.

But it is seldom that such states of derangements traverse the atmosphere or globe: consequently we do not have such effects at all times, although electricity at rest or in motion, may be disturbed to a certain extent in every situation.

To cause specific disease, similar in all respects, some specific agent must be capable of producing peculiar symptoms of disturbing action.

So much appears to be necessary to be said, in regard to the cause of intermittent fever; and as space is limited one of the proper homœopathic remedies will be briefly considered.

In the treatment we must consider the cause, to be able to choose a remedy that will give us success. Therefore, if this be caused as I have concluded, there can be no remedy more indicated than electricity.

I suggest the use of that agent, to a greater extent than is now in vogue: as nothing can be more clear in the pathogenesis than that it is applicable in that disease.

From the pathogenesis of electricity I select the following symptoms as indicative of the propriety of its use:

Pains in the limbs; numbness in the tips of the fingers and toes; yawning, with shuddering over the body; alternations of chills and heat; chilliness with profuse sweat, with pains in the head and back; heat through the whole body, with chilliness on motion; intermittent pulse; dullness of the head; nausea; vomiting; sense of repletion in the stomach after a slight meal; creeping in the spine.

Under the head of galvanism we have recorded the following symptoms:

Slight shaking, as in fever and ague; drowsiness; alternation of heat; and chilliness with giddiness; headache, and difficult breathing; burning flashes of heat; full and strong pulse; sour exhalations; sighing and dullness of the mind; vertigo, with flashes before the eyes; with deafness; and with alternate heat and chilliness; roaring in the ears; vomiting; oppression in the chest; nausea; red urine; numbness and coldness in the extremities.

The general symptoms of magnetism, and especially the symptoms of the positive pole, although they clearly indicate the propriety of its use in treating the disease under consideration, may be passed, so as to admit of more space for the pathogenetic symptoms of the negative pole, which in this disease is the one always to be preferred in making the application.

The symptoms of the negative pole are: pain in the limbs; bruised pain in all the limbs; stinging, burning pains in all the limbs and joints; stiffness and cracking in the joints; lazy-

ness and heaviness of the whole body; with anxiety; frequent yawning; sensations like those preceding fever and ague; shaking chilliness; feeling of coldness over the body without being cold; internal coldness; violent headache, accompanied with heat and chilliness; general sweat; great aversion to open air; despondency; heaviness of the head; crawling tensive pain over the brain; contractive headache between the eyebrows; sensation as if cold air was blowing on the body; roaring and singing in the ears; indifference to food; canine hunger; nausea; vomiting; feeling of repletion in the abdomen; oppression of breathing; aching and burning pain in the small of the back during rest and motion.

It seems strange, that this great agent for equalizing power of the nervous system, is so much overlooked by physicians.

The diseases that it is capable of curing or relieving are very numerous, and its power as a curative agent is but yet partially known: therefore, let the homœopathic physician avail himself of every thing that will give him success, knowing as he does, that a great power and prejudice are before him, to contend against, and beat him back in his endeavors to practice the true principles of medicine.

The old doctrines and prejudices that were taught and practiced a thousand years ago are yet in vogue; and the homœopathic physician should be armed with every thing that may be successfully brought to bear when difficult cases present themselves.

ARTICLE LVII.—*Homœopathic Treatment of Surgical Cases.*

By GEO. B. PALMER, M.D. Read before the Madison Co. Hom. Society, June 26th, 1867.

THE surgical experience of a country physician is usually comparatively limited; and in reporting upon the homœopathic treatment of surgical cases, I shall briefly describe two or three, which have come under my care within the last few months, and give the treatment adopted in each.

*Case 1.* Mr. C., aged forty-six, good habits and strong; while assisting to raise a heavy rock, and standing directly over a

lever, which suddenly flew up, was struck by the end of said lever just under the chin, causing a wound two and a half inches long, and one inch deep, across and under the chin. There was also a fracture of the inferior maxillary, one inch to the right of the symphysis; two teeth knocked out. There being considerable hæmorrhage from the nostrils, further examination was made, which showed a fracture extending transversely across the roof of the mouth, and also that the nasal processes of the superior maxillary, were more or less injured, though not displaced.

*Treatment*:—The wound was cleansed and closed with adhesive straps; the fracture of the roof of the mouth adjusted as well as could be; the chin and lower jaw adjusted and held in place by a simple splint of card-board and bandage. Dilute tinct. of Arnica was applied to the surface; compresses wet with the same ordered to be laid on the face, &c.

At the end of ten days, union seemed to have taken place in the lower jaw, but the roof of the mouth was still movable, motion being perceived while swallowing.

At the time of the accident, the patient was wearing an upper plate of artificial teeth, which of course were demolished, but fortunately he had another plate just completed. These were introduced and found to fit well, retaining the roof of the mouth in its proper place and firmly, so that in two weeks more union seemed to be perfect. No internal remedies were used. The inflammatory action was slight. The patient was not even kept in the house.

*Case 2.* In October last, Mr. B., aged thirty, fell from a scaffolding about eight feet high, injuring his left ankle severely. When I saw it two hours afterwards, I found the following appearances: The foot was in nearly a natural position; but on the outside was seen the lower end of the fibula protruding through the integuments, which were lacerated about one and a half inches above; the bone being pushed through and lapping over upon the skin. I was told that after the fall, Mr. B. found his foot turned inward at a right angle with the leg; he attempted to rise, but he could not; that he took hold of his foot and turned *it back*, which accounted for the appearance above. There was also a fracture of the fibula about three inches above.

The flap of integument was firmly held in the joint, nor could I remove it, as it was. Sir Astley Cooper recommends in this case that an incision be made to release this flap; but in this case I adopted the following plan: Having the limb held in a semi-flexed position, I grasped the foot, and carrying it again inward, produced the dislocation again, and released the flap of skin which I held by my finger, while the foot was brought back to its proper position. The wound was drawn nearly together with two narrow strips of adhesive plaster, so placed as to give room for the discharge which must take place. Bandages above and below the wound, and the limb placed on Day's inclined plane. Dilute tinct. of Calendula was applied over the wound by compresses; Aconite and Rhus-tox. internally.

The ligaments being ruptured, there was of course an escape of the synovial fluid, and danger of serous inflammation.

The patient was put on light diet and kept quiet. Suppuration began on the third day and was very free. The swelling was not as extensive as I had feared.

After suppuration was established, Arsen., Belladonna and Calc.-carb. were administered. After about four weeks the patient was able to sit in a chair, although the wound was not healed till ten weeks had passed. Before this time, however, slight passive motion was commenced and continued, gradually increasing, so that now he is able to walk without a cane; has considerable motion of the joint, with but slight deformity, only a little enlargement. At this time he is still improving and satisfied with his condition.

EAST HAMILTON, *June 25th*, 1867.

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ARTICLE LVIII.—*Treatment of Fistula in Ano.* By H. F.

ADAMS. Read before the Hom. Med. Soc. of Madison Co., June 25th, 1867.

I am well aware, that the treatment and cure of this terrible infirmity otherwise than by surgical means, has always been considered an utter impossibility by medical men of all classes; and our text books on surgery all contain minute directions for the performance of the operation, for the eradication of the

fistula. Having in the course of a somewhat extended practice, met with several cases of this disease, for most of which operations were performed, from which the patients were a long time in recovering, and one (at least) of which resulted fatally to the patient, though not under my treatment at the time, I determined to attempt the cure of the next case that presented itself to my attention; and following out this resolution I have come to consider this disease as manageable as any of the numerous other difficulties which the old school consider can only be treated by the knife and often at the greatest risk of the patient's life; and now I propose briefly to detail the treatment of one of these cases. About April 10th, I was called on by Mr. B — of our village, who requested me to visit his wife, who he said was all run down and used up. Accordingly I visited the lady, who said she was suffering from piles, and complained of great itching and burning, and much tumefaction of the anus and rectum; there was no constipation of the bowels; so I prescribed *Collinsonia* ʒ, a powder every three hours; and called the next day, when I found my patient entirely relieved of the symptoms complained of the day before; but she informed me there was another difficulty which she had not told me of the day before, which was really the most serious difficulty that she suffered from: she said there was a bunch just above the anus, which whenever she exerted herself much was sure to gather and break. Suspecting the presence of fistula, I persuaded her to submit to an examination, when I found my suspicions true, and so informed her; she told me she knew that such was the case, as several physicians had previously examined her, and all of them concurred in assuring her that nothing but a surgical operation would remedy the difficulty. I assured her that the case was susceptible of cure without any resort to surgery, and proposed to undertake the case at once, to which she assented. I found the concomitant symptoms present as follows; viz.: great soreness and pain throughout the entire back, from the sacrum to the shoulders: this whenever the patient performed any labor was greatly increased; the fistula would close up, and inflammation and suppuration follow. There was also present an acrid leucorrhœal discharge, which was very pros-

trating in its effects; after careful consideration of the symptoms, I prescribed *Berberis* 30m every three hours, which was continued regularly for one week: when I again saw the patient, who, although she had been engaged in moving and house cleaning, reported herself much better; continued same treatment another week, when the patient thought herself so well as to require no more medicine. Discontinued the treatment for a few days, when the patient came to my office and desired more medicine, symptoms of a return of the disease showing themselves; gave her a few powders of the same remedy (*Berb.* 30m) requesting the patient to report if any worse. In a few days, patient reported herself entirely well, there being no sign whatever to be seen of the old trouble; the leucorrhœa is entirely gone, and the patient continues well to this writing.

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ARTICLE LIX.—*Petroleum in Burns.* By G. J. JONES M.D.,  
Holland Patent, N.-Y.

APRIL 8th, 1867, I was called to see the son of our landlord, said to have been burned quite badly. I found him suffering terribly from the pain; his face presented a frightful appearance. His hands, too, were badly burned. As he had been exposed to the air for nearly half an hour, his face was partially covered with blisters. The hair on the fore-part of the head was singed terribly, and his eye-lashes were completely gone.

It seemed he was pouring powder out of a can, which he held in his right hand, when the whole of the powder ignited, exploding the can.

I inquired if there was any crude petroleum in the village.

There was some soon brought, with which I covered his face and hands. Over this, on his hands, I tied loosely some raw cotton.

In fifteen minutes the pain had ceased, and the next morning he felt well. I gave him from the first, *Acon.* and *Canth.* 3. in alternation every two hours.

In two months a person would hardly know he had ever been burned.

This is only one of many cases of like character in which I have used petroleum with good success.



ARTICLE LX.—*Nitrate of Uranium in Diabetes.* By B. F. CORNELL, M.D.

IN May, 1865, Mrs. — was brought to my house; she was lifted from the carriage and supported in, when she was compelled to rest for some time before I entered upon an examination of her case. She was entirely colorless, not the slightest appearance of blood in her lips, tongue, ears or on the entire surface of the body or extremities; her eyes were sunken; her cheek-bones prominent; her body emaciated; acidity of the stomach: costiveness and hæmorrhoids; palpitation of the heart, inordinate thirst; roaring in the ears, with fainting turns. My first impression was that some great drain from the system caused this train of symptoms. Consequently I inquired, have you any hæmorrhage from the lungs, uterus, bowels or nose? the answer was in the negative. Catamenia excessive or too frequent; still the answer, no. How long has this state of the system existed? commenced to decline about five years ago and gradually increased to the present time. Had been under various forms of treatment by five different physicians in Boston, and several in other places. Had been treated for all the ills of diseased humanity.

I then commenced a more critical examination, in which the lungs, the heart, the uterus, stomach and bowels were investigated, and still no response. I then examined the spine, and in tracing it down I found tenderness near and extending to the kidneys; this led to the question, how much urine is voided in the twenty-four hours? the reply was, from eight to ten quarts, had never tasted it, and as there were several persons present there was no opportunity to do so at that time. This increase of urine had been so gradual and so long continued that she had not supposed it to be the cause of other symptoms. I had just received some Nitrate of Uranium from a friend, and decided to try it in this case. I had no proving of the remedy and consequently its use was entirely empirical. I gave her 3 grain doses of the 3d dec. trituration three times a day and requested her to report in two weeks. At the expiration of that time she returned, jumped out of the carriage with but slight assistance, came tripping into the house, her

lips and cheeks were red, her eyes sparkling, and the greatest change I ever saw in so short a time. She replied to my inquiry of how she was, that she was well; the urine was reduced to two quarts a day, thirst, palpitation, acidity and costiveness all relieved. I gave her more of the same remedy, to use, should there be any return of the symptoms; and now six months later she is perfectly well. Note: fourteen months after the first prescription she is well, and no return of her old complaint. I have since treated several cases of diabetes with nitrate of uranium with decided success.

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## General Record of Medical Science.

### 1. *The Transfusion of Blood.*

HARVEY'S great discovery of the circulation of the blood must not only first be made, but defended, before it could be accepted, for thirty years or more, amidst the envy and hatred of contemporary physicians and the jeers of the vulgar. This accomplished, a sort of delirium seized the people, for they believed that, as all diseases were attributable to the blood, they had only to replace bad blood by good to keep off all maladies and become immortal.

The first experiments were performed by Dr. Lower, in 1666 at Oxford, England, by transfusing the blood of one animal into another; and in the diary of Samuel Pepys, F.R.S., for the same year, it is recorded that "at a meeting of Gresham College, there was an experiment of the blood of one dog let out, till he died, into the body of another on one side. The first died upon the place, and the other very well, and likely to do well. This did give occasion to many pretty wishes, as of the blood of a Quaker to be let into an archbishop, and such like. It was thought possible that the exchange of blood might alter the nature or disposition of the animals: for the operation seemed to be like that of grafting, where the scion imparts its own nature to the sap of the stock grafted upon; hence we find in the Philosophical Transactions of the Royal Society" for 1666, a list of queries to be answered by subsequent experiments, two of which are: "Whether a fierce dog may not become more tame by the transfusion of the blood of a cowardly dog? Whether a small, young dog, by being often fresh stocked with the blood of a young dog of a larger kind, will grow bigger than the ordinary size of his own kind?" The author of the story of Griffith Gaunt, struck with the same idea, makes Mrs. Gaunt say, "Once she told Father Francis, quite seriously, that she had never been quite the same woman since she lived by Griffith's blood; she was turned jealous."

The French savans were also at the same time busy experimenting.

"M. Gayant put the blood of a young dog into the veins of an old one, who, two hours after, did leap and frisk, whereas he was almost blind with age, and could hardly stir before." Similar results attended the experiments on horses.

The next step was to try transfusion on man, and, as we might expect, the French were the first to attempt it. Dr. Denis, at Paris, in 1667, cured, as he thought, a lunatic, by introducing in two operations nearly a pound and a half of the blood of a calf into one of the veins of his arm. The wife of the man concluded transfusion had done him good, because, as she said, "at the season we are now in, her husband should be outrageous and very mad against herself, and that, instead of the kindness he showed to her at this full of the moon, he used to do nothing but swear and beat her." Unfortunately, this patient remained sane for only two months, and died during the third experiment.

A woman was cured of palsy, and a man of leprosy, but a young prince of royal blood fell a victim to the operation. These failures led to the decree that no transfusions should be made but by the approbation of the physicians of the Parisian faculty, which amounted to a total prohibition. In England, there were several cases which resulted favorably, it is said; but in Italy the Pope put a stop to the practice in consequence of the death of two individuals on whom Dr. Riva had operated.

From this time transfusion was considered not only useless but dangerous, till the subject was taken up again by Dr. Blundell, of England, who published a little work in 1824, in which he shows that the experiments of physicians on man in the seventeenth century often failed, because animal was substituted for human blood, as well as on account of the faulty apparatus used. His own experiments are exceedingly interesting. He resuscitated a dog by the transfusion of blood after breathing had stopped five minutes, and for the purpose of showing that, when the system ceases to make blood through disease, life may be prolonged, he nourished a dog for three weeks solely by repeated transfusions from another dog.

He gives some account of six instances in which he injected blood into human veins, in some of which respiration had ceased before the operation was performed. In one case he prolonged life for fifty-six hours. The inferences he makes from the few opportunities which he had for experimenting are, that transfusion may be performed after his method with facility, and that the operation is not attended by any obviously dangerous symptoms, provided the blood be promptly transmitted and the injection of air be precluded.

We come now to notice the instrument for transfusion recently invented by Dr. Roussel, of Geneva, who considers it a great improvement on all those previously in use. The earliest operations, those of the seventeenth century, were performed by introducing one end of a tube, composed either of a succession of quills or of silver, directly into a vein or artery of the animal furnishing the blood, and the other into a vein of the recipient man or beast. The objection to this method is that clots are very sure to form at either end of the tube, where the blood is necessarily for a greater or less length of time exposed to the air, and these introduced into the circ-

lation are apt to produce death. This is a process of immediate transfusion. Dr. Blundell used a syringe, and injected blood previously received in a basin into the veins. The same objection is made to this method as to the former, and, also, that the properties of the whole amount of blood are changed by exposure to the air. Various contrivances have been resorted to, to obviate these difficulties, and at last Dr. Roussel thinks he has invented an instrument which fulfils all the ends desired. This is, in brief, composed of a sort of cupping-glass made to adhere to the arm, over the vein to be opened, by working a small piston connected with it, and of a rubber pouch above this, which is filled by the working of another piston with water, that is also at the same time forced into the interior of the vessel beneath. When the instrument is properly adjusted, all the air being driven out by the water introduced, the distended vein is opened by means of a lancet, which penetrates the wall of the glass, and the water is forced out through a glass tube, and its place taken by the blood. The transfusing apparatus is now connected with a silver tube, previously placed in a vein of the patient's arm, and the operation goes on, air being totally excluded. For his invention the doctor claims great results. He asserts that he has repeatedly revived animals that have ceased to breathe; and he gives at length an interesting case of a girl of seventeen years, dying of an excessive hæmorrhage, to whom he was called. He found her in a profound syncope; skin cold; respiration and pulse gone; face cadaverous; pupils dilated; and, in fact appearing dead. His ear placed over the heart detected no pulsation, but only a slight vibration. His proposition to introduce some of her sister's blood into her veins was readily accepted, and the apparatus was soon adjusted. Transfusion commenced, and in less than a minute a beating of the heart was perceptible; later, respiration began; and in twenty minutes, when the operation was discontinued, the patient recovered her lifelike appearance, opened her eyes, and spoke to her sister. This was in December, 1865, and Dr. Roussel states that she is at present married and in good health.

There are but seventy-six recorded cases of transfusion, notwithstanding the thousands of instances where it might have been serviceable; for wherever death threatens through loss of blood, there is a possibility of saving life by this mode of treatment. This is to be accounted for by the fact that the methods heretofore resorted to have been so faulty, and attended so often by disastrous results, that surgeons generally have not cared to incur the responsibility of operating. The doctor suggests that every army surgeon should be supplied with a transfusing apparatus, for many a poor soldier dies not from the severity of his wounds, but from the loss of blood. There have been some experiments of this kind in this country. Dr. Austin Flint, Jr., performed transfusion on a woman bleeding to death, and has reason to believe that her life was thereby prolonged six or eight hours; and a still better result attended a similar operation in New Orleans. (*The Nation*.)

## 2. Insanity of Pregnancy, Puerperal Mania and Lactation.

DR. JOHN B. FISKE, Medical Superintendent of the Fife and Kinross District Lunatic Asylum, England, in a paper which is copied in the *New-York Psychological Journal*, presents many interesting facts relative to the distinctions between the above forms of insanity. Accurate classification is rendered difficult or impossible, because there are no pathognomonic signs and because the insanity of pregnancy does not generally cease with labor; and mental symptoms occasionally occur shortly after delivery and before there has been time for anæmia from nursing. By a more careful revision of tables heretofore presented, some of these difficulties were removed. In these tables 28 cases are classified as insanity of pregnancy, 73 cases as puerperal insanity, and 49 cases as insanity of lactation. "In glancing over the tables it will be seen that there is a marked preponderance of certain mental symptoms in the aggregate of each class. Thus, in insanity of pregnancy 20 are reported as cases of melancholia, 6 as moral perversion and dyspomania; in puerperal insanity proper, 53 as cases of acute mania, 15 melancholia; in insanity of lactation, melancholia 39, acute mania 10. The balance of exceptional cases, dementia and epileptic insanity, seemed so slight as to lead to the suggestion that they were not exceptional, but that circumstances connected with them had not been ascertained, or that material symptoms had been overlooked in the report. In many instances this proved to be true, in others the lapse of time was so great as to make inquiry impossible." Of the 28 cases of insanity of pregnancy only two are reported as characterized by mania. One of these, by the merest accident, was discovered to have had puerperal mania after a previous confinement and to have suffered from recurrent attacks. The other case occurred too long ago for inquiry, but is presumed to have been of similar character. Melancholy, with or without moral perversions seems the most natural form of mental derangement during the period of pregnancy, and it may be characterized as *the* mental symptom of the insanity of this period.

Regarding puerperal insanity, Dr. Tuke believes that the four cases of acute dementia may be properly considered as cases of acute mania, thus making 57 such cases out of a total of 73. Of the 15 cases of melancholia, the curious fact was discovered that in none of them did the insanity show itself till sixteen days subsequent to confinement. The suspicion then arose that in these patients, melancholia was the recurrence of a condition which had first taken place during pregnancy, and investigation strengthened though it did not fully confirm this idea. Dr. Tuke says: "My opinion on this point is based on cases which have been under my own observation, and it is that the insanity of pregnancy frequently recurs after labor, and that it never does so in any other form than that of melancholy. \* \* \* I believe puerperal insanity to be a thing by itself, characterized by a constant train of symptoms of a maniacal character, and that the melancholy which occasionally supervenes some

time after labor, is but the recurrence of the insanity of pregnancy." Several cases illustrative of puerperal mania are given, but there is not room for their reproduction here. In their treatment, Dr. Tuke believes drugs to be of no avail; the use of opiates he especially condemns; stimulants feed the excitement without increasing the bodily strength; food is the best calmative, and should be administered frequently and in small quantities. Above all, careful nursing is the great element of success.

The insanity of lactation is distinctly referable to an anæmic state of the system. When mania exists it is of an evanescent character, and is not associated with that obscenity observable in puerperal mania. When taken in time, both forms are readily curable. (*Pacific Medical and Surgical Journal.*)

### Reviews and Bibliographical Notices.

1. *The Venereal Diseases; their Pathological Nature, Correct Diagnosis, and Homœopathic Treatment.* Prepared in Accordance with the Author's own, as well as with the Experience of other Physicians, and accompanied with Critical Discussions. By G. H. G. JAHR, M.D. Translated, with Numerous and Important *Additions* from the Works of other Authors, and from *his own Experience*, by CHARLES J. HEMPEL, M.D. New-York: Published by Wm. Radde, 550 Pearl-st.; Philadelphia: F. E. Boericke, 335 Arch-st.; Boston, Otis Clapp; St. Louis, H. C. G. Luyties; Cincinnati, Smith & Worthington; Pittsburg, Backofen; Cleveland, Beckwith; Detroit, E. A. Lodge; Chicago, Keen & Co., and C. S. Halsey; London, H. Turner & Co., and James Epps. 1868. pp. 428. 8vo.

THE name of Jahr has been long familiar to every practitioner of homœopathy; and any work by him on a subject to which he has given twenty years of attention must certainly find many readers. The subject to which the present volume is devoted is one of the hardest known to modern physicians; and homœopaths have generally admitted, that, after studying diligently all that Hahnemann has left us, there is still room for us all to learn something more. The announcement will therefore be received with satisfaction by all progressive physicians, that this zealous and painstaking author has completed an elaborate monograph for which they have long waited; and that it is already clearly and faithfully translated by Dr. Hempel, who also acknowledges important aid from Dr. Lillenthal, handsomely printed and bound, and thus fairly in the field of usefulness.

Of the book as we find it, it will not be necessary to say much here. It is impossible to look into it without striking upon practical questions of the highest importance in their bearing on all other diseases, as well as

those mentioned by the author in the present work. It is time that these questions should be settled. We still think they can be; we hope to see the day when they will be. A few of them embarrass the student every day. The author's theories are such as he has been able to make hold together after testing them amply in practice. After studying the literature of syphilis from the time the shepherd who brought this disease on earth by insulting the sun in the days of King Alcithous, he has attempted to embody the results of their best teachings and his own observations in one volume. He therefore proposes "to place the practitioner in possession of a guide both intelligible and trustworthy, that shall lead him, without much useless trouble, through the still comparatively unknown domain of chronic syphilis, and render a knowledge of the disease, even under its most hidden forms, as easy as that of primary gonorrhœa, chancre, bubo and syccotic condylomata."

1. The importance of studying in detail all the *specific forms of diseases* now known is insisted on. Even in those departments of specific disease in which Hahnemann might have been benefitted by the wider fields of observation now furnished by such cities as Paris, London or New-York, his teaching was correct in *principle and spirit*; and his teachings faithfully carried out must *lead* to all that is needed in the knowledge of specific diseases, such as "scarlatina, purpura, miliaris, measles, whooping-cough, cholera, scrofulosis, tuberculosis, &c., without pretending to group them all under the all-embracing term *psora*. Even if he has left us no definite theoretical opinions on these subjects, the necessity of investigating all *idiopathic, specific* diseases, results from his teachings *implicitly*, just as much as the investigation of specific drug-effects is *explicitly* taught by him." It therefore "becomes the duty of *our school*, provided it means to progress in the true spirit of its founder, to enrich the science of medicine both by an exact investigation of all *specific diseases* and their *fixed forms of manifestation*, as well as by the study of specific *drug-effects*. This can not be denied by anybody whom the doctrines of our master have inspired with their true spirit, and with a clear perception of the task and destiny of our school."

2. The error of prescribing for the *name* of a disease instead of the total assemblage of symptoms by which its presence is manifested, need not now be combatted at length. Of this the author says: We should never content ourselves with mentioning mere *names* in reporting our cases of cure; but we should likewise furnish an exact *symptomatic* description of every case, in order that the reader may be enabled to judge for himself "whether the pretended simple gonorrhœa, the regular raised *phagedenic* or *Hunterian* chancre, was indeed a gonorrhœa simplex, an *ulcus regulare, elevatum, phagedænicum* or *induratum*, or not; a subject which will remain of the highest importance as long as many a physician is still disposed to talk about figwarts or even chancres which he professes to have cured with this or that remedy; whereas it appears from all his statements that the case in point was one of *mucous tubercles*."

Our author is grieved to observe that a considerable number of homœopaths still question "the *dynamic* effects of our attenuations," and even

“every action of any morbid agent that is not demonstrable by chemical tests;” and thus they “stifle all belief in a concealed syphilis, which may still exist in certain cases, in spite of the absence of all perceptible symptoms.” Something like this questionable shape has been given to homœopathy by some practitioners and writers in this country, as well as in Europe. But we do not fear great or serious danger from these little debates, which still occupy the gladiatorial corner of some of our best medical journals. The external enemies of homœopathy have been so nearly used up, that the chiefs of the clans can scarcely avoid an occasional trial of the temper of their swords.

Syphilis has been by the great mass of medical men regarded during nearly four hundred years as a specific contagious disease. The picture given of it in the author's introduction is sufficiently revolting to answer for other purposes besides that for which he portrays it here.

The patient “far from suspecting the enemy that is gnawing at his vital forces, and sees one organ after another invaded and destroyed; his face disfigured in the most horrible manner; his muscles and bones perforated; and his frame generally overwhelmed by the most agonizing tortures, without knowing how his distress can be alleviated even in the most trifling degree. Whatever revolting and horrifying diseases are met with in large cities, in the huts of misery and in the gloomy abodes of vice: all those wretches who are covered with ugly scars and horrid ulcers; whose faces are disfigured by pustules and suppurating blotches; who are not unfrequently deprived of their noses and even eyes; who are emaciated to skeletons; whose livid and shrivelled skin is dangling around their fleshless bones; and who, spreading a pestilential fœtor all around, wander about like half-rotten cadavers from the tombs, or who, removed from human society and avoided even by their own friends, are stretched upon the torture-bed of despair, praying for death as the greatest blessing: all these unfortunates, according to the common opinion of the greatest physicians, owe the whole sum of their sufferings to no other cause than venereal infection, which, having been contracted in an unguarded moment, had been neglected, disregarded and afterwards mismanaged throughout.”

Not only in such fearful shapes as these, have these authors assured us, can syphilis reveal itself; many other of the most obstinate and incurable organic affections, with which so many of the inhabitants of large cities are afflicted, are due to the more insidious ravages of the same relentless destroyer; “their true character, unless they had reached the previously described fearful height, being almost always misapprehended, so that they are confounded with other less dangerous diseases; and the poison, even if favored by peculiar circumstances, it should not break forth in actual disease in all cases, is transmitted to the children and entails upon them the distressing and irresistible processes of destruction, from which the parents had luckily escaped.” Thus it has been taught by the ablest physicians of the past as well as the present, that these obstinate constitutional diseases are dependent upon “a virus which, if once introduced into the organism, germinates, unless previously neutralized by its specific antidote, and germinates in the organism, after the fashion of parasitical growths, at the



expense of its vital essence and strength," and continues thus to propagate itself until the body is fatally injured by the poison. If efforts at mere repression, or local destructive agents are applied upon the most conspicuous surface manifestation of this virus, merely to destroy the external sight of these spouting growths, the root of the evil remains in the system and may re-germinate on the same surface or in any other locality, and renew the ravages which shall only end with the termination of the patient's life. These are a few of the features only.

There is another theory by which a portion of the medical profession attempt to account for such phenomena as these. We cannot afford to state it or answer it now. Our author sets forth on the theory of *specific virus* as the real agent of evil at work in venereal diseases. We like his company, and shall follow him so long as we can continue good friends.

The author proposes to consider venereal diseases under the following divisions :

I. *Primary Forms*.—The indisputable immediate products of venereal infection.

II. *Secondary Forms*.—The phenomena of syphilitic disease which always make their appearance as the *more remote* consequences of the syphilitic infection, to which they must necessarily be attributed.—“Let us afterwards determine

III. What *general pathological conclusions regarding syphilis* are suggested by a consideration of these different forms of this disease; as well as

IV. What *diagnostic, therapeutic and pharmaco-dynamic maxims* we may derive from these considerations for the practical treatment of syphilis.”

To the whole subject of venereal diseases the author devotes this volume of 428 pages. An analysis of its contents gives us the highest satisfaction, and might be useful to many readers. But we have to meet the eyes of some friends who do not like to see any thing transcribed into a medical journal which has ever been in print before; and we have great respect for the opinions of these critics. We will therefore endeavor to keep within the strict-constructionist idea of editorial duty, but may be at least permitted to announce, 1st, that a book has been published, translated and republished; and 2d, we may briefly state what the author has attempted to do.

After a full list of authorities, we have:

*Chapter I.* Venereal phenomena generally.

1. Definition of the Venereal Diseases.

2. Forms under which Venereal Diseases manifest themselves.

3. Common characteristics of the Venereal fundamental or typical forms.

*Chapter II.* The different forms of *Gonorrhœa*. 1. This term is acknowledged to include, not “every imaginable mucous discharge from the urethra, but only an *infectious inflammatory* blenorrhœa.” He admits that *discharges* from the urethra may be occasioned” by “any *acrid*, though otherwise perfectly *innocuous* leucorrhœa, or even by the menstrual blood,” as well as “by irritating bougies or other foreign bodies, such as gravel, stone in the bladder, urethral calculi, worms in the rectum, hæmorrhoids, medicinal substances,” &c. But these are all distinguished from genuine infectious

gonorrhœa: for, 1st, They are not *contagious*; 2d, they do not pass through a definite inflammatory stage (as true gonorrhœa does); and 3d, the blenorhœa arising from any of the above mentioned causes ceases of itself *in a few days*." These three signs sufficiently distinguish between simple innocuous blenorhœa and *contagious gonorrhœa*.

An error in diagnosis is the basis of the numerous reported cures of gonorrhœa by remedies which can not cure a real case of that disease. Simple blenorhœa caused by any irritation *not specifically venereal* may be cured by *Cannabis*, perhaps *Agnus*, *Mezereum*, *Natrum-muriaticum*, *Ferum* or even *Nux-vomica*, as alleged. But these remedies do not cure venereal gonorrhœa.

2. Gonorrhœa in the male. Here the specifications are very well laid down. The treatment, though full, is rendered more efficient and applicable to extraordinary cases by the notes of Dr. Hempel.

3. Venereal balanorrhœa.

4. Gonorrhœa in the female.

5. Various remedies for gonorrhœa proposed by other physicians.

*Chapter III.* Of the various forms of chancre. 1. Of chancre generally.

2. Differences in the form of chancre.

3. Differences of chancres with reference to their locality.

4. Development, course and termination of chancres.

5. Diagnosis of chancres. On this point we must extract a brief section.

"*Mercurial Ulcers.*—In the case of chancres that break out on other parts than the sexual organs, it seems scarcely possible to confound them—unless we except those diagnostic characteristics of which we have recited in previous paragraphs (§§ 40 to 43)—with any other form of ulcer, with the exception of *mercurial ulcers*. We deem it so much the more incumbent upon us to offer a few remarks on this subject, since it is from this source that the most pernicious consequences frequently arise in a twofold manner. For while on the one hand there are practitioners who falsely look upon every chancre that proves somewhat obstinate and can not be influenced by Mercury, as a mercurial ulcer, and owing to this mistake, allow the chancre to cause the most horrid destruction; on the other hand there are practitioners, not only among the allopaths, but likewise among the homœopaths, who smile contemptuously at the aggravations supposed to result from large doses of Mercury and, whatever course the ulcer may take deem it necessary to pile on the Mercury in increased quantities, fancying that the organism had not been sufficiently saturated with this metal: and yet, the phenomena which they desire to combat, are most generally nothing else than the effects of large doses of Mercury. Mercurial ulcers being therefore, an established fact, we will offer the following advice, by means of which they may be correctly known and distinguished from chancre. As a general rule, the mercurial ulcer is never as painless as chancre; on the contrary, it is very sensitive and painful to the touch but is never accompanied by the nightly stinging and boring pains that sometimes attend the Hunterian chancre when very much inflamed. The ulcer spreads very rapidly, almost like a phagedenic chancre, but never like a scirpiginous sore; its base is of a milky-white, gray or livid, very frequently with bluish-white

edges, sometimes superficial like simple excoriations, secreting a purulent serum, or else covered with a cheesy layer; sometimes the ulcer dips to the subjacent textures, with a dirty-looking, even lardaceous base, but always of an *irregular, indistinctly-circumscribed shape*, with unequal circumference, and always healing from one side of its border, whereas a chancre first becomes cleansed on its base and afterwards cicatrizes from its circumference in concentric circles. These ulcers more frequently break out in the mouth, or on the inside of the lips, on the edges of the tongue, or on the sexual organs, and in their neighborhood. Very frequently they break out in existing wounds, in cicatrices or on ulcerated surfaces, which, in such a case, spread rapidly and become painful, phagedenic, ichorous, and bleeding. Sometimes this kind of ulcer shows itself on hairy parts (especially on the hairy scalp) under the form of a superficial ulcer, with a rough, uneven surface and lardaceous, fungous growths without malignant character, and dissolving into purulent liquid, after which the ulcer disappears without leaving a scar but reappears again sooner or later on other parts."

#### 6. Prognosis and treatment of chancres.

In the treatment of chancres we encounter a question in which all who have to treat this form of disease are interested. We expect M. Jahr to take correct positions on all of these disputed points, since we have every where found him about right in the different sections of his book. Of the prognosis he says:

"Regarding the promises which a physician can safely make to his patient when first taking charge of his case, *it is of the utmost importance that the physician should first inquire of his patient how long the chancre has been in existence; if the chancre has been out four weeks, it would be rash to promise that secondary symptoms may not supervene in spite of the best treatment; if the ulcer has already lost the characteristic appearance of the primary chancre, or has been treated by external means exclusively, no promise of any kind can be made.*"

This is humiliating but we shall be compelled to bear with it. Now for the treatment:

"Section 53. *General Remarks on the Treatment of Chancres.*—If Ricord and his disciples maintain that every chancre that has not yet become indurated, hence in the first four or five days, can be safely treated by cauterization, my own experience justifies me in contradicting this statement most positively. It is indeed true that in these cases of suppression of primary chancre, symptoms of secondary syphilis do not occur as readily as when the chancres have already existed for some time. But these gentlemen never see the consequences of their doings which frequently break out three, six and even eighteen months after the first destruction of the chancre. From my own practice I might fill volumes with what I have seen of the consequences of such criminal proceedings. Every chancre, no matter what its primary form, is a sort of *noli me tangere*, whose appearance upon the external skin, even where an appropriate internal treatment is pursued simultaneously, is never disturbed in its course by external means without such criminal encroachments being succeeded by

terrible consequences. In every case and at all times, it should only be treated with internal means, until such treatment has resulted in destruction of the contagium, after which it disappears, as it were, of itself, without leaving a single suspicious looking cicatrix. The only thing that can be applied externally, is pure water, for the purpose of keeping the parts clean. Cleanliness must not be neglected by any means; the patient may wash the affected parts as often as he pleases, and may even apply lint moistened with fresh water. In all other respects the treatment must be conducted by internal means: only it is to be regretted that we are not acquainted with any remedy which, like Apis and Phosphorus in diphtheritic non-syphilitic ulcers of the throat, will extirpate a *primary* chancre, even when administered in the smallest dose. For, although *Mercurius*, which is as yet our chief remedy in syphilis, is capable of rendering eminent services in secondary syphilis, even when given in the 30th potency; yet, on the other hand, it is an established fact that, in the acute form of this disease, we have to administer repeated doses of the first centesimal trituration, at least half a grain morning and evening, if we desire to make sure of a radical and speedy extirpation of the syphilitic virus. This necessity is to be regretted, in so far as at any rate, since this agent, which, if used in such cases in accordance with the specific indications, does not cause any perceptible inconvenience, yet, on the other hand, if not specifically indicated, may cause considerable aggravations which it may afterwards be found exceedingly difficult to remove.

“For this reason we advise the physician, in case *Mercurius* should seem to aggravate the symptoms during the first eight days of the treatment, to stop the exhibition of this agent, and look for a more specific remedy among those that will be described in subsequent paragraphs.” p. 114.

*Regular (simple and Hunterian) Chancre.*—“According to my experience, it is the *Mercurius solubilis Hahnemanni*, half a grain of the centesimal trituration of which, given morning and evening, will in all cases prove sufficient to effect a cure.” “In this form of chancre the leading remedy is, and always will be *Mercurius*.”

He expects signs of improvement to be apparent in twenty-four hours, at farthest within four days. “The base of the ulcer will become cleaner; at first it may bleed a little, but healthy granulations will at the same time begin to start up; the edges of the ulcer will flatten down, and the hard foundation upon which the ulcer seems to rest will become more and more diminished in circumference. If the ulcer takes this course, all we have to do is to continue the *Mercurius*, and the ulcer, provided the treatment commences one or, at the latest, eight days after its first appearance, will heal perfectly in fifteen to twenty days, without the use of Nitri-acidum or any other agent than *Mercurius*; the general health will remain unimpaired.

But the case is often complicated by the loss of two or three weeks of time: within which “the patient has already received large doses of Mercury from the hands of an allopathic physician, and the chancre has already passed from the first or ulcerous stage into the second stage, or that of condylomatous growths.” What is then to be done?

"I give Nitri-acidum, one drop of the first attenuation morning and night, and by this means accomplish my end in most cases. But if, at the time I take charge of the patient the ulcer has still preserved its primary aspect, I give *Mercurius-solubilis* even if the patient should already have been drugged with it under allopathic treatment; and if no improvement takes place in seven or eight days, I resort to the *red-precipitate*, *Mercurius*, which I employ in the same dose as Merc-sol., and by this means accomplish a cure in most cases without resorting to any other remedy."

"For neglected chancres I employ *Cinnabaris*, which in such cases I prefer to any other remedy."

When the chancre has already lost its primary, lardaceous aspect, and exhibits a copper-colored surface with tendency to adventitious growths, continue the Merc-sol.—the Merc-præcip-rub., and Cinnabar, "provided the patient has not yet taken any Mercury."

In primary chancre it is advised that Nitric-acid be not employed before "the ulcer is perfectly cleansed by *Mercurius*," because if given for the purpose of effecting cicatrization more speedily, "I have frequently seen the use of this acid followed by symptoms of secondary syphilis, and a general constitutional taint; on which account I only resort to the Acid in chancres that are not complicated with inflamed buboes, in the following cases:

"1. If the patient who is affected with chancrous condylomatous growths has already taken much Mercury; 2. If under my treatment, the ulcer assumes the form of condylomatous growths; 3d, If chancrous condylomatous growths in cases that had not been treated with Mercury allopathically do not improve under my own treatment with Merc-sol., but on the contrary get worse; in all such cases I have been satisfied with the effects of the acid."

Such are a few samples from this magazine of observations and experiences embodied within the space of 428 pages, and arranged under about two hundred and thirty-eight heads. The respective and comparative value of these several sections will be duly estimated by the profession when a thousand minds shall have duly considered them and as fairly tested them in a few years of patient and laborious practice. We know that any hastily formed opinion of the value of a book is not worth much: and, having found this to be true a long time ago, we do not always offer opinions unasked for, even on subjects which we have studied with much care and patience. But in this case it is useless to be unnecessarily fastidious. We have therefore no hesitation in saying, that *Jahr on Venereal Diseases* is not only more full, more accurate, more practically useful, and more completely up with the times, than any other on the subject of which it treats; but it is also more readable, and will stand longer in the favor and estimation of physicians than any work on syphilis that has been published since *John Hunter's* time. He said he was laboring incessantly because "there would be no *John Hunter* when he should die;" and this was certainly true. There has been *but one such man*; and *Jahr* is neither *that man* nor *like him*. The work he may do is of another character; we must give him credit for doing much of it well. Those who only read the

extracts we have drawn from his present work and our abridged sketches from the same in a former number, as well as those who read and test the whole work in practice will sanction all that we have said of it, and excuse us from further efforts to bring it more prominently before them.

2. *Our Children in Heaven.* By WM. H. HOLCOMBE, M.D.  
Philadelphia: J. B. Lippincott & Co. 1868. 12mo. pp.  
318.

A BEAUTIFUL book, such as none but a true physician could write, and which few of any profession can read, is here presented to the public in the best style and dress known to the publisher's art. It is not our province or purpose here to say much about it. But the author is well known to all homœopathists as one of the most accomplished, philosophical and graceful writers in our school; and outside of the profession his name is familiar to a much wider circle. His present theme is one which scarcely ever found a place in a medical journal, though the minds of all men are painfully conversant with it. Let us appropriate a single page. The scene it portrays is only too familiar to us all.

"Days and nights of racking disease in the body of the little patient—days and nights of corroding anxiety in the hearts of the watchers! Oh, the struggle betwixt fear and hope! the exultation of one day, the despair of the next! These are the experiences of life; these are the watchings which give a "sombre coloring" to all things afterwards; which bring "the faith that looks through death," and such tenderness of heart, that

"— The meanest flower that blows can give  
Thoughts that do often lie too deep for tears."

"The house grows more quiet than ever; almost a desolation. The wearied, loving nurses move ghost-like to and fro. A little light shines through the shutters all night long. The doctors come and go, eagerly expected, long delayed at the door with anxious questionings. The shadow deepens over all hearts. The shadow deepens also over the little stream of life, near which the loving ones are watching. 'Tis the shadow of the Great Abyss which it slowly approacheth.

"And now the brain is confused; the little mind wanders; the child is delirious.

"Have you ever watched the delirium of a child? The most pitiful, painful, harrowing thing in all the phenomena of disease! What gentle Tassos talking to angels in their gloomy prisons; what pure Ophelias weaving their garlands of song and madness, ever melted the soul into such agony as those "sweet bells, jangled and out of tune," the dying thoughts of little children?"

In a later and darker hour we read:

"A strange time is it from midnight to cock-crowing—a dark, sad, silent, fearful time, when evil spirits and evil men are abroad; when the world lies cold and dim, and the heavens are afar off: the time for murders, and thefts, and ghost-walkings, and for strange and secret crimes; and especially the time for pestilence to strike, and for death to seize. The temperature

of the earth declines rapidly, and darkness, that hateful thing, reaches its climax. The night-dews come out everywhere like cold drops upon nature's brow.

"After midnight the vital current grows sluggish and shallow, soon to disappear among the quicksands of death. The eyes become dim; and oh, fearful change! the soul-light fades from the face. The nearest watcher suddenly whispers, "dead;" the father inquires tremulously "dead?" the kneeling mother shrieks wildly "dead!" The pent-up anguish of all hearts now bursts out into loud wails of grief. The doors are opened; the house is awakened; there is anxious running to and fro; and all is movement and bustle where everything was lately so fearfully still. In the midst of it all, a strange, calm, luminous halo seems to settle down upon the little corpse, as if the invisible God had waved his hands in blessing over the face of the dead child.

"Yes! there lies the deserted house. It was built of the earth, and has fallen again to the ground. Life and thought have gone away side by side. All is dark within. No light in the window; no murmur at the door. Nor more of mirth or merry-making sound. All is naked, vacant, deserted. Close the shutters; close the door. Come away! come away!"

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3. *Transactions of the Homœopathic Medical Society of the State of New-York, for the Year 1867.* Volume V. Albany, 1867. 8vo. pp. 288.

THE present volume, though not equal in bulk to either the second, third, or fourth of the series to which it belongs, is still in all respects valuable and interesting. The table of contents embraces fifty-seven separate articles, and occupies three pages. It would serve no useful purpose to transcribe the catalogue here; the articles are nearly all worthy of republication in whatever periodicals of our school can give them the widest circulation.

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4. *Books and Periodicals Received.*

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL. Chicago: C. S. Halsey. April, 1868. (From Prof Ludlam.)

WESTERN HOMŒOPATHIC OBSERVER. St. Louis: Luyties. Jan., March, April, 1868.

MEDICAL INVESTIGATOR. Chicago: C. S. Halsey. Feb., 1868.

HAHNEMANN MONTHLY. March, April, 1868.

AMERICAN HOMŒOPATHIC OBSERVER. Detroit: E. A. Lodge, 51 Wayne-st., March, April, May.

MEDICAL CATALOGUE. Scientifically Arranged, German, French, English and American. L. W. Schmidt, 24 Barclay-st., N.-Y.

THE MEDICAL GAZETTE. New-York: Simpson & Co., 60 Duane-st.

**THE BRITISH JOURNAL OF HOMŒOPATHY.** January, 1868. This veteran of the foreign homœopathic press begins the year 1868 with a full cargo of highly interesting and valuable articles.

**HOMŒOPATHIC LABEL SHEET.** C. S. Halsey, Chicago and Buffalo. *Blue and Gold*, very beautiful.

**HOMŒOPATHIC LABEL SHEET.** Wm. Radde, New-York City. *Gold and Black*, a little larger; also beautiful.

### *Miscellaneous Items.*

#### 1. *Homœopathic Medical Society of the State of New-York.* Seventeenth Annual Session.

**THE** seventeenth annual meeting of the State Homœopathic Medical Society convened at the County Court Room, City Hall, Albany, Feb. 11, 1868, the President of the Society, Dr. B. F. Cornell, in the chair. The meeting was called to order at eleven o'clock, and opened with prayer by Rev. Dr. Elmendorf.

The President proceeded to read his inaugural address, as follows :

*Gentlemen of the Homœopathic Medical Society of the State of New-York.*—In assuming this chair to which I have been elevated by your confidence and suffrages, permit me to tender my warmest thanks for the honor conferred.

I believe it is in order, and perhaps not inappropriate to make such suggestions as occur to my mind calculated to perpetuate our organization, extend its influence and increase its usefulness.

The result of my observation has been, that we lay out too much work at our annual meetings for the time we have for its successful accomplishment; and that much of the time at our command is frittered away and wasted by idle and unproductive discussion.

The delegates to this Society are many of them from the rural districts and remote villages, where they are the only homœopathic physicians within a circle of many miles, and hundreds of miles from this place of meeting. While in attendance here, their business must necessarily be neglected at home. Many of us thus situated find it very difficult to leave the field of our labors to spend more than a single day here. That we may all be benefited by our meeting, and be induced annually to return, it is important that as much of the business before the Society shall be attended to the first day of the session as possible. To effect this object, I suggest that all communications, reports of committees, and other valuable papers, shall be read and laid upon the table for future action, till all have been read. If these papers are of importance to this Society, let us have the benefit of them now, and not wait till next year, when the proceedings are published, their value outlawed, and many of them strangled by the pub.



lishing committee. I would not restrain, but invite the fullest discussion, and the closest criticism of all papers to be presented to the public. What I propose is, that discussion be postponed till all the communications are read, then taken up in their order for discussion and further disposition. This is simply for the benefit of those who cannot remain through the session.

The subject of the finances should receive our early and earnest attention. It has been too frequently the case, that the ways and means have been deferred to near the close of the session, when the seats are nearly empty, and a few have to contribute liberally to keep the machine in motion. Many who would cheerfully bear their share of the burthen, have left for their homes without having an opportunity to do so, and the Treasurer has to send his dues to every corner of the State to get the means to to defray expenses. To obviate this, I would suggest that the Finance Committee be instructed to report at the earliest possible moment, the condition of the finances, and that their report shall always be in order, and take precedence to all other business.

The Treasurer should always be on hand to present his compliments to every member early on the assembling of the Society.

Every member of the State society should feel a personal interest in the finances—on these depend the life of the organization and the success of homœopathy in the State.

Permit me to call your attention to the published proceedings for 1867. If this is a fair index of the condition of homœopathy in the Empire State, we had better give up the struggle and go into a state of retracy. A reduction of 190 pages in a single year is not to be tolerated. If the State refuses to publish a respectable volume, better print the proceedings in pamphlet form. Why should the Legislature discriminate? The allopathic proceedings contain 563 pages, while ours is dwarfed to 287.

The subject of a lunatic asylum in this State to be under the supervision of homœopathic trustees, and the medical care of homœopathic physicians, has already been agitated and circulars sent to the members of this body, by several gentlemen of the profession. I call your attention to this subject and urge action by the society. I recommend that a committee be appointed to take this matter in charge, and that they be instructed to report some feasible plan to carry the same into operation.

The present opportunity should not be lost. The Governor has recommended an appropriation for such an institution, and it is for us to determine its medical character.

Gentlemen, we have besought the ruling powers in the interest of all humanity for positions in the army and navy; for a representation in the Board of Health in the city of New-York; for a cholera hospital, in which we might test the superiority of our practice in that dangerous disease; but we have been treated with contemptuous rejection. Let us ask once more, and perhaps in the present political muddle we may have justice done us. If not, let us convince lawmakers and their constituents that we are a power in the land; that the time has arrived when we will no longer beg or, but openly demand right and justice.

The editor of the *New-York Times* never uttered a truer sentiment than (when speaking of the expulsion of Dr. Gardner from the Academy of Medicine, for daring to consult with a homœopathic friend), "that the homœopaths were nearly as numerous and quite as respectable as the allopaths."

This is not only true of the profession, but doubly so of our patrons. We have a large portion of the wealth, talent and influence on our side. In fact the greatest cause of enmity of the allopaths is owing to the fact, that we tie our horses to the best hitching-poste. It is only necessary to present this fact vividly before the politician, and our cause is won. Then in the matter of a new hospital for the insane, let us still press our claims upon the consideration of the legislature, not so much for the influence it will have upon us, the representatives of a principle, as for the benefit of those unfortunate wrecks of humanity for whom the institution is intended. There is no system of medicine that treats successfully a mind diseased but ours, and none other that presents specifics for its cure. I trust the subject may be acted upon and pressed to a successful issue.

The controversy on the subject of dose, that is creating jealousy and enmity and undermining our strength, should not be permitted to mar our harmony. Leave this to the experience of every scientific physician. It matters not whether we use the high or low attenuations of medicine. If we cure, it is all our patients ask, and we shall have the satisfaction that attends success. It is not the dose that constitutes homœopathy; but the principle that "Like cures like."

I trust that this session of the Society will be pleasant and harmonious, and that we shall co-operate in making it remarkable for the amount of labors performed, business accomplished and benefits received.

The meeting is now organized for the transaction of business.

On motion of Dr. Holmes, the reading of the minutes of the last meeting was omitted.

On motion, Drs. Searle, H. D. Paine and Holmes were appointed a committee to consider and report on the suggestions set forth in the President's inaugural address.

On motion of Dr. Searle, the usual order of business was suspended for the purpose of considering certain proposed changes of the by-laws. Dr. Searle proposed a change in the order of business so as to provide for sessions of three days' duration. The several suggestions offered by Dr. Searle, after extended discussion, were adopted.

The President appointed Drs. H. D. Paine, A. T. Bull and W. H. Barnes, a nominating committee.

The Committee on Credentials reported the following named gentlemen present:

Dr. H. D. Paine, delegate from the New-York Ophthalmic Hospital.

Dr. F. W. Hunt, from New-York Homœopathic Medical College.

Dr. A. M. Woodward, New-York.

Dr. V. Thompson, New-York.

Dr. E. P. K. Smith, Auburn, delegate from Cayuga County Medical Society.

Dr. E. B. Holmes, Canandaigua, delegate from the Madison County Medical Society.

Dr. G. B. Palmer, East Hamilton, delegate from the Madison County Medical Society.

Dr. T. T. Calkins, Hudson, delegate from the Columbia County Medical Society.

Dr. Wm. H. Barnes, Spencertown, delegate from the Columbia County Medical Society.

Dr. A. T. Bull, Buffalo, delegate from the Erie County Medical Society.

Dr. C. H. Carpenter, Troy, delegate from the Rensselaer County Medical Society.

Dr. E. G. Cook, Buffalo, delegate from the Erie County Medical Society.

Dr. W. H. Randell, Albany, delegate from the Albany County Medical Society.

Dr. L. M. Pratt, Albany, delegate from the Albany County Medical Society.

Dr. H. M. Paine, Albany, delegate from the Albany County Medical Society.

Dr. H. B. Fellows, Sennett, delegate from the Cayuga County Medical Society.

Dr. B. F. Cornell, President of the State Society.

Dr. F. W. Ingalls, Kingston, delegate from the Ulster County Medical Society.

Dr. T. D. Stow, Fulton, delegate from the Oswego County Medical Society.

Dr. P. W. Mull, Ghent, delegate from the Columbia County Medical Society.

Dr. W. S. Searle, Troy, delegate from the Rensselaer County Medical Society.

Dr. D. D. Loomis, Morrisville, delegate from the Madison County Medical Society.

On motion of Dr. E. P. K. Smith, the regular physicians present were invited to participate in the deliberations of the Society.

The Treasurer, Dr. J. W. Cox, presented his annual report, showing a balance in the treasury of sixty-four dollars.

Drs. Searle, H. M. Paine and E. D. Jones were appointed an auditing and finance committee.

The following named gentlemen, having been previously nominated, were elected permanent members:

Drs. B. F. Joslin and G. E. Belcher, New-York, First district.

Dr. S. C. Handford, Brooklyn, Second district.

Drs. T. T. Calkins, Coxsackie, and M. W. Campbell, Troy, Third district.

Drs. H. Switz, Schenectady, Charles Lowrey, Fourth district.

Drs. W. Henry Hoyt, Syracuse, B. B. Schenck, Plainville, Fifth district.

Drs. G. L. Gifford, Hamilton, H. F. Adams, Canestota; Sixth district.

Dr. F. H. Hurd, Rochester; Seventh district.

Dr. C. G. Hibbard, Springfield, G. A. Hall, Westfield, Eighth district.

The following named gentlemen having been previously nominated, were elected honorary members:

Dr. C. Cropper, Cincinnati, Ohio; Dr. B. W. James, Philadelphia, Penn;

Dr. E. R. Heath, Dayton, Ohio; W. H. Holcombe, New-Orleans, La; Charles Cullis, Boston, Mass.

Dr Henry D. Paine presented and read a protest, having reference to the publication of the address by Dr. Kirby, in the fifth volume of the Transactions of the Society. Extended discussions followed, participated in by several gentlemen present. Dr. Paine gave notice of an intention to offer a resolution in regard to the publication of papers in the Transactions of the Society.

Dr. H. M. Paine gave notice of the annual address to be delivered at eight o'clock this evening by the President of the Society, in the County Court Room, City Hall. Also, informed the members and gentlemen present, that immediately after the address a collation would be provided at the American Hotel, and extended to them a cordial invitation to be present.

Meeting adjourned to 3 P. M.

AFTERNOON SESSION.—Dr. Snow noticed the death of Drs. Matthews and Potter since the last annual meeting of the Society; the death of Dr. Vanderburg was also mentioned, and a committee was appointed to draft appropriate resolutions.

A discussion then ensued relative to the condition of the Society and the Treasury.

On motion of Dr. H. D. Paine it was resolved that no paper or document should be printed in the transactions of the Society without the approval of a majority of the Society.

The Committee on Finance made a report, showing that the indebtedness of the Society amounts to \$371.34, and the sum in the Treasury is about \$60.

The committee also reported a resolution, which was adopted, that thereafter five dollars shall be due annually from each permanent member and delegate.

A paper on Hydrophobia, by Dr. S. P. Hedges, of Chicago, was read and referred.

The following papers were presented and referred:

Report of Half Orphan Asylum, by B. F. Bowers, M.D., of New-York.

A case of Epulis, by H. Willis, M.D., of Clinton, Oneida County.

Iodine, by J. Hawks, M.D., of Brooklyn.

Treatment of Fistula, in ano, by H. F. Adams, M.D., of Canistota.

Homœopathic Treatment of Surgical Cases, by Geo. B. Palmer, of East Hamilton.

Medical Treatment of Surgical Cases, by John Hornby, M.D., of Poughkeepsie.

Tania Solium, by C. Judson Hill, M.D., of Utica.

Petroleum in Burns, by G. J. Jones, M.D., of Holland Patent.

Nitrate of Uranium in Diabetes, by Benj. F. Cornell, M.D., of Moreau Station.

Mission of Homœopathy, by C. Cropper, of Cincinnati.

Reports of the Madison, Oneida, New-York, Wayne, Washington, Warren and Steuben counties Homœopathic Medical Societies.

Dr. Stow read a report from the Committee on Clinical Medicine.

Recess till 8 o'clock.

**EVENING SESSION.**—Dr. Cornell delivered the annual address (published page 481) after which the Society adjourned to the American Hotel, and partook of a collation.

Resolutions of thanks were voted to the several speakers for their addresses, and to Dr. H. M. Paine, for furnishing the collation.

**SECOND DAY, Wednesday, Feb. 12.**—The President, Dr. Cornell in the chair. Morning session opened with prayer by Rev. Mr. Dyer.

Dr. H. D. Paine presented and read a report by Dr. B. F. Bowers, Physician to the New-York Protestant Half Orphan Asylum. During the first seven years from 1835 to 1842, this institution was under allopathic treatment. During this period the deaths were one to every fifty-eight cases. During the next ten years, from 1842 to 1852, under homœopathic treatment, the deaths were one to one hundred and twenty-one cases. During the next ten years, from 1852 to 1862, under homœopathic treatment the deaths were one to one hundred and sixty cases. During five years from 1862 to 1867, under homœopathic treatment, the deaths were one to two hundred and fifty-nine cases. During the first seven years under allopathic treatment, the number of deaths was twenty in one thousand cases, and during the last twenty-five years, under homœopathic treatment the number was reduced to a little over six in one thousand.

The Committee on Credentials reported the following additional names of gentlemen present at the afternoon session:

Dr. J. W. Cox, delegate from the Albany County Medical Society.

Dra. Levi Hubbard and I. S. P. Lord, delegates from the Dutchess County Medical Society.

Dr. M. W. Campbell, delegate from the Rennselaer County Medical Society.

Dr. E. D. Jones, permanent member.

Dr. T. C. White, delegate from the Monroe County Medical Society.

Dra. S. D. Hand and George P. Hand, delegates from the Broome County Medical Society.

Dr. H. B. Horton, delegate from the Albany City Dispensary.

Dr. T. D. Stow presented a paper entitled "Clinical Observations."

Dr. F. W. Hunt presented a communication entitled "The Medico-legal Diagnosis of Insanity—The Duties of Physicians as Witnesses before Commissions of Lunacy."

Dr. L. B. Wells reported, verbally, cases cured by high attenuations of remedies.

Dr. Holmes offered the following:

*Resolved*, That this Society fully realizes the importance to the people of this State, of protection against empiricism and ignorance of pretenders in medicine; also, the importance of the elevation of the standard of medical education; we, therefore, respectfully recommend to the Constitutional Convention, now in session for the purpose of revising the Constitution of this State, that the Article proposed by the Committee appointed thereby, be embodied in the fundamental law of the State. Adopted.

The report of the Committee having reference to the President's Inaugural Address was presented by Dr. Searle. Accepted.

By resolution, offered by Dr. Wells, the By-Laws were so changed as to require an annual assessment of three dollars on all permanent members and delegates.

In addition to annual tax of three dollars, on motion of Dr. H. M. Paine, the Treasurer was authorized to levy a pro-rata assessment on the County Medical Societies for the purpose of providing for the present indebtedness of the State Society, which amounts to more than three hundred dollars.

Dr. Fraser, of Erie, Penn., was introduced by the Secretary. The doctor responded in a few appropriate remarks, giving an account of the status of the medical profession in Western Pennsylvania.

Dr. Searle presented a copy of a bill now before the Legislature, prepared with a view to the elevation of the standing of the medical profession, and offered the following:

*Resolved*, That the bill now pending in the Legislature, having in view the suppression of empiricism, and the elevation of the standard of the medical education, merits our cordial approval and endorsement.

By Dr. H. M. Paine:

*Resolved*, That we hereby recommend the faculty of the Homœopathic Medical College of the city of New-York, to refuse to receive certificates of study given by irregular practitioners.

*Resolved*, That we cordially approve of the proposal having in view the establishment of a new lunatic asylum, under the auspices of the homœopathic school; and that we earnestly recommend our brethren of the medical profession to extend to this measure all the assistance in their power.

The Secretary read a communication from Dr. H. Doty, of Morgansville, Delaware county, having reference to the existence of a private asylum for the homœopathic treatment of the insane, which he had recently established. The committee on credentials presented the names of twenty new members present, in addition to those previously reported.

The Secretary presented and read by title the names of several reports and communications, which were referred to the committee of publication.

The following named gentlemen were elected officers for the ensuing year:

*President*.—Dr. W. H. Watson, of Utica.

*First Vice-President*.—Dr. T. F. Allen, New-York.

*Second Vice-President*.—Dr. T. L. Brown, Binghamton.

*Third Vice-President*.—Dr. D. F. Bishop, Lockport.

*Recording Secretary*.—Dr. H. M. Paine.

*Corresponding Secretary*.—Dr. E. D. Jones.

*Treasurer*.—Dr. Wm. S. Searle.

*Censors*.—Drs. John Searle, L. M. Pratt, R. D. Bloss, Albert Wright, A. S. Ball, L. B. Wells, H. Robinson, jr., T. D. Stone, L. M. Kenyan, C. Ormes, Geo. W. Lewis.

*Executive Committee*.—The Officers of the Society, and Drs. Cox, Pratt and Delsvan.

*Committee on Materia Medica*.—Drs. C. Dunham, P. P. Wells, W. S. Searle, B. F. Cornell, W. A. Hawley, G. B. Palmer, H. B. Fellows, E. G. Cook.

Committee on Epidemics—Drs. F. W. Hunt, Henry Minton, W. H. Barnes, C. M. Mosher, T. D. Stow, D. D. Loomis, B. W. Boyce, G. W. Lewis.

Nominees for Honorary Membership—Drs. F. R. McManus, of Baltimore; T. C. Duncan, of Chicago; J. C. Morgan, of Philadelphia; F. R. Horner, Hull, England; Wm. Henderson, Edinburgh, Scotland; Wm. Bayes, London, England.

Nominees for Permanent Membership—Drs. T. F. Allen, E. P. Fowler, A. C. Hull, I. S. P. Lord, C. H. Carpenter, J. W. Cox, A. W. Holden, J. H. Ward, C. J. Hill, G. D. McManus, S. D. Hand, A. E. Wallace, C. B. Holmes, E. P. K. Smith, C. Sumner, E. G. Cook, G. W. Lewis.

By resolution, the President was authorized to appoint committees in the several departments of medical science, delegates to the several State Medical Societies in this county, and the American Institute of Homœopathy.

After adopting resolutions of thanks to the retiring officers, the Society adjourned *sine die*.

H. M. PAINE, Secretary.

## 2. *Proceedings of the Cook County Medical Society.*

THE Society assembled pursuant to adjournment. The President in the chair.

Present: Drs. J. Davies, R. Ludlam, S. P. Hedges, H. Allen, J. Braun, A. Miller and T. C. Duncan.

The minutes of last session were read and approved.

The subject for discussion—*The Merits and Demerits of Domestic Books and Cases*—was called up, and the discussion was opened by Dr. R. Ludlam, who said: "I will remark at the outset that I have no unkind feelings towards the authors of these works or those who sell them. Our relations are pleasant in every respect. The reasons urged for the publication of domestic works are:

1st. To educate the people in the laws of Physiology and Hygiene, so that they may apply them in the treatment of disease.

2d. Many diseases are so simple, especially among children, that the people can cure them themselves and thus economize—saving the expense of a physician.

3d. Another argument for them is that many persons are on the wing, —travelling—and if they possess a book and case, when taken suddenly ill, they can prescribe for themselves, and thus cut short an attack in its very first stage.

4th. Families are sometimes located so far from a good physician, that by having remedies on hand they may save much time and often cure the disease themselves. These are the principal reasons urged for their publication—at least the only ones I have heard.

Against these are urged the following objections:

1st. Now-a-days the people can acquire a good knowledge of Anatomy, Physiology, Hygiene, &c., from newspapers and periodicals. These branches are taught in most of the schools, especially the high-schools. They may attend a course in one of our numerous medical schools.

2d. If there was no possibility of mistaking the first stages of diseases, the argument would hold good; but we know that many of the simple and severe diseases, as eruptive diseases, diphtheria, membranous croup, &c., begin almost exactly alike, and if heads of families attempt to tinker along, trying to save the expense of a physician, or delay sending for him, the disease progresses and is much more difficult to control. Time is lost and life is risked, and the expense is often increased thereby.

Again, all diseases are not controlled by the short list of remedies in the books. The symptoms change, and we all know our treatment must change also. Domestic prescribers not knowing this, give one remedy after another, lose confidence in homœopathy, and finally send for an allopath. Suppose the case is one of croup. They begin with Acon., and go all through the list. An allopath is sent for; gives an emetic; the child recovers, and the family and physician are bitterly opposed to homœopathy.

3d. For travellers it would be much better if their physician, who knows their temperament, idiosyncrasies, predisposition to disease, &c., to write down on half a sheet of paper a few plain directions for the use of a few remedies when necessary.

4th. In almost any community you will now find a homœopathic physician, or one may be obtained in a very short time. If there is a good homœopath in the town he should be supported.

Dr. Davies: I have thought, that if half these books were burned, it would be better for all concerned. They give the people a wrong idea of homœopathy and of disease. What idea can people have of attenuation. They get vague and chimerical ideas about remedies. A little knowledge is a dangerous thing. I say nothing about what remedy I give. If they inquire I tell them that is my business. Medical theories are certainly undergoing a change, and some of the old perpetuated theories make us appear ridiculous. The use of domestic books and cases leads to quackery. We may cite Humphrey as an example. I think we should discourage their introduction.

Dr. Miller: People do not get the right names of remedies; they are often mistaken. One man came to me and said his medicine did him no good. I asked him what he took, he said Nux-toxicodendron! Most of the books say, take four pellets at a dose, and when the people pour them out, out come five or six; the hand is sweaty; they do not want to waste the medicine, so they take four and pour the rest back. How long can that medicine remain good? Then the medicine gets mixed, the corks get changed, &c. A child may get hold of a vial and eat all the pellets, and, because the child does not get sick or die, the parents and friends distrust our system. I explain the reason to them, but we do not always have time to explain it. I tell them we do not want to kill, but to cure. I discourage the use of these books and cases.

THE CHAIR: Will some one suggest an improvement—a plan to get rid of them.

Dr. R. Ludlam: When I am called to a family which has delayed to send for a physician in time, on account of domestic practice, I cure the case, if possible, and then explain to them that they have lost money by the pro-



cedure. A few visits might have answered in the first, but in consequence of their delay and experimentation it has taken weeks to effect a cure.

When my patients go on a journey and want medicine to take with them, I give them a few remedies with written directions. It is not often that they use them at all, but some of them must be supplied.

Dr. H. Allen: I am glad this subject has been brought up. I was conversing with Dr. Dunn, of Bloomington, the other day on this subject. He thought there was a necessity for them. He thought it was better for them to take this medicine than to send for an allopath. In the city he thought it might not be necessary, but in the country he thought otherwise. He was aware he had made some good families by their use.

Dr. Putnam told me he was attending a child; it was better. A woman who had read domestic works happened in, and began to prescribe for the child; it grew worse and an allopath was sent for.

Dr. Hedges: I observe that many intelligent families do not trust nor use these books. My father lives one hundred miles from any physician; he has a book and case; but he writes to me three or four times a year for directions. I am aware they are of some use. I had a small case with me when in the army and I am sure it kept me out of the hospital; but then I was acquainted with the use of remedies.

Dr. T. C. Duncan: I think one evil effect of the circulation of these domestic books has been overlooked, and that it creates an impression that there is not much science about our system of practice. Many young men get hold of an idea and preceptors are implored to let them enter their office as students; they enter our colleges one term to learn the technicalities and then they go forth, palming themselves off on a credulous public as thorough-bred physicians.

It is a common impression that any one can be a homœopathic physician. We should endeavor to raise our science in the estimation of the public.

Dr. Davies: It appears that we are all of the same mind. I think we should draw up some resolutions expressive of the sense of the society, seeing we are the first society that has taken up this subject.

On motion, Drs. Davies, Ludlam and Miller were appointed a committee to draft resolutions, and expressive of the sense of the society.

Dr. Braun: In Germany you will not find so many books and cases as in this country. There none can practice medicine except they are permitted by a Board of Examiners. But in this country any one can practice. In that country patients take what you give them and ask no questions, but here it is not so.

Among the lower classes there may be some medical peddlers. I believe that much mischief is done by these books and cases. I would not care to say, give them all up, but I think one-tenth of them would answer all purposes.

Dr. Davies, chairman of the committee, reported the following resolutions:

*Resolved*, That we, as members of Cook County Medical Society, and

practicing physicians of the city of Chicago, discountenance the use of domestic books and cases among the laity.

1. That it is detrimental to public health and professional character.
2. That we consider the attempt to popularize the practice of homœopathy as a science and art to be easily acquired, though the perusal of a domestic book on the subject as unworthy of the profession of medicine.
3. That the use of medicines from so-called domestic cases is equally censurable, and in many instances utterly worthless.
4. That, however, useful books and cases might have been in the earlier days of medical reform, they are now deemed superfluous.
5. That as a medical society, we recommend to the local and state society, also to the institutes of homœopathy, these resolutions for their favorable consideration.

On motion they were unanimously adopted.

On motion adjourned.

Chicago, May 16th, 1868.

T. C. DUNCAN, M.D., 1st *Secretary*.

### 3. *American Institute of Homœopathy.*

THE twenty-first annual session will be held in St. Louis during the first week in June, 1868.

The *preliminary meeting* will be held on Tuesday evening, June 2d, at 8 o'clock, for the formation and renewal of fraternal relations, and for the purpose of transacting such necessary business as will expedite the organization of this session of the Institute.

The regular session will commence on Wednesday, June 3d, at ten o'clock, and will continue three days.

On Wednesday evening, the Address will be delivered by Henry B. Clark, M.D., of New Bedford, Mass. *Alternate*, William H. Watson, M.D. of Utica, N.-Y. The names of Committees are already widely published.

### 4. *The Eighth Annual Commencement of the New-York Homœopathic Medical College*

was held at the hall of the New-York Historical Society, on Thursday evening, February 27th, 1868.

ORDER OF EXERCISES.—*Music*: Selection from "*La Grande Duchesse*," Offenbach; *Prayer*: Rev. D. K. Lee; *Music*: Andante Obligato, for the *Cornet*, Weingarten; *Conferring Degrees*: Prof. J. Beakley, M.D., Dean; *Music*: Galop, "*Will you dance with me once again*," Dodworth; *Address*: Horace Webster, L.L. D.; *Music*: Aria, "*Thou art so near and yet so far*," Reichardt; *Address*: Rev. D. K. Lee; *Music*: Waltz, "*Helden*," Godfrey; *Valedictory*: E. W. Avery, M.D., of the Graduating Class; *Music*: March, Dodworth; *Valedictory Address* on behalf of the Faculty: Prof. S. R. Kirby, M.D.; *Music*: Aria, "*Beware*," Peering; Benediction; *Music*: Philolexian March, Dodworth. (Music by Dodworth's Band.)

*Graduates.*—E. W. Avery, New-York City; J. S. Beakley, New-York City; C. D. Belden, New-York City; L. A. Birdsall, New-York City; Alonzo Bishop, Ithaca, N.-Y.; W. A. Bivin, New-York City; J. W. Brown, Lowville, N.-Y.; R. G. Bruyn, Modena, N.-Y.; Geo. Colton, Irasburgh, Vt.; Luke Corcoran, Springfield, Mass.; C. P. Cook, Hudson, N.-Y.; R. B. Covert, Geneva, N.-Y.; I. V. Daggett, Middlebury, Vt.; C. S. Eldridge, Flint, Mich.; A. Eldridge, Flint, Mich.; H. Elliott, Galt, Canada; E. W. Finch, Rye, N.-Y.; W. B. Garside, M.D., New-York City; Jas. Gerrie, Dundas, Canada; P. A. Gordon, Maysville, Ky.; N. G. Hamilton, London, Canada; Stephen Hasbrouck, Passaic, N. J.; J. J. Hall, M.D., St. Mary's, Ca.; E. R. Howie, Galt, Canada; H. Hutchings, Batavia, N.-Y.; R. B. Jenka, Owego, N.-Y.; E. R. Lane, Newark, N. J.; Garret C. Lansing, M.D., N.-Y. City; A. H. Marks, Middlefield, N.-Y.; C. H. Martin, M.D., Allentown, Pa.; J. DeV., Moore, Fonda, N.-Y.; M. V. B. Morse, Salem, Mass.; E. C. Newport, Holyoke, Mass.; J. C. Otis, Poughkeepsie, N.-Y.; L. D. Parkhurst, M.D., Florida, N.-Y.; G. H. Patchen, Burlington, Iowa; H. P. Patridge, Keeseville, N.-Y.; A. M. Pierson, New-York City; Miles Rorabacher, Litchfield, Mich.; Aaron Walker, Lowell, Mass.; E. A. Wareheim, Manchester, Md.; E. B. Whitaker, Pittsford, Vt. 42.

*Faculty.*—J. Beakley, M.D., *Professor of Surgery*; D. D. Smith, M.D., *Professor of Obstetrics*; S. R. Kirby, M.D., *Professor of Forensic Medicine*; S. B. Barlow, M.D., *Professor of Materia Medica*; F. W. Hunt, M.D., *Special Pathology and Diagnosis*; H. M. Smith, M.D., *Professor of Physiology and Histology*; T. F. Allen, M.D., *Professor of Anatomy*; P. P. Wells, M.D., *Professor of Practice of Medicine*; Carroll Dunham, M.D., *Professor of Clinical Medicine*; J. J. Mitchell, M.D., *Professor of Chemistry and Toxicology*.

##### 5. *Graduates of other Homœopathic Colleges.*

*Homœopathic Medical College of Pennsylvania*—H. F. Adams, M.D., New-York; Oliver P. Barden, Pa.; Stephen T. Birdsall, New-York; F. M. Boynton, Texas; Charles W. Breyfogle, A. M., Ohio; Wm. L. Breyfogle, Ohio; Clark J. Cooper, N. J.; Charles S. A. Dickerson, France; Wm. M. Gwynn, N.-Y.; Wallace McGeorge, Pa.; C. C. Miller, N.-Y.; G. W. Mitchell, M. D., Ill.; Fred. W. Payne, Maine; Albert E. Patch, Maine; (Deceased Mar. 4.) Thomas H. Peacock, Pa.; Daniel C. Perkins, Maine; Charles M. Putnam, Michigan; Rosanna Scott Richards, Nova Scotia; James H. Ridings, Pa.; Thaddeus E. Sanger, N. H.; Jacob Schmidt, M.D., Maryland; Wm. H. H. Sisson, M.D., Mass.; Wm. M. Sprague, N.-Y.; Walter Ure, A. M., M.D., Pa.; Adolph Von Gerhardt, M.D., Maryland; Comly J. Wiltbank, Pa.; Jarvis U. Woods, Maine; James A. Young, Ky.; *Special Degrees.*—Thomas Moore, M.D., Pa.; Malcom Macfarlan, M.D., Pa.—Total 30.

*St. Louis Homœopathic College.*—Wm. T. Hempstead, Ill.; Sam'l E. Moses, S. C.; James Willard, Ill.; Wm. C. Richardson, Ill.; F. L. Bartlett, Ill.; Thos. Shaver, Ill.; R. Y. Munning, Ky.; J. H. Miller, Ill.; Thos Keener, Ill.; E. W. Fish, Mich.; J. A. Rubicon, Kansas; F. W. Wheelock, Iowa;

S. C. Baldwin, Iowa; C. H. Baker, Ill.; M. Ayers, Ill.; A. E. Riess, Mo.; I. H. Smizer, Ky.; J. A. Ackman, Canada.

*Ad Euendum*—O. E. Goodrich, Mich.; O. P. Baer, A. M., M.D., Ind.; Wm. F. Bernard, Ky.—Total, 21.

*Hahnemann College, Chicago.*—Milton H. Baker, Ill.; William J. Calvert, M.D., Mich.; Ed. J. Fox Canny, Minn.; Willard E. Clarke, Wis.; William M. Cooly, Ill.; Charles J. Henshaw, Mich.; William S. Johnson, Ill.; Edward H. King, Iowa; John Wm. Koch, Minn.; Thomas J. Merryman, Ill.; William S. Moffatt, Ill.; Peter Moor, Wis.; Milton J. Partridge, A. M., Ind.; Edgar Perkins, Ill.; Charles W. Putnam, Ill.; J. Howard Smith, Mich.; Frank Smyth, Ill.; Henry R. Stout, Ill.; John W. Streeter, Mich.; James D. Taylor, Mich.; John B. Vivion, Ill.; Emory J. Walker, Mich.; Gilbert R. Woolsey, Ill.; John J. Wright, Ill.—Total, 24.

*Hahnemann Medical College of Philadelphia.*—R. A. Adams, N.-Y.; R. C. Allen, Pa.; Edwin P. Angell, M.D., Texas; B. Franklin Betts, Pa.; Martin Bradford, Ohio; Isaac Cooper, N. J.; J. W. Eliot, California; A. E. Farrington, A. B., Pa.; Chas. M. Foss, Maine; John Gantenbien, Switzerland; Jos. M. Gerhart, Pa.; N. W. Kneass, Pa.; Augustus Korndoerfer, Pa.; George Lolkes, Prussia; M. T. Middleton, N. J.; Henry F. Pahl, A. M., Texas; H. C. Parker, M.D., Texas; E. H. Phillips, M.D., N. J.; Christian P. Seip, Pa.; Scott W. Skinner, N.-Y.; A. M. Stackhouse, N. J.; Benones F. Underwood, Pa.; G. W. S. Wilson, M.D., Pa.; Jas. A. West, N.-Y.; O. S. Wood, M.D., Pa.; Geo. Wright, M.D., N. J.—Total, 26.

*Cleveland Homœopathic College.*—H. H. Baxter, Ohio; W. M. Bailey, Michigan; A. S. Johnson, Michigan; O. B. Spencer, New-York; Jno A. McDonald, Ohio; M. M. Catlin, New-York; W. H. Booth, Michigan; W. S. Whitney, Michigan; H. L. Bradley, Wisconsin; H. C. Carpenter, Michigan; H. L. Ambler, Ohio; A. D. Johnston, Pa.; D. H. Conley, New-York; R. N. Warren, Ohio; J. L. Bein, Ohio; G. A. Tracy, New-York; S. A. Harrington, Ohio; C. S. Nellis, Canada; J. W. Jenny, Ohio; W. W. Clapp, Ohio; C. P. Burch, Canada; T. C. Wallace; L. S. Ingman, Wisconsin; G. T. Blair, Ohio; W. W. Thomas, New-York.—Total, 25.

*Recapitulation.*—Homœopathic Medical College of New-York, 42; Hom. Medical College of Pennsylvania, 30; St Louis Homœopathic College, 21; Hahnemann College of Chicago, 24; Hahnemann Medical College, of Philadelphia, 26; Cleveland Homœopathic College, 25.—Total, 168.

6. *Thirty-third Annual Report of the American Female Guardian Society and Home of the Friendless, 1867.* 8vo. pp. 48.

FROM the physician's report we make the following brief extract :

Only one case of diphtheritis, which attacked in its very severest form a sickly little boy, who succumbed to the disease; and two cases of dysentery, one very severe, who both recovered, have been our share.

Of the other children who died since the Institution was under my medical care, one little girl died of chronic disease of the spine; four little boys, only one over one year old, died of tuberculous deposit in the abdo-

minal organs and consequent marasmus; one boy of tubercular meningitis; and one little girl of convulsions, moribund when first seen.

The pustular ophthalmia, which had prevailed to so large an extent the year before, has, by unremitted care, though not entirely eradicated, which is an impossibility, been kept under thorough control. Daily visits enable me to see the disease in the very beginning, and I am happy to state, not a single speck mars the sight of any eye which could be treated from the first.

Two children with strabismus were successfully operated on.

The general health of the inmates of the Home is at present in a very fair condition in every respect.

Very respectfully,

C. TH. LIEBOLD, M.D.

### 7. Annual Report of the New-York Homœopathic Dispensary, for the Year ending, Dec. 31st, 1867. 109 West 34th-st.

*Medical Staff.*—John S. Linsley, M.D., 149 East 39th st., *House Physician*; Augustus P. Throop, M.D., 71 Irving Place, *Surgery and Diseases of Women*; Ernst F. Hoffmann, M.D., 40 East 30th-st., *Diseases of Women*; S. Lilienthal, M.D., 230 West 25th st.; C. Otto Ficht, M.D., 469 Sixth Avenue; Joseph H. Wescott, M.D., 200 West 42d-st.; Hamilton Rickaby, M.D., 258 West 42d-st.

First opened, May 28th, 1860.

Number of patients since treated :

From May 28th, 1860, to January 1st, 1861 (a period of seven months), there were treated . . . . . 1,080 patients.

During the year 1861 . . . . .	2,548	"
" " 1862 . . . . .	7,563	"
" " 1863 . . . . .	7,257	"
" " 1864 . . . . .	8,650	"
" " 1865 . . . . .	11,666	"
" " 1866 . . . . .	10,238	"
" " 1867 . . . . .	11,073	"

Total number . . . . . 59,075 "

Number of patients treated during the year 1867: 11,073; of these there were :

Natives of United States . . . . .	6,587
" Great Britain . . . . .	3,151
" Germany . . . . .	1,265
" other countries . . . . .	70
Males . . . . .	4,123
Females . . . . .	6,950
Over fifteen years of age . . . . .	5,990
Under " " " . . . . .	5,083
Total number of visits made by visiting physician . . . . .	5,523
Total number of prescriptions . . . . .	25,375
Total expenses for the year, (including rent, medicines, printing, &c.,) . . . . .	\$3,200

### 8. *Homœopathy in the Michigan University.*

THE "Star of Empire" is moving "*westward*" more rapidly than it did in the days of Bishop Berkeley. The State of Michigan now takes a step in advance of any other state or nation, by establishing a professorship of homœopathy in the State University. On the 25th of March, 1868, the Regents of the University passed resolutions, appropriating \$3000 for establishing "The Michigan School of Homœopathy." They also "resolved that Dr. Charles J. Hempel, of Grand Rapids, be appointed Professor of the Theory and Practice of Homœopathic Medicine, in the Michigan School of Homœopathy, at a salary of \$1000 per annum, from this date."

THE Annual Meeting of the Pennsylvania Homœopathic Medical Society of Pennsylvania, will be held at Harrisburg, on Tuesday, the 12. of May  
MICHIGAN HOMŒOPATHIC INSTITUTE. Ninth Annual Meeting at Grand Rapids, on the 19th and 20th of May.

### 9. *Brooklyn Homœopathic Dispensary.*

THE Fifth Annual Report for 1867 gives: Patients treated, 6798; Prescriptions given, 20,772. Dr. A. E. Summer.

### 10. *New Homœopathic Dispensaries*

HAVE BEEN opened at the following places:

*Lynn, Mass.*—Opened Jan. 1st, 1868, by Dr. A. M. Cushing.

*Cincinnati, Ohio,* Nov. 29th, 1867.

*Albany, New-York,* 39 Green-st. Physicians: Drs. Cox, Pratt, Jones, Paine, Randel and Horton.

*Harrisburg City Dispensary,* (Penn). Drs. C. A. Simonson, J. H. Fager, R. R. Roberts, M. Friese, C. J. Carmony, C. B. Fager.

SIXTH Annual Report of the Northeastern Dispensary, 100 E. 59-st., N.-Y.

### {11. *Obituary.*—HORACE MAY, M.D.

THIS highly respectable and amiable physician died in March, 1868. The sentiment and feeling of the profession, and of a large circle of friends, is thus expressed by the Kings County Medical Society:

At an adjourned meeting of the "Kings County Homœopathic Medical Society," held on Tuesday evening, 11th inst., the following resolutions were adopted, viz:

*Whereas,* Since the last monthly meeting of the Kings County Homœopathic Medical Society, we have been called to attend the funeral obsequies of our much esteemed friend and colleague, *Horace May, M.D.*, who has been an honored member of the Society, since its foundation,

*Resolved,* That while we bow in humble submission to Almighty God, who in His inscrutable Providence has thus suddenly bereft us, we cherish

a high respect for the memory of our beloved brother, who, by his untiring devotion to the duties of his profession (for seventeen years in this city), has won the confidence and esteem of a large circle of friends and patrons, who now mourn with us the loss of a beloved physician and friend.

*Resolved*, That by his sudden death, we, who remain, are admonished to increased diligence and faithfulness in discharging the duties of that profession to which he was so ardently devoted.

*Resolved*, That we tender to the family and friends of the deceased our heartfelt sympathies in their affliction, and the assurance that we shall ever cherish in kind remembrance our departed brother's worth.

*Resolved*, That a copy of these resolutions be handed to the widow of the deceased, and also that they be published in the city papers and in the homœopathic journals.

A. C. BURKE, M.D., *President.*

B. FINCKE, M.D., *Recording Secretary.*

### 12. *White Sulphur Artesian Well.* Terre Haute, Ind.

At the depth of 840 feet there was found a show of oil; 1276 feet, 9 inches, lubricating oil; 1335 feet, vein of fresh water; 1629 feet, 10 inches, oil vein; 1658 feet, blue sulphur water; 1710 feet, white sulphur water; 1768 feet, more white sulphur water; 1785 feet, large flow of white sulphur water.

### 13. *The Introductory Lecture*

of the winter course of the medical department of the University of New-York was delivered by Prof. Loomis. The lecturer remarked that it was sometimes ignorantly and flippantly asserted that the science of medicine had not advanced commensurately with kindred branches of knowledge. This was a gross error. The progress of medical science in all its branches—especially within a comparatively recent period—had been marked. This fact was fully evident to any one at all acquainted with the history of the profession. It was also shown by statistics. In the hospitals of Paris in the last 70 years the ratio of deaths had diminished from 1 in 7 to 1 in 12 cases, equal in the 80,000 patients annually, admitted to be a clear saving of 5000 lives every year. In England the ratio of deaths in about the same period had lessened from 1 in 20 to 1 in 40 annually, while the average longevity had greatly increased.

### 14. *Atlantic Mutual Life Insurance Company.*

THE following abstract of the Second Annual Report of this Company shows homœopathy prosperous in the Empire State :

Albany, Feb. 24, 1868.—The result of our experiment affords us, and doubtless will every true homœopathist, very great pleasure. We have issued 1824 policies to homœopathists at reduced rates, and 403 to allopathists at ordinary rates of premium, while the losses are two of the former

to three of the latter class. These returns are too meagre to afford a basis on which to estimate, even approximately, the relative merits of the two rival systems. A result so decidedly favorable to our school will prove of interest to the whole profession. We invite your attention especially to our remarkable immunity from losses, and our consequent increase of assets, which has enabled us to declare, as our first dividend, an average of 40 per cent. to the policy holders of 1866.

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15. *New-York Mutual Life Insurance Company.* See its Advertisement.

THIS is a new and strong company, and it knows how to speak for itself, as it has already done in our advertising pages. The Empire City called for it, and it sprang into existence, full armed, like Minerva from the brain of Jupiter. *Examining Physicians:* E. M. Kellogg, M.D. & J. W. Mitchell, M.D.

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16. *Supply of Water.* New-York and Philadelphia.

IN Philadelphia 92,993 buildings are furnished with water; the amount distributed to them in 1867 was 29,771,000 gallons per day.

During the same year only 65,000 houses in New-York were supplied from the Croton reservoir; but they received for use or waste, 62,000,000 gallons per day.

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17. *Influence of Coffee in Perpetuating Disease.* By C. H. NIBELUNG, M.D., Prof. of Anatomy of Hom. Medical College of Missouri.

PERUSING No. LXII, VOL. XVI., of the N. A. JOURNAL OF HOM., I was reminded by the article on "Tea and Coffee" of a case in my practice, which might perhaps interest some of the readers of the JOURNAL. I may mention beforehand, that I never forbid tea nor coffee, except where they are antidotes to the remedy I am giving or will cause aggravation in the case treated, as for instance tea in palpitation of the heart, or coffee in headache, uterine diseases, ulcerations, hæmorrhoids, &c. The case referred to was the following: Mrs. H., a robust German lady of some thirty years of age, had been suffering for months from an ingrown nail of her big toe. The toe was enormously swelled to twice or almost three times its natural size and so tender, that she could not bear the weight of a shoe on it. She had consulted several physicians and all of them told her, that the only cure was, to tear out the nail. Unwilling to submit to such a painful and barbarous operation, she put it off as long as she could bear or think of anything, which would ease her pain, and at last, August 17th, 1861, she sent to see, whether I could not help her, without tearing off the nail. I found the toe and foot very much inflamed and swelled, as mentioned before, the nail grown in very deep, the ulcer extending to the bone and issuing a very offensive matter, funguous



growth imbedding the nail still deeper. I applied burnt Alum to the fungous part, crowded a flattened shot under the ingrown edge of the nail, told her to cut off the nail always in the centre and never on the sides, and left her the appropriate internal remedies, at the same time forbidding her the use of coffee. But she objected, as she was nursing a baby and thought, she could not possibly get along without her much beloved beverage, which gave her so much strength and milk. I told her, that she must then abide by the consequences and need not expect for the ulcer to heal very soon. I visited her several times and the case went on nicely. The inflammation and swelling went down rapidly, she could after a short time wear a shoe and walk again without much pain, the fungous growth disappeared, also the foetid smell of the pus, healthy granulations formed, the nail grew by and bye to its full length over the shot, which was pressing down the fleshy part, but the ulcer would not heal. Telling her, that I could not do any more for her, if she would not give up the coffee, I dismissed her October 27th. She was perfectly satisfied with the cure, as her toe nail did not trouble her any more and I had not seen her again till January 7th, 1862, when I was called to attend on her baby. I then asked her about her toe and she told me, that the price of the coffee became so high since the war, that she was now using barley and rye coffee instead of the Rio, and that a week after she discontinued the Rio coffee, the ulcer about her nail healed up perfectly. She was in good circumstances, but what my advice could not accomplish, her stinginess did, and gave me a pretty evident proof, as I think of the sometimes injurious effects of coffee.

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JUST RECEIVED.

17. *Publications of the Massachusetts Homœopathic Medical Society, for 1866 and 1867.* Vol. III., Part I. Cambridge: Wilson & Son. 1868. 8vo. pp. 74.

THE publications of this Society previously noticed by us, brought up its history from its foundation in 1861 to 1866. The present issue continues that history to the latest dates, embracing the Proceedings of the Annual Meeting of 1867. The table of contents presents the following matters of general interest:

List of officers, &c.

Report of Proceedings of Meeting of Oct., 1866. Art. I. Hypodermic injections followed by temporary insanity. By Francis Krebs, M.D., of Boston.

II. Proving of *Artemisia-abrotanum*. By A. M. Cushing, M.D., of Lynn. Report of Proceedings of the 27th annual meeting. April 10th, 1867.

List of Officers.

III. Address of the President, C. M. Cate, M.D., of Salem.

IV. Report of the Committee on Clinical Medicine. B. E. U. Jones, M.D., of Taunton.

V. Annual Address. By B. DeGersdorff, M.D., of Salem.

Of the subjects embraced in these papers, several well deserve extended consideration, even if already published elsewhere. Some articles are written for publication which do not deserve to be published *any where*; some are so *instructive*, at least so *suggestive*, that they should not only be placed on record where they will stand for the longest period, but also in more than one place, and especially in the place where the future compiler of the *great Materia Medica that is to come* will be surest to find them.

At page 4 we read: "A. J. Bellows, M.D., of Boston, read a paper on the use of the Silico-fluoride of Calcium in certain forms of scrofula, especially goitre, and other enlargements of the glands of the neck. This substance is a dry, permanent, impalpable powder, and consists of Silicia 15, Calcium 14.70, Fluorine 55.26, and water 15 parts. He had given the medicine "to at least forty different patients, and carefully watched its effects in all important cases." He had only failed when the remedy had been too carelessly used.

The discussion on *typhoid fever* reveals the same discrepancy of ideas in regard to its nature that we have so long observed elsewhere. The distinction between *typhus* and *typhoid* fevers may not always be self-evident when the external symptoms alone are considered; but we can not accept this admission as proof that they are in their nature the same. This point we do not propose to argue now. But there is still another question: How many of all the cases we hear of under these names in the Atlantic States and in the Mississippi Valley are really either typhus or typhoid fever? We have for many a year admitted the existence of both diseases, and have been convinced that they were radically distinct in their nature; but have happened to live where they could seldom be seen, though we have had neighbors who could find cases of one or the other every day.

Do not physicians of all schools, when stating the results of their observations in society meetings give those results so vaguely that they mislead us all by sweeping into this one wide, capacious reservoir three different diseases under the one name TYPHOID FEVER? In the present report it seems that Dr. Holt of Lowell is speaking (pages 7 and 8) of real typhoid fever. Drs. Thayer and Morse seem to refer to a form of malarious fever not cured, (as it generally could be) within a very few days; and then the patient runs down into a low state of nervous prostration and mental stupor; and hence this case, if the patient dies, is reported as one of typhoid fever, because in its *external features* it resembles *typhus*.

Dr. Nute's experience has been in cases of "a continued fever, having an ordinary duration of five weeks in its aggravated form, and of three weeks in its mild form."

This is, perhaps, *typhoid fever*. If it is, and the diagnosis of the physicians who attended Prince Albert was correct also, *his* case was a "*milit*" one of the same disease. *Their* official announcement was that *his* "disease was typhoid fever—duration twenty-one days."\*

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\* See this JOURNAL, Vol. X page 701.

There is too much confusion here, as elsewhere. Prince Albert certainly died of that malarial fever referred to above; and such cases surely ought to be cured in less than twenty-one days. The cases mentioned (on page 9) by Drs. Lowe, Gregg and Giles Pease, must have belonged to this type of disease. Dr. Levi Pierce saw something of an epidemic (not an endemic or true malarial fever) on the mountains of New Hampshire. Drs. Scale's and Gallinger's cases are of this type; perhaps also those of Drs. Cate and Thayer, (on p. 10 and 11). Dr. Talbot mentioned cases of the malarious or marsh miasm type. We only write to call out the next speaker.

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18. *To Co-Editors, Contributors, Collaborators and Correspondents.*

In closing our sixteenth volume, instead of making any formal acknowledgment of the aid you have given in the past, we appeal to you again for further manifestations of your faith and zeal in the future. The number of laborers in the field of medical reform is now rapidly increasing, and public sentiment is evidently turning in our favor. Every student and practitioner is a missionary in our cause, and by his successful practice, his judicious conversations or written reports of his experience, makes new friends for homœopathy, and silences tongues and pens which have hitherto opposed it. A new campaign will open with the meeting of the American Institute of Homœopathy in June. Let us make that meeting a grand council of war against all outsiders, but of peace and harmony throughout the army of progressive reformers, whatever brigade or regiment any chief or soldier may happen to belong to.

Of our usual, at least recent contributors we ask :

1. Send us well-written, compact, substantial articles of practical value, for our next number.
2. Send them *early*, as early as possible after the May number is received.
3. Avoid all *personal* attacks upon any individual of any school, as you have always done. We expect to reach the outside limits of the true science of homœopathic medicine, and settle disputed questions within its territory, not by fighting them through, but by talking them calmly over till *we understand each other*.

To homœopathists who are not habitually writing for either of the journals now maintained by the professional spirit of our school in America :

We want your aid in the grand battle of principles which will hereafter be carried on with renewed courage and perseverance. We have many self-sacrificing observers and reporters on our list. If all will not aid us who might do it, and we be defeated at last, we shall still say, with the defeated candidate, "we have the BEST FRIENDS *that any candidate or cause ever had*; and are only unfortunate in *not having quite enough of them*."

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