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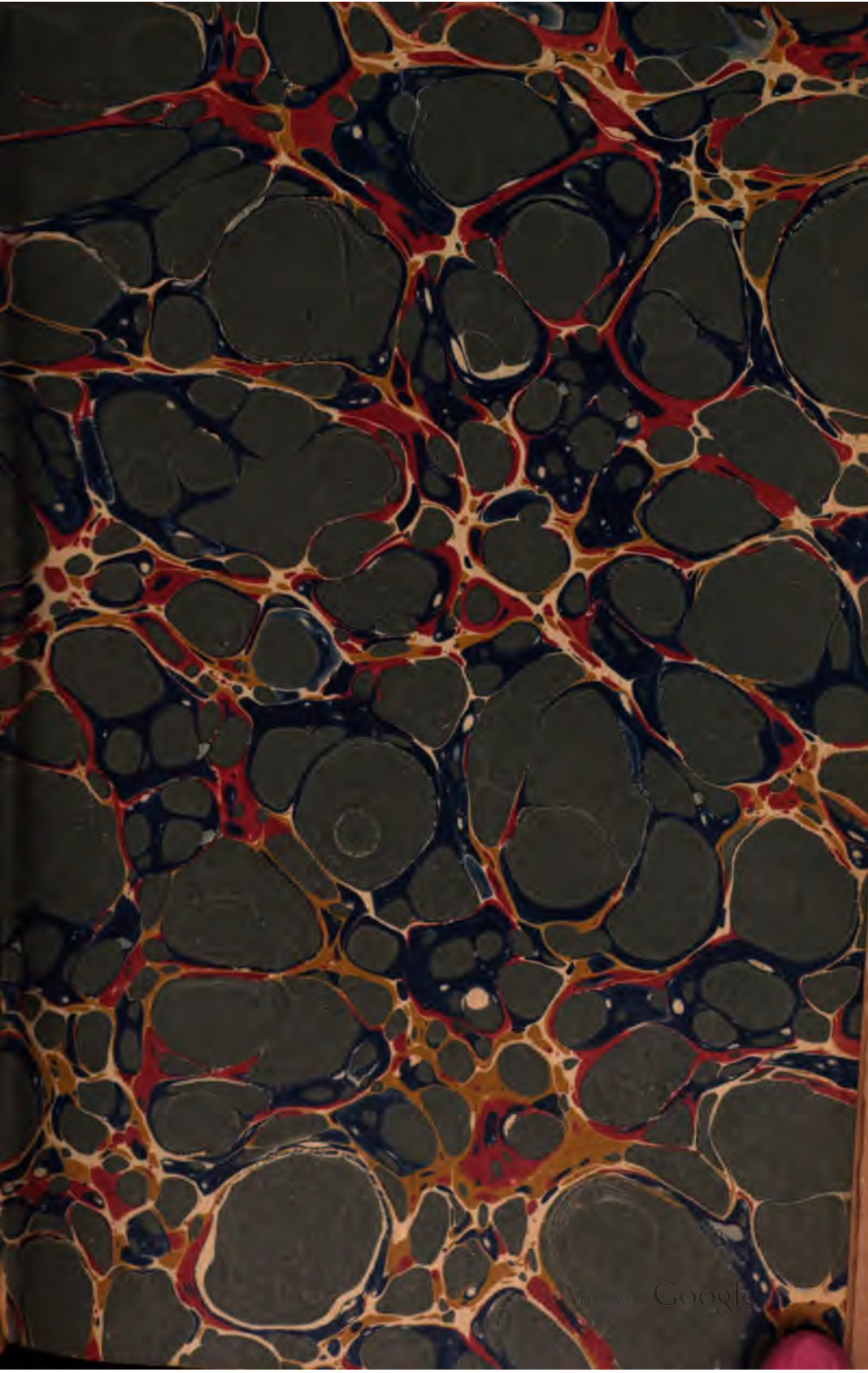
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THE

HOMŒOPATHIC EXAMINER,

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EDITED BY

DRS. GRAY AND HEMPEL.

AUGUST, 1845, TO JULY, 1846.

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To the Patrons of the Homœopathic Examiner :

THE undersigned, being constrained by professional and private avocations to relinquish the conduct of the Examiner, takes great pleasure in being able to assure the friends of Homœopathy that the work is to be resumed under very favorable auspices.

It is to be continued by his friends, Drs. Gray and Hempel ; the former the earliest American adopter and the first American essayist in favor of Homœopathy, and the latter an able German physician, already extensively known as the translator of Hahnemann's great work on Chronic Maladies.

The undersigned sincerely thanks the Profession for the indulgence they have exhibited towards the Editor of the Examiner during the long interval of its non-appearance, and he is deeply gratified by the new arrangement through which they will surely and most punctually be supplied with a vast amount of important practical and theoretical matter.

A. GERALD HULL,
496 Broadway.

August 1, 1845.

The undersigned deem it proper briefly to state the objects which they will constantly have in view in conducting this Journal.

1. They will furnish the readers of this Journal a clear and comprehensive exposition of the principles of Homœopathy, illustrated by interesting cases from practice.

2. They will not only address the Profession, but all those who take an interest in the progress of Medical Science.

3. They will furnish translations of all the interesting essays on Homœopathy contained in the French and German periodicals.

4. Forty-eight pages of every number will be constantly devoted to the translation of some standard work on Homœopathy.*

* We have commenced with Ruckert's Therapeutics, which will be completed in ten numbers.

The undersigned pledge themselves that the Examiner shall be regularly issued on the first of every month. Communications may be addressed to the Publisher or to either of the undersigned Editors.

JOHN F. GRAY,
492 Broadway.
CHARLES J. HEMPEL,
93 Spring-street.

New-York, August 15th, 1845.

ADVERTISEMENT OF THE EDITORS.

I.

THERE are some matters having reference to Homœopathy as an art, in which I dissent so widely from the views of my respected colleague, and indeed from those of the great body of the homœopathic fraternity, that I deem it necessary to make a brief allusion to them in the outset of our well-intended enterprise.

In the first place, I think our art is unjustly restricted within too narrow limits. Homœopathy demands the application of larger means than homœopaths employ; the art is not allowed to come up to the demands of the science, for we confine ourselves not merely to what we call the pure pathogenesis, but to that side of it which comes from the very minute doses of drugs on trial with the healthy, when we should, as I believe, sometimes give doses which correspond to that side of the pathogenesis which springs from the massive doses given to the healthy. For example, if we would cure that phase of the Asiatic cholera which corresponds to the massive impression of camphor, we should, as the art now stands, give an attenuated form of that remedy, say the 6th, 12th, or even the 30th, when we ought to apply the mother tincture both externally and internally. No attenuation of camphor will ever so intoxicate a healthy man as to make him resemble a case of cholera collapse, and a just adaptation of the science of Homœopathy to this case teaches us that the exhibition of any attenuation to a collapsed case of cholera must be wholly fruitless. But a massive dose, say a scruple or two, of camphor, is sure to produce a *fac simile* of such

collapse ; and as the doses which bear the relation to the sick which the massive ones do to the healthy are the strictly normal doses, I should certainly administer and frequently repeat the tincture of camphor (and not any "potence" not even the first) to a case of this kind. Such was Hahnemann's own instruction to his disciples respecting the cholera of 1832 ; that is to say, he dictated the use of the tincture in doses of from one to five drops, every five, ten, or fifteen minutes, till the collapse was overcome ; but he did not say that this was a rule of the art of Homœopathy, he in effect made it an exception to such rules by dictating it *ex cathedra* for that case alone, whilst he as strenuously directed the use of the 30th dilution for all other cases of disease. The art was not liberated by the cholera, it was kept even closer to the "potence" practice after that epidemic coerced the exception out of its founder than it was before ; and though some efforts have been made of late years to find posological rules, which should render the lower dilutions and even the clearly unsafe massive forms legitimate in the practice, yet still the art remains where it was in this vital respect more than ten years ago, i. e. far behind the demands of the science.

In regard to this question, I maintain that it is by no means a necessary condition of an homœopathic cure that the doses be of the potentized form, although that may often be the better form to exhibit ; nay further, I aver, as in the case just cited, that the potentized form is in some cases inevitably non-homœopathic.

Secondly : I hold to be an indispensable necessity to enlarge the boundaries of our art by an enlightened reading and study of the practice of the old school. We should be legitimately gaining new materials to it even from the abuses of that practice. Take, for example, the heels-over-head administration of hydriodate of potash, which is just now the rage in Allopathy, or the equally fashionable abuse of iodine of a few years ago, or of hydrocyanic acid of a few years earlier ; or let us travel through all the credit-worthy records of allopathic practice back to the very earliest, examining only those which treat of uncompounded remedies, and we shall every where meet strong confirmations of the truths which we hold to be the immortal elements of our science. Every where in this thrifty search we shall find among the splendid ruins of extinct systems some ready-hewn forms of practical truths for the farther up-building of our imperishable edifice.

I know of no reason why we should not perfect the glorious task of Hahnemann, who performed precisely this kind of

research in the construction of his *Materia Medica pura*, and not only enrich the treasury which he gathered with so much zeal, and patience, and learning, from the allopathic sources of all times; but diversify its power by pushing our inquiries concerning the remedies which he so laboriously studied, wider and farther, so as to collate the doses administered, the times of repetition, and the symptoms and other conditions of the cases cited by him and the authors whom he quotes.

Thirdly: I deem it not only justifiable but an imperative duty, so long as the present imperfect state of our art exists, that we apply remedial agents occasionally which are not yet reduced to scientific order: that is to say, we are sometimes forced to apply drugs, from their known good effects in pretty well defined groups of symptoms, with the physiological or pure pathogenetic powers of which we are unacquainted. This practice in our school is a return to the long extinct mode of the Empirical Sect. That very clear sighted school of physicians maintained that human knowledge could not be carried deep enough into the science of life to enable the wisest of men to develop a synthetic science of medicine, a rational art of healing; and that the only possible basis of medicine as an art of cure, was a simple and most humbly conducted series of observations. (Pity, a thousand pities, that so wise a sect of real observers should have been driven off the stage by a terrible rabble of "*Rationalists*" in medicine, who knowing nothing of anatomy, physiology, or chemistry, held undisputed possession of the suffering sick for more than a thousand years!)

Among the means which we must, as I think, use empirically, I will cite, in addition to those introduced by name into Jahr's new Manual, the *polypodium filix mas* and the cow-hage (against intestinal worms), the Mesmeric passes (Chiro-pathy), and the external and internal application of heat and moisture (Hydro-pathy).

To this list, which I consider indispensable to a successful practice of medicine at the present day, I will add BLOOD-LETTING, an agent which I have not ceased to apply during the eighteen years of my acquaintance with Homœopathy, albeit much less frequently than I did as an Allopathist.

At first, by advice of my learned and lamented predecessor Dr. Gram, it was continued upon purely empirical grounds, but now, and for many years past, I apply it upon the homœopathic basis, having acquired, partly by experiments on myself, and partly by reading Allopathic authorities to that end, a

tolerable pathogenesis of it which it is my purpose to elaborate for the Examiner.

With this frank advertisement of views, which I should like to see adopted and acted upon throughout the ranks of our school, because I entertain them with perfect sincerity, I tender my editorial services to the readers of the journal, with a pledge to them to follow where Truth leads, even if to-morrow it should make me retrace every position I now maintain.

JOHN F. GRAY.

II.

In taking charge, together with my learned friend and colleague, Dr. GRAY, of the publication of this Journal, I wish to take this opportunity of briefly defining the position which I should like, as one of its editors, to assume both towards the art, the principles of which this Journal is intended to promulgate, and towards my fellow-practitioners.

The time has already come when Protestantism, or the right of free inquiry, has introduced a division in the ranks of Homœopathists, and has made these diverging members of the common family as uncompromising opponents as are the adherents of Hahnemann and Galenus. I do not wish to appear a wavering reed in the tumult of opinions which is raging around me. I want to take part in the battle; I wish to take up arms as a determined champion of the good and noble cause of Homœopathy, *under the banner of Hahnemann*, and I shall resist, with all my energies, those Homœopathists who deviate from Hahnemann's mode of applying the principle "*SIMILIA SIMILIBUS*" *without assigning proper reasons for their innovations. Reasons ought to be listened to*, whether they agree or disagree with our own habits of belief, tastes, and convictions. The question, with me, is not so much whether a Homœopathist uses the low or high preparations, whether he employs or abhors the lancet; but whether he conscientiously embodies in his practice his own perception of the homœopathic doctrine, in other words, whether he is an *artist guided by principle*.

I do not believe, with some, that Homœopathy has sprung from the brain of Hahnemann, as Minerva did from Jupiter's, full-grown, as a *perfect* link in the series of universal truth. Homœopathy I regard as one of the forms of Divine Wisdom. It is a regenerating and redeeming principle, the scientific per-

ception of which Hahnemann has been the first to enjoy, and the application of which to life he has been the first to study and to practice as *an art*.

It is evident that I regard Hahnemann as a chosen vessel, in which the progressive workings of Divine Wisdom have realized the perception of a Divine truth.

The principle is *Divine*, the art is *Human*.

We may suppose, if we choose, that the "*Artist*" Hahnemann was not perfect, although I confess, I am utterly at a loss to conceive, with what right we deem the artist Hahnemann less than the artist Rafaële, or the artist Michel-Angelo. Their works we know and feel to be immaculate; why should we venerate Hahnemann's method less? Why should we substitute our modes for his, when we know that *his* art has snatched hundreds of victims from the very clutches of death, when no other art, not even the Homœopathic art, *as practised by another*, was able to save?

Study and practice the art of the Master! This is *my* motto.

But, because I regard the strict followers of Hahnemann as the true homœopathic artists, is this a reason why I should condemn those who practice Homœopathy in their *own* way, in a way different from Hahnemann's?

There is but one Rafaële or Michel-Angelo, but there are many painters, even good and distinguished painters, painters of great genius.

What musical composer does not understand the theory of the *contra-punto*? But who is there that equals Beethoven in majestic grandeur, and fills the soul with such overwhelming delight?

Homœopathy is a gift of God to all of us, to the people; every body has a claim upon it, and should be permitted to practise it according to the measure of his understanding.

It is my opinion that this liberal practice of our art will result in good, and is a necessary means towards the physical regeneration of man, so far as Homœopathy is competent to work out this result.

I do not expect that all should be master-practitioners of our art. What should, however, be every body's aim, is, that he should practise in the spirit of Hahnemann, were he, even, only conversant with the use of a few drugs.

Among the practitioners of our art, the eclectic philosophers have a legitimate use and existence. These are, properly speaking, men without any fixed and definite principles; they are guided by expediency and circumstance; they form a sort

of transition-link between, what is termed, the extremes of a doctrine, and may be and ought to be tolerated, provided they do not set up their notions as **THE TRUTH**.

THE TRUTH is a stern and unyielding reality; it has its stern and unyielding champions, and the time must come when all men shall bow to its accents.

What, then, is the truth in Homœopathy? Is Homœopathy itself true, and is it so simply and so universally true, that it may be universally understood by every simple mind? I think so; and it will be an easy matter to prove it.

Suppose I were to inquire of Nature: What am I, in case of sickness, to do, in order to recover my health? Would Nature be silent to my question, or would she not rather answer in something like the following train of reasoning?—

“I am the permanent and orderly manifestation of the infinite forms of Divine Wisdom. God, who has permitted the forces of Evil to invade man’s organism, has also made adequate provisions for its restoration to health; in me the forces of Evil exist in their ultimate forms; in me they are chained and brought under the control of man. I will show this in simple and convincing language.

“Nothing exists without a cause. Every created substance results from the action of a peculiar creative principle upon this globe. The different animals, vegetables, and minerals are, all of them, such results. All these results originate undoubtedly in **ONE FIRST CAUSE**; but this **ONE FIRST CAUSE** works out its ultimate manifestations through *Mediate Causes*, which differ from each other as much as their material products. All of these material products are composed of four leading constituents: Carbon, Oxygen, Nitrogen* and Hydrogen; but these constituents are compounded in a different ratio in each created substance; this difference in the ratio of their composition, which is fixed and permanent, evidently and incontrovertibly points to a corresponding difference in the nature of the mediate principles through which the **FIRST CAUSE** acts out its ultimate manifestations.

“Every created substance exercises an influence over man, if placed within the reach of his sentient sphere. He may either use it as a nourishment, or it may otherwise delight his senses; or else, it may act as a poison, and, by a continued use, prove destructive to his organism. The former of these substances realize and develop the harmony of the human organism; the latter cause its subversion; hence, for the sake of brevity and convenience, we may term the former substances *harmonic*, the latter *subversive*.

“The principles which create these subversive substances, *are the principles or forces of disease*. Diseases and the subversive substances are analogous results of the same subversively creative principles; *à fortiori*, every disease must have a corresponding subversive substance, which is the product of that same cause in which disease originates. Let us show this more conclusively.

“The process of creation is ever-continuing according to order. Every new spring brings forth new blossoms and perpetuates the races of nature. Creation is a process or an act, by means of which a creative principle becomes *embodied* in matter; this material *embodiment* is the visible and tangible *form*, or, as has been said, the real *body* of that principle. In that body the principle lives and grows under man’s control. The principle and the body constitute *a unit*. Indeed, every cause and its effect constitute a unit. Conceive an idea, and then realize it in act; when beholding the reality, you are reminded of the idea; when recalling the idea, you spontaneously unite with it its material form. For the clear understanding of Homœopathy, it is all-important well to comprehend the proposition, that the various creative principles and their material forms or types constitute one united existence.

“Suppose now, you swallow one-fourth of the contents of this capsule of Stramonium, which grows so luxuriantly on Manhattan Island, you may shortly be affected with tremor and numbness of the limbs, chills, convulsions, mental derangement, sparkling eyes, swollen ecchymosed countenance, dryness of the mouth, aversion to water, suppression of urine, dyspnœa, spasms of the chest, etc.

“Or, suppose you take some grains of Arsenic, you may then feel a general sinking of strength, an aching in all the limbs, general dropsy, a burning in the veins, or a general coldness accompanied by viscous sweat all over the body, roaring in the ears, cancerous ulcers, burning in the throat and stomach, diarrhœa, with burning at the rectum, brown tongue, great anguish and palpitation of the heart, a rending or lancinating pain in the bones, etc.

“But all these symptoms may exist in man’s organism without Stramonium or Arsenic having been swallowed; in both cases, however, those symptoms owe their existence to the same influence: In one case they have been evoked in man’s organism by the subversive force acting upon it directly, in the second case by acting upon it through the instrumentality of what is termed an animal, vegetable, or mineral poison.

“ Here it may seem as though man should inquire in what way the forces of evil invade the human organism, and why such an invasion should not be constantly taking place. The former of these inquiries it is none of his business to institute ; he ought to be contented with the simple fact that the human organism is occasionally invaded by the forces of disease ; the latter inquiry is perfectly legitimate and can be easily satisfied.

“ An invasion of the organism by the forces of evil can only take place when the organism has stepped out of the conditions in which its integrity can alone be preserved. If you take a glass of wine in the evening, you may wake up with a headache in the morning ; if you expose your bare head to the scorching sun, you may be attacked with congestion of the brain ; if you are drenched with sweat and suddenly expose yourself to a cool draught of air, you may bring on an apoplectic state of the lungs : in all these instances the organism, before the forces of evil were enabled to invade it, had been placed in a peculiar state of adaptation to their reception.

“ The state of adaptation, therefore, is not the disease, *but is related to it*. A blow upon the eye does not directly produce an inflammation of that organ ; but simply alters the relation of its parts and the form of their tissues, in such a way as fits them for the reception of that peculiar variety of the subversive forces, which produces the burning heat, the suppuration and all the other symptoms characteristic of bruises, contusions, and wounds.

“ Suppose now, an invasion of the organism by the forces of evil has taken place, how is this organism to be freed from its enemy ?

“ In attempting the emancipation of the organism, you act upon the principles which I have pointed out in the preceding paragraphs :

“ 1st. Causes and effects, hence the forces of evil or disease and their material results, bodies, forms, or types, constitute an united existence.

“ 2d. The forces of evil or disease and the human organism do not constitute an united existence, for the simple reason that the human organism is not the product, result, form, body, or type of those forces.

“ 3d. Hence, by introducing into the organism the natural type of that subversive force by which the organism has been invaded, it is legitimate to assume *that this force will leave the organism and re-unite itself with its type*.

“ By thus re-uniting the subversive force with its natural

type, that force is reduced to its natural order of existence, and the symptoms by which the subversive force manifests its action upon the organism, gradually disappear.

"It is self-evident that, in order to know what subversive substance is typical of a subversive force, you must know which of the different subversive substances are capable of producing, in a healthy organism, symptoms analogous to those by which the subversive substance manifests its existence in an organism. In other words, you must *prove*, upon healthy organisms, the different subversive substances, before you can employ them as remedial agents."

In this way Nature would, perhaps, explain one of its most comprehensive and sublimest principles, the principle which Hahnemann has expressed in the formula "*Similia similibus curantur*." No remedial agent can become curative unless its pathogenetic effects—the effects which it produces upon the healthy organism—are analogous to the symptoms by which the existence of a subversive force or agent in an organism, is indicated. To apply such an agent with the probability of success, it is necessary that we should know the symptoms which show that an invasion of the organism by a subversive force has taken place; and, secondly, the state of adaptation in which that invasion did take place. A headache which has been caused by the use of coffee or wine, cannot be relieved by the same agent that will relieve a headache caused by a sour orange or indigestible food. A gastric derangement may have been brought on by the improper use of certain kinds of nourishment, or by a cold, or even by fright and anxiety; in all these cases special remedies must be applied to each. A knowledge of this state of adaptation is of great importance, as it facilitates in many cases the selection of a proper remedy. In idiopathic or endemic diseases that knowledge is of little consequence. The *Asiatic Cholera*, the *Yellow Fever*, *Black Vomit*, the *Croup*, *Measles*, *Scarlatina*, or the *Intermittent Fevers of marshy regions*, are characterized by fixed symptoms which invariably point to a certain set of remedies. And even in all other cases of disease we might perhaps dispense with a knowledge of the state of adaptation, if the patients were always able to give an accurate description of the symptoms. This, however, seems impossible. And, even if a most accurate description of the symptoms were given, sometimes two different remedies seem to be so distinctly indicated by the same series of symptoms, that even a skilful practitioner would be at a loss to select the proper remedy, if he were not decided in his choice by a knowledge of the state of adaptation. An in-

inflammation of the throat may be brought on by substituting a thin cravat for a more heavy one. There may be redness and heat of the fauces, swelling of the tonsils, difficulty of swallowing, evanescent ulcers, abnormal secretion of saliva, pain on pressure ; all these symptoms indicate with great precision the use of BELLADONNA. But, in this case, BELLADONNA would have no effect ; CHAMOMILLA would be the remedy. Or, an inflammation of the bowels may have been relieved by MERCURY. If a relapse should be brought on by eating fruit, MERCURY would then cease to be the proper remedy ; PULSATILLA or ARSENIC should be exhibited. In this latter case the patient may feel so much pain that it may be impossible for him to explain himself. Considering all things, therefore, it is advantageous and even necessary that the state of adaptation should be ascertained with as much accuracy as possible. In many cases, a knowledge of that state may be the physician's only guide in the selection of a drug.

It now remains for me to inquire what may, properly speaking, be regarded as a homœopathic agent. If this inquiry be made of nature, she will at once reply, that homœopathic drugs are all those subversive substances in her three kingdoms, which are capable of simulating diseases ; disease being, as I have shown it to be, "*the totality of the symptoms, by which we perceive and recognize the action of a certain order of subversive forces upon an organism, which had been exceptionally or specially adapted to or prepared for their reception.*" According to this definition of a homœopathic drug, nothing can be considered a homœopathic remedial agent, which does not exist, in one of the three kingdoms of nature, in the shape of a subversive substance. Blood-letting, which some eminent homœopaths apply as a remedial agent, does, therefore, not come under my definition of a homœopathic agent. Privation of blood or food is certainly capable of placing the organism in a state of adaptation to the reception of a peculiar order of subversive forces, and these forces may be antipathic to, and therefore capable of neutralizing the action of those subversive forces which had invaded the organism, and from which it had to be freed. In this indirect way, bleeding or starvation may effect a cure ; but this would not, strictly speaking, be homœopathic treatment ; of course, taking it for granted that my definition of the character of a homœopathic agent is correct. In a case of high fever, bleeding could never be resorted to in accordance with the homœopathic law ; for venesection in its primary effects has a tendency to reduce the action of the arterial system : in all such cases the consistent practi-

tioner *must* use ACONITE. In many cases where blood-letting is resorted to by homœopathic practitioners, the highest potencies of CARBO. VEG., KALI, BORAX, CARBONATE OF AMMONIA, IPECACUANHA, ARNICA, LYCOPODIUM, etc., would perhaps be more permanently useful. On the subject of bleeding, all practitioners, who are devoted to the cause of medical progress, ought to communicate their views and experience to each other with a spirit of frank manliness ; in this way they may finally succeed in establishing fixed and true principles in reference to that question.

If, as Hahnemann observes, the homœopathic agent acts by making an impression upon the vital principle, every thing which is capable of producing such an impression may be considered a remedial agent. The question then would be : What are the *pathogenetic* effects of blood-letting, starvation, privation of air, etc. ? This important question has never yet been fully answered.

As regards the different potencies, I strictly follow the example of our master. Hahnemann recommends the high potencies as those that will act most promptly and safely ; my own experience has never, not in any one instance, contradicted that statement. Even of the thirtieth potency of COFFEA I have seen beneficial effects in an affection similar to PURPURA HÆMORRHAGICA, although Hahnemann here recommends the lower preparations of that drug. I shall not hesitate to use the 200th and even the 2000th potency of some drugs, as soon as they shall be in my possession. Every homœopathic practitioner has had cases in his practice, where a certain drug was indicated, and yet where it would not act. In all such cases I recommend the use of the highest potencies. In the next number of our Journal I shall report a few cases of cure by the highest potencies, where no other potency of the same drug would act.

CHARLES J. HEMPEL, M. D.

New York, 93 Spring-street, 1845.

NOTICE.

Asterisks (*), placed in front of symptoms in the English editions of Hahnemann's works, signify that those symptoms have been cured by the remedies to which they belong.

THE
HOMŒOPATHIC EXAMINER.

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AUGUST, 1845.  
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Practical Remarks on TYPHUS ABDOMINALIS, (Gastric Nervous Fever,) and its Homœopathic treatment, from observation and experience in Hospital Practice, by Dr. J. BERTL. Translated from the German by J. B. GILBERT, M. D.

ALTHOUGH I do not wish to lay too great stress on the experience which I have had in the treatment of sporadic as well as epidemic *Typhus Abdominalis*, yet I trust I shall do some service to my less experienced brethren in the Profession, by showing, in the first place, that the observations which other practitioners have communicated on this subject in different publications, have been confirmed by my own experience; and, in the next place, by drawing the attention of my younger brethren to remedies, which, if applied at the right time in this difficult disease, frequently lead to happy results.

I beg to be excused, however, if I do not engage in any wide-leading theories on this subject, but limit myself merely to results which have come under my own observation.

Concerning the essence of this disease, as in general of all other diseases, nothing positive can be said; it is probable, however, that the blood undergoes a kind of poisoning, or at least becomes so altered, that it lacks the vital stimulus which is necessary to support life in its integrity.

This *hypothesis* appears to me to be the most admissible one, if we have reference to the external causes under which the different cases appeared in my practice.

EXTERNAL CAUSES.

Living in dwellings which are too greatly crowded, the atmosphere being surcharged with nitrogen and carbonic acid gas, but deficient in oxygen; exhaustion of vitality from various causes; bad quality of food; deficient clothing; sudden changes of weather and temperature, and especially if unseasonable and continued sultry weather prevail; westerly, southwesterly, and south winds* chiefly blowing during the autumnal months when that constitution of the atmosphere is predominant which engenders Typhus: these external influences, acting on a body already susceptible to the disease, were its exciting cause.

The disease, in this part of Germany, generally attacked individuals between the ages of twenty and forty years, whose abdominal nervous system had previously become disordered, and whose intestinal tube was infested with lumbricoides.

The seat of the malady manifested itself first in the mucous membranes of the abdominal organs and in their nervous system. Distinct reaction setting in at the very commencement of the disease, plainly indicated that nature intended to free the organism from the morbid matter infecting it, in order to evacuate it in the form of critical discharges, first by the mucous membrane of the intestines, later by that of the air passages, and finally by the cuticle.

The healing powers of nature being incompetent to free the system from this poison, whilst pervading its *lowermost* sphere—the *vegetative*—or not succeeding by the aid of art, in shortening the disease at *this* stage, (lasting from four to seven days,) then, the morbid agent transferred itself to the *animal* sphere, and if not overcome here, it finally seized upon the *sensitive*; thus forming *three* different stages of the disease.

The First or Vegetative Stage, or Stage of Premonitory Symptoms,

Commenced with lassitude; heaviness of the limbs; restless sleep interrupted by dreams; obtuseness of intellect; confusion of ideas; headache; sensation to the patient as if the atmosphere had turned black; want of appetite; bitter taste; white-coated or else clean tongue; nausea; retching; increased

* These are the damp winds of Germany, and correspond with our northeast, east, and southeast.

thirst; cardialgia; tenderness of the epigastrium to pressure; costiveness, colic pains; diarrhœa, which was more frequent at night than during the day; chilliness, or continued coldness, which last symptom was never absent at the commencement of the disease, and seldom accompanied by any sensation of heat in the head or extremities. The pulse in this stage was rather weak than strong, and the patients were melancholy, sighed and groaned.

In this state of contraction, there seemed to be rather a suppression of the different secretions and excretions. The Schneiderian membrane appeared rather dry; there was a sensation of dryness in the mouth; the alvine discharges were in many cases wanting, or at the commencement very dry; the urine pale and in small quantity, and the patients had a pallid appearance. There was, consequently, a deficiency of the normal secretions of mucus, saliva, bile, and perspiration. In the more advanced part of this stage, the patients complained of tearing, throbbing, lancinating, burning pain in the head; heat in the head; pricking pain in the ears, (these symptoms were mostly increased towards evening and by motion); also of stiffness in the nape of the neck; shifting pains; vertigo, even when shutting the eyes; lassitude and weariness of the limbs. A sensation of dryness of the mouth gradually came on; there was a total want of appetite; increase of thirst, or it was wanting, although there was a sensation of dryness of the mouth; the dislike to food increased; nausea, even vomiting of mucus, bile, or of the ingesta ensued; the abdomen became sensitive to the touch (mostly in the umbilical region); the stools watery, copious, mingled with mucous flocks, yellowish, greenish, or had the appearance of the washings of meat; the urine light-brown and formed no sediment. Some of the patients were troubled with a dry cough, and the evening *exacerbations* were accompanied with chills, alternating with heat, which continued until midnight, and allowed the patients only a little sleep, which was broken by dreams.

If this stage approached more to the *second*, then nervous complications could not be mistaken; the diarrhœa, with previous and subsequent colic pains, the tenderness in the hypogastric and epigastric regions, the giddiness upon raising the head, and the sensation of dryness in the mouth and throat increased; repeated vomiting of mucus and bile, or of the ingesta was easily provoked; the patients yawned, were drowsy, easily affected by noise and light, had weakness of memory, manifested a tendency to delirium, their sleep was restless and broken by frightful dreams: which condition lasted

from four to eight days. This stage terminated under favorable circumstances in critical sweat, or increase of urine and with bilious stools, having a thicker consistency than before. Under unfavorable circumstances the disease entered upon the *second stage*.

Therapeutics of the First or Premonitory Stage.

PULSATILLA, NUX VOM., MERCUR., DULCAMARA, BRYONIA ALBA, RHUS, IPECAC., VERATRUM, DIGITALIS, and CHINA, have proved efficacious in this period.

PULSATILLA led quickest to the desired result when employed in relaxed constitutions; when there were frequent chills; absence of thirst; bitter taste; white-coated tongue; want of appetite; inclination to vomit; mucous vomiting; slimy stools, and very peevish, whining disposition. One drop of the sixth dilution given every twelve, six, or three hours, in distilled water, performed all that could be expected of it.

NUX VOM. was used, when, with gastric or bilious symptoms, there was a frequent urging to stool without passing any thing, and constipation predominated. The 12th, 6th, or 3d dilution, given every twelve hours, in globules, or in the liquid form, had usually the best effect.

MERCURIUS (I generally used MERCURIUS DULCIS) was employed more in veno-lymphatic individuals; in relaxed constitutions; in those who appeared much debilitated, with rather pale, yellow countenance; complained of severe headache; had thickly coated tongue; bitter, glutinous, putrid taste, and little thirst; whose epigastric, hepatic or umbilical region was very sensitive to pressure, and whose abdomen was already somewhat distended; *the stools were at the same time quite watery, copious, flocculent, and even somewhat bloody*; the patient disturbed by restlessness and anxiety, throwing himself about in the bed, sleeping but little and having anxious dreams. The 1st or 2d trituration (No. 1 prepared in the proportion of five to ninety-five,) in 1 gr. doses, repeated every three or two hours, was found very salutary in many cases. The stools diminished in frequency; changed into bilious; became of the consistence of pap; the pain and tenderness in the abdomen disappeared; even pressure now no longer produced it, and finally yielded together with the remaining symptoms.

This remedy is well worthy of notice, as being applicable

to such individuals and symptoms as are above mentioned, and seems really to prevent the formation of ulcers in the intestines.

DULCAMARA rendered good and speedy relief in cases where the patient had a distinct recollection of having previously taken cold; the tongue being at the same time quite clean, no gastric affection was perceptible; where yellow, liquid stools passed, accompanied with cutting, digging,* griping pains in the bowels, and pain in the umbilical region, or in the whole abdomen. One drop of the 1st dilution, repeated every six or three hours, quickly diminished (within twenty-four hours), the colic pains as well as the evacuations; the latter soon became of the consistence of pap, or entirely ceased; a general perspiration ensued, and what little fever there had been, disappeared.

BRYONIA was very serviceable, if the disease threatened to pass over into the *second* stage, and a few nervous symptoms had already appeared; then there was tearing, throbbing, stinging headache; nausea; inclination to vomit; retching; white-coated tongue; bitter, slimy taste; dryness of mouth; thirst; vesicles on the lips and in the mouth; spitting out of the saliva; loathing of food; diminished appetite; spasmodic tenseness and oppression in the stomach; tenderness of the epigastrium to pressure; colic pains; flatulent discharges; constipation; urine turbid and in small quantity; feeble and hoarse voice; morning-cough; stitches in the chest when coughing and taking a deep inspiration; pains in the joints and limbs; restless sleep; lassitude; sensation as if the muscles were bruised; heat and sweat. One drop of the 12th, 6th or 3d dilution, given every three hours in distilled water, frequently produced an improvement.

RHUS was used in preference, whenever confusion of intellect, heat and burning in the head, stitches in the ears and head, and sensation of tenseness and stiffness in the nape of the neck supervened; the symptoms becoming aggravated in the evening and by motion. Also pains alternately attacking the nape of the neck and the back, accompanied with weakness and weariness of the limbs. In the more advanced part of the stage, nervous symptoms appearing, there ensued diarrhoea several times during the day, followed by colic; shivering; white-coated tongue; vertigo upon closing the eyes; dryness of the fauces; change of complexion; inclination to vomit and actual vomiting of mucus and of the ingesta; total want of

* The German expression is *wühlen*. This kind of pain seems to correspond with the English *grinding pains*.

appetite ; yawning ; sensation of heaviness of the head and confusion of intellect ; heaviness of the eyes and oppression of the stomach, alternating with colic, sensitiveness to noise and the glare of the light, accompanied with drowsiness and weakness of memory ; tendency to delirium ; black incrustations upon the lower lip or tongue. One drop of the 12th, 6th or 3d dilution was given in such cases and repeated every three or two hours. The diarrhœa then became less frequent and, with the rest of the symptoms, gradually ceased.

IPECACUANHA I found useful in cases where the disease appeared in a more gastric form, or commenced with discharges similar to those of cholera. It benefited also in liquid, light-yellow, grass-green, mucous diarrhœas. One drop of the 3d, 2d or 1st dilution, given every hour, or every three or two hours, was the adequate dose.

VERATRUM was of great service when the symptoms set in with vomiting and diarrhœa, or only the latter ; when coldness of the limbs predominated, even accompanied with cold sweat.

In one case, which had passed into the second stage, the extremities, from the ends of the fingers and toes to above the elbows and knees, being as cold as marble and appearing covered with cadaverous spots, the pulse small, weak and hardly perceptible, the patient with the greatest sensitiveness of the abdomen passing involuntarily urine and liquid stools, this remedy was the only one which afforded relief. The dose consisted of the 12th or 6th dilution, given every two hours, or every hour or half hour, in the powder form. The entire feature of the disease quickly improved, but the cadaverous spots required a few weeks before they were fully absorbed.

DIGITALIS was used when the disease was more of a veno-lymphatic character, the pupils being dilated, the tongue quite clean, the pulse slow, languid and below the normal standard ; vitality at a low ebb ; sensation of oppression and fulness in the epigastrium, accompanied with nausea, retching and vomiting. The 3d, 2d or 1st trituration, in 1 gr. doses, given every three hours, gradually improved the whole symptoms.

CHINA. I found this remedy efficacious in lingering cases, accompanied with pallid countenance ; lancinating, tearing, oppressive headache ; dimness of sight ; buzzing in the ears ; weakness of hearing ; yellow or white-coated tongue : dryness of mouth ; insipid, flat, and nauseating or bitter taste ; thirst ; cardialgia ; nausea ; retching ; tenderness of the epigastrium ; tumefaction and sensitiveness of the abdomen ; thin, yellow, watery stools, which sometimes contained indigested food ;

scanty, pale-colored, or dark and turbid urine; dyspnoea; oppression of the chest; tearing, lancinating pains in the extremities; anguish; sleeplessness; coldness or chills over the whole body; coldness of hands and feet. The 3d or 1st dilution, even the primary tincture, in the dose of one drop administered every three hours, in distilled water, produced an improvement.

Second, or Stage of Vascular Irritation, or the Animal or Gastro-inflammatory Stage.

The symptoms of the first period increased in intensity, the fever became exacerbated either daily, or every two days, and in some cases more in the forenoon. In this stage there was a state rather of expansion evident, consequently a quicker, fuller, but seldom hard pulse, accompanied by redness and tumefaction of the face.

The heat became general, continued; the skin felt hot, owing probably to the decomposition of the blood taking place.

In this condition the patient was compelled to keep to his bed. The symptoms affecting the mucous membranes were like those of the first stage; the tumefaction of the abdomen, the pain in the epigastric, umbilical or ileo-coecal region, or the whole abdomen remained constant, and, together with the gurgling noise produced by pressing the ileo-coecal region, could almost be considered as a pathognomonic symptom of this disease.

A rumbling, rattling or flapping noise in the abdomen was perceptible, similar to that made by a fluid being poured from one bottle into another. Even under existing constipation this flapping noise in the ileo-coecal region could be plainly distinguished upon the mere pressure of the hand.

Towards the end of this period, and sometimes even earlier, a dry cough usually set in, accompanied with constriction of the chest, difficult and hurried respiration, and even stitches in the chest. The evening exacerbations were more and more distinct, and after every such aggravation the urine became like that of cattle, thick, with reddish, yellowish, or flocculent sediment, and more and more scanty. The skin was drier and more parched.

In cases where a miliary eruption was about making its appearance, the forehead, shoulders, chest and inguinal region were moist, until a peculiarly acidulous or musty-smelling sweat gradually covered the whole surface of the body.

In some of these cases the skin was cool, the pulse rose to

100 or 110, often becoming intermitting and trembling, particularly in impending epixtaxis.

The general sensation began to be duller and the limbs to feel heavier; a kind of unconsciousness, with partial loss of sensation, set in, and drowsiness, which gradually increased to *Sopor*, with weakness of the senses.

In a few cases the tongue was red, dry as if furrowed, and cracked; in others white or yellow-coated, yet the ground always continued a dark-red. In most patients this was accompanied by diarrhœa, which was copious and more frequent at night than during the day.

If the fever assumed a more inflammatory character, the exacerbations usually set in during the evening; but if the fever set in with erethismus, the exacerbations appeared more frequently in the morning. The pulse in the former case being fuller, rather hard and seldom over 80 or 90; in the latter, accelerated and much more than 100.

The respiration was quicker in the evening, at night and during sleep; the thirst and dryness of the tongue increased; the patients talked, shrieked and raved in their sleep, and upon waking would have no recollection of it, and could not immediately come to their senses.

During the day the pulse was more quiet, the patients more rational, sometimes even lively. Many complained of vertigo; humming in the ears; had brown lips and tongue; were restless in bed; had tremors of the extremities and grasped hastily at things; their movements were generally hasty.

With the symptoms already noticed, in many cases swelling of the parotids and tonsils, rheumatic complaints, pleuritic stitches and miliary eruptions were observed. The disease here, like in the *first* stage, indicated by its symptoms that the inflammation had attacked the mucous membranes and the nervous system.

In favorable cases the heat diminished, the warmth of skin was visible merely in the evening, the sleep at night became longer and more quiet, the pulse fuller, yet still remained quick for a long time; finally the heat ceased entirely. The headache disappeared, the patient became pale, the lips and tongue moist, the point and edges of the latter cleaner and cleaner, the thirst ceased, the stools appearing bilious, papescent, and less frequent; the abdomen less and less sensitive to the touch, until it could be handled without any pain, and collapsed. The appetite returned, the urine was paler, more copious and without sediment, the cuticle moist and soft, the swelling of the parotids and tonsils dispersed, and after this a recovery speedily followed. This stage lasted from three to eight days.

Therapeutics of the Second Stage.

In this period the following remedies proved particularly efficacious: PULSAT., MERC. DULCIS, BRYONIA, RHUS, ACIDUM PHOSPH., CHAM., BELLAD., ACONITUM, CALC. CARB., COCC., HYOSCY., SEPIA, PHOSPH., SULPHUR and COLD WATER.

PULSATILLA was employed in relaxed constitutions, when there was gastric disturbance; little or no thirst; rather pale and yellowish countenance; phlegmatic temperament; anxious, fretful disposition; bitter taste; white or yellow-coated tongue; loss of appetite; slimy vomiting and mucous diarrhœa. One drop of the 6th and 3d dilution, given in distilled water, and repeated every twelve, six or three hours, frequently produced an improvement.

MERC. DULCIS. I used this remedy with advantage as long as the tongue remained moist and the patient not delirious. It suited cases where the disease bore a more veno-lymphatic character; when gastric disturbances were apparent and the tongue white-coated; when any part of the abdomen, in and below the epigastrium, felt very tender to the touch; when the stools were watery and nearly colorless, or with white flocks, or looked as if mingled with the washings of meat, and were often more frequent at night. The 2d and 1st trituration, in 1 or 2 gr. doses, according to circumstances, repeated every three or two hours, did, in a few days, all that could be expected of this remedy.

The use of this medicine first diminished the frequency of the evacuations: they became bilious, brownish, less in quantity and then papescent; the pains and sensitiveness of the abdomen decreased, even pressure no longer produced them, and with the remaining symptoms soon ceased.

BRYONIA proved especially serviceable when the state of the disease approached nearer to a *Febris nervosa versatilis*, or to a *Typhus cerebialis*; when there was violent delirium with great feverish heat; increased thirst with dryness of the mouth; vesicles breaking out on the mouth and tongue; when the stomach was tender to pressure, the abdomen tumefied, the bowels constipated, or the stools solid, hard, or else loose; when the urine was red or brown, and pleuritic stitches with or without cough set in; when the patient wished always to sleep during the day; whined in sleep; was sleepless at night and particularly before midnight; restless and threw himself about; talked incoherently when he awoke; had violent delirium, especially at night, and endeavored to run away; had

violent fever; quick, soft pulse; clammy, moist skin and trembling of the hands. One drop of the 12th, 6th, or 3d dilution, in distilled water, given every three or two hours, relieved these symptoms.

RHUS was of great service in almost every stage, consequently also in this, and particularly when the diarrhœa passed copiously, often, and like yellow water, and the patient drew nearer and nearer to the *Febris nervosa stupida*.

This may be regarded as one of the most energetic and suitable remedies in this disease, for it not only speedily mitigates and removes the diarrhœa (that most fatal symptom), but also the congestion of the brain, and by the diminishing of the diarrhœa also lessens the weakness and decline of the patient. One drop of the 12th, 9th, 6th or 3d dilution, given every three or two hours, in distilled water, was the proper dose.

ACIDUM PHOSPH. suited characteristically when the patient was weak, taciturn, was lying in a state of insensibility, every answer having to be forced from him, and when a great sluggishness was noticed in his whole demeanor; when the watery, copious diarrhœa would not cease, and fatal transition from an apparently existing state of *Febris nervosa versatilis* to a *stupida*, yes, even an unexpected death by means of a general paralysis was to be apprehended. In this state either ACIDUM PHOSPH. of the 3d or 1st dilution, one drop given every two hours, in distilled water, alone, or alternated with RHUS, was beneficial. The diarrhœa then improved, at last ceased, and the patient became convalescent.

CHAMOMILLA. This was given when there was feverish redness and heat of the cheeks, which was perceptible especially in the afternoon and at night; swelled parotids; red, dry tongue and mouth; cracked, white or yellow tongue; slimy, putrid, bitter taste; putrid breath; violent thirst, particularly for cold water; inclination to vomit; bitter vomiting or vomiting of the ingesta; oppression at the stomach; cut-domen; painful sensibility of the same to the touch; diarrhœa ting, rending, burning pains in the bowels; inflation of the abdomen of white, slimy, watery, yellow, green passages; flocculent, turbid urine with yellowish sediment; catarrhal hoarseness; whistling, wheezing or rattling in the trachea; sensation as of tickling in the epiglottis and larynx; cough, with mucous rattle, or dry cough; dyspnœa; oppression under the sternum; lancinating, burning pains in the chest; sleeplessness, drowsiness or *sopor*; starting in sleep; vivid dreams; delirium; dry febrile heat; fits of anxiety preventing sleep; fretfulness, an-

ger, sighing, groaning and restlessness of the patient. The 6th dilution given every twelve or six hours was generally sufficient to produce good results.

BELLADONNA was found most salutary when the disease, seemingly inflammatory, appeared fixed more in the arterial system; when the pulse was accelerated, rather full than otherwise and rather hard than soft; when great throbbing of the carotids, deeply flushed countenance, dry and hot skin, red, dry or slimy tongue prevailed; when there was great thirst; insipid taste; tympanitic state of the abdomen and hard or fluid stools; dark-colored, turbid urine which formed a cloudy sediment; when the patient complained of violent headache; lay in a comatose state with fixed glassy eyes; was delirious; unable to sleep, or shrieked and started in his sleep and was disturbed by many and frightful dreams, or finally was in a lethargic and stupefied state.

The 12th, 6th or 3d dilution, given every three or two hours during the continued and violent paroxysms of heat and fluid, involuntary stools, either alone or alternated with Acon. in the third dilution, was of great service. A continued perspiration generally then set in, relieving the patient; the stools approached nearer to their normal condition, and the febrile heat diminished.

CALC. CARBON. I usually prescribed this remedy towards the end of the second or at the commencement of the third stage, when ulceration seemed about establishing itself. It was particularly beneficial when the diarrhœa (in spite of the best indicated medicines) would not decrease and the fever drew nearer and nearer to the nervous state. This medicine was prescribed in the 30th dilution, in one drop doses, every twelve or six hours, either alone or alternated every six or three hours with any other remedy which corresponded best with the totality of the symptoms of the disease. CALC., when alternated with BELLAD., produced the most striking and beneficial results.

The dose, as previously stated, was first given in the 30th dilution. If, after twenty-four hours, the high attenuation did not appear to operate beneficially, then the 24th, 18th, 12th or 6th dilution was used. The favorable effect of this medicine was perceptible in the stools becoming more consistent and less frequent; the tenderness of the bowels, the tympanitis, restlessness and anguish, which seemed to proceed from the abdomen, subsided, and the rest of the symptoms decreased.

PHOSPHORUS was given with good results towards the end of the second stage, when congestion of the lungs accompanied

with dyspnœa and anguish set in. If ACON. 3d in repeated doses did not relieve, and the symptoms increased in intensity until an inflammation of the lungs which had apparently been neglected became visible, accompanied by bloody mucus, even ichorous, putrid expectoration, then no more serviceable remedy than PHOSPH. could be found. The 12th or 6th dilution administered in half-drop doses every six or four hours, in distilled water, was the suitable dose.

SULPHUR. From this remedy I frequently received the best effects and speedy relief, when BRY., RHUS, and ACID. PHOSPH. had previously been used without benefit. The characteristic symptoms which called for it were: a rather pale face with deep-sunken eyes; an itching, burning eruption on the lips; dryness of the mouth; dirty white coating of tongue, or else drier than natural; bitter, putrid taste; disposition to vomit; vomiting of the ingesta, or subsequently of slimy substance and bile; tenderness of the epigastrium and pains in the umbilical region which were aggravated by pressure; rumbling and gurgling in the abdomen; diarrhœa of watery, flocculent or yellow stools, which were more frequent during the night; turbid urine, forming a reddish sediment; dry cough, increased in the evening and at night; stitches in the chest; dyspnœa; sleeplessness; starting while falling asleep; whining during sleep; dry heat with moderately accelerated pulse. One grain of the second trituration, given once or twice a day, was sufficient to produce an improvement.

PULSAT. in the 12th and **CANN.** in the 3d or 1st dilution proved beneficial in the retention of urine, or in difficult or painful urination.

HYOSC. acted advantageously when a repeated urging to urinate was the leading symptom and little or no urine could be voided. The dose consisted of the 6th or 3d dilution given once or twice a day.

ACON. and **BELLAD.** were used beneficially at the commencement, when the fever ran high and inflammation of the parotids appeared. If the swelling did not disperse, I then gave **BELLAD.** in the 12th or 6th dilution every twelve or six hours, and it generally succeeded in dispersing the swelling; but if it did not answer my expectations, then later, **CALC. CARB.** 30th or 12th dilution was used in alternation with **BELLAD.** 12th, by which the reduction of the swelling was fully accomplished and re-convalescence commenced. A simple bandage was the only external application.

ACON. and **BELLAD.** in the 6th and 3d dilutions, given every twelve, six or three hours, either alone or in alterna-

tion, dispersed the inflammation and swelling of the tonsils, particularly when the inflammation was more phlegmonous and the redness dark. If the redness was paler and the tonsils studded with pale-colored ulcerations, then *BRYONIA* acted better.

BELLAD. of the 6th dilution proved beneficial in loss of sleep.

PULSAT., *RHUS* and *SULPHUR* were employed with success in nasal hæmorrhage, each remedy being adapted to the nature of the accompanying symptoms of the disease, and given either alone or in alternation. Here, I generally used the lower dilutions.

COLD WATER.

Before I describe the condition in which I used cold water with advantage, I wish to secure myself against the reproach of making use of a mixed treatment, by stating that I consider water, when employed in nervous fevers, a curative agent in its primary effects, consequently in accordance with the homœopathic principle of cure *similia similibus*, for :

If cold water is used inwardly and outwardly, in excess, by individuals who are unaccustomed to it, then, as is well known, it has the power of calling forth in the organism symptoms of disease (primary effects) similar to those of a gastric or catarrhal fever. Whether these symptoms can or cannot be increased so as to amount in intensity to a gastro-nervous fever, no one has yet, as far as I know, demonstrated by experiments on his own person. It is probable, however, since nervous fevers, especially the so-called *Febris nervosa stupida*, have (without doubt) been cured, for a number of years back, by means of the primary agency of water, that this powerful remedy, operating for a long time injuriously upon the human organism, is able to increase a catarrhal to a nervous fever.

Pure cold water effects a better sanguinification, and, when given to the patient as a drink, forms the best of refreshments; when outwardly used (not in excess) it imparts a stimulus to the nervous system, places the organism in a state of reaction, making it more susceptible to the homœopathic remedies, accelerates the crisis by the urine and especially by the cuticle, being able to make them complete with the agency of the appropriate medicines; hence, when the second stage approached its termination, the severe exacerbations allowing no favorable result to be anticipated, and the most suitable homœopathic remedies being unable alone to effect a crisis and diminution of

the disease, water, in addition to the above remedies, was employed as an auxiliary.

This remedy proved very serviceable in a number of severe cases of the kind here alluded to, not only without disturbing the effects of the homœopathic medicines, but, on the contrary, rather assisting them. During its use, salutary perspiration frequently ensued, by which the system was purified of its decomposed humors and foreign substances, and the equilibrium of the different functions restored.

MODE OF APPLICATION.

From the commencement to the termination of the disease, the patient was permitted to drink as much cold water, and rinse his hot, dry mouth with it as often as he desired; cold, wet cloths were laid upon his burning and aching head; his tumefied and painful abdomen was covered with cloths which had been dipped in fresh water, carefully wrung out, and changed from time to time with fresh ones; in cases of constipation or diarrhœa, injections of cold water were administered; if the surface of the body was dry and hot, it was quickly sponged over with cold water, and if this produced no amelioration, then the body was enveloped in cold, wet sheets.

The patient was allowed to drink as much cold water as he desired, as long as no diarrhœa set in; but should the latter come on, he was only allowed to drink it in very small portions, as there was danger of increasing it if too much water was taken at one time. If these patients suffered from severe congestion of the brain, and complained of violent headache, together with dryness and heat of the scalp, then, as long as no perspiration appeared, cool cloths (which had been moderately wrung out) were laid over the head and renewed as often as they began to get warm. These relieved the patients very much, as they withdrew much caloric from the head, without allowing the heat to increase, while the constant renewal of cold applications suppressed the reaction. If a higher degree of tympanitis with pains in the bowels set in, then cloths were laid over the whole abdomen with advantage. They consisted of a folded sheet dipped in cold water and then well pressed out. Over this a dry sheet or large piece of oil silk was laid. The applications were renewed whenever they began to get dry. The effect was: a decrease of the rarefaction in the intestines, abatement of the tympanitis, and lessening of the heat and sensitiveness of the abdomen.

If there was obstinate constipation, then, first, lukewarm

clysters were administered, and if they were not sufficient, cold ones were employed, which were successful. If diarrhoea set in, injections were given after every or every second evacuation, consisting of a few ounces of water in which one drachm of starch was dissolved. By this means, not only the irritation in the rectum diminished, but also its secretion of mucus was partly restored and the patient somewhat supplied with nourishment.

If, towards the end of the second stage, with the use of the apparently well-chosen homœopathic medicines, no salutary reaction set in, making the disease terminate in convalescence; if the dry heat was very great, the evening exacerbations violent, I then had recourse to the outward application of cold water to create an alleviation, if possible, and to aid in producing a critical sweat. I used it when the heat stood highest. For this purpose the patient was stripped, and first sponged with tepid, then quickly with cold water, and well rubbed with a dry towel; or, when this was not sufficient, he was placed in an empty bathing-tub, and first, lukewarm, and later, quite cold water was poured over him several times, he was rubbed by several persons with their hands, and at last wiped dry and put to bed. If he improved from it, that is, if the heat of the body was much diminished, the respiration more free, the pulse more regular, the sleep quieter, then he was wrapped in a sheet (which had been dipped in water and well wrung out), well covered with bed clothes, and perspiration waited for. If no sweat appeared after the lapse of an hour, then the sheet was exchanged for another wet one, and the patient allowed to lie in it one hour more; and if after this period no perspiration ensued and the heat again increased, the rubbing with cold water was repeated and the patient again enveloped in a wet sheet and dry blankets, and this was repeated until severe and odorous sweat appeared, which led to the crisis and wished-for termination of the disease. While the patient lay in the wet sheet, his head was covered with cooling applications; his feet, on the contrary, were wrapped up quite dry, to warm them and promote the circulation, for which reason the wet sheet, while wrapping the patient in it, was reflected back to allow the feet to remain bare above the ankles.

If the heat was very severe, the washing (rubbing with cold water) and wrapping in wet sheets was repeated every hour or every two hours until the case showed some improvement. If the tympanitic state was very great, a sheet was wrung out, folded and covered over the abdomen, while the patient lay wrapped in one.

If, in this stage, perspiration set in with or without the aid of cold water, it was assisted by the drinking of clear broth, or water that had remained in the house a few hours, and by covering the patient. After the termination of the sweat, he was quickly rubbed off with lukewarm water, put in a clean bed, with lighter covering than before, and the use of cold was suspended. The chamber was often ventilated, and the linen and bed-clothes frequently changed. The patient was removed to another room as soon as possible.

Third, or Nervous, Sensitive Stage, or Stage of the formation of Ulcers.

This was distinguished by an increase of inward heat, consequently the circulation had little to do with the symptoms of this stage; for, congestions and symptoms of determination of blood to the brain, and heat and redness of the eyes, but seldom followed, and lasted only a short time.

The skin, in such cases, was burning hot, parched, or moist from colliquative sweats, which had an offensive odor. In some patients a kind of dark colored petechiæ appeared upon the body; the pulse was small, weak, intermitting, double-beating,* easily compressed, and much beyond 100. The urine was turbid, and formed a sediment. Vertigo, and any previously existing buzzing in the ears, increased; the countenance of the patient was paler, the delirium became continual, permanent, and at last, muttering.

Intellect and sensation became duller; the patients were languid, faint, heard with difficulty, and were frequently deaf. They laid motionless upon their backs, murmured in whispers, and, from weakness, settled down in the bed. The countenance appeared distorted, and had a stupid expression; the eyes were weak and dull, the fœces and urine passed involuntarily, or were in some cases retained, owing probably to a species of paralysis. To this was added subsultus tendinum, picking at the bed-clothes, or catching at imaginary objects in the air. Although the patients had consciousness, yet they spoke to those around them, and appeared still to know them. The tongue, particularly towards evening, became drier and drier, browner, more cracked, and sometimes bloody; it was generally covered with thick, tenacious, pitch-like mucus, which also covered the teeth and gums.

The abdomen was more inflated, and the pain in the ileo-

* One full beat being apparently divided into halves.

coecal region or in other parts of the abdomen increased; the diarrhœa became more copious, from eight to twelve times during twenty-four hours, and had the same appearance as in the previous stage. If no cough had existed previously, it now set in, and, although moist and rattling, little or nothing could be expectorated, owing to the debility of the patient. Symptoms showed themselves here, in a manner not to be mistaken, that the fever had seized upon the mucous membranes and the nervous system.

When the disease was at its height, the strength of the patient declined, so that the strongest man could no longer sit up without support. Such patients laid with the *hippocratic countenance** in a *stupor*, with staring eyes, which were half dry, or partially closed, and frequently turned upwards. They continued delirious, or laid in bed mute, without feeling or motion.

The tongue, which was thick, brown, and coated with a blackish crust, could not be stretched out by the patient, either on account of too great weakness or dryness. They had no desire to drink, yet swallowed water hastily when it was given to them. The nostrils were dry, the hearing suffered much, and many patients became completely deaf. The abdomen was tympanitic, very sensitive to the touch in the umbilical, or ileo-coecal region, which could be perceived by the twitching or painful distortion of the features. Involuntary passages of dirty and bloody urine, having a cadaverous smell, or blackish, thin fœces followed; the respiration became oppressed, stertorous; the cough apparently loose, or with more difficult expectoration of tough mucus, sometimes mixed with streaks and flakes of blood; the speech heavy and indistinct, as if the tongue had become paralyzed, or there was actual speechlessness. The patients bled easily at the nose, which frequently continued long, and was difficult to stop, the blood showing but little lymph and no plasticity, looking thin and as if decomposed, which debilitated them still more. At this time alvine evacuations frequently ensued, decubitus commenced, and the prognosis became much worse. The pulse became tremulous, in some cases intermitting, thready and exceedingly accelerated. Spasmodic movements of the extremities, gnashing of the teeth, tremors, twitches, and subsultus tendinum occurred. Finally, perspiration set in, and in case of a favorable issue, this offen-

* So called when there is great paleness, sunken eyes and surrounded with blue circles, pointed nose, etc.

sive evacuation was accompanied oftentimes by a red, violently itching, or white miliary eruption; or the perspiration became more and more copious, colliquative, and in case it continued long and no symptoms of improvement soon became visible, a fatal termination was to be apprehended.

In cases where the disease took a favorable turn, a moisture made its appearance on the skin, in the evening, being followed by a more copious perspiration. *The pulse now became more quiet*, the tongue moister and cleaner, a more continuing sleep gradually set in, succeeded by greater consciousness of the patient; the tenderness of the abdomen gradually diminished, and it collapsed; the appetite returned; there was no longer thirst; the stools were less frequent, papescent, or ceased for several days; a moderate expectoration set in; respiration became more free and less hurried, the pulse stronger and more active, nevertheless convalescence, in spite of suitable nutriment, progressed very slowly. Complete recovery from this stage, barely succeeded in a few months.

The crisis always lasted longest, and in the vegetative system, the expectoration, and above all, the night sweats, would not entirely cease; furuncles and psoric eruptions appeared even some weeks after. This stage lasted from four to eight days.

Therapeutics of the Third Stage.

The suitable remedies were:

BRYONIA, RHUS, ACID. PHOSPH., BELLAD., OPIUM, CALC. CARB., NUX VOMICA, HEP. SULPH., ACONI., PHOSPHOR., CHINA, ARSENIC, CHAMOM., ARNICA, ACID. NITRIC. and COLD WATER.

BRYONIA was found beneficial when the patient had violent delirium; high fever; great thirst; much dryness of mouth, and little vesicles and ulcers *about* and *in* the mouth; sensitive, distended epigastrium; tenderness of the abdomen; constipation, or diarrhœa; involuntary passages of fœces and urine; when the patient was very weak and low-spirited, sleepless yet constantly trying to sleep, with confused speech when waking from his stupor; when he whined during sleep; had violent delirium, particularly at night; wanted to leave his bed and run away, or when the skin was covered with a red or white miliary eruption. One half of a drop or a drop of the 12th, 6th, 3d, or 1st dilution, given in distilled water, every three hours, was the suitable dose.

RHUS was used in alternation with the latter remedy, every

few days. This medicine was found very useful where the fever approached more and more to a *Febris nervosa stupida*, and particularly when the patient lay in a *soporose state*, and his strength seemed so much prostrated, that, from debility, he was unable to move, having diarrhœa of quite watery, copious passages, which, together with the urine, passed involuntarily. It also proved advantageous in that condition of the disease, when the decomposition of the blood progressed so far that repeated nasal hemorrhages, and finally petechiæ set in. One drop of the 15th, 12th, 9th, 6th, or 3d dilution, in distilled water, employed every three or two hours, produced, in many cases, the necessary reaction and improvement.

ACIDUM PHOSPHORICUM. I usually prescribed this remedy, in alternation with **RHUS**, when the following symptoms were present: complete stupor of all the senses; inability to speak plainly, the patient giving indistinct and wrong answers; dry and cracked tongue; sordes on the teeth; black incrustations of lips; frequent, dry cough; the patient laid continually on his back in a constant delirium or in deep muttering; picking at the bed-clothes; vacant staring; desire to run away even while little fever was apparent; disinclination to talk; hot, dry skin; copious, thin, watery, often involuntary stools, with frequent, weak, and sometimes intermitting pulse.

One drop of the 3d, 2d, or 1st dilution, alternated with **RHUS** every three or two hours, performed good service.

In desperate cases, **ACIDUM PHOSPH. CONCENTRATUM** was also used, say two, three, or six drops to three ounces of distilled water, of which one tea-spoonful was given every three hours.

In intestinal hemorrhage, a few drops of **ACID. PHOSPH. CONCENTR.** in eight or four ounces of water, was given as a clyster after every bloody discharge.

BELLADONNA was of very great service, not only in the state of erethismus, where sometimes *violent delirium*, *great internal and external burning heat*, red and puffed face, dry tongue and loss of sleep prevailed; but also in those desperate cases where the patient was in a *lethargic state*; uttered no complaint; had no desire except for drink; fell immediately asleep again after being roused from his lethargy; was unable to speak or only muttered unintelligible sounds; was unable to swallow; stared with sparkling eyes; the lower jaw hanging down; when he was also unable to put out his parched tongue; seemed to hear with difficulty; had great thirst, yet drank but little; where the abdomen was inflated, and the patient passed involuntary stools and urine; where the patient settled down

in the bed; liked to uncover himself; spread out the legs; endeavored to grasp flocks in the air, and although in a lethargic state, yet did not sleep, and had even an intermitting pulse; (BELLAD.) brought on a beneficial reaction and frequently led to a favorable change of the disease. The dose consisted of the 12th, 6th, 3d, and even the 1st dilution, every twelve, six, or three hours, according as the improvement progressed.

OPIUM was used with great success in cases of deep lethargy, when the patient uttered no complaints, had no wants, was continually in a drowsy and stupid state, from which he could not be roused without immediately falling into it; with rather slow, full, weak pulse, with low, muttering tone of voice; catching at flocks in the air; staring look, parched* skin, dry tongue, dislike for conversation, offensive stools, which, as well as the urine, passed involuntarily. The 3d or 2d dilution, given every six or three hours, was the usual dose.

CALCAREA CARB. This remedy (which cannot easily be replaced by any other), [what remedy can? *Ed. Ex.*] was generally used at the beginning of this stage, when the formation of ulcers was on the increase, alternating it for several days either with RHUS or BELLAD., according to the symptoms; or when repeated nasal hemorrhage set in. The dose consisted first of one drop of the 30th, later of the 18th, 12th, or 6th dilution. The diarrhœa decreased and the remaining symptoms then disappeared.

NUX VOMICA I prescribed in spasmodic cases, and at the end of this period when obstinate constipation, and, in consequence of it, congestions to the lungs and brain set in. The proper dose was the 30th, 12th, or 6th dilution, according to circumstances.

HEPAR SULPHURIS CALC. in the 3d, 2d, or 1st dilution, was found beneficial in cases of nasal hæmorrhage where CALC. CARB. had been used unsuccessfully. Cold water poured upon the root of the nose and forehead was also useful as a palliative.

ACONITUM was given in greater excitement of the arterial system and swelling of the parotids, also alternating, every three hours, with BELLAD. 6th or 3d dilution, and was found very serviceable. If the fever decreased, and the swelling of the parotids did not subside, then BELLAD. 15th was given every twelve or six hours in alternation with CALC. CARB. 30th, in one-drop doses. The tumefaction subsided, and the remaining symptoms of fever, together with the diarrhœa, disappeared.

* The German word is *Spröde*, meaning *brittle*.

ACONITUM was given in the 3d dilution, as an intermediate remedy, when pleuritic stitches existed; also alternately with **ARNICA** 3d in vascular and nervous irritation.

PHOSPHORUS was very serviceable at the end of the third stage, when the whole violence of the disease appeared to be in the chest; when there was dyspnoea in consequence of congestion of the lungs, pleurisy, mucous rattling in the trachea, copious expectoration of mucus mixed with blood, even in offensive, ichorous expectoration. It helped to appease the violence of the symptoms and to cure the whole evil after other remedies had been fruitless. From half a drop to one drop of the 12th, 6th, or 4th dilution, in distilled water, given four or six times a day, were the suitable doses.

CHINA, at the end of this stage, proved to be a very beneficial remedy, when the patient for a length of time could not recover his strength; had night sweats; obstinate diarrhoea; quite clean tongue, and the abdomen was free from pain. A few globules of the 6th, 3d, or 1st dilution, given every six hours, were sufficient, in the few cases which occurred, to remove what remained of the disease.

ARSENICUM. This remedy was not generally crowned with success in the disease previously described, although it was given to the patient not only in the high, but also in very low dilutions, and in repeated doses. In one case only, of slow fever with watery and copious passages, great debility before and after the stools, rumbling and pain in the abdomen, accompanied with much thirst, **ARSEN.** 9th, alternated every six hours with **CHAMOM.** 6th, proved beneficial, as this remedy produced *metaschematismus** in the shape of a hard swelling upon the leg, accompanied by a violent pain in the calf. From the impression that the patient had previously suffered from scrofula, **IOD.** of the 2d dilution was given daily in doses of one drop, which cured the swelling and pain.

ACIDUM NITRIC. This was given internally in doses of one drop of the 3d, 2d, or 1st dilution, (provided **ACID. PHOS.** produced no obvious decrease of the intestinal hæmorrhage,) either alone, or in alternation with a suitable remedy, and cold applications were applied to the abdomen. The patients received, after each passage of blood, a clyster of a few ounces of water which contained four to six drops of the concentrated acid. The bleeding then generally ceased; but such cases,

* By *metaschematismus* physicians understand a change in the seat and apparent symptoms of the disease, without any real change in its essential character.

which fortunately but seldom occur in this disease, almost always indicate an unfavorable issue.

In the commencement of the *decubitus* (bed sores), besides the use of the otherwise suitable RHUS, BRYON., BELLAD. or ACID. NITRIC., the parts were washed with dilute alcohol, covered with a compress wet with the liquid, or a plaster of simple cerate was applied.

COLD WATER.

This powerful remedy was also made use of in the third stage, and proved very efficient in some cases; it was peculiarly adapted to a case where favorable reaction would not ensue. It was given to the patient in very small portions, if congestion of the brain, heat of the head, and tympanitic inflation of the abdomen prevailed; cold, wet cloths being applied to the head and abdomen, until the latter collapsed or a beneficial sweat set in.

After every stool produced by the diarrhœa, an injection of a few ounces of cold water, in which starch had been dissolved, was given, and finally cold water applied to the whole body. The latter was also used in cases where the system seemed unable to bring about a reaction; when there was a dry and prickling heat of the skin, and when homœopathic medicines had no visible effect. In such cases, the patient was first enveloped in wet sheets and well covered with blankets. If this was not sufficient to bring on a continued, beneficial reaction, he was then, if he laid insensible and motionless, put into a bathing-tub, fresh water was repeatedly poured over him, and he was well rubbed by several persons with their hands; but, if this proceeding had no effect, he was immersed repeatedly in a bathing-tub of fresh water, or kept in it for some time and rubbed till consciousness returned; as soon as this appeared, the patient was placed in another bed and covered moderately warm. If, after this, critical sweat or urine set in, or if consciousness became more perfect, the tongue cleaner and moister, the stools papescent, or entirely ceased, then a lasting improvement could be expected. The patient was now no longer exposed to cold, but covered much warmer, and perspiration was encouraged. If the cough was accompanied with mucous expectoration, then no cold, but lukewarm or barley-water was given him as a drink.

In intestinal hæmorrhage, clysters of mere cold water were given at the commencement; but if these, with the before-mentioned homœopathic medicines and cold applications to the

abdomen, did not avail, then either ACIDUM PHOS. or ACIDUM NITR. CONCENTR. was added to the water.

TERMINATIONS OF THE DISEASE.

These were: Complete, incomplete, or partial recovery, or consecutive disease and ultimately death.

A complete recovery took place when a critical sweat; a critical, copious, light-colored urine; an increased expectoration, or merely a quiet, continuing, refreshing sleep set in, and the fluid stools ceased.

Cases were considered an incomplete or partial recovery, where bloody spots in the form of petechiæ, or cadaverous spots remained, or finally where the patient had *decubitus* for a long while. The consecutive diseases in such cases were: Swelling of the parotids; difficulty of hearing; furuncles; metastatic abscesses; miliary eruptions; psora; chronic diarrhœa, sometimes setting in after constipation; chronic cough, with or without expectoration; continued night-sweats; swelling of the feet, and ultimately phthisis of the intestines.

Medical treatment was seldom necessary for petechiæ, for, if the diarrhœa and the fever had once left, and the patient gradually received more substantial nourishment, the healing powers of nature alone effected their absorption.

In a case where their form and size resembled cadaverous spots, besides good nourishment, I gave a few doses of ARNICA 3, to stimulate absorption.

In *decubitus* such remedies were given which suited the general health. Dilute alcohol was used as a wash in the beginning (when some places were merely reddened); or a compress, wetted with it, was applied to the part, or else a plaster of simple cerate.

If actual inflammation appeared in this spot, then BELLAD. of a low dilution was given in repeated doses, alone, or in alternation with a suitable remedy, as the circumstances required. In one case SULPHUR was very serviceable in aiding resolution. If the spot sphacelated, CARBO VEGET. was given internally, in repeated doses, of the higher dilutions; or the 2d or 1st trituration was also dusted over the part; in other cases ARSEN. or CHINA. When the bones became affected, SILICEA, in the higher and lower dilutions, was found the best remedy. If granulation proceeded slowly, SULPHUR and CHINA, with nourishing food, were beneficial. The edges of the sore were also frequently washed, the chamber often ventilated, and the patient's body and bed-linen repeatedly changed.

The swelling of the parotids, as previously remarked, was removed by BELLAD. and CALC. CARB.: in one case SULPHUR assisted in bringing about resolution. No medicine was necessary for hardness of hearing, for with the returns of strength, hearing likewise returned. The furuncles usually disappeared after the use of tepid baths; if not, BELLAD. alternated with SULPH., or else LYCOP. with SILICEA, answered the purpose. The metastatic abscesses were usually cured by the use of the low dilutions of BELLAD. and HEPAR SULPH. CALC.

In cases of miliary eruptions, the continued use of RHUS or BRYONIA, and especially the lower triturations of SULPHUR, in daily repeated doses, proved useful. The change of linen and the tepid bath were not resorted to until the eruption had entirely disappeared, the body being covered moderately warm, for I dreaded a metastasis exceedingly, which I have seen, in my earlier practice, occur from carelessness in similar diseases.

Psora, appearing as a consecutive disease, occasioned much trouble, requiring a variety of remedies, such as SULPH., MERC., CARB. VEG., CAUST., RHUS, NIT. AC., LYCOPOD., and at the same time tepid baths, repeated every two or three days. Frequent change of bed and body-linen, at the same time, was not neglected.

Diarrhœa recurring after previous constipation, was treated best with CHINA, 6th, 3d, or 1st dilution, in repeated doses, provided no gastritis was lying dormant, or the patient had not taken cold.

Chronic cough, with or without expectoration, I commonly subdued with IPECAC. 3d, given every three hours, or if it was very troublesome at night, SULPH. 2d or 1st trituration, in the dose of one grain daily.

The night-sweats gradually disappeared under the use of nutritive food, and exercise in the open air; if not, then a few doses of the 2d or 1st of SULPH., say one dose daily, soon produced the desired result.

The swellings of the feet and legs subsided without medical treatment during the convalescence of the patient; if they were obstinate, BRYONIA, LYC., PULS., CHINA or SULPH., as indicated by the totality of the secondary symptoms, proved to be the adequate remedies.

Intestinal phthisis, commonly commencing (during convalescence) with diarrhœa, after previous constipation, was a sad occurrence not only for the patient, but also for myself, (who had repeated opportunities of observing its fatal issue.)

Such patients had generally a tolerably good appetite and quite clean tongue, which grew more and more dark-red; they

complained of colic, which came periodically, and of burning in the abdomen, particularly in the region of the transverse colon. The abdomen was soft and seldom distended. If pressure was made in the region of the cœcum, it produced the sound of a fluid, and the patient sometimes felt a very sensitive pain. These patients had frequently a rattling and rumbling in the abdomen, more especially at night, which resembled the pouring of a fluid from one bottle into another. The diarrhœa which at the commencement of the disease occurred usually during the night only, now appeared also during the day, but was still more frequent at night until the end of the disease. It was light-brown at the commencement, thin or pappy, but by degrees became mixed with blood, then dark blood mixed with pus, which gave a disgusting appearance to the whole, and became more and more offensive. These appearances were accompanied by a continued hectic fever, which was worse in the evening; at the same time the patients passed but a small quantity of turbid urine, with red sediment. Finally, colliquative night-sweats set in, which reduced the patient in the greatest degree, and in a few weeks death was the result.

In this condition PULS. or BELLAD. was given, in alternation with CALC. CARB., with some benefit. Among my first patients, I saved a few with the higher dilutions of ARS. and SULPH. in alternation; but latterly I have had more success with CARB. VEG. in the 30th, 24th, 18th, or 12th dilution, given in one-drop doses, in distilled water, every six or three hours. If the patient improved it was not given so frequently. HEPAR SULPH., CALC. was of no service.

DIET AND REGIMEN.

After entering the hospital, the patients in the first and second stage of the disease, received a thin soup, made of lean beef, three or five times during twenty-four hours, or a gruel made of flour or barley. As these patients wished cold drinks, they were allowed to use fresh water, but those in whom diarrhœa had already set in, were permitted to take very little of it at a time. In order to moderate the sensation of thirst, heat, and dryness of the mouth, the patients were advised to rinse the mouth frequently with fresh water, which proved of much relief to them.

The frequent ventilation of the chamber, the changing of clothing and of all articles used by the patient, were considered necessary and important. On this account the rooms were kept

at rather a low temperature, and the patients covered but moderately warm.

In the third stage of the disease, when the patients were permitted to enjoy a more nourishing diet, they received several times during the day, barley water or panada and milk. In incipient convalescence, the patients were allowed a soup with rice, or a flour-soup with slices of wheat-bread, rice boiled in beef-soup or in milk, afterwards roasted or stewed veal, chickens, farinaceous articles, finally beef and some vegetables.

The nourishment had to be easily digestible and unirritating. Fruits were not permitted for this reason, as in cases where constipation prevailed, they very readily brought on a pernicious diarrhœa, or were wont to increase it, if it already existed. Irritating and heating substances were strictly avoided, as they increased the fever, prolonged the disease, retarded convalescence, and produced relapses. Beer and wine were not permitted, until the patients were considerably advanced in convalescence, and then only in such patients as had been previously much debilitated. If perspiration came on during this stage (of convalescence), its termination was awaited without finding it necessary to do any thing; if, in the earlier stage, however, the sweat appeared to be critical, it was encouraged by means of warm thin soups, or tepid water, and the patient's body and bed linen remained unchanged, until he complained of feeling chilly. When practicable, individual patients were removed to other rooms, which assisted the cure, and every convalescing patient was removed from the sick-chamber to the convalescing ward.

CONTAGION.

This was not observed, although the physicians of the hospital, and especially the attendants, were exposed not only to the general contact of the patient, but also to his breath, his perspiration, &c. &c. The priest who attended these patients, and also the governors of the institution, remained in health.

RESULTS OF THE POST MORTEM EXAMINATIONS.

These were: Redness of the mucous membrane of the bronchi and their ramifications, hepatization of the lungs in different places; softening of the heart, the cavities of which were sometimes empty, sometimes filled with blood, of an unnatural color, and in a decomposed state. The stomach and testines, especially the ileum and cœcum, were in part rose

or ash-colored, or bluish ; such spots were either round or large, or without any definite shape.

If the patient died in the second stage, ulceration had not yet ensued, but the mucous membrane, especially the lower half of the ileum, was studded with granular, hemispherical, sometimes shapeless eruptions, which were covered by the mucous membrane of the intestine, and were at first quite clean, afterwards their centres were covered with little gray, blackish scurfs, which finally became ulcers.

These granules were about the size of a pea or lentil, scattered, or collected in groups ; sometimes confluent. If ulceration took place, the granules were raised on the edges. In the third stage, these ulcers were of various sizes and depths. The longer the third stage lasted, the larger and more abundant were the ulcers. They were imbedded in the inflamed parts of the intestines, and the surfaces surrounding them were bluish-gray. The mesenteric glands were often of the size of a pigeon's egg, containing a white substance. In a few patients who had died in this stage, these glands contained cicatrices here and there. The spleen was sometimes enlarged and softened, and the gall bladder either entirely empty, or else filled with thin bile. The remaining abdominal organs were quite normal, but did not contain their usual quantity of blood.

CONCLUDING REMARKS, INTENDED AS A SUPPLEMENT FOR FORMING A PROGNOSIS.

This disease, which I latterly had an opportunity of observing as an *epidemic*, originated in a peculiar constitution of the atmosphere, chiefly in badly-ventilated and over-crowded chambers, being deficient in the requisite quantity of oxygen, and surcharged with nitrogen and carb. acid gas. For, whilst in the whole town, only sporadic cases occurred, the disease appeared as an *epidemic* in a large building, where the damp and warm rooms were too densely inhabited. As the residents of this place had, otherwise, all the necessary comforts of life, and decidedly no other obvious cause could be discovered, the above must be presumed to have been the chief existing cause.

Only young people were attacked by this disease. It appeared as if individuals who were afflicted with lumbrici, were the most susceptible of it ; for a number of patients discharged these worms during all three stages of the disease.

The younger the individual, the slighter his chance of recovery. The deaths occurred mostly among the young.

The disease ran its course in three stages, and had to be treated accordingly.

Many patients were brought to the hospital during the second stage, being already debilitated by the diarrhœa to such a degree, that their recovery appeared at once to be doubtful, which, in some cases, was very soon confirmed, for they died in a short time in a state of paralysis.

The regular course of the disease lasted fourteen days ; sometimes it would run its course within this time, with a quick and fortunate issue ; at others, it would last twenty-one days, and even longer. The *stadium nervosum*, especially, continued more than seven days. Consequently, in some cases, the stages were much abbreviated, in others, on the contrary, they were more prolonged.

The disease would not run, in every case, through all the stages, a crisis taking place in the *first*, usually, however, in the *second* stage.

Favorable symptoms were : decrease of the diarrhœa ; the setting in of bilious, papescent, alvine discharges, or entire cessation of the diarrhœa ; copious and pale urine. A peculiar odor was exhaled from the body during a general perspiration, accompanied with a moderate pulse, after which, improvement commenced. White or red, at times itching, miliary eruption ; psoriasis ; furuncles ; swelling of parotids ; metastatic abscesses were looked upon as favorable.

In some cases there was no evacuation from the bowels during eight days, and without evil results, provided no tympanitis existed with it.

An oozing from the nose often indicated a favorable change in the disease.

Another favorable sign was : the decrease in the quickness of the pulse ; a quiet sleep, after which, the patient felt more cheerful.

If the patient began to utter complaints and became peevish, the disease was on the decline.

If he was brought to the hospital in an early period of the disease, his recovery was much more probable, but became more difficult if he had been subject to diarrhœa for a number of days, oftentimes only twenty-four hours, or if it was very copious, had been neglected, or under injudicious treatment. As these discharges debilitated the patient greatly, a number of them during the *second* stage fell victims to the enormous loss of humors ; dying apparently in a state of general paralysis. The oftener and more copious the discharges, containing blood and pus, the greater the danger of the patient ; consequently, the sooner these discharges could be cured, the easier the recovery became.

If the first and second stages were protracted, it was viewed as a prognosis of evil.

Great emaciation of the patient, hyppocratic countenance, subsultus tendinum floccitatio were always bad symptoms.

If the pulse became very much accelerated, and the powers of the patient sunk in a remarkable degree, it was considered an evil omen.

Cough, during the first stage, was also a bad symptom.

A very dry tongue, which the patient was unable to protrude, was a fatal symptom.

If the nervous stage had been completely formed, and no bad secondary symptoms were associated with the disease, a favorable prognosis could not be formed with any safety, as some cases, apparently in a favorable state, and on the way of improvement, would still take an unfavorable turn. A few patients died quite unexpectedly, when the disease was apparently in a state of decline.

Petechiæ and intestinal or nasal hæmorrhages, were generally unfavorable symptoms.

Grasping the genitals and continuing to hold them during the sensitive (*third*) stage, was also unfavorable.

A sudden chill, followed by greater tenderness and tympanitic state of the abdomen, always gave rise to fear of perforation of the intestine. If this took place it was fatal.

The transition of the disease into *phthisis abdominalis*, usually terminated unfavorably.

Convalescence took place very slowly after this disease, especially in patients who had to pass through the third stage. It was several months before they were able to attend to their usual business.

Although, in the hospital where these patients were treated, much remained to be wished for, nevertheless, the result of the treatment, especially latterly, was very favorable; for, formerly, I was accustomed to lose one case out of every seven suffering of *typhus abd.*; latterly, however, I was so fortunate as to cure at least eleven out of every twelve of these cases, resorting to the above mentioned means, as being applicable to the state of the case.

This ratio will be considered in a more favorable light, when I state that many cases of typhus were brought to the hospital during the second and even more advanced stage, and had been very much reduced by the previous diarrhœa.

Therefore, as this ratio extends only to such patients as came under my charge during the second stage, (those who were brought to the hospital laboring under the premonitory symp-

toms of the disease, mostly having a quick recovery,) homœopathic treatment is deserving of great confidence, since it is able not only to prevent the development, but also annihilates the very germ of the disease; even, if typhus is completely established, it can enter the lists with all other methods of cure, and most certainly excels them in successful results.

ESSAY ON THE HIGHEST POTENCIES.

INASMUCH as the highest potencies have been alluded to in our statement of principles, and a great many practitioners feel deeply interested in obtaining a more accurate knowledge of their power, we shall transcribe in this and the following number of the *Examiner*, the interesting observations and cases which *Dr. Gross* has communicated to the Profession in the last number of the "*Archive*."

"The principle 'SIMILIA SIMILIBUS CURANTUR,' which we all recognize, is a great and useful principle, the discovery of which will secure immortality to the name of our Master. It has indeed been suspected by some, and even distinctly stated by others, but Hahnemann has been the first to apply it systematically to the treatment of disease. No less important than the law itself, is the principle of dynamization (potentialization); this is his exclusive property. Although the law 'Similia similibus' may, to a certain extent, be regarded as independent of the process of dynamization, yet it may be asserted, that, without it, the Homœopathic healing art would never attain perfection. *Hahnemannism*, which is the true method of healing disease, has been severely attacked during the last ten years. It has been asserted by some that Homœopathy is something different from the teachings of Hahnemann. These wiseacres of the profession began by criticising, censuring, deriding, and ended by what they supposed to be an overthrow of Hahnemann's System, which is the result of deep reflection and long experience. They searched and plundered the ruins, took what suited their convenience, and the rest was left as useless trash. This was called separating the wheat from the chaff. Now look at the thing which those gentlemen have substituted in the place of Hahnemann's System. The stolen property can scarcely be recognized; it looks like a patched gown, the pieces of which are by no means suited to each other.

“This defection from the doctrines of Hahnemann was a retrograding movement, which must inevitably conduct those who were engaged in it back to the Allopathic School. Is it Homœopathic treatment to order one or two drops of the tincture of *LYCOPodium*, at a dose, morning and evening, or to exhibit to-day one drop of the tincture of *Nux vom.*; to-morrow one drop of the tincture of *Puls.*; next day two drops of the tincture of *Bryonia*, to be repeated every four hours; or to prescribe every day one grain of the first trituration of *SEPIA*, or even, in order to cap the climax of such an absurd, anti-homœopathic treatment, to prescribe every morning, a new antipsoric of a low potency, and the tincture of a non-antipsoric every afternoon, to be repeated every two or three hours? *EXAMPLA SUNT ODIOSA, BUT IN PROMPTU.* Is this proceeding something else than to mix two or three remedies together, and to prescribe a table-spoonful of such a disgusting mixture every two or three hours? [It will come to this.—*Ed. Ex.*] I ask again, is there any essential difference? I do not see any. And yet, this model-treatment is followed by many who consider themselves homœopathic physicians, and who even stand up as leaders and instructors of the homœopathic art. It is impossible that drugs which are exhibited with such reckless hurry, should display their effects, and even if they did, these effects could not have time to become fully developed. Such material doses act only on the surface, like a violent rain; they neither penetrate the organism, nor do they act long. Often the remedy is not even homœopathic; this is another reason why the result of such treatment should be unsatisfactory. It cannot be supposed that physicians who change their remedies so frequently and hurriedly, should have any accurate knowledge of the effects of drugs. If they had they would content themselves with one remedy, and would not use a different one every day. This frequent changing of drugs is the surest proof of ignorance in a point which is of the greatest importance to both the patient and the practitioner. But for the difficulty of studying the *Materia Medica*, every person might effect homœopathic cures; that difficulty is an insurmountable obstacle, on account of which but very few can become good homœopathic practitioners. I know that I have not yet attained a perfect knowledge of the *Materia Medica*, but it is my earnest desire to become more and more proficient; and it is a matter of conscience with me, never to prescribe a remedy unless I know it to be homœopathic to the disease, or to use any other but the adequate potency, nor to repeat the drug in a hurry.

None who are desirous of becoming true homœopaths,

can leave the road which our Master has pointed out; above all ought they to avoid shaking his system; on the contrary, they ought to stand upon his shoulders. The cry of those who have constituted themselves the judges of Hahnemann, has led many a one astray. For a time no one dared to resist the torrent. *One* break having been accomplished, the dam which our Master had constructed in the space of fifty years against the shallow waters of Allcœopathy, soon went to ruins, and the torrent sought for itself a new channel. It is now complacently running alongside the marshy waters of Allcœopathy, with which it will probably very soon become mixed.

“If these innovations had become universally adopted, it is probable that centuries would have elapsed before justice should have been done to Hahnemann, and before his instructions should have been conscientiously complied with. We should not now understand that the genuine powers of a remedial agent begin to be more fully developed in the middle potencies (see introductory remarks to *LYCOPodium*); we should not have heeded his wise teachings regarding the improper and hasty repetition of doses, which practitioners are so apt to fall into, that Hahnemann himself, according to his own confession in the introduction to *SEPIA*, found it difficult to avoid that pernicious error.

“It is owing to the cholera that the frequent repetition of doses in acute diseases, has been first established. The rapidity with which the doses act, seems to make such a repetition necessary. In my judgment this may be questioned, provided the truly homœopathic drug is exhibited in the highest potency. On this point I do not profess to have any positive opinion; but I trust that I shall ultimately know the truth.

“That which our Master has taught in the vigor of his manhood, is true, and rests upon the incontrovertible laws of nature. The method of potentialization, adopted by Hahnemann, is one of those teachings. This method has been derided and condemned as absurd. Some have even gone so far as to doubt the efficacy of the decillionth potency, and where it was impossible to deny it, it has been accounted for upon the ground of a sort of idiosyncrasy of the patient. The striking cures which *Boenninghausen* had effected by means of the high potencies, were derided, suspected, and it was even surmised that they were falsehoods. Indeed, those gentlemen not being able to obtain similar results by means of their massive doses, these results must have appeared unheard of. *Korsakoff*, who obtained such splendid effects from the 1500th potencies, was cast aside as a fool. *Weber*, however, made repeated cures of cerebral

inflammations by means of the 1500th potency of SULPHUR. Of course, he too found no mercy before the tribunal of the higher powers. It is astonishing that our colleagues in Weimar, who have made successful cures by means of the highest potencies, should have been so fortunate as to escape the wrath of the innovators.

“Hahnemann generally employed the 30th potency. The question may be asked: Why did he stop at this? He did carry up the triturations higher than the 3d; for he once told me that he had exhibited a higher trituration of SULPHUR, but had found it to act so powerfully that no patient was able to bear its effects. He also told me that he had used the 60th potency of DROSERÄ in a case of hooping cough, and that the child came very near dying from the effects of the medicine. He suspected that many discoveries might yet be made relative to the doctrine of potencies, but that he would leave them to his successors. These, however, instead of placing themselves upon his shoulders, had not even courage enough to maintain the ground which had been conquered by the master; they withdrew. On their flight they have launched many an arrow against his doctrines, each of them basing his opposition on his experience. The host of contradictions which has been brought out by the secession of those innovators, has confirmed many practitioners in the belief that the lower attenuations are the more expedient, and that the higher can be dispensed with.

“Hahnemann first employed ten shakes or strokes in preparing a higher attenuation; afterwards he employed but two. This he states expressly in his introduction to DROSERÄ. It appeared to him that ten strokes caused an excessive development of the medicinal virtues of a remedial agent. I do not think that the difference can be very great. The chief point, in my estimation, is, to continue the process of dynamization, until the medicinal energy of the drug shall have been developed adequately, neither more nor less. We have to discover the point where the remedy shall exercise its remedial, without showing its medicinal influence. If the 60th potency of Dros. endangered the life of a sick child, this was a clear indication that the remedy acted disproportionately to the disease, and that instead of returning to the lower potencies, the process of dynamization ought to have been carried up much higher, until the true point should have been attained where the smallest molecule of the remedy would act with sufficient force upon the disease, without tainting the organism. I have never been able to effect much good in the treatment of hooping cough by the 6th or the

30th potence of *DROSER*A. Ever since I have used one globule of the 200th potence, every case of whooping-cough which has occurred in my practice, has been speedily and easily relieved.

“But what a difference is there between *DROSER*A and *ARSENICUM ALBUM* ! Is it natural to exhibit both remedies of the same potence ? I am convinced that the medicinal energies of a remedy are elicited by trituration. If this be so, then we are bound to believe that, if the 200th potence exhibits most adequately the curative influence of *DROSER*A, the preparations of *ARSENIC* have to be carried much higher, in order that the proper sphere in which *ARSENIC* will most suitably act may be disclosed. Experience has satisfied me that this is a fact. I have found the effects of the 100th or 200th of *ARSENIC*. so excessive, that they prevent a cure ; only the 400th, and still more the 800th, answered my expectations. This law applies to all our heroic remedies. If the common remedies, such as *PULSATILLA*, *CHINA*, *CHAMOMILLA*, *BRYONIA*, *IGNATIA AMARA*, etc., can be carried up to the 200th potence, it is quite natural that the heroic remedies should demand much higher numbers. Dr. *Rummel* gave me a little of the 100th potence of *SULPHUR*, which he had prepared himself. Of this I gave a single globule to a female patient who had ulcers in the rectum. The ulcers improved, but an artificial angina was developed at the same time, which required antidotes. *GRAPHITES*, 200th, produced an aggravation in a girl of twenty years, which induced me to believe that the 400th or even the 600th potence of this admirable drug would answer much better. I have seen similar effects from *ALUMINA* 200th, *STANNUM* 200th, etc. The 400th of *NATRUM MUR.* acts too powerfully.

“Practitioners who do not see aggravations arising from their massive doses, and who, on that account, consider the low preparations as most adequate to the cure of disease, know not that, in them, the medicinal power of the drug is not developed. This power can only be brought out by potentializing the drug more and more ; it then becomes so excessive that the 100th or 200th potence of *ARSENIC*. aggravates the symptoms without effecting a cure. By continuing the process of potentialization, we finally arrive at a degree where mildness and adequate energy of action become united in the remedial agent. In speaking of the excessive power of a drug, this is of course to be understood as applying to an organism invaded by subversive forces, to which the drug is homœopathic. The *Specificals*,* too, imagine that they prescribe agreeably to the

* By this term the German Homœopaths designate those fol-

homœopathic law ; but they use too much dogmatism in their treatment of disease ; they frequently imagine instead of observing symptoms, and, for this reason, have much less success than the genuine Hahnemannian. By means of their large doses the *Specificals*, in acute cases, do effect cures ; but pretty much in the same way as Allœopathists. These perform what people are in the habit of calling cures ; that is, whilst the patient is being drugged, the disease runs through its course without killing the patient. The high potencies accomplish more than this, **THEY CURE.**

“ All of you who pride yourselves in employing large doses, and in having shown to the world that Hahnemann’s theory of dynamization is absurd, cease to style yourselves Homœopathists ! Have you not long since renounced the honor of being considered followers of Hahnemann ? You imagine that you have put down Hahnemannism, and that you have banished it from the regions of the healing art. I shall undertake to restore it to its rights, I alone against the whole band of its contemners. He who is not with me is against me. There is no neutral ground between you and me. Outdo each other in administering, and frequently repeating large doses ; the brilliant results which we obtain by means of the highest potencies, will finally secure them triumphant success.

“ You may say, ‘ *Gross* is a fool ! ’ This is not so ; I have simply been freed from the torrent of vulgar prejudices which came very near carrying me along ; I have become transported into the open and peaceful oasis of pure observation and experience. I have been fortunate enough to suffer myself to be cheered on by the spirit of Hahnemann in making new discoveries in the unknown regions of the highest potencies, and to be struck with the fact that, ever since practitioners descended to the lower potencies, their success has been much less marked than it was years ago, when our *Materia Medica* was much less complete than it is now. I have now studied it for twenty-seven years ; and if, in such a space of time, I have seen the success of those practitioners who have adopted the lower potencies, becoming less and less, it is not to be wondered that I should have been led to pronounce an unqualified condemnation on the employment of the lower preparations, and to proclaim the doctrine that the success and the ultimate triumph of

lowers of Hahnemann who do not admit the doctrine of dynamization, (they deny the soul of Homœopathy,) but who imagine that the power of a homœopathic remedial agent merely resides in its symptoms being vaguely analogous to the disease.—*Ed. Ex.*

Homœopathy depend upon a conscientious adherence to the precepts of the master, and the firm and unyielding determination to walk upon the road which he has pointed out.

“ My great object now was to procure the highest potencies in a genuine form, and I have been fortunate enough to discover a devoted friend of our cause, and a man of scientific education, who undertook the heroic task of preparing those highest potencies in an original and perfectly satisfactory manner.* Every thing depends upon their being genuine, and being received from a safe and tried hand. SEPIA and SULPHUR I have carried up myself to the 1500th degree. But the labor is so immense that my time would not permit me to continue the process of dynamization.

* This gentleman is Mr. JENICHEN of *Wismar*, in the Grand-Duchy of *Mecklenburg*, Germany. Mr. *Jenichen* has the reputation of being one of the most ardent friends of our cause, and a man of high character and great scientific attainments. The HIGH and HIGHEST potencies, which Mr. *Jenichen* has prepared are real dynamizations, developments of power, which have been accomplished in a most satisfactory manner by a peculiar mode of shaking, and may be implicitly relied upon. They have been tried by *Gross* and *Stapf* with eminent success. Other practitioners have not yet had an opportunity of trying them, for reasons which will be stated hereafter.

On the 15th July last, Dr. *Hempel* received a letter from Mr. *Jenichen*, by which he was informed that this gentleman had sent off seven complete collections of the HIGH and HIGHEST potencies to his address, for the purpose of disposing of them here. Each collection contains upwards of 300 remedies. The HIGHEST potencies commence at the 600th, and run up to the 2000th (AURUM, ARSENIC, FLUORIC ACID, SCILLA etc.)

The following portion of Mr. *Jenichen's* letter to Dr. *Hempel* will be of interest to practitioners: “ No one in Europe knows any thing about the existence of my HIGHEST potencies, and no one shall know any thing about them, until I shall have completed the number of the HIGHEST potencies which I originally intended. If I did not adopt this measure I should be bombarded with letters from all sides before I should have accomplished the business. Yourself and your colleagues will soon find that these HIGHEST potencies act with incomparable promptness and success. The effect sometimes is instantaneous like a flash of lightning. *Intense pain* is often relieved immediately by *smelling once* of 8, 10, or 12 globules. A globule needs not to be dissolved in water, which is often required of a globule of the HIGH potencies, when the patient is very susceptible. The HIGH potencies however cannot be dispensed with, on account of the necessity of *alternating* the HIGH and

The first trial with the high potencies I made on my own horse. He had always been in good condition, when, three years ago, he suddenly stood still in the carriage, pressed towards the right side of the carriage, raised his head, and turned it to the right side with a jerk. After this attack, which lasted about a minute, the horse resumed his trot, first slowly, and as if he had been exhausted, afterwards in the usual lively manner. Half a year after the same scene occurred, and, in the summer following, the attacks became more and more frequent. They were characterized by some striking peculiarities. They never occurred in winter; they only took place in the warm season, when the sun shone, especially when I drove towards the sun; they never occurred when riding, only when driving. A very violent paroxysm took place last year, in the spring, when I drove out early in the morning, before the horse had eaten any thing of consequence, and the rising sun shone in his face. After having driven for about a quarter of an hour, the paroxysm came on with considerable violence. It was difficult to bring the animal forward; he reeled as if he had been intoxicated, and, after having made a few paces, he had a second attack which was more violent and continued longer than any other; this time the head jerked towards the left side. The horse almost stood straight on his hind legs, the eyelids and muscles of the face were twitching as in a person affected with an epileptic fit, the whole body was in a state of convulsive tremor; the breathing was loud and spasmodic. The coachman and myself were scarcely able to prevent the horse's falling backwards. Among the remedies which I had

HIGHEST potencies of the same remedy. By alternating the two we sometimes attain an object which, otherwise, would not be attained. It is also well known, that an affection which had been cured, cannot, when occurring again, be cured by the same potency which had effected the cure first. In this case, if a **HIGH** potency had been used first, the **HIGHEST** potency of the same remedy will help the second time, frequently in a very little while. Or, if a **HIGHEST** potency had been employed first, then a **HIGH** potency or a **LOWER HIGHEST** potency will help in the relapse. In such cases we must always rise or descend by 400. By alternating between 200 and 300, the symptoms are generally made worse, because these two numbers are too near each other, and therefore are tantamount to a repetition, which is *always* hurtful."

The price of a complete collection of **HIGH** and **HIGHEST** potencies will be from \$100 to 120. This will depend upon the amount of duty and freight. Mr. Jenichen's letter concludes with this request: I beg you to dispose of the boxes *for cash*.—**HEMPEL.**

heretofore employed against this affection, *COCCULUS*, 6th or 12th potence, appeared to have been the only one that had done some service. This remedy seemed to diminish the number, but to increase the intensity of the attacks. I exhibited the 200th attenuation of *COCCULUS*, after which the paroxysm delayed for about two months; whereas, before the exhibition of *COCCULUS*, it had occurred during every drive. After this lapse of time a new paroxysm came on, announcing itself by a heavy and staggering gait. I immediately applied my vial with *COCCULUS*, of the size of a goose-quill, to the right nostril of the horse, until he had taken two inspirations. I then drove on. In about five minutes the staggering had disappeared and the horse renewed his trot. Since then no trace of a paroxysm has been seen.

I should like to know how the advocates of horse-doses would explain that result. Feeling encouraged to try the high potencies on human beings, I began with myself and my family.

2. I took cold, which gave me a diarrhœa. *Dulcamara* being the remedy in such cases, I always used the first attenuation, for the 30th would never do any good. In the present case I contented myself with smelling of the 200th potence; the diarrhœa ceased immediately. This shows that *Dulcamara* has to be carried up to the 200th potence before its remedial virtues are fully developed.

3. My son of thirteen years had his toes frozen. I caused him to smell of the 200th potence of *Nux vom.*; next morning the toes were entirely well. In my family, smelling is always resorted to; this has just as good and durable an effect as taking the medicine internally.

4. A panaritium which occurred in my family, was brought to the stage of suppuration in one night, by smelling of the 200th potence of *HEPAR SULPHURIS*; after this it healed without any delay.

5. My wife had suffered for half a year with a very painful affection of the foot, which would not yield to any remedy. The foot felt as if it had been sprained. She had to avoid every mis-step and, for this reason, could not walk on stone pavements. But even on level soil, when setting down the foot, she felt an intense pain in the heel; when stepping forward or bending the joint, she felt a painful drawing in the *tendo Achillis*. On every step she felt a pain in the whole joint, and in the foot as far as the toes. She smelled of the 200th potence of *PHOSPHORUS*. In the first eight days she felt no relief; on the contrary, there was a slight aggravation

at night, when lying in bed, she felt a drawing from the heel to the calf ; this is a symptom of PHOSPHORUS, and she never had felt it before. An improvement commenced in the second week, and in four weeks she felt quite well, and was even able to walk on uneven ground.

6. A girl of thirteen years, of a weak constitution, obstinate, who resided in my family, had been suffering for several days with toothache, a rending pain in the head and face, stitches in the ear, and profuse salivation. She smelled of the 200th potency of CHAMOMILE ; the next day, the symptoms had disappeared entirely.

Having seen the good effects of the high potencies in members of my family, I did not hesitate to use them in my general practice. I have uniformly found that they act with more certainty and success, and, ever since I have introduced them in my practice, the confidence of my patients has been increasing.

7. A lady had a troublesome cough, which indicated PULSATILLA ; a dose of the third potency had no effect, but a dose of the 200th relieved it at once.

8. A child of one year, in the country, had a polypus of the size of a pea in the external canthus of the right eye, which increased daily. The child took the 200th potency of LYCOPODIUM upon the tongue ; this effected a stagnation in the growth of the polypus ; after the lapse of eight days it had diminished somewhat, and in a fortnight it had completely disappeared.

9. A child of six months was affected with a hydrocele. AURUM, one globule of the 200th potency, cured it in four weeks.

10. A young merchant, having had a gastric fever, was affected with a dry, suffocating cough, which deprived him of sleep, especially at night. I gave him CUPRUM METALLICUM, one globule of the 200th. In the night the cough became aggravated, but in the morning it had completely disappeared, and never returned.

11. A farmer of thirty years, of a cachectic appearance, had for some time been affected with a chronic affection of the stomach. Allæopathy had not been able to do him any good. The chief symptoms of his affection were—throwing up the ingesta, which frequently smelled sour, but most of the time putrid ; he had putrid eructations. The fæces had also a putrid smell. He frequently complained of water-brash. One globule of the 200th of COCCULUS cured him in a fortnight.

12. A young man of twenty years, who was a servant in

the family of a nobleman, had since his childhood been affected with a fetid sweat of the left foot. One globule of the 200th potence of *BARYTA CARB.* removed it completely within the space of four weeks.

13. A young girl suffered with a deep, hollow cough, which came on early in the morning. One globule of the 200th of *PHOSPH.* relieved her at once.

14. Walking in the wind had given me roughness of the throat, cough, with pain as if the chest had been raw, and fluent coryza. I was in the habit of relieving this state by *NUX MOSCH.*, of which I always took several doses. Smelling of one globule of the 200th potence relieved the symptoms the next day.

15. A shoemaker of fifty years, a man of a quiet and even temper, had, for a long time, been affected with a rending pain from the hip down along the thigh. He did not feel any pain when he was lying; but he was unable to sit, on account of pain in the nates; but the pain was greatest when rising, before he had begun to move about. He was unable to walk long. The 200th potence of *PULSAT.* relieved him in three days.

16. A weaver's wife was attacked with dysentery, which prevailed in my district. I was called to see her on the third day. I gave her a globule of *MERC. SOL. 200.* She felt better in the evening. On the following morning the cutting had disappeared; some tenesmus and discharge of bloody mucus had remained. She had passed a pretty good night, whereas her rest in the previous nights had always been interrupted by frequent diarrhœa. Next evening I exhibited *NUX v. 200,* which effected a complete cure.

17. I treated several other cases of dysentery. *MERCURIUS* and *NUX* always effected an improvement; but *CANTHARIS 200* and *400* proved most serviceable in the generality of cases. The evacuations looked like scrapings of intestines streaked with blood; during stool there was considerable cutting in the abdomen and pain in the anus. In the hands of alloëopathic physicians many patients died.

18. A young servant-maid, after working in water, was attacked with Menostasia and Anasarca. *CALC. CARB. 200* cured her in a very short time.

19. A strong young woman, who had been delivered of a child a short while ago, was attacked with acute gout of the joints. After recovering from this malady, except some swelling of the knees and joints of the feet and fingers, she was attacked with oppressed breathing; she was only able to breathe when sitting entirely straight, and even then she had

the greatest difficulty. Smelling of CANNABIS 200 relieved both the Orthopnœa and the rest of the symptoms.

20. A man of forty years had a gonorrhœa cured by COPAIV. BALS. In a little while he experienced stitches in the fore part of the urethra, towards the orifice; afterwards it seemed as if some more urine would flow out. He also was tormented by erections, which likewise caused stitches. At night he discharged a fluid which left yellow stains on the linen. I gave CANN. 200. The discharge increased, he felt a burning when urinating, and the erections became more painful. This aggravation of symptoms induced me to exhibit CANTH. 400, after the lapse of eight days. The pains and the erections decreased, but the discharge augmented, and occurred even through the day, sometimes with a bloody tinge. When I had the management of this case, I was still under the influence of old prejudices; otherwise I should have patiently awaited the ultimate result. Instead of this, I gave the patient MERC. 200, five days after the CANTH. The discharge disappeared almost entirely within eight days, but reappeared on the tenth. I now exhibited SULPH. 800, which speedily effected a complete cure.

21. A butcher was attacked with a gonorrhœa shortly before Christmas. Feeling ashamed, he did not speak of it to any one, and suffered the inflammatory stage to pass off. He came to me on the twenty-seventh of January. He had very little pain when urinating, but he found it extremely difficult to draw the prepuce over the glans. The inner surface of the prepuce was corroded and very painful to the touch, and the glans was covered with a yellow mucus, as is the case in gonorrhœa of the glans. The urethra continued to secrete a yellow mucus. I exhibited MERC. 200. On the sixth of February the patient told me that, for some days after he took the medicine, the pains had been so excessive that he had scarcely been able to walk. In a few days, however, the improvement commenced. In eight days the phimosis, burning, discharge, etc., had completely disappeared.

It has been lately maintained by some wiseacre, that metals do not admit of high dynamizations. Of course, he alluded to the 30th potency. To what absurdities do not *à priori* inferences and speculative conjectures lead us! Consult experience, reason upon facts, and you will never be induced to make such heedless assertions. I have never had a greater number of patients, and have never cured a greater number, than in the last year of my practice; all of my chronic cases, and a large number of acute cases, I have treated exclusively with HIGH potencies. This mode of treatment and the increase of the

number of my patients seem to me to be related to one another as cause and effect. I have had abundant opportunities of becoming convinced that metals require as high dynamizations as vegetable and animal substances, and the heroic drugs among the metals the highest.

22. Last fall we often had here a toothache of this kind: Insufferable tearing pain, beginning at a (most commonly hollow) tooth, and extending through the corresponding side of the face as far as the head, the eye being easily affected and blinded. The pain is excited by the slightest draught of air, and is aggravated by the warmth of the bed. The patient is obliged to walk about at night; a cold drink affords momentary relief. Peevish and capricious mood. Smelling of *MAGN. CARB.* 200, or taking one globule of this remedy, effected a cure.

23. A woman of thirty years, of an obstinate, fault-finding disposition, fleshy constitution, and nervous and irritable temperament, experienced, both in the beginning and towards the termination of her period, an aching, boring, or a grinding pain on the top of the head. The pain almost drove her to despair. She could not bear to have any thing on her head; the place felt sore as if there had been a boil; nevertheless she involuntarily placed her hand on that spot very frequently. Stool not hard, but nothing would come out, she had to press hard. No appetite; she relished her nourishment while she was taking it; but afterwards she felt quite faint about the stomach. Fell asleep immediately after going to bed, but was tormented by dreams, and lay as if she had been murdered. Felt chilly all the time, without any thirst. In the paroxysm of pain I exhibited *PULS.* 200, which left no trace of it after half an hour had elapsed.

24. A woman of thirty years was attacked with bronchitis. The disease had existed for some days when she came to me, on the seventh of August. I gave her *PHOSPH.* 200. This produced a visible improvement. On the tenth of August the improvement stopped. I then exhibited *SPONGIA* 300; this effected a complete cure.

25. On the third of July, a young lady made the following report: Had been affected with sore throat for some time. Six weeks ago she had walked out during a chilly evening, in consequence of which she lost her voice. Ever since then she had been under homœopathic treatment, without the least success. Formerly she had felt a tingling and scraping in the throat, and she had frequently been obliged to cough; now the parts were entirely insensible. Only when swallowing she felt a soreness, as if the œsophagus were too narrow. She was

desponding and hopeless. I allowed her to smell of CAUST. 400. Not being familiar with this new mode of treatment, I committed the great mistake of not allowing the remedies a sufficient time to act. On the eleventh of July, I gave PHOSPH. 200; on the fifteenth, she smelled of RHUS TOX. 200; and on the twenty-first, I exhibited IGNAT. 200. This was left undisturbed until the second of August, when I exhibited LACHESIS 800. On the ninth, she smelled of PHOSPH. 200, after which she felt a dryness in the throat, and pain during deglutition; this induced me to give SULPH. 800 on the twenty-second. After taking RHUS, the patient was able occasionally to utter a loud word; this ability increased from day to day. SULPHUR produced a slight aggravation; but ever after the thirtieth the speech improved, and shortly became natural. I am convinced that the cure would have been effected in half the time, if I had not foolishly changed the remedies so often. It seems to be an inborn sin in homœopathic physicians not to be able to wait; all the energy of our will is required to resist the temptation of prescribing in a hurry one remedy after another.

26. A young shoemaker had an ulcer on the right heel, which had been treated for several weeks with all sorts of ointments and salves, without any other effect except an aggravation of his sufferings. The rubbing of the boot had caused a blister at that place, which had burst open, and had formed an ulcer of the size of a dime, and one-sixth of an inch deep. He felt a burning soreness in the ulcer. I might have given him NATRUM CARB., but we know not whether this drug applies to ulcers caused by friction; or, I might have given SEPIA, but we know not whether the ulcers of SEPIA are characterized by a burning soreness or by any other pain. The young man, therefore, took LAMIUM ALBUM 200. He was to return every eight days. On his first return, the bottom of the ulcer was covered with new granulations, and it was only half as deep as before. When the young man called again, he was cured.

27. A lady was affected with a dry coryza; the nose was so filled with tough mucus, that she was not able either to clear her nose by blowing it, or to breathe through it. Not being able, when asleep, to breathe through her mouth, she had spent already eight sleepless nights, became irritated and desponding. Domestic and homœopathic remedies had not had the least effect. Thinking of the little children who, when affected with a cold, are unable to take the breast, because they cannot breathe through the nose, I was induced to give SAMB. NIG. 200. The night after taking the drug she enjoyed a refreshing sleep, because she was able to breathe through the nose. The cold was cured.

28. In vol. xxii. p. 215 of the Homœopathic Gazette, I have communicated a case of diarrhœa consequent upon fear and fright, and cured by *IGNATIA*. A year afterwards, this child was affected with a sort of St. Vitus's dance. It was lying on the belly with the legs drawn up, boring with one knee into the bend of the other, and moving the nates and the whole upper part of the body up and down. *IGNATIA* was of no avail; *CAUST. X* helped. I have made this case public, but I do not recollect the place. After this second cure the child enjoyed good health for some time, when a new fright brought the convulsions on again more violently than ever. The muscles of the face were affected, the arms became convulsed, and the paroxysms, which lasted for hours, occurred three times a day. The face was covered with hot sweat, and constipation set in. Repeated doses of *CAUST. X* did not do any good, nor did any other remedy. Councillor *WEBER* had the goodness to dynamize *CAUST.* for me up to 400; this I exhibited and the paroxysms ceased at once. What *CAUST. XXX.* had not been able to accomplish, *CAUST. 400* accomplished at once. If the attack should come on again and *CAUST. 400* should do no good, I then should employ a still higher potency, and if this should be of no avail, I should then conclude that *CAUST.* was no longer indicated, and that the highest potency of some other remedy ought to be used.

29. A lady who had had two successive miscarriages was again *enceinte*. She had been so a fortnight. On the twenty-fourth of September she asked for my advice. Last year I had attended her under similar circumstances, but the preparations which I then used, *SEPIA X*, and *SILICEA 6*, did not prevent the miscarriage. I now gave her *SEPIA 200*, because the bloody mucus had already made its appearance in the vagina. Her menses had always been very profuse. *SEPIA 400* would undoubtedly have acted more favorably, for the discharge of mucus increased and continued four days, which induced me, being as yet ignorant of the virtue of the high potencies, to send her *KALF CARB. 200*. Fortunately the discharge had discontinued, which made the use of *KALI* unnecessary. About the eighth of December I was informed that she experienced a burning and drawing, and various kinds of pressing in the bladder, especially when passing her urine, which was colored dark. The ominous fourth month having arrived, I ordered her to take the *KALI*. This gradually remedied the above symptoms. In January the fœtus began to move. In February pressing upon the bladder and frequent micturition again set in, the movements of the fœtus being frequent and painful.

I therefore prescribed SEPIA 400 ; after this drug all the symptoms disappeared, except the ailments resulting from pregnancy. She was delivered of a healthy child.

30. A boy of seven years had been affected with the mumps for three days. MERCURIUS SOL. relieved the affection in one day.

31. A child of five years complained of headache for thirty-six hours. She felt a sort of hammering in the head. At times she looked pale, at times red ; the skin felt cool. Pulse full and frequent. Towards evening I gave her CAMPHOR 200. She passed an easy night, and in the morning the headache had gone.

32. A young girl had caught cold. One of her fore-teeth felt as if it had grown longer ; it was vacillating and painful. I ordered her to smell of CAMPHOR 200 ; in two hours and a half she felt much better. She smelled again, and in another two hours and a half the tooth was as firm as before, and ceased to be painful.

33. I have treated two ladies affected with Typhus abdominalis in the third stage. I prescribed a solution of CANTHAR. 400 in eight or ten tea-spoonfuls of water, a tea-spoonful to be taken every two hours. One of them had been for eight days without consciousness, and dangerously delirious ; the other was in a state of apathy, without any other want except to drink ; she never uttered a sound. They improved immediately after taking the drug, and recovered.

I may have made a mistake in repeating the solution too often. I ought perhaps to have ordered a dose every twelve or twenty-four hours, or perhaps one dose would have been sufficient. This fact however shows that the rule which *Attomyr* lays down, page 14 of the former number of the *Archive*, does not apply to the highest potencies. For although they act much longer than the doses which we are in the habit of calling small, and are therefore especially suitable for chronic diseases, yet it cannot be denied that also in acute cases they have a very speedy action. This is depending upon the concomitant circumstances ; in acute disease it is immediate, in chronic cases proportionately slower. CAMPHOR is known to be volatile, and even Hahnemann never thought of potentizing it. The tincture was exhibited at intervals of fifteen, ten and five minutes. Nevertheless the two examples Nos. 31 and 32 show that even smelling of the 200th potency of CAMPHOR is sufficient to obtain all the curative effects of that drug. My opinion is that it matters not whether we inquire into the duration of the effects of a drug, but that it is important to develope

in their integrity the curative powers of a drug, and then to administer the one which corresponds exactly to the symptoms of the disease. In this way *SEPIA* or *CALCAREA* may be suitable in an acute form of disease; whereas a drug of short action may be indicated in a chronic case, and may therefore prove curative. According to my view medicine does nothing else except to unfetter the vital principle and to enable it to help itself. Drugs which act only a few days in healthy organisms, may be followed by a reaction of four weeks and even months in sick persons; and vice versa, the effects of *SEPIA*, *SILICEA*, *CARBO* veg. and other long-acting drugs, may have a very short action in acute diseases. I do not see why *PHOSPH.* and *CALCAREA* should not be given in Pneumonia, as *Attomyr* maintains. In Bronchitis I have used the 200th of *CALCAREA* with great success. In Pneumonia *PHOSPH.* 200 will probably render the services which cannot be obtained of *PHOSP.* 30, and will render them more certainly than *PHOSPH.* 4. In an asthenic pneumonia, which threatened to pass into the stage of ulceration, *PHOSPH.* did all that I could desire.

Attomyr says, indeed, "that it is very difficult to gather experience in the handling of our little instruments, the pellets." He is right, although he does not even yet know my small doses. After having used them for about six months, I requested some of my intimate friends to try them likewise, in order that we might succeed in distinguishing truth from error. My friends acceded to my request, and, after six months' careful observation, and abundant confirmation of the great power of the highest potencies, I have deemed it my duty to communicate these new facts to the profession for the benefit of suffering humanity. I keep a journal in which I note the most trifling case of disease, and never give a remedy without mentioning the symptoms. This is troublesome, but it is the only method of making correct observations. Our Master insisted upon taking down a full record of the symptoms. Would that all practitioners followed his advice.

Speaking of *DROSER*A, I mentioned that Hahnemann had continued the potencies up to sixty. The 60th potencies acting with much more power than the 30th, Hahnemann adopted the custom of diluting them largely in water, and in this wise diminishing their effect. This mode is much less perfect, and more uncertain than to operate with drugs, whose medicinal virtues have been completely developed.

The action of such drugs is much more comprehensive, curative, and thorough than that of the lower potencies, as may be seen in Nos. 1, 7, 28; they pervade the organism with

more energy, as may be seen from Nos. 8, 9, 12, 20, 21, 26 ; in one word, they are the true instruments by means of which the physician can conquer every form of disease. When improperly chosen they have no effect, cannot, therefore, ever be positively hurtful. One never needs to be concerned about the dose. A potency, in which the medicinal power of the drug is sufficiently developed to act with full force, and yet with great mildness, is suitable for all cases. It is true, at this moment I still except the acute diseases, in which a lesser development of medicinal energies is *perhaps* preferable ; nevertheless, I have reasons to believe that even in acute diseases the highest potencies answer better than any other ; experience has taught me that this is true in many cases. A single pellet is a sufficient dose in every emergency ; smelling of eight or ten pellets has the same effect. Such highly dynamized medicinal influences are perhaps more fully and speedily received by the olfactory organs than by the tongue. The duration of effects is not shortened by smelling. *One* dose being sufficient to exhibit all the medicinal action which is inherent in the remedy, it will seldom, if ever, be necessary to repeat the dose in chronic cases ; such a repetition will only be justifiable in acute diseases.

Ever since I have used the highest potencies, I have become more and more convinced that Hahnemann's *Materia Medica* is far above the additions which have been made to it by modern practitioners. Hahnemann's *Materia Medica* has never been surpassed, and offers matter for study during a whole lifetime. Whatever is said of the action of homœopathic drugs deserves no credit, except so far as it is revealed by experiment and confirmed by experience at the bedside. It is from such a source as this that have sprung Hahnemann's important notes to ARSENIC, PULSATILLA, NUX V., IGNATIA, CHINA, etc. Such notes will be looked upon as models in all ages.

34. A young peasant, who had danced too much at his wedding four weeks ago, was attacked with a cough, which would not yield to the invasions of Allœopathy. The cough was excited by a tickling in the pit of the stomach, was especially frequent early in the morning, and in the evening after lying down ; was accompanied by a whitish, saltish discharge in the morning, sometimes by a little headache ; in the afternoon the cough became quite dry. The man had no appetite, the food was tasteless. In the forenoon he was incommoded by fluent, in the afternoon by dry coryza. He constantly felt chilly along the back ; on the slightest motion he felt heated

and became covered with sweat; then the cough was worst. I gave him *PULSATILLA* 200. This diminished and shortly removed the cough entirely.

35. A stout iunkeeper of thirty years, had taken cold on the railroad five months ago. At periods he felt a pressing, burning, and sense of heaviness in the pit of the stomach, as if every thing had borne down, accompanied by a general uneasiness. The abdominal integuments felt tense and hard. His breath frequently became very short, without any apparent cause. The stool was hard and knotty. Ever since his childhood he had been incommoded by a fetid sweat of the feet. He had profuse night-sweats, which had yielded a little while ago to continued allœopathic treatment; at the same time his strength failed more and more, and the body became emaciated.

I gave the patient *PLUMBUM ACET.* 200. In six days a decided improvement became manifest. In a fortnight the disease had completely disappeared. Even the fetid sweat of the feet had been changed to an inodorous perspiration.

36. An old lady of a cachectic habit, and with a herpetic excrescence upon the leg, took cold, was attacked with shaking chills, accompanied by vomiting of water and mucus, and followed by great thirst, afterwards sweat. Diarrhœa in the evening. I was sent for next morning. She had spent a sleepless night, felt quite unwell, had dry heat, nausea and pain in all the limbs, as if they had been bruised. She was very restless, was constantly shifting in the bed from one place to another, and was unable to find any ease. The tongue was slightly coated on the edges, brown, dry, and looked burnt in the middle. When touched, it resembled an English file. The urine was hot and dark-red. Pulse rather hard.

ARSENIC 400 removed the nausea, moderated the thirst somewhat, and procured her some rest, at times even a little sleep. Next day I exhibited *NUX VOM* 200, which is most closely related to *ARSENIC*. The third day the pulse had lost its hardness, but had become collapsed and approached to the thready pulse. The brown streak in the middle of the tongue was dryer and harder than before. The patient laid her head at times on the left, at times on the right side; she was delirious, soporous, muttered a good deal. She took *SULPHUR* 800. The nervous symptoms increased on the fourth day. The urine was less dark, but not turbid; the middle of the tongue was unaltered, but it was more thickly coated on the edges. The patient was very uneasy, slumbered a good deal, spoke confusedly all the time, endeavored to uncover herself, groaned

and sank downwards in the bed. She had a thin, badly smelling evacuation. I gave her *ACIDUM MURIAT.* 200. Now the symptoms improved. Next day the sinking downwards in the bed, the restlessness and delirium had disappeared. Recovery was indicated by a sound sleep, a moderately warm and slightly perspiring skin, a moist tongue which became coated all over, and began to redden on the edges, slight thirst, and light-colored urine. No other remedy was necessary. The eighth day the patient left her bed and did not complain any farther. The urine was without any sediment, and had become clearer from day to day, until it looked quite natural. On the ninth day she had a natural stool, the appetite returned, and all the evacuations became normal.

37. A woman of thirty years, who had been delivered eight days ago, had caught cold while sitting up; she had shaking fits, heat and headache. The pulse was frequent and full, skin hot, but not altogether without moisture, the lochial discharge was yet continuing. She had a rending pain in both temples, accompanied by bitter vomiting, vertigo and continual nausea, and had to sit patiently, with closed eyes, at times lying down, at times sitting up. The slightest motion, raising herself, opening her eyes, increased the headache, as if the head would burst.

BRYONIA 200 enabled her to sit in an upright position on the day following, without experiencing any particular inconvenience; she was also able to keep her eyes open, without being incommoded with vertigo or nausea. This improvement continued through the next day. On the fourth day she felt again some twinges of the headache. This induced me to give her *PULSATILLA*, which removed the symptoms entirely.

38. A horse that had been driven twenty miles without stopping, was unable to pass his water. All sorts of domestic remedies were tried for ten hours, but to no purpose. I gave the animal *HYOSCIAMUS* 200 upon the tongue. In five minutes he began to eat, and the trouble disappeared shortly after.

39. A girl had had a suppression of the menses for more than six weeks. She was tormented by painful stitches in the head, especially in the forehead, and the eyes evidently appeared smaller. I gave her *BELLADONNA* 800. The menses appeared in the night following, and the headache had gone. Was this the effect of the drug or a caprice of nature?

40. Sir——, a man of about forty years, of a phthisiky habit and having frequently suffered of affections of the trachea, was

laid up in consequence of a cold. His family physician called it an inflammatory catarrh of the bronchi, and treated him for eight days. During this time the symptoms had become so much worse that he gave it as his opinion, that the patient was attacked with phthisis plethorica, and would have to die in a fortnight. The patient, being of an irritable temper, sent for me. He lived in a neighboring city, and, inasmuch as I was unable to stay with him, he consented, by my advice, to be attended by an alloëopathic physician, who was a friend of mine, and who conducted the treatment of the case in accordance with my directions. This physician was likewise of opinion that the patient was past hope of recovery. Nevertheless I took down a record of the symptoms: Tickling in the throat, continual cough early in the morning and in the forenoon, with a thin, yellow, profuse, tasteless discharge. The spittle was filled with sputa in the course of the day. Talking excited the cough at other periods of the day. The patient had to sit with his head stooping, in order to be able to breathe more easily. Pulse upwards of one hundred. The urine was dark and hot; no stool. No appetite; tongue white. Violent night-sweats. I gave STANNUM 200. On the fourth day the discharge had decreased one half, but the sweat was more profuse. An injection of water brought on a slimy, greenish-colored stool. The tickling was still considerable, the cough fatiguing. I gave CHINA 200. The sixth day there was less cough, in the morning, with little discharge, which was rather difficult, and sometimes consisted of vomiting quantities of tough mucus. The tongue had become cleaner, but a quotidian fever and ague had set in, the paroxysm occurring every morning; first chills, then heat in the afternoon, and mild sweat in the night, without any excessive thirst. The patient took CALC. CARB. 200. This brought on an increase of tickling during the night, with cough and a quantity of mucus; the fever, however, disappeared after one more slight attack. Stool normal, and appetite pretty keen. Saltish discharge. There was a visible and general improvement. On the tenth day the patient was affected with a violent toothache in a hollow tooth, which felt as if it had been too long. The patient was unable to introduce any thing warm into his mouth. He was irritated, and a pernicious reaction upon the affected organs of the chest might have taken place, if the toothache had not been subdued. I therefore exhibited CHAMOMILLA 200. This brought on an ulcer with diminution of the pain. On the thirteenth day the cough was very little, no fever, pulse normal, increase of strength, sound sleep, appetite; the tongue, however, appeared

coated, and the bowels were constipated. The patient now took BRYONIA 200. The tongue now became clean, stool natural, and the appetite keen. I visited the patient again on the eighteenth day. He had recovered except a short, rather dry morning cough. I gave CALC. CARB. 400. After this all the symptoms disappeared.

The success of this treatment induced my allœopathic friend to study the Organon, and to prepare himself to become an homœopathic practitioner. May God favor his designs!

In studying Homœopathy, it is indeed necessary to begin at the beginning, and to cast the knowledge which had been committed to the memory overboard. Nor can Homœopathy be studied of those modern innovators who have taken it into their heads to reform the Organon, by leaving out the theory of potentialization, and to substitute in the place of Hahnemann's rules of practice the third, second and first attenuations, and a frequent repetition of the doses. It is not worth any man's trouble to substitute this trash in the place of Allœopathy.

Our pretended reformers indeed boast of their scientific acquirements, and sneer at what they term the crude empiricism of true Homœopathists. I am in the habit of furnishing facts; you may investigate theories, if you cannot do without them. Do you suppose that a correct observation of Nature's facts is as easy and poor a business as you imagine? Try it, and you will soon find that the pretended scientific character of your theories amounts to very little. The study of the *Materia Medica Pura* may occupy a man during the whole of his life; he will always find enough to learn. I do not apprehend, as you do, lest shepherds, tailors, and old women should imitate this "crude empiricism." For this practice requires a sound mind, persevering industry, and a patience which never tires. Our Master, who was right in every thing, was also right in this point; that the *particular, characteristic* symptoms should especially be considered, and their analogy with the symptoms of the disease should determine the selection of the remedy. It is frequently impossible to obtain a clear perception of the physiological relation of the morbid symptoms. Nor does this perception seem necessary or useful, for this reason, that it does not enlighten us in regard to the drug to be selected in a given case, and that therefore all such speculations about the physiological relation of the symptoms do not promote the art of healing disease. If, on the contrary, we follow the example of our great Master, in studying the *Materia Medica*, and determining, as well as can be done by external examination, the anatomical region of the symptoms, in what manner, at what

period, under what circumstances, in what connection, and by what exciting causes the symptoms of the drug become manifest in the organism, we cannot fail in obtaining, by untiring industry, such a knowledge of the remedial properties of our drugs as will be adequate to the most critical emergency.

41. I shall conclude my narrative by relating a case of unsuccessful treatment which, however, is not uninteresting. A journeyman dyer, upon his arrival at this place, was affected with fever and ague, and was recommended to me by the master who employed him. When I saw him, he was very sick and wretched, of a livid complexion, and extremely weak. According to his statement he had been sick only for a fortnight. He had been first attacked with quotidian fever, which afterwards changed to tertian. The attacks were postponing. They now appeared early in the morning—chills, heat, sweat in succession, every stage being accompanied by thirst and headache. The paroxysm was preceded by a peculiar sort of weakness and consequent headache; this was especially felt when moving the head, as if the brain had been loose and movable.

That same evening the patient took ARSENICUM ALB. 400. I ought to have given him 800. For he was very sick during the night, threatened to suffocate, complained especially about his tongue, in short imagined that he would die. Those present imagined the same thing. The journeyman thought he was poisoned. His host, who deemed such a thing possible, sent for two Allœopathists instead of calling me, the author of the mischief, who was thus deprived of an opportunity of observing the symptoms more closely. The younger Doctor thought he discovered the symptoms of poisoning by Arsenic; the older, however, did not concur in this opinion. These gentlemen spoiled my treatment. Smelling of NUX v. 400 would have appeased this aggravation of the symptoms. This case may serve to show the great power of the high potencies, which ought only to be handled by the masters of the Art.

GROSS.

I take the liberty to subjoin a few remarks to the above relation of cases.

It was in the fall of last year when my excellent friend Gross first communicated to me his ideas about the application of the high potencies and the experience which he had accumulated on this hitherto unknown field of observation. All the confidence which I reposed in the eminent qualities of Gross as an observer, was required in order to induce me to listen to his request to try the high potencies likewise. However, when I

considered that the attenuations which we had hitherto been¹ in the habit of using, act in an inconceivable and incredible manner, and that they nevertheless are constantly exhibiting the most striking effects known to all true homœopathic practitioners. I saw no reason why I should not make one step, yea many steps farther, in the mysterious regions of the homœopathic method of cure. I therefore resolved, although not without hesitation, trembling, and doubt, to follow the invitation of my friend, and to try the high potencies first on myself and family, and afterwards in a more extended sphere.*

The results which I have witnessed in using the high potencies, surpassed my boldest expectations. I have treated a large number of important diseases, most of them chronic,† with these high potencies, and, as a man of honor and truth, I am bound to affirm, that the effect of the high potencies, as regards intensity, certainty, and even quickness, surpasses all known effects both of high and low attenuations. Hereafter I shall substantiate my assertion by relating a number of most interesting and very remarkable cures, which I have effected by means of the high potencies.

In order to use these high potencies successfully, the following conditions must be fulfilled: 1. *Every case of disease must be investigated according to its most particular symptoms, and the greatest precision and circumspection must be used in the selection of the homœopathic agent. This selection must not be determined by a few general, pathological and pharmacodynamic notions, which are often imaginary, and are but too apt to lead astray, but it must take place in strict accordance with Hahnemann's rules.* 2. *Only one, or*

* My son, a man of thirty years, and of great bodily strength, was the first person on whom I tried the high potencies. For the last four weeks he had been affected with very violent pains in the back. Living at a distance from me, he had preferred not taking any thing, and was quite sick when he arrived in my family. The symptoms indicated SULPHUR. I exhibited the 400th potency. One hour after taking the drug, the symptoms became much more violent; but the next morning the pain had disappeared, and no trace of his rather inveterate and very violent sufferings was left. His general health was likewise excellent. Would SULPHUR I, VI, or X, have produced a like result?

† In common with others, I have hitherto been possessed by the prejudice, that the cure of those chronic diseases which are characterized by alterations of structure and organic malformations, requires low potencies; in using the high potencies, I have had frequent opportunities of witnessing the contrary.

at the utmost two globules of the proper remedy ought to be given. 3. *Await the effect patiently; in chronic diseases, seven, nine, twelve days; never interfere with a beginning improvement, even though it should progress very slowly.* If, after the lapse of that period, no change occurs, then consider this as a proof that the remedy had been improperly selected, and that another one ought to be substituted in its place. Every hasty change of remedies inflicts incalculable injury. Repetitions are scarcely necessary, except in old diseases of the skin characterized by torpor. In acute cases a new remedy may be given at the end of one or two hours, provided no change whatever takes place, which would indicate that the remedy had been improperly chosen. 4. *Rigorous diet.* Modern homœopaths are too much in the habit of neglecting the dietetic rules which Hahnemann has laid down with so much precision; they permit their patients to eat even those things which have evidently a pathogenetic influence upon the organism, and have therefore a power of aggravating the symptoms, and of injuring or even destroying the effect of the drugs. This neglect of the dietetic rules, is no good sign. It goes hand in hand with the favorite exhibition and repetitions of massive doses, which, according to the opinion of our innovators, cannot be destroyed by dietetic sins. These pretended reformers make it a business to cajole the caprices of their patients, and even boast of permitting every thing in the shape of food or drink. Not only is the success of homœopathic treatment endangered by the lamentable remissness of those men, but they deprive homœopathy of one of its most beautiful privileges, which is to lead mankind back to Nature, in which itself is founded, and free them from those pernicious influences which slowly but certainly bring on a degeneracy of the race. All Homœopaths ought to consider it a sacred duty to protect the organism against all those influences which do not directly favor its physical regeneration. Homœopaths, who violate this sacred duty either from neglect, or from weakness of character, or from still more unworthy and vulgar motives, sin not only against humanity, but also against homœopathy itself, whose office it is to teach and to demand that which is in harmony with nature, and to spread its redeeming influence in society even by enforcing a strict observance of a sound diet.*

* I know, and every practitioner knows, that there are cases where it is impossible to insist upon a strict adherence to dietetic regulations, and where it becomes necessary to accommodate one's

The introduction of these high potencies to the profession opens a new field. The boundless kingdom of power, of spirit, is now disclosed, and shows us marvels which we may not be able to explain, but which are nevertheless undeniable facts that rest upon unknown laws of nature. It behooves us to sink in astonishment at the effects which the highest development of the medicinal powers of drugs is capable of producing, and to be upon our guard against endeavoring to explain by speculative theories facts which have no sort of connection with any of the known sciences, and are nevertheless *real* and *undeniable phenomena*. The time may perhaps come when it shall be permitted to us to solve such astounding enigmas.

Would that all those who may take offence at our statements—we doubt not that there will be many—should occupy the same ground as we do, and should be more devotedly attached to *undeniable facts* than to ever-changing theories! Would that they should heed and obey the precept of our great master:

“*Follow my example, follow it conscientiously and with care.*”

STAFF.

July, 1844.

While translating this interesting essay on the high potencies, we were strongly reminded of the following four cases which Atomyr relates in his letters. We shall furnish a translation of those cases in the subsequent pages, and shall then permit ourselves the question: Would not the highest potencies have done in these cases what the ordinary attenuations were unable to accomplish?

CASE I.

A man had suffered with weariness of the feet for three months. Under a homœopathic treatment the lower extremities of the patient become finally completely paralyzed. Age eighteen years. When called, I found a complete paralysis of the feet. He is unable to move a toe. When pinched, he feels nothing. Coldness of the paralyzed parts; traces of the vesicatories are visible. Violent convulsions in the feet, which hurl

self to circumstances. But such a case of necessity is altogether different from the unpardonable laxity which has been censured in this paragraph.

the patient from the chair down upon the floor. Œdema of the ankle-joints.

- b. No stool for 5 to 7 days.
- c. At times strangury, at times involuntary flow of urine.
- d. Violent pressure in the region of the stomach, which is especially violent when bending the trunk backwards.
- e. Fever every evening, with sleeplessness.
- f. Want of appetite.
- g. Livid complexion.
- h. Desponding.

The paralysis had been complete for the last fifty-one days. The patient took *COCCULUS*, three globules of the 12th.

In four days the symptoms b, c, d, e, f, g, h, had completely disappeared. The patient ate, slept, had perfectly natural evacuations, the fever staid away on the third evening; there was no pressure in the pit of the stomach; the mind was cheerful. But *COCCULUS* accomplished a good deal more than all this. The paralysis of the feet had improved so much that the patient was able to cross the room several times in succession with the aid of his nurse. Sensibility was restored; the convulsions were less frequent and violent. I ordered him to use crutches. Alas, the patient never used them; for, on the fourth day the improvement stopped. I waited until the 9th day; on this day I exhibited a second dose of cocculus, three globules of the 12th. The patient got worse. He was no longer able to walk through the room. In five weeks the patient was again as I found him, except the fever, which did not return; the appetite remained likewise good.

I thought that *COCCULUS* *must* help him. I therefore gave a third dose, 6 globules of the 12th. Unsuccessful. One drop of *COCCULUS* X, failed. I repeated the drop, and at the same time caused the second attenuation of *COCCULUS* to be used as a liniment in the joints of the knees and the ancles. Another failure. I gave *RHUS* X, *SULPHUR* X, *NUX* X, *KALI* X, *URU KUKUK* X. All to no purpose.

The patient was brought home again by his father. Another homœopathic physician took charge of him, but without any success. The patient then visited the bath, but he returned without any improvement in his health.

Is not this enough to drive one mad? I remember having seen a friend of homœopathy in Saxony, in whose cabinet are hung up sixty portraits of celebrated men. Hahnemann was amongst them, also Hufeland, the latter hanging under Hahnemann with his head downwards. "Ever since Hahnemann promulgated his doctrine, Hufeland hangs so." This

proceeding I applied to *COCCULUS*. When the patient was brought back home, I took my vial with *COCCULUS* out of my box and replaced it with the cork downwards. But since then I have become reconciled to *COCCULUS*, because it helped me in violent abdominal spasms, whereas Hufeland, according to the latest news from Saxony, is still standing upon his head.

CASE II.

An ulcer of four years' standing on the anterior internal surface of the right tibia, very near in the middle of the leg. The ulcer is large and deep enough to lodge half a dollar without appearing elevated above the edges of the ulcer. The base of the ulcer is dark brown, the edges sharp, insensible, callous. The ulcer secretes a thin ichor. The surrounding parts are of a pale-red color, and insensible.

Of course, allœopathic physicians had already used, with great advantage to themselves or the apothecaries, all sorts of ointments and plasters, the arsenic pills of Dzondi, Louvrier's manœuvre of salivation, etc.

The patient was otherwise healthy. I ordered *SEPIA X*, to take three doses of three globules each;—one dose every day.

Eight days after taking the medicine the ulcer had become by two-thirds smaller and less deep. The base of the ulcer was red, and covered with granulations, and healthy pus, which had appeared in the place of the ichor. I expected that the ulcer would be healed in a fortnight. Mistake; the improvement discontinued. I waited two other weeks, during which time the ulcer became much worse again. Another dose of *SEPIA X* was given, without any success. Another dose in eight days. The ulcer presented the same appearance as it did when the treatment commenced. I gave *SULPHUR X*, *PSORIN X*, *SEPIA V*, one drop, *STAPHIS. X*, *SILICEA X*, three doses, one every ten days, (there was a short improvement after this medicine); *MERC. VIVUS X*, three doses in three days; *RANUNC. BULB. X*, *CALC. X*, *CAUST. X*, *NUX V. X*, *SEPIA* hundredth pot. *PETROLEUM VI*, *ANT. CR. X*, *SULPHUR X*, smelling, *THUYA X*, *ARSENIC X*, *GRAP. X*. Not one of these remedies helped; the foot remained as it was. This patient died some months ago of an acute dementia, which had come on in the space of five days. During that time the patient had tried to destroy himself. The Allœopaths exclaimed that the dementia was owing to the ulcer having been closed by homœopathic treatment. Dr. F. calmed the fools by assuring them that he had seen the wound, and

that it was not closed. An Allœopathist now rode to the relatives of the deceased, and assured them that this was the *eleventh* patient that had become mad under my treatment; *he pretended that I had related this to him myself.* You may imagine with what a heap of questions and exclamations I was received by the relatives on my next visit to them. Fortunately my accuser came out with his denunciation of homœopathy after noon; for at this time every body knows that a spirit talks out of the doctor, one that has a body. I admired his lie, for it was truly grand. As for the liar, I could do nothing to him; I did not wish to strike him, and other arguments have no influence with such a brood. The relatives of the patient have not become faithless to homœopathy on account of this impertinent lie; they continue to be my patients. This is satisfaction enough.

CASE III.

No urine has been passed for the last three days. By means of the catheter, the application of which was very painful, only a few drops of blood could be voided. The bladder feels naturally soft and empty. No sweat, no diarrhœa, no bad effects of the strangury, except the taste of urine in the mouth. It seems therefore as if the kidneys did not accomplish their office, and as if no urine was secreted.

This strangury was owing to a cancer of the womb, which had progressed considerably under allœopathic treatment. The patient was fifty years old.

I gave ARSENIC X. Next day the chamber was full of urine. The urine was clear; and of a natural color. She passed her urine naturally for three days; on the fourth day, however, less so; on the fifth, still less; on the sixth, not at all. ARSENIC was of no use now. COLCHICUM helped a little, the urine was passed, but with great pain. Finally, COLCHICUM helped no more. The patient died. A post mortem examination revealed cancer of the womb, and biliary calculi.

CASE IV.

Dry, short, spasmodic cough, two or three fits of cough at a time. Age nineteen years. The cough continues day and night; she has scarcely two hours' rest. The cough appears to be excited by a tickling in the throat.

Coldness every evening, followed by an intolerable, painful, dry heat, which lasts the whole night. Is obliged to lie down

at 5 or 6 o'clock in the afternoon; there is physical depression, heaviness, and tightness of the feet.

Little appetite.

Degeneration of the spleen; menstrual irregularities.

The symptoms of the chest have existed for two years; they appeared modified at different times, but they never were entirely suppressed. Her present condition had continued the same for the last fourteen weeks. For the last two years the patient had used every heroic remedy to be found in a well arranged alloëopathic pharmacy.

I gave her *PULSATILLA* X, three globules. In six days, the evening-fever and the night-heat had completely disappeared. She was able to go to bed a couple of hours later. Increase of appetite. For the first time in two years she ate a little meat. The cough was considerably improved. She sometimes did not cough for hours. At night she scarcely woke up twice.

In a week all the symptoms returned;—cough, want of appetite, depression of strength; only the fever staid away. Since then the patient has always been the same.

I gave her *PULSATILLA* in every form and quantity; and a great many other remedies, all in vain.

May we not suppose that in these cases the highest potencies of *COCCULUS*, *SEPIA*, *ARSENIC*, and *PULSATILLA*, would have effected a cure?

HOW NECESSARY IT IS TO KNOW THE SYMPTOMS OF EVERY REMEDY.

(This case has been extracted from Attoymr's letters.)

Joseph S., 23 years old, of a good constitution, and a sanguine, choleric temperament, caught a violent cold on the 6th of January, 1833, immediately after being very much heated. An hour after she felt violent stitches on the external side of the right calf, which soon extended as far as the right ankle-joint, and became so violent, that the patient fell down, and was, since that period, no longer able to walk. In other respects the patient was well. A physician was immediately sent for; in four weeks another one was called in: On the 12th of March the last sacrament was administered to the patient. On the 13th, Dr. Schellhammer was called. He found

the patient a mere skeleton, and so emaciated that it was difficult to recognize her. The patient and her mother narrate as follows:—

pains of the foot had become more violent from day to day; the painful parts had become hot; the pain had gradually seized the thigh, and the whole of the upper and fore arm of the same side, likewise that side of the head, and the tearings and lancinations had been so violent that the patient had shrieked and lamented for seven weeks, day and night, without any interruption. She was completely deprived of sleep. In the beginning of the fifth week of the disease she was moreover attacked with a cough accompanied by expectoration of mucus, which became puriform in the week following. The pus was fœtid, and amounted to a quart a day. (A basin full of pus was just standing near the patient when Dr. Schellhammer was called in.) The discharge, and in general all the excretions of the patient, smelled so badly that her relatives were scarcely able to remain in the room. She was not able to take any nourishment; she had had an aversion to every sort of food for the last eight weeks. Every morning between 5 and 7 o'clock she felt nauseated, after which she threw up with great exertions a quantity of watery mucus, and sank back upon her bed in a state of utter exhaustion. The affected limb was very much swollen, and was drawn up close to the thigh; for the last five weeks it had become more and more immovable and stiff. For six weeks she had constantly been lying upon the same spot; the slightest motion increased her pain immensely. The tibia and tarsus were distended and softened; the other affected parts were not swollen. Pulse soft, small, accelerated. Skin hot, especially on the hands. Tongue coated brown. Vehement thirst. Sad and desponding.

The physician who attended the patient with Schellhammer, declared that the patient would die; the second physician who had been invited to come, staid away: Hufeland himself, the prince of allœopathists, would probably have found some excuse for not coming in a case like this. If Hufeland shows to me a cure in the annals of allœopathy similar to the one which I shall presently relate, I shall turn half-homœopathist, and in all such cases as this practice according to the doctrines of the allœopathic school.

With what substance, and in how much time, do you suppose Schellhammer cured this patient, who was nearer death than life? Not one of us, perhaps not even Hahnemann himself, would have hit upon the remedy which called the dying girl back to life. The remedy was GUAJACUM. Gua-

jacum cured this pulmonary affection, this consumptive fever, this contraction of the lower extremity, these violent pains; two doses of it did all this.

Schellhammer ordered this remedy to be prepared in a common pharmacy, and to be diluted to the millionth potency. On the evening of the 15th of March, when the patient was suffering the most excruciating pain, he gave her one drop of that solution. After a slight homœopathic aggravation there was a remarkable diminution of the pain, and for the first time in many weeks the patient enjoyed a refreshing, calm sleep, of several hours. When the patient woke up she assured her friends that she did not feel the least pain. This continued until the 17th of March; the vomiting early in the morning and the want of appetite continued. This induced Schellhammer to exhibit one grain of the millionth attenuation of *COLOCYNTHIS*, on the second day of the treatment, about noon. The vomiting indeed ceased, and the appetite returned, but the pains became likewise more violent towards evening of the same day. Next day the girl took another dose of *GUAJACUM*. On the 21st of March the fever had disappeared, on the 28th the puriform discharge ceased, the pain had gone, the appetite and sleep had become regular; the contracted leg became gradually reduced to its natural position; on the 20th of April the patient took her first walk, and enjoyed perfect health, with the exception of some weakness in the knee-joints, where the greatest number of leeches had been sucking.

This is art, and the man who performs such a cure is an artist. To cure such a horrible disease as has been described above, by two doses of *GUAJACUM* (for the *COLOCYNTH* was evidently unnecessary, and perhaps one dose of *GUAJACUM*, would have been sufficient if the *COLOCYNTH* had not interfered with its effects)—this is, indeed, the highest demand which can be made of the healing art.

The allœopathic drugs cost 73 florins, the leeches 23, in all 96 (about \$54.) The homœopathic preparations which Schellhammer got in the pharmacy, were worth 5 cents. This instance beautifully shows the nothingness of the allœopathic practice and the possibility of doing without apothecaries.

We relate this case not only because it affords a brilliant opportunity of showing the incomparable superiority of the homœopathic practice over the allœopathic; but also because it conclusively shows the necessity of being equally well acquainted with the remedial virtues of every drug. Physicians are too much in the habit of neglecting the so called minor remedies, and

confining their attention to the polychrests and a few more. Atomyr's memory must have been overcome by the brilliancy of Schellhammer's cure, otherwise he, an expert and learned homœopathist, could not have expressed so much astonishment at the selection which Schellhammer made of *GUAJACUM*. What other remedy could he have chosen? Let us look for a moment into the *Materia Medica*, and, first, read Hahnemann's prefatory remarks on the general pathogenetic character of *GUAJACUM*, and then glance at the symptoms of the drug.

In the introductory remarks to *GUAJACUM* we find among other affections for which the use of this drug is recommended by Hahnemann, "stitches in the chest; arthritic lancinations in the limbs, especially when these lancinations bring on contraction of the parts, and are excited by the slightest motion, etc.;" and in looking over the symptoms of *Guajacum*, we discover the most perfect resemblance between the symptoms of the remedy and those of the case to the treatment of which it had been so successfully applied. Stitches and lancinations of the extremities are characteristic symptoms of *GUAJACUM*."

115. Dull stitches in the thigh, over the right knee.

Single stitches in the left thigh, over the knee, the stitches came from both sides, and meet. (a. 3, h.)

Pain in the left thigh as if it were bruised; when walking in the open air.

Itching prickings, resembling flea-bites, in the skin of the thigh, especially on both sides of the bend of the knee.

Drawing pain in the knee, which finally becomes lancinating.

120. Contractive sensation in the right calf, without any pain. (a. $\frac{1}{2}$, h.)

Violent shootings on the outer side of the calf.

Drawing stitches in the leg from the right tarsal joint, as far as the middle of the tibia. (a. 3, h.)

Dull lancinations from the middle of the left tibia as far as the toes.

Lancinations between the tibia and fibula, extending as far as the patella, so violent that he started high up.

125. Drawing lancinations from the middle of the right tibia, as far as the knee. (a. 14, h.)

Long lancinations in the leg, extending from the right tarsus as far as the knee.

Single lancinations in the right tarsus, when sitting, etc.

GUAJACUM was likewise indicated by the consumptive and hectic symptoms of the patient.

135. Consumption and hectic fever, in persons of a dry constitution.

The discharge from the chest and nose is likewise a symptom of GUAJACUM.

82. The patient hawks up mucus ; a quantity of watery fluid is running from the nose.

Tearing stitches of the upper extremities are likewise characteristic symptoms of GUAJACUM.

We wonder what remedy Dr. Atomyr would use when arthritic or rheumatic stitches of the extremities are the primary and characteristic symptom of the disease ?

ON THE USE OF IODINE IN CROUP.

Dr. GROSS has reported an interesting case of croup, in No. XX. of the Archive, where Hepar and Spongia would seem to be indicated, and yet would not produce any good results. In this case, Gross applied leeches in the third stage. The fatal termination which followed, is attributed by Dr. Tietze, of Ebersbach, to the application of that agent at so late a stage. Dr. Tietze thinks, that in the allœopathic treatment of croup, leeches only do good in the first stage. According to his observation, the application of leeches in the third stage has always been followed by a rapid sinking of strength, and consequent death.

The following four cases, reported by Dr. Tietze, may, perhaps, appear interesting to the readers of this Journal.

Dr. Gross says, in the above-mentioned report, that "*the child was constantly walking about, and in a cheerful mood,*" and that the relapses took place in spite of these favorable symptoms. Dr. Tietze remarks, that he has likewise seen such a favorable appearance of the symptoms, and that relapses, and even fatal terminations, may be brought on by the walking about and playing of the children, by their sitting on the floor of the room, by frequent changes from one bed to another, by carrying children about in the room, changing linen and bed-clothes frequently, carrying objects through the room, the motion of which shall occasion a draught of air ; or by dressing children that are apparently well, near a window, or permitting them to sit there. How easily may cold air rush in through the open door or window, and, coming in contact with the moist skin of the child, may suppress the recent secretions

and bring on a relapse. Dr. Tietze further remarks, that little children who are carefully guarded against the contact with cool linen, or larger children who remain anxiously in their beds, maintain their perspiration, and are afraid of touching the floor, or moistening their lips with something cold, have the best chances of recovery. It is, therefore, indispensable to a successful treatment of croup, that children who are affected with croup, should be kept in their beds or upon a sofa; that they should be moderately covered, and should be kept in a moderately warm room; that all frequent or sudden changes of bed-clothes or other linen should be carefully avoided; that the children should not be carried about, or removed from one bed to another; that even the slightest draft of air should be avoided, etc. The following cases may serve to confirm these statements.

CASE I.

Rudolph Türke, five years old, a vigorous plethoric boy, of a lively temperament, had spent part of the 17th of March, 1843, in playing with some other boys, during a cold north-easter, upon a wet and marshy meadow. They staid until the sun had gone down. Next day the boy was attacked with a dry and rough cough. There were no other morbid symptoms. In the night, from the 18th to the 19th, the wind being rough and cold, the voice became hoarse, the cough dry, rough, and barking; the breathing was occasionally difficult, suppressed, and wheezing.

I began the treatment on the 19th, by exhibiting **ACONITE XV**, one drop, at seven o'clock in the morning, and another drop at eleven o'clock. On visiting the boy in the forenoon, I found the pulse accelerated; the skin of the whole body, especially the palms of the hands, were dry and hotter than usual. The face was unnaturally red. The boy was unable to utter a loud word; his voice was hissing, muttering, and subdued. He complained of pain in the larynx. The breathing was oppressed and wheezing. The cough was extremely rough, hollow, and dry. The boy, who was generally bold and lively, was anxious, and imagined he would have to die from suffocation.

In taking charge of the patient, I concluded to try the Iodine, which has first been recommended by Dr. Koch, in the second number of the 14th volume of the *Hygea*. The boy took **IODINE I**, one drop, at three o'clock in the afternoon. This solution had been prepared from one grain of **IODINE**, and

100 drops of spirits of wine. Of this tincture I mixed five drops with 100 drops of spirits of wine, which was the potence used in the present case.

Soon after taking the medicine, the boy was greatly irritated. The breathing became more anxious and wheezing; the boy threatened to suffocate. Shortly after, he felt nauseated, and during a fit of cough, he threw up a large quantity of phlegm. This was followed by an improvement which lasted for some time.

In the evening I found the skin yet very hot and dry; the pulse was frequent.

At seven o'clock the boy took ACONITE XV, one drop; at eleven o'clock, IODINE I, one drop; at three o'clock at night, ACONITE XV, one drop; on the 20th, at seven o'clock in the morning, IODINE I, one drop; at eleven o'clock, ACONITE 15, one drop.

A more frequent repetition of these drugs, contrary to the advice of DR. KOCH, I deemed unnecessary in this case, the patient being naturally very irritable.

Every dose of IODINE was followed by an aggravation of the symptoms, after which an improvement set in. ACONITE seemed to be without any primary effects; before the four hours, after which IODINE was given, had elapsed, the symptoms became worse.

In the night from the 19th to the 20th, the boy slept several times half an hour, and even an hour. During the sleep the breathing was more natural, softer, and more steady; the patient was covered with a profuse viscid sweat.

One o'clock.—Every dose of IODINE producing primarily an aggravation and secondarily a corresponding improvement of the symptoms, and the pulse being slower and softer, with a skin which was continually moist and covered with sweat, I ceased to use ACONITE which did not seem to be any further indicated.

At one o'clock in the afternoon, and seven o'clock in the evening the boy took another dose of IODINE I, and I left a third dose, which was to be given in case new symptoms of suffocation should set in.

The first dose of IODINE was again followed by an aggravation. There being left an interval of six hours between the first and second dose, the primary effects of the first dose completely disappeared, and the boy finally slept a full hour. After waking up at seven o'clock in the evening, the boy was given the second dose, his parents entertaining the opinion that a longer delay might be hurtful. The aggravation which

followed this second dose was so violent, that the parents apprehended the child would die. Believing the aggravation to be a natural progress of the disease, the third dose was exhibited at half-past 10 o'clock at night.

This third dose was followed by a fearful exacerbation of the symptoms. The boy was on the point of suffocation. He started up from his couch and was unable to utter a sound. The breathing was sharp, hissing, and sibilant; it could be heard outside of the room, the doors of which were closed. The face became blue, the lips were blue and bloated, the nostrils were widely distended, the eyes were staring and protruded from their sockets. The cough was frightfully dry, hollow and barking. The boy suffered with violent cutting in the abdomen.

A messenger was sent to me in the night. I now had a knowledge of the effects of IODINE, and knew what I might expect from it.

I prepared six powders. No. 1, ACONITE XV, one drop; Nos. 2, 4, 6, HEP. s. III, one grain; Nos. 3, and 5, IODINE I, one drop, with the following instructions: If, on the return of the messenger, the exacerbation should still be the same, No. 1 was to be given immediately. •In case there should be no improvement in two hours, No. 2 was to be exhibited, and so on, a powder every two hours, if the symptoms should remain the same. If any of the powders should be followed by an improvement, no other powder was to be administered until the improvement should cease. No powder was to be given in case the improvement should have already commenced on the return of the messenger.

Before the messenger returned the boy had fallen asleep. The sleep became more and more natural, and lasted until morning with some slight interruptions, when the boy coughed and desired to drink. The breathing was likewise less wheezing.

March 21st.—The boy is much more cheerful, the cough is frequent, but less rough and barking. The breathing is pretty free, and the wheezing has almost disappeared.

At 11 o'clock the pulse was quite normal, and there was no trace of fever. I therefore kept back the ACONITE, which was contained in one of the powders, and directed that No. 2, with HEP. s. should be given, in case an aggravation should occur again.

At noon the boy took a plateful of soup with a good deal of appetite. After this the face became redder, and the skin of the whole body hotter. This induced the parents to give the

HEPAR, and to deprive me of an opportunity of observing the effects of the IODINE any farther.

Two hours after the exhibition of the powder sleep set in, accompanied by a general, profuse sweat. In the evening the cough became softer, more loose, the wheezing and hissing had almost entirely disappeared, the pulse was quite natural.

The wind in the meanwhile had changed to south-east. (This is a warm and dry wind in Germany.)

At 10 o'clock in the evening the boy took IODINE I.

March 22d.—In the morning the boy took HEP. s. III.

The boy has recovered his former cheerfulness; his voice is hoarse, but audible. Cough rare, still somewhat rough and hollow, but sometimes accompanied by considerable rattling of mucus. The hissing is very little.

At 10 o'clock in the evening the boy again took IODINE, and on the 23d of March, at 8 o'clock in the morning, HEP. s. III.

Yesterday a fluent coryza set in. The HEPAR was continued morning and evening. By the 27th the cough had disappeared, the hoarseness and coryza disappeared likewise.

I dismissed my patient on the 27th. I ought to observe that the boy, although naturally very lively, never left his bed, and did not touch the floor of the room until two days before his recovery.

CASE II.

Flora Türke, six years old, sister of the above-mentioned boy, a quiet, good-natured child, had frequently been in the open air for some days past. The house of her parents being near the water, and exposed to rough easterly winds, she had probably caught cold on those occasions. In the night from the 23d to 24th of April she was attacked with fever, accompanied by redness of the face, hot and dry skin, hollow, barking, dry cough, and hissing, wheezing breathing. She complained of headache, pain in the larynx, and had a hoarse voice.

In the morning of the 24th, she took ACONITE, XV, one drop. Six hours after, IODINE I, one drop; at 10 o'clock in the evening, ACONITE XV, one drop, and on the morning the 25th, IODINE I, one drop.

A profuse sweat setting in, the child remained quietly in her bed until next evening, when both the cough and the hoarseness had disappeared. The child took no other medicine.

Although the symptoms which I have here described may not constitute real croup, yet every body knows that they oc-

curred under circumstances where croup must have been the inevitable consequence of this first attack, unless met in the outset by proper treatment. When such symptoms occur, IODINE and ACONITE are sure to afford relief. In some cases occurring in my own family, I have found ACONITE sufficient.

CASE III.

Thecla Türke, 10 months old, sister of the former patient, a strong child of plethoric habit, had been several times exposed to the air during a sharp easterly wind, when the sun shone very warm.

In the night from the 24th to the 25th of March, the child was attacked with a dry, rough, barking cough, and towards morning the breathing became hissing and wheezing. The skin was hot and dry; the child very restless, and cried frequently.

At eight o'clock in the morning the child took ACONITE XV, one drop; at two o'clock in the afternoon, IODINE I, one drop. At eight o'clock in the evening the child again took ACONITE XV, and at 4 o'clock at night, IODINE I.

March 26th.—No improvement. Breathing wheezing, cough rough and barking. Great restlessness and anxious movements. The child does not remain quiet one minute, and is averse to being covered. Want of breath. The face frequently becomes blue and red. The pulse is less frequent. The skin is less hot than yesterday. Every six hours, one drop of IODINE I.

March 27th.—Cough less rough. Breathing oppressed and wheezing. Occasional sweat, *which, however, does not become general, and is suppressed again on account of the child not bearing any covering.* She sometimes sleeps an hour. Appetite returns somewhat. The skin is naturally warm. IODINE is continued every six hours.

March 28th.—No change. Cough and breathing are the same as yesterday. The child bores with her head into the pillow; the appetite is good; stool natural; no fever. *The skin is rather cool than warm; the child being very restless and uncovering herself all the time, no sweat breaks out; after the child has been sleeping for an hour or longer, sweat appears in the face, but disappears immediately after the child wakes up and becomes again restless.*

I gave HEPAR S. III, one grain; four hours after, IODINE I, one drop, and directed these two drugs to be repeated in alternation every four hours.

March 29th.—The cough is drier; the breathing more wheezing. No fever. *Constant restlessness and tossing about*, with anxious and oppressed breathing. *No sweat.*

A few flat ulcers on the top of the head, which had broke out previous to the illness of the child, and showed a tendency to crusta lactea, suddenly dry up and heal.

The doses which I administered being without any effect, or rather, an aggravation of the symptoms setting in before the hour when I had directed the medicine to be given had arrived, I gave the child a drop of IODINE every two hours until the 2d of April, *five days.*

There was a slow but perceptible improvement of the symptoms the first two or three days. The breathing became easier, less wheezing, the cough was less rough, and sometimes accompanied by rattling of mucus. The child slept a good deal, and even began to sweat; *but the restlessness of the child, who kept uncovering herself all the time, prevented the sweat from becoming general.* The appetite was good—stool natural.

In the night from the 1st to the 2d of April, the breathing became again oppressed and wheezing; the cough was again very rough; this increased roughness continued in the evening of the 2d. The breathing could be heard outside of the room.

This new, very dangerous aggravation, was not brought on by IODINE, for it occurred gradually. IODINE evidently had now done all the good it could: the child therefore took no medicine for six hours. After the lapse of this period, the symptoms were rather worse.

I now exhibited HEP. s. III, one grain every two hours.

The improvement now commenced. The cough became looser, the breathing less wheezing. Formerly, the breathing had been hurried, with violent heaving of the abdomen; the heaving subsided, and the breathing became easier. The sleep was frequent and more natural. The head was covered with a viscid sweat; on the 5th, sweat was seen over the whole body.

April 6th.—The child slept the greatest portion of the night, and even in the day she slept for three hours in succession, perspiring very freely. The cough was not very frequent or rough; it was attended with much rattling of mucus. The breathing is slower, with much heaving of the abdominal walls. The hissing is scarcely audible.

The child takes a dose of HEPAR III, every two hours; on the 7th, one dose is given every four, and on the 8th, every

six hours ; the improvement continuing all the time. The day before yesterday, an eruption, resembling rash, came out on the body ; this morning, a fluent coryza made its appearance.

10th.—The voice of the child sounds hoarse, when crying. The cough is rare, and attended with rattling of mucus. The breathing is occasionally snoring, especially when lying down or when the child becomes irritated. She is otherwise quite well.

Yesterday she took a dose of HEPAR III, every eight hours, —to-day, one every twelve.

Until the 13th of April, the child was given a dose of HEPAR every morning and evening ; after that, she took a dose only in the evening until the 16th. The hoarseness disappeared, and the patient was dismissed. *

CASE IV.

Anna Türke, sister of the above-mentioned children, had not been sent out of the house for the last eight days, in order not to expose her to the danger from which her sisters had just

* In the year 1840 I treated six patients for croup, five of whom I lost. Among these was the little son of a family with whom I had entertained for a long time very friendly relations. The greatest care on my part was not sufficient to save the child's life. (The child was so restless that a general sweat was prevented breaking out.) I had requested the parents to call in an allœopathic physician, but they declined. At last they sent for one *without my knowledge*, who boldly asserted, *that if he had been called two hours sooner, he might have saved the child's life*. He applied leeches, gave calomel, and the child died. One year after this occurrence, a healthy boy, whose parents were intimate friends of those of the former child, was attacked with croup. The same physician was called in, and declared that this case was like that in the family of their friends. All the weapons of which Allœopathy can boast of, were brought to bear against the enemy, but the boy died. This same physician, who was on friendly terms with the parents of these four patients, paid them a visit on the evening of the 30th, when my third child was in the greatest danger. He expressed great doubt, and thought the child could not well recover. Having saved the lives of their first two children, the parents were unwilling to listen to the insinuations of the visitor. This person, whose visit had not at all been acceptable, withdrew, and now spread the report in the village that the daughter of Mr. Türke would die in the course of the ensuing night. God be praised ! she lives yet this day, and is a bright and splendid child.

escaped. The wind, which had blown from the east for several days, had occasionally changed to the south and west. Nevertheless, the otherwise healthy child was laid up on the 3d of April with a hollow and barking cough. Desirous of ascertaining whether this symptom was a mere passing phenomenon, I refrained from giving her any medicine to-day.

April 4th.—The cough was more violent, dry and barking, the breathing wheezing. This day the child is anxious, has crying spells; the palms of the hands are hot and dry; the face is redder than in her good days.

I put her on ACONITE XV and IODINE I, in alternation, leaving an interval of two hours between the doses.

April 5th.—The wheezing breathing has disappeared. The cough is violent, dry, and rough, the same as yesterday. General heat over the whole body. The child remains quiet in her bed, which favored the breaking out of a continued, profuse, viscid sweat, lasting for several hours.

About noon, the child commenced taking HEPAR s., one grain every four hours. IODINE was discontinued.

April 6th.—The wheezing during the breathing had disappeared without returning. The dry, rough cough has become changed to a simple catarrhal cough, accompanied by an abundant secretion of mucus, the greatest part of which the child swallows. The child runs about in the room; she eats and drinks with appetite; she slept almost uninterruptedly the whole night.

HEPAR s. was now exhibited every six hours.

April 8th.—The girl is entirely well; she is not yet taken out into the open air, simply to prevent a relapse. Yesterday and to-day she took a dose of HEP. s., as before.

10th.—The girl had been attacked with a fluent coryza for the last two days; this day it is scarcely perceived yet. She is entirely recovered, except a little cough.

She takes a dose of HEP. s. every day.

12th.—To-day the patient was dismissed; however, the weather being rough, she was not yet permitted to leave the house.

Every body may imagine that these cases, especially the third, puzzled my head considerably. The result was so much more rejoicing.

These four cases showed to me

(1.) That IODINE is a substitute for SPONGIA (?? Stapf), and that it even acts with more intensity and force than SPON-

GIA, which contains but a small portion of IODINE ; it is probably owing to the presence of this agent in SPONGIA that SPONGIA is at all curative in croup (? Stapf).

(2.) IODINE is only suitable in the treatment of croup as long as there is inflammation and exudation. When this latter process has stopped, IODINE probably ceases to have any good effect. HEPAR s. then appears to be in its place.

(3.) I do not think it necessary to exhibit IODINE and ACONITE in such quick alternations as is recommended by Dr. Koch (Hygea XIV. 2, 157). By alternating the remedies so quickly, I should say that either of them must be prevented from developing its full action. The congestive condition of the brain, which is mentioned by Dr. Koch as having remained after the disappearance of the croup, is probably owing to the frequent and quick succession of the doses, by which the organism had been invaded and irritated, and, according to my judgment and observation in the four cases which I have described, may be avoided by a less frequent exhibition of the drugs. In the first of those four cases, every dose of IODINE produced such a violent aggravation of the symptoms, that the boy's life was in danger.

(4.) The alternation of ACONITE and IODINE appears to me necessary until the fever has been subdued, and the pulse has become naturally calm and frequent. ACONITE can do no good after the subsiding of the fever has taken place.

(5.) Croup can scarcely be more violent than in cases I. and III. ; nevertheless, both children were saved by exhibiting the remedies at such intervals as seemed to correspond with the duration of action of those remedies under the present circumstances. In the third case, the disease would have perhaps been terminated much sooner if I had exhibited IODINE at shorter intervals in the beginning of the treatment. It is not improbable, however, that another circumstance, which I shall mention by and by, has been the cause of the course of the disease assuming almost a chronic character.

(6.) These four cases are distinguished from those which I have recorded in the second number of the nineteenth volume of the *Archive* ; inasmuch as they resemble the cases which I have had occasion to observe at a former period. Although the course of the disease was extremely rapid, yet it was evident that the bronchi remained unaffected, and that the disease was confined to the larynx and the upper part of the trachea. The question now would be, whether in cases where the bronchial tubes are principally affected, as was the case in 1840, IODINE ought to be exhibited in quick repetition, and in

alternation with ACONITE (as is recommended by Dr. Koch), in order to be an efficient remedy ; or whether IODINE ought to be exhibited alone and less frequently, as I did exhibit it in the first and third case, in order to show all its curative influence, without bringing on a medicinal disease, such as congestions of the head. It is more than probable that IODINE may be thus used.

(7.) In the third case, the long run of the disease may be attributable to my having exhibited IODINE too long, whereas HEP. s. might have rendered better services. I do not believe, however, that this mistake was the only cause of the long continuance of the danger. The real and principal cause of this, was the sudden disappearance of the eruption from the head. The rash, which afterwards appeared on the skin, I look upon as a vicarious symptom of that eruption ; for it never occurred in any of the other children, although they sweated much more. I ought likewise to observe, that some days after the cure of the child, one of her teeth broke through, and the second soon followed.

Such a slow run of disease is almost without an example in the annals of medicine. If this slowness was owing to the sudden disappearance of the eruption upon the head, we may consider this circumstance a reason why we should doubt the possibility of curing such cases as I have related by allopathic treatment. It was this sudden suppression of the eruption during the use of IODINE, without a corresponding improvement in the symptoms of the disease, which induced me to exhibit HEPAR in such frequent and quickly succeeding doses.

(8.) These four cases seem to show that IODINE alone is not sufficient to the cure of croup. (Arch. XIX. 2, 138.) The patient would have died if I had not given HEPAR. In this case, HEPAR may have facilitated the breaking of the gums.

(9.) It has been maintained by some that croup is contagious. Although the fourth case seems to confirm this opinion, yet I cannot subscribe to it ; inasmuch as the oldest sister of these children, nine years old, remained free from croup, although she was constantly near them, conversing and playing with them, and attending to their wants.

(10.) These four cases have confirmed to my mind the opinion advanced by me, that children who remain quietly in their beds, and do not disturb the appearance of the sweat, are more surely and easily cured of croup, than those in whom the full development of critical sweats is impeded by carrying

them about, changing their clothes, removing them from one bed to another, etc.

For the benefit of our readers, we here subjoin a few remarks by Dr. Tietze, relative to the six cases alluded to in the preceding paragraphs.

"In 1839, I treated fifteen children for croup; six of these being in my neighborhood, I had an opportunity of observing them every day; the others, being at a distance, I never visited. Not one of these children died. All of them recovered by the use of *ACONITE X*, *SPONGIA X*, and *HEPAR S. III*.

"Having, in former years, treated a great number of patients for croup with the same success, I was at a loss to comprehend why homœopathic physicians should have recently complained about the insufficiency of homœopathic treatment in croup, and why they should have ever resorted to leeches, vesicatories, and emetics. Recent observations, however, have convinced me, that croup may assume very different forms, and that therefore the homœopathic treatment of that disease ought to be correspondingly modified, lest it should prove unsuccessful.

"In the spring and summer of 1840, I treated six patients for croup, five of whom died on the fifth day of the disease. One of them was a boy of six years, and another of one year; both of them suffering with scrofula. A third boy, of three years, had been affected with a sort of St. Vitus dance for more than a year past.

"I gave *ACONITE*, *SPONGIA*, *HEPAR S.*, in small and large doses, high and low potencies, shorter and longer intervals; continuing one remedy for a time, or giving two and even three remedies in alternation,—resorting even to *NUX V.*, *SAMBUCUS NIGER*, and *SULPHUR*—but all this without obtaining the slightest effect; my patients died on the fifth day, even after a general sweat had set in for a short time: a sudden disappearance of the cough was accompanied by a slightly railing breathing and paralysis of the lungs, which speedily extinguished life. After leaving my patients, and expecting to find them improved on my return, I always came too late to administer *TARTAR EMETIC*, which appeared to be slightly indicated in some cases. It was clear to my mind, that the larynx was not the only and principal seat of the disease, but that the trachea, and even its ramifications, were chiefly invaded. The barking cough frequently gave place to an ordinary cough, and even to a cough with rattling of mucus; the wheezing noise was less perceptible during respiration than a more deeply seated hissing; the chest and abdomen were moved with much less vehemence;

the suffocating anguish was less frequent ; death took place, not on the second or third, but on the fifth day—not with symptoms of suffocation, but of paralysis of the lungs.

“ To hear my allœopathic colleagues complain of want of success in their treatment with leeches, sinapisms, vesicatories, calomel, afforded no consolation to me. For a long time I was fortunate enough not to meet again with a case of croup. In the mean while, I carefully read whatever came into my hands shedding light on the treatment of that disease, and I especially studied the observations of modern practitioners ; without, however, finding what I was in search of. I could not persuade myself that leeches, cold or warm poultices, etc., should be more curative than our specifics. I indulged a hope, that we either had not yet discovered the true specific for such cases as I have alluded to above, or else, that we did not make a proper use of the known remedies.

“ On the 8th of February, 1841, I was again called to a boy of two years and a half, who had been attacked with croup four days since. The boy had been suffering with fluent coryza and a violent cold ; when these disappeared, croup set in.

“ I found the little boy in a piteous condition. Breathing was less wheezing than is generally the case in this stage of croup. On every inspiration, the diaphragm, abdominal muscles, and ribs, were so much drawn in, that the clenched fist might have been concealed in the hollow. The fits of cough came on very seldom ; the cough being rather hoarse than barking. Sometimes the cough sounded like a regular croup-cough ; sometimes the sound was either entirely suppressed or very hoarse. The child’s head was covered with a viscid sweat, the remainder of the body being dry and hot ; the complexion frequently changed ; the pulse was hard, and could not be counted ; the child tossed about with great uneasiness, or suddenly sat up in his bed.

“ The patients who died of croup last year, were the faithful pictures of this boy ; especially that ominous symptom, the entire suppression of the cough, was approaching.

“ Immediately after the appearance of the disease, the parents had sent for a neighboring physician, who gave them little or no hope of saving the child. On that account, they applied to a friend, who, two years ago, had lost two of his children under the allœopathic treatment of croup, and was on the point of losing two more, who had been attacked with the disease on the day when their brothers were buried. A friend who accompanied the dead to the grave, advised the father to apply to a homœopathic physician living in his neighborhood. This

physician sent some medicine, but turned the patients over to me, as I was much nearer.

"These two children were saved. Since then their father keeps the preparations which I had used constantly in his house. It is he who gave to the father of the above-mentioned boy the medicines which the child took before I saw him, viz., ACONITE 24, one drop, and in eight hours, SPONGIA X, one drop; twelve hours after SPONGIA he took half a grain of HEPAR S. III. Then SPONGIA and HEPAR in alternation, every twelve hours. The symptoms becoming so much worse on the fourth day, the father sent for me.

"What was to be done? The cough was not frequent, but it came on from time to time; there were as yet no symptoms of real paralysis of the lungs.

"On former occasions I had exhibited small and large doses of SPONGIA, even a drop of the second potence every five or ten minutes, without the cough either changing or becoming more frequent. Would it be proper to repeat the same again?—TARTAR EMETIC was not indicated. I was therefore reduced to HEPAR, since it was out of the question to expect any thing of SAMBUCUS N. in this case. At that time I was ignorant of the use of IODINE in croup. I therefore resorted to HEPAR, on the 8th of February, giving the boy four doses; one at four o'clock in the afternoon, another at seven in the evening, a third at one in the night, and the fourth at nine o'clock next morning. In case the cough should become suppressed, and a rattling respiration should set in, I directed the parents to give the boy a few doses of TARTAR EMETIC II, one drop.

"Shortly after the first dose of Hepar the child slept for a short time. On waking up, he anxiously tossed about, the eyes became staring, the limbs trembled; he was near suffocating. Soon, however, the storm abated, a rattling cough set in. Afterwards the child fell asleep again; but, on waking up, the suffocating fit was much less.

"In the forenoon of the 9th of February, I was informed that the child was improving. The deep hollow, which had been observed in the region of the scrobiculus cordis during respiration, was no more to be seen. The cough was more frequent, but continued to be very dry and barking, and was seldom accompanied by rattling of mucus. The breathing was less wheezing. Occasional sweat on the body, but frequently interrupted on account of the child being so restless. Voice very feeble and sometimes hoarse.

"Three other doses of HEPAR S., at five o'clock in the afternoon, one o'clock at night, and nine o'clock next morning.

"*10th of February.*—The child had had an hour's calm and undisturbed sleep, during which a general sweat had set in. The hissing has ceased, the voice is less hoarse and stronger. The cough is alternately dry and barking, and then again moist and loose. The child desires to eat. No stool either to-day or yesterday. The urine looked like a mixture of milk and (yellow) loam-water; when kept, it looked like brown-stout. Previously, it had been as clear as water.

"Three other doses of Hepar; one at one o'clock at night, at nine o'clock in the morning of the 11th, and a third dose at nine o'clock in the evening.

"*12th of February.*—Yesterday the child had a pretty natural stool, preceded by great restlessness and colic. Loud but hoarse cough; the voice is likewise hoarse. The child wants to eat all sorts of things; he insists upon being dressed warmly and carried about in the room. The urine continues to deposit a white sediment in considerable quantity. Copious sweat during sleep.

"Three other doses of HEPAR, in the evenings of the 13th, 14th, and 15th, restored the child completely.

"I have narrated this case in detail, on account of its being similar to those of 1840, and different from ordinary cases of croup. I generally found that the breathing of my patients was wheezing, as if there had been an obstacle to the passage of the air through the larynx. This was not so in the cases of 1840. Then the breathing was more hissing, and was heard rather in the chest than the larynx. Again, in my former cases, the cough became milder, less rough and barking, after the appearance of sweat; the suffocating fits likewise did not return; the breathing became freer, and the wheezing disappeared entirely. In the cases of 1840 a constant change took place; at times the cough was hoarse, at times loose, like a simple catarrhal cough; at times it was rough and barking; at times the contrary; partial sweat frequently appeared, and then disappeared again without any apparent cause; the suffocating fits were less frequent, but more lasting; and lastly, in some fatal cases of former years, where help was too late, death set in with all the symptoms of suffocation. The children became extremely uneasy, started up all of a sudden, beat about; their faces became more or less blue-red, and then the patients died. In the cases of 1840, the cough suddenly disappeared, the breathing became rattling, the accumulation of mucus in the air-passages increased. At last, the breathing became less frequent, shorter, more superficial; the children lay quiet and deprived of consciousness; their faces became pale, and their noses pointed;

the breathing became more and more intermittent, and finally stopped entirely. A fourth characteristic difference between the cases previous to 1840 and those of 1840, is this, that in the former, the movements of the abdomen and the chest, during breathing, were less tumultuous than in the latter, where the ribs were so much drawn in that the sight was truly horrid.

“Do not these four differences show the cause why HEPAR should not be alike curative in all cases of croup? I believe, that upon careful comparison, we shall find IODINE and PHOSPHORUS indicated in some cases as well as HEPAR and SPONGIA in others, and that we shall have to use those remedies, unless we should discover better ones in their places, if we mean to apply a specific remedy to every special case of croup.

“We owe many thanks to Dr. Koch for his communication in the *Hygea*, vol. XV., II.; what now remains to be done, is, that many practitioners should try IODINE in the treatment of croup, and that they should communicate their observations to the profession. In this way we may eventually succeed in establishing a pretty comprehensive and correct system of treatment for this dangerous disease.

“I do not believe, at this moment, that IODINE ever will be an universal remedy for croup.”

To afford our readers an opportunity of comparing one remedy with another, we here subjoin their respective throat-symptoms. The analogous symptoms of the two remedies are marked with a line.

IODINE.

Sneezing, without coryza, with immediate and considerable protrusion of the nasal mucus.

Obstruction of the nostrils. (a. 28 h.)

— Frequent and dry coryza (especially in the evening); it becomes fluent in the open air, with much discharge from the chest.

— Fluent coryza, with much sneezing.

— Fluent coryza, like water.

— *Increased secretion of mucus in the nose*, for several days.

— A quantity of yellow mucus is expelled from the nose.

— Increased secretion of nasal mucus.

Pain of the larynx.

Pain in the larynx, with discharge of hardened mucus.

Pressure in the region of the larynx, extending as far as the fauces, as if these parts were swollen.

Aching and stitches in the region of the larynx and the sublingual glands, coming on frequently on the same day.

Pressure in the larynx, which obliges one to hawk up a quantity of tough mucus.

Increased pain of the oesophagus, when pressing upon the larynx.

— Contraction and heat in the larynx.

— Contraction and heat of the throat.

Soreness of the throat and chest, when in bed, with wheezing in the throat and drawing pains in the lungs, corresponding with the beat of the heart.

Inflammation of the trachea.

— Roughness of the trachea, the whole day.

— Hoarseness.

— Hoarseness in the morning.

— Hoarseness for more than two weeks.

— Hoarseness in the morning after rising, which obliges one to hawk up tough mucus.

— Hoarseness the whole day.

The voice becomes deeper, and finally quite deep.

Sensation as if something were lodged in the larynx which can be hawked up, the whole day and evening.

Intolerable tingling and tickling in the larynx, which can only be relieved by coughing and clearing the throat, with accumulation of water in the mouth early in the morning, when in bed.

Violent clearing of the throat. (2. d.)

Frequent clearing of the throat, early in the morning.

Increased secretion of mucus in the trachea.

Increased secretion of mucus in the bronchial tubes.

Increased secretion of mucus in the throat, with roughness of voice.

The secretion of mucus extends as far as the Eustachian tube, a kind of soreness remaining behind in the throat.

Discharge of mucus from the throat, in the morning after rising, with soreness in the throat.

Great accumulation of tough mucus in the throat, in the evening.

— Discharge of tough mucus from the throat, with pressure in the throat, as if something were lodged in it which he imagines he is able to swallow, in the morning.

Rapid and permanent disappearance of a continual inclination to hawk up tough mucus from the trachea; this hawking is very troublesome, and accompanied with tingling and stinging in the larynx. (Curative effects.)

Irritation, which occasions a cough.

Irritation and cough, brought on by a violent tickling in the throat.

Cough, with exertion ; she came near vomiting ; the cough ceases after a discharge of mucus.

— Cough, with pressure on the chest and difficulty of breathing.

— Evening-cough.

— Frequent and dry cough in the evening.

Dry, short, and hacking cough.

— Dry cough.

Frequent and dry cough.

— A good deal of dry cough, with dyspnœa, pressure and burning of the chest.

Frequently a deep and dry cough, excited by pressure in the chest.

Deep and dry cough, with stitches in the chest.

Occasional irritation with cough, accompanied by expectoration of tough mucus.

Short cough caused by a tickling in the throat, accompanied by a thick yellow discharge, good appetite, and wretched appearance.

Cough accompanied by expectoration of mucus ; previous to the cough, one experiences a sensation of heaviness extending from the throat as far as the chest, aggravating the breathing.

Rattling of mucus in the chest, with roughness under the sternum, and oppression of the chest.

Discharge of mucus from the chest.

Discharge of mucus, occasionally mixed with blood.

Discharge of mucus streaked with blood.

IODINE increases pulmonary consumption.

Pulmonary consumption.

Violent difficulty of breathing.

— Aggravated respiration.

— Oppressed breathing.

— Oppression of the chest.

Asthma, with pain during a deep inspiration, more violent and rapid beating of the heart, and smaller and more frequent pulse.

— *Asthma*, the respiration in the trachea being impeded for a fortnight.

Difficulty of dilating the chest when taking an inspiration.

Sensation as if he had to conquer a great obstacle in dilating the chest during an inspiration.

— Want of breath.

- Suppression of breath.
- Suffocating catarrh.
- Feeling of weakness in the chest, and in the region of the heart.

SPONGIA.

- *Hearseness.*
- Violent cough and coryza.*
- Pain in the chest and trachea when coughing, with roughness of the throat.
- Sneezing and fluent coryza.*
- Dry coryza.*
- Scraping, burning, and constriction of the larynx.
- Dryness of the larynx increased by clearing the throat (a half an hour).
- Difficult respiration, as if a plug were lodged in the throat, and the breath were prevented by the constriction of the larynx from passing through it (after half an hour).
- Continual cough from a deep place in the chest, where the cough causes a sore feeling, and as if the parts were bleeding (after half an hour).
- Dry cough, after a quarter of an hour.
- Dry cough, day and night, with burning in the chest, as if something hot were in the chest; the cough abates after a meal.
- (Frequent night-cough, lasting about two minutes, accompanied with a look as if one were out of humor.)
- (Violent asthma, after ten days.)
- Slow, deep breathing, as after exhaustion, for several minutes (after half an hour).
- After making some exertions, her strength suddenly failed, —the chest especially felt exhausted; she was almost unable to speak, had heat in the face, and felt nauseated; in a few hours, heaviness in the head supervened.
- After a dance, her breathing became excessively hurried and panting.
- Every exercise, were it ever so inconsiderable, causes her strength to fail; the blood rushes to the chest, her face becomes hot, the body is glowing, the veins are hard and distended, and the respiration is suppressed; not till she has rested for a long time, does she recover her strength.
- Hollow cough, with some discharge, day and night.
- The cough causes an aching under the short ribs (after one hour).
- Gulping up of mucus (after twenty-five hours).

SYPHILIS.

Allœopathic physicians, and even Homœopathists, imagine that the 30th potence of MERCURY is not sufficient to cure Syphilis. I can assure, however, my colleagues, that I have cured upwards of one hundred cases by means of MERCURY X, and that I have never used any other potence, even among the waggoners who travel on the great road from Berlin to Cologne passing before my house. My last case was the following :

Samuel B. from H., twenty-three years old, came to me on the 24th of October, 1843, with a chancre on the frænulum præputii. He had been affected with this ulcer for the last eight days ; it had raised edges, with a base of the appearance of lard, and was of the size of a dime. The inguinal glands were swollen and painful. B. was otherwise healthy, and of a robust constitution. I gave him MERCURIUS v. X, on the 24th of October, of which he took one globule every day.

On the 30th of the same month, the ulcer had become larger, the frænulum had been destroyed, the pus was improved. HEPAR s. X^s,—MERC. v. X^{oooo},—HEPAR s. X^{oooooo},—MERC. v. X^{oooo},—HEPAR s. ^{oooooo},—MERC. v. X^{oooo}, one powder a day.

November 6th.—The pus looks quite healthy ; the inguinal glands have ceased to be painful. NITR. AC. X^s,—MERC. v. X^{oooo},—NITR. AC. X^{oooooo},—MERC. v. X^{oooo},—NITR. AC. X^{oooo}. One powder every four days.

On the 31st of November, the patient was perfectly cured. He told me that the ulcer had already been healed four weeks previous. The place of the ulcer cannot even be seen. The frænulum is destroyed.

BREDENOLL.

2.

Mrs. B. . . ., forty years old, of a weak constitution, having been sick several times, came to consult me on account of syphilitic ulcers, which I thought I should be able to cure by means of MERC. SOL. HAHN. I gave her some, but she did not return. After the lapse of three months I saw her again. Supposing that those ulcers could not be removed simply by internal medicines, she had applied to another physician, who had given her an ointment, and had indeed removed the ulcers, but ever since their disappearance she was very much depressed in body and mind ; a little less, however, than she was when she paid me her first visit. I found the following symptoms :

No air through the nostrils ; they were continually clogged with yellowish, ulcerated crusts. When tearing them away, they emitted a fetid, sanguinolent pus. Swelling of the nasal bones, of the frontal bone, and of the upper jaw ; these bones were red, affected with lancinating pains, which were less in the open air than in a closed room. The internal canthus of the eyes, and the margin of the eyebrows, were a little swollen and red ; they were intensely painful, especially when the light shone upon the parts. If she did not keep her head warm, she suffered with headache, and she felt as if the air passed through it. Morning and evening she felt a tearing pain from the right knee to the groin, only at intervals. Irritable mood ; she wept when merely thinking of her disease.

I gave her one grain of AURUM of the second trituration. On the fifth day after taking the medicine, no trace of the disease was left.

HARTMANN.

NEW PUBLICATIONS.

Short Elementary Treatise upon Homœopathia, and the manner of its Practice, with some of the most important effects of ten of the principal Homœopathic remedies. By JAHR. Translated by Edward Bayard, M. D., of New York. Price, bound, 38 cts.

This little treatise is designed to rouse the attention of all honest men to the subject of Homœopathy, the principles of which it clearly and briefly elucidates. The translation is very accurate.

Views of Homœopathy. By DANIEL HOLT, M. D., of New Haven. Price, 25 cts.

This gentleman, who has been an allœopathic practitioner heretofore, in this pamphlet hoists the flag of Homœopathy ; stating his reasons for so doing in a very clever and conclusive manner. We sincerely welcome him into our ranks.

A Treatise on the Use of Arnica in Contusions, Bruises, Sprains, etc., especially designed for the use of Laymen. By CHARLES J. HEMPEL, M. D. Price, 19 cts.

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Hahnemann's Chronic Diseases, 2d vol. By CHARLES J. HEMPEL, M. D.

The original of this work speaks for itself. As for the translation, we think we may say, without flattering ourselves, that we have spared no care in preparing it; if any errors should have crept in notwithstanding, we beg the kind reader to excuse them. We shall try to make the two next volumes, which will soon be forthcoming, faultless.

CORRECTION.

In the last number of the Examiner, page 5, of Rückert's Therapeutics, 7th line from the bottom, read "circumstantial" instead of "proximate" cause. We do not recognize any proximate or pathological causes in Homœopathy. By circumstantial cause, I mean the *causa occasionalis*, or the state of adaptation without which no disease can be received into the organism. See advertisement of the Editors, II.

Physicians who wish to try the high potencies, may procure complete sets of 468 vials, containing from 1200 to 1400 globules. Price \$110. Apply to Dr. Hempel, 93 Spring street.

ESSAY ON THE PATHOLOGY AND TREATMENT OF SCARLET FEVER.

BY GEORGE W. COOK, M. D., 502 BROADWAY, NEW-YORK.

CHAP. I.—INTRODUCTION.

“If nature has given us in our swamps and marshes a Pandora’s box, she has in our forests given us a cornucopia ; has she in our valleys sown the seed of disease ? she has on our hills planted the *cornus florida* ; or has she more grievously to us given wing to the volatile miasmata, that under Protean forms attack us in a thousand ways ? she has most providentially scattered in our swamps the *cornus sericea*.”

This quotation, although somewhat fanciful, contains much to cheer and encourage suffering humanity. The hope that the Creator has sent no ills upon mortals without providing the suitable antidote, affords consolation against the ravages of disease, and is a powerful incentive to well-directed efforts and patient investigation in the cause of science. With all this to excite and encourage her votaries, it is indeed surprising that the science of medicine has not made greater and more permanent achievements,—a science which can go into antiquity far beyond all other sciences, nearly to the very dawn of creation ; which has had a large portion of the learned and the philanthropic of every age and nation to analyze its mysteries and to arrange and systematize its facts ; a science which not only draws around and into it most other sciences, but has actually given birth to many of them, and in short, whose whole end is to spread the mantle of health and longevity over every individual of the human family, might well have been expected long ere this to have reached a very high stage of advancement. But though her object is thus important, yet her progress has been found to be necessarily slow. She must advance in conformity to the immutable laws of nature, and be continually subjected to the rigid test of experimental philosophy. The laborer in her cause must not only meet the difficulties that arise from the nature of his pursuits, but oftentimes, the prejudices and passions of the human heart array themselves in fierce conflict against him.

We would not attempt to justify an undue spirit of innovation in any department of science, yet we cannot but denounce that over conservative spirit which rejects every thing *new*, and prevents men from examining whatever is inconsistent with

the established order of things. With this, the reformers in medical science have to contend. Yet in spite of its influence, they have made advances, during the last half century, such as men never dreamed of before; and the next fifty years will, doubtless, develop much to advance the healing art of which we are entirely ignorant.

The field of therapeutic agents is not more likely to be exhausted at the close of this century than at the close of its predecessor, and, as we have seen many valuable medicines introduced, we have reason to expect others to follow; and while we make every exertion to extend our knowledge of the sanative power of remedies in the treatment of diseases heretofore considered incurable, we shall leave to generations yet unborn the task of exploring the forest, the flower garden, the bowels of the earth, and the great deep, in search of remedies for new specific diseases, as well as for those which had maintained their place on the catalogue as incurable.

Dr. Rush says, "Heaven has surrendered every part of the globe to man, in a state capable of being inhabited and enjoyed. To every natural evil the Author of Nature has kindly prepared an antidote. Pestilential fevers furnish no exception to this remark. The means of preventing them are as much under the power of human reason and industry as the means of preventing the evils of lightning and common fire."

Civilization, with all its advantages in a moral and political sense, has, by the gradual departure from simplicity in living, and want of care in the administration of active drugs, tended greatly to change the features of natural, and multiply artificial diseases. The days of Hippocrates would have been the age to have laid the foundation for mathematical precision in the profession of medicine, and ere this age, by gradual progression, have placed it on the same platform with the exact sciences. At that age, a healthy child, born of healthy parents, was not disturbed even during the first hours of its independent existence with drastic purgatives, under the false impression that the meconium must be purged off—the primæ viæ must be cleansed. Ignorant of the fact, that the first draft from the mother's breast was as naturally the first medicine, as the future drafts are the proper nourishment for the infant. Physicians and nurses have multiplied their mixtures and jalaps, their cordials and elixirs, their alkalies and anodynes, until the nursery resembles a drug-store more than a place fit for rearing one of nature's most perfect works.

It was said many years ago by a celebrated professor of anatomy, "that we could not tell, by reasoning *à priori*, that

the body was mortal, so intimately woven with its texture are the principles of life." And Lord Bacon said, that the only cause of death, which is natural to man, is that from old age; and complained of the imperfection of the science of medicine, for not being able to guard the principle of life until the whole of the oil that feeds it was consumed. Rush says, "we cannot as yet admit this proposition of the noble philosopher. In the inventory of the grave, in every country, we find more of the spoils of youth and manhood than of age." And after an investigation into the nature of diseases among the aborigines of this country, he says, "having thus pointed out the natural diseases of the Indians, and shown what diseases are foreign to them, we may venture to conclude that *fevers, old age, casualties, and war*, are the only natural outlets of human life." Much as I feel disposed to support this opinion, and deeply as I feel the importance of a speedy consummation of the entire accomplishment of the revolution which is now going on in medical science, I am admonished that it is a subject upon which I cannot occupy any more space in this treatise, without encroaching upon the space assigned to its natural divisions.

Every diligent practitioner of a few years' experience, who has carefully watched the phenomena of disease, and the effects of medication, must have observed that those persons, whose constitutions have been allowed fully and uninterruptedly to enjoy the laws of nature, are not only least subject to disease, but are more susceptible to impression from medicine, and these impressions are more uniform, and consequently most to be depended upon, in the treatment of their diseases. This affords a solution of the question, why diseases are not only fewer but milder, and the class of remedies more limited and simple, among the uncivilized of all climates.

We shall pass over the history of scarlatina (interesting as it is to the science of medicine), by briefly remarking that it must be considered a disease of comparatively modern origin, from there being no notice of it by the Arabian physicians. It is difficult to trace this disease, from the fact that a great variety of names have been given to identify it; such as *garrotillo, trabadillo, morbus suffocans, &c.*, were the appellations used to distinguish this disease during the first half of the seventeenth century in Spain, by "Alfonso y Pedro Vasquez," and other Spanish physicians. During the eighteenth century it prevailed extensively and fatally throughout Europe and the United States, and the confusion of names for the same disease increased, and are still continued; viz. "angina ulcusculosa,

angina maligna, cynanche maligna, cynanche gangrenosa, scarlatina maligna, scarlatina gangrenosa, ulcerated sore throat, putrid sore throat, scarlatina simplex, rosalia," &c.

In contemplating scarlatina in its most comprehensive sense for practical purposes, it will be most natural to treat of it under the following heads or divisions.

First, Varieties.

Second, Pathology, embracing Ætiology, Diagnosis, and Prognosis.

Third, Prophylactics.

Fourth, Treatment during the acute disease.

Fifth, Treatment during convalescence.

Sixth, Dietetics.

CHAP. II.—VARIETIES.

"*Scarlatina*."—This generic term continues to hold the most popular position, notwithstanding the great effort of the learned Dr. Good to introduce "rosalia" again, as the most classical. Neither term can properly be said to express more than the one general symptom, the color of the cutaneous surface, and as this is not an universal attendant upon all the varieties, both might be regarded as equally objectionable, in the sense in which "variola" is applied to distinct and confluent small-pox. Because in this latter disease, the cutaneous eruption is an indispensable diagnostic in both varieties, only differing in the degree of severity; whereas, in the former, the most violent and malignant forms are most deficient, or, perhaps, entirely wanting in this peculiar cutaneous efflorescence.

"Bretonnean" has attempted to prove that "angina maligna, or gangrenosa," is not gangrenous; but is identical with that *specific* form of inflammation of the mucous membrane of the throat, characterized by the development of a membranous exudation upon the surface; and to which he applies the term "*diphtherite*, or *diphtheritis*." If this identity can be fully and satisfactorily established, or if it can be shown that they differ mostly in shades of difference, devoid even in distinct diagnostics, then the division of "scarlatina" into the simple and anginose varieties would preserve its specific application. But as we have no space, (even if we had the ability,) to go into this investigation, we shall adopt the most popular division of scarlatina into the following varieties.

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- 1st. *Scarlatina Simplex*.
- 2d. *Scarlatina Anginosa*.
- 3d. *Scarlatina Maligna*—or *Cynanche Maligna*.

1st. "*Scarlatina simplex*."—This variety is the most insidious in its advances, and may very justly be regarded as unattended with danger so long as it retains this distinctive character. But this impression engendering a feeling of security, should never go so far as to prevent, or delay, the application of suitable remedial means which will keep this variety from progressing in an almost insensible manner towards the more malignant varieties. When the disease is prevalent, the watchful care of a mother will detect almost the first deviation from a healthy performance of all the functions of her infant or child, and this is the reason why all epidemics are most fatal on their first breaking out. When not anticipated, little notice is taken of the restless, peevish disposition of the patient, or even the startings as from alarm, or vomiting of its nourishment, which, when rejected, passes through its nose, which are the usual precursors of this variety, until the flushed face, dull watery eye, languor, dry lips, with loss of appetite, refusing to nurse, or take nourishment in any other way, or when taken it is rapidly rejected, leads to a minute examination; when the margin of the tongue will be found red, and the centre grayish-white with red papillæ projecting through this coating, resembling the granules of a strawberry. A farther inspection will exhibit the tonsils, uvula, and indeed the entire fauces, of a reddish, slightly swollen, and dryish aspect. The whole cutaneous surface is hot, imparting a stinging sensation to the hand when touched, and usually, within twenty-four hours from the first evidence of indisposition, a bright-red rash will be discovered, first upon the chest, stomach, abdomen, along the spine, and on the inside of the limbs, and thence diffusing itself rapidly over the entire cutaneous surface. The appearance of this cutaneous efflorescence, is either diffuse, smooth, disappearing under pressure, and rapidly returning on the pressure being removed, or exhibiting slightly elevated points, which, by close inspection will be found to be minute vesicles containing a transparent lymph. The eruptive stage continues usually about four days, when it disappears either with or without desquamation, according as the former or latter peculiarity of the efflorescence predominates. This is in accordance with my clinical observation. Dr. Gregory says "the eruption first appears about the face and neck;" careful and critical attention to the development of

the early symptoms of this disease will convince any one of his error in this particular. The eruption is not only first in its appearance as above described, but it retains its more perfect characteristics on those parts where it first appears.

2d. *Scarlatina anginosa*.—This is the *scarlet fever* with *sore throat*, and the essential difference from the variety just described, consists mostly in intensity. All the manifestations of morbid action are more violent, and the inflammation of the throat runs parallel with the cutaneous efflorescence when this eruption is established. The eruption comes out about the third day, in some cases; in others, and particularly those of a more aggravated character, it appears sooner, even as early as the first day, and is then more apt to show itself in patches, partially vanishing and re-appearing, and continues to vacillate in this manner through the course of a week or more, when desquamation of the cuticle takes place, and is generally several days in accomplishing this process. The most assiduous attention is demanded during the subsidence of the external heat and efflorescence; for not unfrequently at this stage, when there is the greatest confidence felt of a favorable termination of a dreaded disease, the morbid process is making most rapid advances in the throat. A feeling of safety can scarcely be entertained, until not only desquamation is complete, but the lips, teeth, tongue, fauces, and tonsils, have assumed their natural aspect. Nor can our prognosis be proportionately favorable in accordance with the mild character of the eruption; for in such cases, not unfrequently the phenomena of a most destructive internal morbid process will sooner or later manifest themselves. The determination to the cutaneous surface in this form of the disease may be incomparably great without increasing the danger; indeed, quite the contrary. In some instances which have come under my observation, the intensity of the heat upon the surface, and the determination of the morbid virus there, have been so great, as to result in an effusion of lymph under the cuticle so extensive as to cause the papulous elevations to coalesce, presenting an appearance as if the entire surface had been covered with a plaster of cantharides to the extent of vesication, and as this effused lymph disappears, the entire cuticle comes off, leaving an exceedingly delicate and sensitive surface. But when it is rubbed off too soon, accidentally or otherwise, before the lymph has ceased to form, a surface is exposed like the surface of a blister after the cuticle is removed, and the patient's sufferings greatly augmented. When the eruption is in patches, as above described, the determination is more to the fauces, and increases the danger; an

uneasiness in the throat is most prominent at first, deglutition is difficult, the voice is thick and guttural, drinks are rejected and pass through the nostrils. Restlessness, coma, partial delirium, and tossing from side to side in bed, regardless of any impediment, and even unconsciously throwing themselves off the bed, if not prevented, often attend; and as this variety advances in malignancy, the recuperative powers of the organism flags, and we have many of the characteristics, if not the actual paristhmitic variety, of Dr. Good.

3d. "*Angina gangrenosa—or Cynanche maligna*" (sore throat with scarlet rash).

As a thorough and minute acquaintance with all the characteristics of this, the most malignant and fatal form of scarlatina, is absolutely necessary to a judicious and successful application of therapeutic agents, and as many writers have attempted to describe an affection of the throat, under the appellation of diphtheritis, as differing essentially from this disease, and thereby creating confusion in names of disease which differ only, or principally at least, in degrees or stages, and moreover, as Dr. Geddings has most ably delineated the characteristics of diphtheritis, or "*angina pseudo-membranacea*," and "*angina maligna*," as different degrees or stages of the same affection, and in language, too, which will be more acceptable to the reader than any that I might clothe a description of these diseases with, and likewise bearing on its face the intrinsic evidence of clinical observation, in accordance with my own clinical experience, I cannot, in any way, do greater justice to those who may favor this essay with a perusal, than to give his remarks entire.

"1. *Angina pseudo-membranacea*.—The incursion of the disease is often very insidious. The patient experiences merely a slight sense of rawness and heat in the throat, with a feeling of stiffness about the neck, and some impediment in deglutition. There is, however, in many instances, no difficulty experienced in swallowing, and the chief uneasiness experienced is a dry, raw sensation in the throat, as though the membrane had been preternaturally irritated by pepper, or some other pungent substance. Some complain, from the commencement, of languor, general discomfort, a sense of chilliness, alternating with flushings of heat, thirst, pain of the head, swelling and stiffness of the throat, and considerable difficulty of deglutition. But this is far from being common; the patient, if a child, often continuing to indulge in its ordinary sports, being only a little fretful and dejected.

"The condition of the mucous membrane of the fauces and

tonsils exhibits appearances far more characteristic of the disease. Even at the commencement of the attack, these parts exhibit a deep red, circumscribed or extended suffusion, covered with coagulated transparent mucus, often disseminated in small isolated particles, of a whitish or grayish color. As the disease advances, the exudation, which was at first slight, becomes more abundant, and forms a concrete pellicle, of a yellowish or grayish color, generally disposed, at first, in patches more or less circumscribed, which are often a little elevated in the centre, but attenuated and flocculent at the circumference. This pseudo-membranous pellicle is at first thin and cribriform; but its thickness is afterwards increased by successive deposits. This gives it greater firmness, and it may sometimes be detached entire from the mucous membrane. If, however, the separation be cautiously made, the pellicle will be found to adhere to the subjacent membrane by numerous minute prolongations, or filaments, which seem to perforate the orifices of the mucous follicles. The severance of these generally produces a slight discharge of blood from the point with which they adhered, and when they have been detached several times, the bloody exudation becomes so considerable that it seems to ooze from every portion of the denuded membrane. The part of the membrane from which the pellicle has been removed is not generally much swollen, but exhibits a dark red color, often variegated with points or striæ of a deeper hue. In the interstices of the patches, the submucous cellular tissue occasionally assumes an œdematous condition, which elevates the corresponding portion of the membrane, and the isolated points covered by the pellicle being depressed, exhibit the appearance of ulcers, coated by a tenacious exudation. In all, except very mild cases, the patches soon become confluent, and very often the whole of the tonsils, the soft palate, the posterior part of the fauces, and even the inner side of the cheeks, and the whole mouth, are lined by a pellicular exudation of considerable consistence, which is rapidly renewed as often as it is detached.

“The adventitious deposit is sometimes pultaceous and transparent, but in the course of the disease, it acquires greater consistence and tenacity, and may even attain, at some points, the thickness of several lines. Its color also changes, becoming first ash-colored, then brown, and finally black; in which condition, the patches are often mistaken for gangrenous sloughs. If they be detached at this juncture, the membrane beneath will be found of a dark-red color, spongy, excoriated and disposed to bleed on the slightest touch; but in no other

respect altered. The perverted secretions poured out by the affected part, together with the constant oozing of blood which now takes place, renders the breath of the patient highly offensive, and the irritation being propagated to the surrounding parts, the cellular tissue of the neck often becomes tumid and œdematous; the lymphatic and salivary glands enlarge; and deglutition is performed with difficulty and pain.

“In the early stage of the disease, the tongue is red on the borders, and narrowed at the tip. Its surface is covered with a thin whitish pellicle, through which the prominent red papillæ project, exhibiting the appearance of the small granules of a strawberry, but towards the root of the organ, the fur is, from the commencement, of a darkish hue, and as the disease advances, this appearance becomes more extended. Towards the close, the whole tongue often becomes dry, scabrous, and of a dark brown or black color; the mouth is also dry; the teeth are covered with sordes; small ulcers form along the edges of the tongue and upon the inner surface of the cheeks; and the slightest irritation excites a discharge of blood from nearly the whole extent of the lining membrane of the mouth and fauces. This dryness of the mouth and tongue is far from being a constant character of the disease. It is not unusual, particularly during the early stages, for the glandular secretions of the mouth to be inordinately increased; and in some cases, it amounts to a complete salivation. The tonsils and soft palate are sometimes very much swollen; and occasionally the tongue is so much tumefied, as to fill the whole mouth, which, in consequence of the inability of the patient to breathe through the nose, is kept widely extended.

“The disease is seldom confined to the mouth and fauces, but extends into the nose, along the eustachian tubes into the ears—into the larynx, and down the pharynx and œsophagus. The implication of the schneiderian membrane of the nose, is indicated by a thin ichorous discharge, producing considerable soreness and excoriation at the apertures, and by so much tumefaction of the membrane itself, as to render it impossible for the patient to breathe, except through the mouth. This keeps the tongue and buccal cavity in a constant state of dryness, which adds greatly to the discomfort of the patient. Sometimes the discharge from the nose is thick and flocculent, and the effort to expel it not unfrequently occasions more or less blood to be poured out, which, mingling with the vitiated secretions, imparts to them a dark color. Profuse epistaxis may occur under the same circumstances; and in all cases the discharge from the nose exhales a peculiar sickening, fœtid odor.

“ When the pseudo-membranous inflammation extends into the larynx, it gives rise to all these symptoms of croup; as hoarseness, a shrill cough, great difficulty of respiration, and in some cases, complete aphonia. This circumstance has, doubtless, confirmed Bretonnean, and others, in the belief, that diphtheritis and croup are but one disease. In both affections, there is often formed a tough pseudo-membranous deposit upon the surface of the lining membrane of the larynx, trachea, and bronchial tubes; but although there is this correspondence in the anatomical characters of the two diseases, as well as in some of the leading symptoms, there is an essential difference in some of the principal elements of their pathology.

“ When the eustachian tube is involved, there is pain of the ear, with impairment of hearing; and in some cases, the use of the organ is permanently destroyed by obliteration of the tube. If the inflammation should spread into the pharynx and œsophagus, it will necessarily occasion a great feeling of soreness along the course of these organs, and acute pain, whenever an attempt is made to swallow. The false membrane, however, seldom extends far into the gullet, even when the inflammation producing it spreads to the stomach and intestines.

“ A remarkable peculiarity of this diphtheritic inflammation is, that while its principal seat is the parts about the throat, it often seizes upon remote portions of the surface of the body. The contour of the anus; the apertures of the genito-urinary organs; the external meatus of the ears; the folds of the groins; and other similar parts, often exhibit excoriations, caused by a thin pellicle of false membrane, analogous to those which form in the throat. It is remarked by Trousseau, that he never witnessed this condition upon the skin, except in situations where the epidermis had been previously removed, or ulcerated; consequently, when it had been made to assume some of the characters of a mucous membrane.* Blistered surfaces, especially, are liable to become covered with a pulpy pellicle, which sometimes assumes a dark color; and leech-bites, or even slight excoriations of the cuticle, often run into an unhealthy form of ulceration, or give rise to an eruption of vesicles, surrounded by an inflamed areola.

“ The course of this form of angina is generally slow. The disease seldom reaches its height before the seventh or eighth day, and cases of much intensity seldom terminate in less than a fortnight, or three weeks. The fever, which is present from

* Dictionnaire de Med. 2d edit. Art. Diphtherite.

the commencement, generally continues with more or less variation through the entire course of the disease. But the inflammation and fever, which during the first stage proceed with considerable rapidity, show a tendency to become stationary after the lapse of a few days. The heat of the skin, when it is increased, is generally pungent at first; but in some cases it is but little altered. The thirst is urgent; and the pulse is frequent, irregular, irritable, and without much force or volume. The eyes and countenance are sometimes flushed; but in many cases, the latter is pale, swollen, and wears an expression of sadness, and dejection. These symptoms are increased as the disease advances; but the heat of the surface, if considerable during the first stage, undergoes a sensible abatement, at the same time that the skin assumes a dingy appearance, and loses its natural elasticity.

“There is frequently nausea, epigastric tenderness, and great præcordial oppression. The bowels are generally constipated at the commencement; but it is not unusual for diarrhœa to supervene in the course of the disease; and in the last stages, it sometimes becomes colliquative; rapidly prostrating the powers of life. The secretions are perverted in quantity and quality, and the urine, especially, is scanty and dark colored.

“It has been remarked that the delirium is seldom observed as a concomitant of diphtheritis. This assertion should be admitted with considerable limitation, as the nervous system is, in a majority of cases, extensively implicated. Very often, however, this complication is indicated rather by a state of general torpor, or prostration of nervous power, than by evidences of cerebral excitement. In bad cases, the muscular energy is generally prostrated from the commencement, and in the latter stages, it is so far impaired, that the patient is rendered completely helpless. The general, as well as the local symptoms, vary greatly, however, according to the violence of the disease. In mild cases, the febrile phenomena are inconsiderable, whereas in these of greater intensity, frequent exacerbations are observed—generally two or three in the twenty-four hours.*

“In those cases in which the disease extends to the larynx, the life of the patient is always endangered; for, independently of the symptoms of croup already alluded to, which are apt to be developed under such circumstances, the inflammation is liable to spread into the bronchial ramifications, giving rise to all the phenomena of bronchitis, or pneumonia. This com-

* Guersent, Dict. de Med. 2d edit. Art. Angine Couenneuse.

plication takes place, according to *Guersent*, about the seventh day, and is so insidious at the commencement, or is so masked by the local affection of the throat, that the fever and cough are apt to be ascribed to the latter cause. Indeed, cases not unfrequently occur, in which the affection of the fauces is very slight, while the larynx is so intensely implicated, that the disease terminates fatally, with all the symptoms of croup, within a few hours after the attack.

"In such instances, the cough is not so clearly guttural as in croup, nor is there so much hoarseness and aphonia as in that disease. The expectoration is generally tough and streaked with blood; sometimes frothy; percussion and auscultation reveal the presence or absence of the physical signs of bronchitis or pneumonia: and there is generally considerable fever, which presents regular evening exacerbations.

"When the disease terminates favorably, the pultaceous, or pseudomembranous deposite is generally cast off, leaving a clear, moist, red surface beneath, upon which there is no disposition to form a new crop. It is sometimes detached in flakes—but more frequently it seems to be partially liquefied, and is thrown off in force of expectoration. The tongue becomes clean, and moist upon the edges, and expanded at the tip; the expression of the countenance assumes more animation; the general feeling of discomfort abates; and often a genial moisture diffuses itself over the surface of the body—convalescence then commences, but it is often slow, and when the disease is associated with scarlatina, relapses are very apt to take place, or the life of the patient may be destroyed by dropsy, even after convalescence has set in. An unfavorable issue is indicated, by an aggravation of the leading symptoms of the disease—especially by the supervention of active delirium, or coma—extreme prostration of strength, great dryness and blackness of the mouth and throat, wasting diarrhœa, and a general tendency to dissolution of the solids and fluids. Under such circumstances, the disease assumes all the characters of angina maligna, which, though by many considered as a distinct disease, I shall describe here as constituting merely a variety of diphtheritis, or angina membranacea.

"2. *Angina maligna—Angina gangrenosa—Cynanche maligna.*

"Many writers continue to describe a disease under this name, which they consider distinct from scarlatina maligna. The putrid sore throat of *Fothergill* and *Huxham*, however, which all acknowledge as the type of cynanche maligna, corresponds in every essential particular with the malignant forms

of scarlatina. It is nevertheless true, that the pseudo-membranous angina sometimes assumes the same malignant character, and in this respect only, is it proposed to notice it under the present head.

“The invasion of angina maligna does not differ essentially from that of the ordinary forms of diphtheritis, and any dissimilarity that occurs, relates more to intensity than character. There is the same languor and dejection—prostration of strength, uneasiness about the throat—and in some instances, a sense of chilliness preceding the development of the febrile phenomena. The glands about the throat, the tonsils especially, are generally more swollen from the commencement. The face exhibits a bloated, bronzed aspect; the eyes are heavy, lustreless, and watery; and the breath offensive. The fauces exhibit a deep red, or purple suffusion, upon which small patches, or flocculi, of a pulpy pseudo-membranous consistence are deposited. These are sometimes white, but more frequently of a dull ash color, which in a short time is changed to brown or black. When first formed, they adhere to the surface of the mucous membrane with considerable tenacity, and when separated, leave it raw, dark colored, and bloody. The parts speedily assume a dark sloughy condition; the adventitious deposite, together with the portions of the mucous membrane, is thrown off in the form of flocculi, or shreds, which exhale a putrid, cadaverous odor; and the sloughing process spreads rapidly into the substance of the tonsils, the soft palate, and occasionally, also, into the parotid glands and cheeks. There is, likewise, almost from the commencement, a dark-colored sanious discharge from the nose; dark-colored vesicles form about the margin of the lips, the angles of the mouth, the inner surface of the cheeks, and upon the tongue. These discharge their contents, and take on a sloughing tendency. A similar condition is occasionally developed upon different portions of the skin. In a case which recently fell under my observation, the whole of the upper part of the tongue was thickly clustered with small vesicles, similar to those produced by sprinkling boiling water upon the cutaneous surface. In the epidermis described by Colden, sores like those in the throat, formed behind the ears, on the genitals, or other parts of the body, and in these cases, there was sometimes no ulceration in the throat. Petechiæ are also sometimes observed. They were almost constantly present in the epidemic described by Short; and Wall, as well as many other writers, describes them as of common occurrence.

“This form of the disease, like the preceding, is liable to

implicate the larynx and air passages, and to extend its influence to the mucous membrane of the pharynx, œsophagus, stomach, and intestines. Nausea, vomiting, and epigastric oppression, are, indeed, frequently present from the commencement, and if the disease is not at first attended with diarrhœa, this symptom sooner or later supervenes. The dejections are thin, copious, sanious, and intolerably offensive. They are often so acrid as to excoriate, and inflame, the contour of the anus; and in bad cases, copious hemorrhages take place from the bowels, which have been ascribed to the formation and detachment of sloughs in the intestines, similar to those which are developed in the throat.

“The febrile symptoms are generally marked by symptoms of considerable intensity, during the first and second days. The skin is hot and pungent, and the fever exacerbates towards evening. The mouth is parched; the thirst urgent; and the tongue soon becomes dry, brown about the root; finally black and scabrous—while sordes of the same color invest the teeth and gums. The latter are generally spongy, tumid, and disposed to slough; and in some cases, gangrenous eschars involve the cheeks to such an extent, as to traverse their entire thickness. I have recently attended a case in which a rounded perforation was formed in the soft palate. Death took place in the advanced stage of the disease, by hemorrhage from the mouth—probably in consequence of the sloughing of the internal carotid artery—as the child died almost immediately after the irruption of the blood.

“When the throat is much swollen, the difficulty of deglutition is extreme, and the enlargement of the glands about the neck sometimes impedes the return of the blood from the brain, thereby giving rise to great turgescence of the vessels of the face and eyes, and considerable cerebral disturbance. Delirium, indeed, often exists from an early period, and although the febrile symptoms, which are at first urgent, soon subside into a low typhoid state, the delirium either continues, or gives place to a state of stupor or insensibility.

“Angina maligna has no definite duration. It may destroy life in a few hours, or be protracted through a term of two, three, or four weeks. It generally reaches its height by the fifth or sixth day, and it rarely happens that symptoms of high reaction continue beyond this period.”

The advance of the disease as above delineated, characterizes its most perfect forms. Suitable and early medication will generally prevent this alarming advance of malignant symptoms. During the prevalence, however, of this epidemic, we occasion-

ally meet with isolated cases, which terminate fatally in a few hours, and in some instances so rapid is the advance of the morbid phenomena, that medication can scarcely be interposed before the indubitable evidences of dissolution are boldly written in every feature of the patient. The throat is gangrenous from the very commencement of indisposition, and the tonsils present the ash-colored, dry, gangrenous aspect peculiar to this extreme depressed or entire deficient nervous or vital energy. There does not appear to be the least reactive vital force, or energy, as is evinced by the bluish patches, which are interspersed over the surface of the body, more particularly about the neck, chest, abdomen and back; the nails are blue; the skin cold, and covered with a clammy perspiration, and the tongue bluish and swollen. The alvine and urinary evacuations are also involuntary; and low muttering delirium, or insensibility closes the scene. Although cases have come under my observation, where the patient's intellectual faculties were but slightly impaired up to the last moment.

CHAP. III.—PATHOLOGY, ÆTIOLOGY, AND DIAGNOSIS.

Under this division of our "essay," we shall be as brief as a due regard to the practical importance of a careful consideration of the nature of the morbid causes, their effects, both dynamic and structural, pathognomonic symptoms, crisis, and prognosis, will justify.

The "scalpel" has not made any very extraordinary developments of internal disorganization or structural lesions, beyond what might have been anticipated from the nature of the external phenomena of disturbed vital action. Inflammation of the meninges of the brain, ramollissement of its substance, and hydropic effusion in the lateral ventricles, one or all have been found on dissection, as well as congestions to all the larger viscera. But all of these pathological conditions are the common sequela to most diseases of high excitement, with a tendency to a typhoid type, particularly among the more tender ages of childhood.

Some of the phenomena of the scarlatina may be more fully understood by an examination of the mucous membranes throughout the entire respiratory and digestive apparatus. The extensive hyperæmia of this tissue, the exudation of the albuminous portion of the blood to form a new covering, which is soon separated, leaving a raw surface, which is again quickly

followed by a thick muco-purulent or "pultaceous deposit." This tenacious pseudo-membranous covering spreading over the entire mucous surfaces of the larynx, trachea and bronchia, in violent cases, prevents the due oxydization of the blood, and increases the tendency to a dissolution of the solids, from the impaired and depressed state of the nervous system. Wanting their due vital energy, to impart their influence to the blood-vessels, the capillaries become congested, distended, and inflamed. In those cases which terminate fatally before medication is instituted, the fauces are gangrenous and deeply sloughed; small ulcers, or gangrenous eschars, or petechial spots are observed to be formed upon the surface, or frequently even penetrate the entire coats along the whole track of the alimentary canal, when death would not be so rapid. The surface of the body, particularly about the neck, face, and chest, presents irregular patches of a bluish green or deep violet color, when the case has been rapid, or convulsions had closed the scene. Petechia is sometimes observed to cover the surface of the body in the most malignant forms of scarlatina.

"Dr. Mackintosh of Edinburgh," says "The most constant diseased appearances have existed in the air passages, presenting inflammation in its different stages; viz., vascularity of the mucous membrane, thickening, and occasionally ulceration; in two cases I have seen the epiglottis nearly destroyed by ulceration; and also effusion of thick, tenacious matter, filling up the air passages to the bifurcation, and often lining the trachea. Sometimes the substance of the lungs is seen inflamed, and occasionally the pleura; but traces of inflammation in these two tissues are not so frequently met with, and are to be regarded more as examples of acute action, extending from one tissue to another by contiguity, than as forming essential parts of the disease. The lungs are sometimes so much gorged with blood, as to have lost in a great degree their natural appearance and buoyancy. In the brain there is sometimes arborescent vascularity, with turbid effusion between the arachnoid and pia mater, and the ventricles are occasionally filled with serosity. On opening the abdomen, the peritoneal coat of the stomach and bowels generally looks healthy, except in the congestive cases, when the minutest blood-vessels will be seen distended with the dark-colored blood. In different parts of the mucous membrane, we frequently see considerable vascularity, sometimes ulceration. The liver is often gorged, or soft in texture."

"*Ætiologia.*"—That the "scarlet fever" in common with

all fevers of a specific type, depends upon a specific miasm, emanating either from animal or vegetable decomposition originally, we have abundant proof from its history. It will not be a profitable employment of time, nor indeed is it necessary to enter into a detailed investigation of recorded facts, to show under what circumstances, conditions of the atmosphere, peculiarities of constitution, age, temperament, predisposition, and susceptibilities; and under what modifications of the character of scarlatina it assumes a *contagious*, *epidemic*, or *endemic* character: that it may, and indeed has been clearly and justly entitled to all these forms and causes, for extending the disease, is now generally admitted by the profession. It is in the character of an epidemic, however, that it most frequently makes its appearance in this climate.

The primary source of the specific poison, requisite to produce "scarlatina," most probably emanates, in most cases, from a specific influence from one person to another, but is greatly favored, and its progress facilitated, by adventitious causes, such as a high susceptibility of the patient, from a depressed condition of the nervous system, malarious state of the atmosphere, etc.

What these peculiarities are we do not know. They are invisible and imponderable—no region of country is entirely exempt from the ravages of scarlatina, in this respect differing from malarious fevers, which are mostly confined to regions of country where decomposition of animal and vegetable matter is manifest. I have seen the scarlet fever in all its most fearful and malignant forms, on the most elevated mountain lands, where the clear and beautiful streams of pure water course down their sides, and where the most acute sense of smell could detect no odor, save that which emanates from healthy vegetation, as well as in the deep valley by the sluggish lake, bordered by marshes, where the decomposition of animal and vegetable matter are sending forth their nauseous exhalations.

The history of fevers, incident to the beautiful and variegated flower gardens of the *western prairies*, not only shows how totally incapable we are of detecting the presence of malaria in the surrounding atmosphere, but affords a salutary admonition to those unphilosophical minds, who can see nought but materiality in the agents which operate upon the organism, in such a manner as to produce disease, or when skilfully administered, restore healthful action.

The specific distinction in the elements of the poison, whether animal or vegetable decomposition, or animalcular, (for their constituent elements are the same,) which produces in the

one case intermittent, in another remittent, in another continued, in another typhus, and in another the exanthematous character of fever, has never been detected. We know as little of the constituents of the hydrophobic virus, which may occupy weeks, months, or even years to develop its specific effects, as we do of the bite of the *rattlesnake*, whose sting is almost instant death. If it be owing to the degree of concentration of the poison, chemical analysis, with all its wonderful achievements, has never even approached its revelation.

What say those chemists who have disputed the power of certain medicines, because they could not detect its presence in some high dilutions, to this? Do not the laws of nature rebuke them? May not a specific medicinal power be retained, although the material and grosser parts are gone? It is its *quality* and not its *quantity* which gives to it a distinctive feature.

Dr. Macculloch says, "Let us turn to Italy; the fairest portions of this fair land are a prey to this invisible enemy; its fragrant breezes are poison; the dews of its summer evenings are death. The banks of the refreshing streams, its rich and flowery meadows, the borders of its glassy lakes; the luxuriant plains of its overflowing agriculture; the valley where its aromatic shrubs regale the eye, and perfume the air, these are the chosen seats of this plague, the throne of malaria. Death here walks hand and hand with the sources of life, sparing none; the laborer reaps his harvest but to die, or he wanders amidst the luxuriance of vegetation and wealth, the ghost of man, a sufferer from his cradle to his impending grave; aged even in childhood, and laying down in misery that life, which was but one disease. He is driven from some of the richest portions of this fertile yet unhappy country; and the traveller contemplates at a distance deserts, but deserts of vegetable wealth, which man dares not approach,—or he dies."

A knowledge of the physiology of the power of absorption of the entire mucous surface of the whole respiratory apparatus, sustaining life during healthy action, contributing largely to the ingress of the causes of many diseases; and presenting a medium of communication through which most of the prophylactics as well as the cures may be conveyed in case of disease, enlightens us very materially on this subject. It may now be regarded as an established pathological fact, that any cause which tends to enervate or depress the nervous system, greatly favors the absorption of deleterious substances.

M. Lobstein says, "If in a physical science it were permitted to employ allegorical images, and to personify the con-

ceptions of our minds, I should say that the nervous influence holds in subjection the universality of the humoral system, and rules it with an absolute power."

This may be regarded as "neuro-pathology" in contradistinction to the "humoral pathology," and to a certain extent it is. It teaches that all external agents capable of disturbing the normal functions, first act upon the "vital principle," and for a period of time the disease is essentially "dynamic" or "functional," and the grand aim of the Physician should be to endeavor to prevent the morbid process from extending to "organic lesion"—structural decomposition. How often has the scalpel failed to detect any appreciable lesion, after the most violent disease, other than those congestions to larger viscera and decompositions, which a cessation of life never fails to produce, even when instantaneous. But to return to a consideration of the causes of "scarlet fever." Although we know very little of the essential elements of the specific poison which produces "scarlatina," we may candidly confess that we know less of its effects during the interval from the first inception of the infection to its manifestation in appreciable symptoms. What changes are going on, within this highly wrought vital organization during the ten to fourteen days usually occupied to develop its full effect, are entirely hidden from our view. So far as our senses are capable of penetrating the secrets of its operation, it remains dormant, or at least undisturbed and undisturbed, until it is ready to burst forth with all its accumulated vigor, to bear down the vital energies of its victim, if not closely watched and skilfully opposed by well directed therapeutic means.

The experiment of inoculating with the lymph found under the cuticle during the acme of the eruptive stage, by inserting it under the cuticle of another, has been tried without effect. The exudation from the ulcers of the fauces, in the most malignant forms, has also been inserted in the fauces of others without effect. This only proves that the specific poison is not the *material* which is created by the morbid process, but an invisible, imponderable, doubly etherealized, or highly dynamized or potentized agent, if you please, which has its own specific office to perform.

The tender age of infancy and childhood is the period of life at which this disease makes its most frequent attacks; nursing infants, however, are exceptions to this rule. Indeed, there appears to be not only less susceptibility to be infected with epidemic or contagious influences during the period that the infant draws its sustenance from its mother's breast, but less

severity, and consequently less fatality from their attacks. But they are by no means exempt, nor is any age secure from its incursions; for we not unfrequently see those in the very prime and vigor of adult age cut down in a few days, and numbered with the dead, by scarlatina.

It has been observed that adult females are more liable to this disease than adult males, and this may be accounted for from the fact that their organization is more highly wrought and delicate, and consequently, like children, more susceptible to morbid influences.

Reference to my book of records from 1830, shows that the scarlatina prevailed in autumn and spring regularly, with more or less severity during five years, and was in every instance sporadic, or epidemic, in its character, and exhibited no manifest contagious influence until 1835, when it was clearly imported from a neighboring town by relations who had visited those ill with the disease, and the entire family passed through the disease, as did every person who assisted in nursing or watching with the sick. It could be traced as far as communication could be traced, and no farther; and since that period I have occasionally seen, under peculiar circumstances, scarlatina change from an epidemic to a contagious character.

Like small-pox, scarlatina has been conveyed between distant places in baggage and clothes. Dr. Percival says all the varieties of this disease were imported from England in a Pandora's box, containing plumed soldiers, which had served to beguile the convalescent hours of a young family, and were sent by them as a present to their quondam playmates in Dublin.

Diagnosis.—The first variety is most likely to be confounded with measles, nettle-rash, or a peculiar miliary eruption which comes out on the neck and chest, and disappears, and suddenly re-appears. It is easily distinguished from the measles. In addition to the usual diagnostics laid down by authors of the raspberry-red and circumscribed character of the eruption, as contradistinguished to the boiled lobster-shell and diffused appearance of scarlatina, there is one which I believe has not been noticed, and I can confidently state it to be strictly pathognomonic of measles, and may be seen even before the measles make their appearance upon the skin—generally the second day after the commencement of the indisposition. By examining the fauces and the roof of the mouth, deep red, star-like specks will be observed scattered over this membrane, resembling the measles as they first appear upon the forehead and neck, on the fourth day. A flowing coryza

attends measles, much like a common influenza, and a severe cough (which rarely attends scarlet fever) comes on early in this disease. The measles are less likely to be confounded with the second and third form of rosalia, for although tonsillar inflammation may attend the measles, it is unattended with the purple or whitish vesicles, which are quickly followed by a pultaceous or pseudo-membranous, and sometimes dark covering over the mucous membrane of the throat and adjacent parts, and the gangrene and sloughing, so common an attendant in the third form, never attends the measles.

The temperature of the skin during the stage of excitement, is much higher than attends any other fever. In the language of Dr. Currie, "it is the hottest of all diseases."

Unlike small-pox, measles, and some other contagious exanthemata, scarlatina may, and undoubtedly does, attack the patient more than once, although insusceptibility is proportionate to the severity of the disease which they have passed through.

CHAP. IV.—PROPHYLACTICS.

The institution of suitable means for the mitigation, or entire prevention of the accession of any disease, is by far the most important, although the most neglected branch of medical science, which comes under the supervision of the physician.

Whoever may have been the author of the old proverb, "an ounce of preventive is worth a pound of cure," it bears the stamp of true philanthropy upon every word of it.

It is true, hygienic directions and regulations as to diet, exercise, bathing, cleanliness, &c., have been from time to time advocated and urged by medical men, and practised by nurses; and their advantages in aiding the restorative powers of nature, and suitable medication, thus made clearly manifest. But the administration of therapeutic agents, which act in such a manner, by some specific law, preoccupying the organism with their own specific or pathogenetic effect, as to prevent disease, have been very limited. In fact, we may almost say, that the well attested facts in this branch of medical knowledge, is yet confined to the prevention of *variola* and *scarlatina*. Jenner's quick *perceptive faculties* enabled him to lay hold of a truth which nature had presented; and his indomitable perseverance in the cause of science, with a philanthropic

spirit in the cause of humanity, carried him through the successive ranks of ignorance, indolence, prejudice, and, lastly, most violent opposition, with the inestimable discovery of the *prophylactic* power of *vaccinia* over *variola*, in his hand, until he presented it to all nations who have had the light of medical science extended to them, as one of nature's great truths. Hahnemann, no less remarkable for his power of perceiving and laying hold of nature's hints, did not suffer the accidental occurrence of the poisoning of some children to whom he was called to prescribe, who had eaten the *berries* of BELLADONNA, to pass unnoticed, (as hundreds of mere superficial observers would have done,) but by close attention to the pathogenetic effects of the poison, he discovered that many of the symptoms of "*true scarlatina*" were presented during the influence of BELLADONNA. This hint from nature suggested to his mind, not only its clear adaptation (in accordance with the fundamental law, "*similia similibus curantur*") as a therapeutic agent in the treatment of scarlatina, but by extending the investigation through a thorough course of experiments, he succeeded in fully establishing its prophylactic powers; and what grateful acknowledgments from the family of nations (who are daily receiving the blessings of Hahnemann's wisdom) does not a discovery like this entitle its author to. Hahnemann, who, under the guiding hand of "Providence," compelled nature to give up this secret, will forever most justly blaze in the front rank with those philanthropists who have done most to alleviate the condition and lessen the sufferings of the human race. Many of the opposition public journals have borne their testimony in favor of the prophylactic property of BELLADONNA. Some of them have acknowledged the author, others have suppressed his great name. It is difficult to understand the motives which prompt the profession generally (who are gradually admitting, one after another, of Hahnemann's great truths), to deny or suppress the authority, unless, like the Bramin who crushed the microscope that showed him living animalculæ in what he daily ate, drank, and breathed, they are alarmed at the picture of the evidences of the ravages which they have been and are daily committing, and would crush the author who enlightened them; or with the Scotch poet we might exclaim,

" 'Tis *gow'd* makes doctors fight the fiercer;
Without it doctoring wad be scarcer."

I have used the BELLADONNA as a prophylactic against scarlatina about seven years. My practice has been to distribute

high dilutions among the families where I am called to prescribe for a case of scarlatina ; and if the disease is like to become prevalent, I advise those who may desire this protection to use it. And without going into detail, I can most cheerfully give my testimony generally, that I have very rarely seen a case of scarlatina in a person who had taken the BELLADONNA a few days before exposure, and have never known the disease to assume a malignant form, or prove fatal, when the patient was under the influence of the BELLADONNA previous to an attack.

For the same reasons, however, which we shall give for the greatest care in our selection between BELLADONNA and ACONITE, as leading remedies in the treatment of "scarlatina simplex," we shall here refer to the indications which point to ACONITE, as the leading prophylactic when *purpura miliaris* is most prevalent. In this miliary character of the eruption, ACONITE should not only be given first, but repeated more frequently than the BELLADONNA, which latter agent, however, is too well established to be entirely omitted under any form which the prevailing disease may assume. For although the pathogenesis of these drugs does not clearly indicate their administration as prophylactics, in the third or most malignant variety of the disease, all the statistics on this subject go to prove that we have very little cause to fear an advance, at least, of the more mild to the most malignant form. And may we not accept this as one of the evidences that each of the varieties are the same, and dependent upon the same specific cause, differing in *degree* and *malignancy*, from adventitious causes, unappreciable to our senses in all cases? A suggestion just this moment presents itself to my mind, and though it may be of no value, as it will cost so little trouble, I may as well record it, viz. : in the pathogenesis of ARSENICUM, we find not only an eruption resembling the "purpura miliaris," but dark-red or bluish spots, and even petechia and other symptoms peculiar to the malignant forms of scarlatina, which might class this agent among the prophylactics.

The prophylactic virtues of BELLADONNA against scarlet fever have been confirmed by many publications in this country, and have been shown by a number of facts in the first volume, folio 311, of the Homœopathic Examiner, to which we refer the reader. For a further corroboration of our statements relative to the prophylactic virtues of BELLADONNA, we beg leave to mention the following statistics :

During a fatal epidemic which reigned in the district of Hilschenback, in the duchy of Berg, Dr. Schenk administered

BELLADONNA to 525 persons, 522 of whom were preserved from the contagion. The other three, a mother and her two children, had been much exposed to the contagion, and had only taken the medicine four times. The dose was one drop of a solution of BELLADONNA to children under nine years every three or four days, and two drops to those above that age.

Rhodus, in an epidemic in Altenlinden, preserved all the individuals to whom he administered BELLADONNA. Hufeland, in his journal of the month of May, 1812, says that he is acquainted with a quarter in which the prophylactic virtues of BELLADONNA against scarlet fever have likewise been resorted to with perfect success.

Gumpert, a physician at Posen, preserved his four children, and about 80 other individuals, during an epidemic in 1817. The dose employed, was about a teaspoonful of a solution of one grain of extract of BELLADONNA, in four ounces of orange water, and one of alcohol; evening and morning. (*Biblioth. Med.* t. lxxv. p. 114.)

In the fatal epidemics of 1817, 1818, and 1819, 181 children out of 195 were preserved by Dr. Berndt, physician at Cüstrin, the children being constantly exposed to the contagion. (*Hufeland's Journal*, 1820.)

Dr. Murhbeck of Demmin (Western Pomerania) preserved from the epidemic all those who took the BELLADONNA. (*Revue Medic.* t. II. p. 371.)

Dr. Dusterberg of Warbourg, testifies to the prophylactic virtues of BELLADONNA in *Revue Med.* 1824, t. II. p. 371, art. of M. Martini; those who took the BELLADONNA were preserved, even in families where children who did not take it, caught the infection.

In 1820, during the course of a very fatal scarlatina, Behr, physician at Brenbourg, preserved 41 in 47 from the contagion.

M. Meglin states that in the two epidemics which reigned at Colmar in 1820 and 1821, every one was preserved who took the BELLADONNA. (*Nouv. Journ. de Medicine*, Nov. 1824.)

Wolf saved 126 children out of 132 to whom he administered BELLADONNA.

Zeuch, physician to the Military Foundling Hospital of Hall, in Tyrol, saved 61 children from the contagion which had already infected 23. (*Bull. des. Sc. Med.* tom. II. p. 90.)

In the village of Miaskorvo, all those who took BELLADONNA were preserved from the contagion. (*Hufeland's Journal*, Nov. 1824, p. 3.)

Sixty-seven children out of 70 were preserved by Dr. Kuntsman, in the Friedrich Institut. (*Hufeland's Journal*, Nov. 1825.)

Dr. Gnecki, of Stettin, preserved 86 children out of 94, to whom the BELLADONNA was given; 15 who did not take it, all caught the infection. (*Hufeland's Journal*, Nov. 1825.)

Dr. Maisier preserved 170 children in the village of Negripp, and arrested the epidemic at Grabow, by administering BELLADONNA as a prophylactic.

Three hundred children in the district of Merseburg were preserved by Maisier. (*Journal des Progrès*, t. I. p. 242.)

In an epidemic which raged at Clèves, Dr. Velsen' gave immunity to 234 individuals out of 247; the 13 who caught the infection, had either taken the remedy irregularly, or not long enough.

M. Ibrelisle, of Metz, preserved 12 children in the midst of 206 who had been attacked. (*Bulletin de la Société d'Emulation*, April, 1823, p. 201.)

Dr. Ramhaken gave immunity to 160 children exposed to the contagion. (Dr. A. F. Thompson's *Materia Medica*, p. 423.)

In an epidemic at Bayeux, Dr. Feron saved all the children who took the BELLADONNA. (*Journal des Conn. Med. Chir.* August, 1839.)

In an epidemic in the district of Thionville, Lorraine, 83 persons in 100, who had not taken the BELLADONNA, died; the others were preserved from the infection by taking the medicine. (*Med. Gaz.*, vol. XIII. p. 814.)

In Dr. Oppenheim's work on Turkey, it is stated, that out of 1200 soldiers who took the BELLADONNA, only 12 men sickened; the soldiers remained free from the disease, while it continued unabated among the inhabitants.

Block preserved 270 children; to all of whom he gave BELLADONNA during a period of from 10 to 12 days. (*Rust's Magazine*, vol. XVII. p. 39.)

Cramer saved 90 children. (*Rust's Magazine*, vol. XXV.)

A number of other interesting cases showing the prophylactic virtues of BELLADONNA, may be found in the April number of the British Journal of Homœopathy, 1843.

CHAP. V.—TREATMENT.

The insufficiency of the science of medicine, to meet a new specific disease on its first appearance, is very reasonably met by the profession with the excuse, that its

pathological character must first be thoroughly investigated before they can well be held accountable to the community for a correct system of therapeutic means for its cure. Very few are willing to make themselves the jest of the public, as did some of the profession, on the first announcement of the approach of the Asiatic cholera in 1832, by obtruding their opinions and advice upon the treatment of a disease, which they had yet to see and learn the pathological character of. And when the disease did present itself, the conflicting opinions as to the *remedial means* of the old school affords a striking contrast to the plain and effectual *remedial means* to which the homœopathic practitioner was at once directed by the unerring law, "*similia similibus curantur.*"

The scarlet fever presents us with a melancholy instance where the above plea cannot be set up. Centuries have passed with this disease before us, annually committing its heart-rending ravages, desolating the cheerful fireside, and destroying the hopes of parents, with no settled means from the allopathic school to stay its march, or mitigate its violence. With all the talents of the prevailing schools of medicine, from the appearance of scarlet fever in Spain about the year 1600 by the name of *garotillo*, to its introduction in England under the name of *putrid sore throat*, and through the United States down to the present time, no system of treatment has been introduced which has met a success even remotely approximating the unanimous approval of the profession. Without due regard to the pathological condition of scarlatina generally, or the great diversity of indications in its several variations and changes, some, overlooking every variety of constitution, or temperament of the patient and tendency of the disease, have adopted the sanguinary antiphlogistic treatment, fortified by the opinion of its sthenic character; and others, equally confident of its asthenic character, have as zealously followed Dr. Fothergill's indiscriminate stimulating method; while a third class of eclectics, less ultra, could see propriety in both extremes, and instituted bleeding, cathartics, emetics, epispastics, stimulating or cooling gargles, cold or warm ablutions; one or all were practised in quick succession; no time being allowed for the vital energies to react and recover themselves from the shock of extreme medication, until death stepped in to rescue the sufferers from their unrelenting tormentors. A fourth class might be noticed here, who, having seen within the last few years a great check put upon the fatality of this disease, by a course of treatment adopted by a few reformers, whose therapeutic agents *they affect* to regard as inert; "and finding no end, in wandering mazes lost," were

convinced, by bitter experience, that little of value could be drawn from their pharreacon; have been led to adopt the expectant course, and thus, by allowing nature full and uninterrupted play, are enabled to give their testimony in favor of her resources, when placed in comparison with the alleopathic system of treatment. The semi-annual appearance in autumn and spring, of some one or more of the varieties of scarlatina since the year 1829, in my practice, has so plainly developed its characteristics, and unfolded its insusceptibilities to the therapeutic agents of the old school, as generally taught and prescribed, that I can most cordially unite with the latter class, and advance the opinion, that it is wiser and safer to rely upon the recuperative powers of nature, whose sanative power, although negative, will prove more potent in lessening the bills of mortality, than the positive action of the course of medication of the former class of practitioners. But I beg to be permitted to dissent entirely from the dogmas of all these schools of medicine, and shall accordingly proceed to record my testimony in favor of a class of specific therapeutic agents, which, when skilfully selected and judiciously administered, are certain to triumph over all the other remedial means, as well as the too often blind efforts of nature in this most fearful disease.

With the important admission of the most able and candid of the old school, that the less the medication in scarlatina the smaller the bills of mortality, we may start with some courage upon the difficult task of laying down some general principles, and introducing a few simple remedies, which, however near they may approximate to nothing in the view of those who have not considered them worthy of an investigation, in our hands they have had a most happy and salutary agency in materially mitigating the sufferings, and greatly lessening the mortality, of a most interesting portion of our race.

And with whatever degree of success the most skilful practitioner of medicine, who has not carefully studied the fundamental law *similia similibus curantur*, may have prescribed for the sick, he will find, should he ever be induced to examine this law, a new field of usefulness—an inestimable treasure opened to him, from which he can draw most invaluable therapeutic agents in the hour of emergency; and a retrospective survey of his past practice will enable him to give the *rationale* that his most successful prescriptions had been in proportion to their proximity to this law. And then, with Lord Bacon, he will be prepared to make a stand on the ancient ways, and look about him and discover what is the straight and right way, and walk in it. Dismiss from your mind the

delusions of time-serving theories, and learn what true philosophy teaches; that the only way to become acquainted with the magnitude of an object, is to measure it; the only way to become acquainted with its tangible properties, is to touch it; the only way to become acquainted with its visible properties, is to look at it; the only way to become acquainted with its constituent elements, is to analyze it; and the only way to become acquainted with the power of an agent, which is incapable of being tested by either of the above plans, is to try it. The most profound philosopher of any age, might measure, touch, view, and analyze the small wire designed for a magnetic telegraph, which stretches past my window, marking the blue arch of the heavens as with a pencil, until the frosts of age had silvered his locks, and know nothing of its power or object without trying it.

The high excitement, excessive burning heat of the surface, and the extreme restlessness which usually attend the eruptive stage of scarlatina, clearly point out the general indications to be attended to in the nursing, dietetic regulations, and medical treatment of the patient.

First, a nurse who is ever attentive and never talkative, is of course the best; and a nursery well ventilated, with strict attention to cleanliness, and kept dark, is indispensable.

The cutaneous surface performs too many important functions in the animal economy, to be slightly noticed. Diseases may not only be caused and kept up by neglecting this function, but they may be successfully treated by the application of therapeutical agents to the skin, and more particularly and rapidly by their application to its denuded surface. The most assiduous attention therefore to a due and healthful performance of the functions of the external surface of the organism, is of as much importance as attention to the internal phenomena of vital action.

The diversity of sentiment on the subject of the temperature at which the nursery should be kept, for patients laboring under fever, and more particularly that variety of fever which comes under the *genus* "exanthemata," must arise from a mistaken idea of the influence of clear and cool air, in keeping up a healthful determination to the cutaneous surface, and its agency in giving tone to the capillary circulation, and preserving an equality between this and the nerves. Those physicians who advise and enjoin upon the patient the necessity of keeping up artificial warmth, by means of close rooms, confinement to bed with much covering, for the purpose of inviting the efflorescence to the surface, lose sight of the enervating

influence of these measures, and their consequent tendency to divert the morbid action from the surface to the vital organs. Seventy degrees of Fahrenheit should be the maximum, and a lower degree will often be found to be most agreeable and salutary to the patient. In order to obtain this temperature in the warm seasons, the windows and doors may be kept open in dry weather, and during the day, and if the air blows directly upon the patient, it will have none other than a grateful and invigorating tendency in all cases where the temperature of the skin is hot and dry, and imparting the peculiar stinging sensation to the hand when touched.

Cold or tepid bathing with pure water, or water slightly acidulated with vinegar, is an indispensable auxiliary also in all forms of fevers, but more particularly so in the *scarlatina*, when the heat is intense; like the cool air bath, it preserves the tone and gives energy and equalization to the capillary circulation, and thereby prevents visceral congestion or inflammation; and the obstructions which frequent washing removes from the excretories of the skin, favors insensible perspiration, and thereby softens the surface, by unloading the weakened and distended capillaries, and arousing and equalizing nervous energy.

I am aware that this practice is still regarded as hazardous by some, but with just views of the true pathological condition of the skin, the evident tendency to superexcitation of the capillary circulation, with deficient nervous energy, and the consequent tendency to a dissolution of the solids before us, it may appear rational in theory as well as having been sustained in practice, by clinical observation of others as well as myself.

Dr. Good says, "but one chief dependence for diminishing the burning heat of the skin, must be upon Dr. Currie's bold and happy plan of employing cold water freely. The refreshment is often instantaneous, and operates like a charm; and seems to show, not merely a refrigerant, but an exhilarating power; the skin immediately becoming softer and moister, as well as cooler."

Having glanced at some of the most important nursery regulations, and sanitary aids to the internal administration of therapeutic agents, we will pass at once to the consideration of the latter, and not least important means for all the varieties, but more particularly the second and third varieties of "scarlet fever."

As some of the remedies which I shall introduce have not yet been recognized by "Homœopathic practitioners," and the manner of using them may not meet the views of the more

ultra, and as they will differ still more widely from the views of those of the "old, or Allopathic school," particularly in doses, (for I do not recollect a single instance in which I have not been able to convince an intelligent physician of the truth of the fundamental law "similia similibus curantur," when I could gain his attention for half an hour,) I shall take the liberty to state, as briefly as possible, preparatory to entering upon the indications to be observed in the selection of remedies, the principles which have guided me in the choice of doses.

No class or school of physicians will deny the advantages of trituration, or levigation, in rendering some medicines important specific agents, which in their crude form possessed no power other than mechanical. The most familiar to all physicians is the "hydrargyrum," which, having never been known in its crude form to operate other than mechanically, becomes, after a thorough trituration with some inert menstruum, a powerful specific remedial agent, permanent, and in most instances, disastrous in its effects, when pushed too far. It will of course be said that oxydation imparts a new and active principle to this mineral; but this by no means explains the whole matter. Many other examples might be introduced, but this will suffice as a familiar example of the advantages of dividing the particles of medicine, if we expect them to extend their influence beyond the stomach and intestinal canal. The most alarming forms of croup are quickly removed by the alternate use of two remedies, in infinitesimal doses, which in their crude state are comparatively inert. Thus, we daily in practice see that there is a power developed in some medicines by trituration, or in other words, they remain inert until their particles are so intimately divided as to become acceptable to the organism. Another class of remedies are deadly poisonous, but by proper preparation and dilution, are rendered inestimably valuable in the hands of those who understand their powers. Various effects may be produced by varying the dose, and a dose that might have very little or no effect in one condition of the organism, under other circumstances might produce an alarming overaction, and sink the vital powers below a reaction. It is the duty of the physician, therefore, by all possible means, to endeavor to ascertain the dose required, in each given case, under clinical research, (for no one case can serve as a precise index for the next in all its phases,) so as to obtain its curative action without its poisonous action, which may remain to depress or bear down the healthful reaction which would otherwise follow. Highly volatile drugs, such as CAMPHOR, AMMONIA, MOSCHUS, &c., as well as some of

the acids, act best, and can only be depended upon in their more concentrated form, because their prompt activity depends upon their already infinitely divided particles, or volatility.

In addition to the reasons above stated for varying the doses, some distinguished practitioners have suggested another guide to the selection of doses, and as it regards the action of some of the remedies, I can most willingly unite with them; and if this key to therapeutics should be established by future observation and experience, it will settle the diversity of opinion which now prevails on the subject of dilutions and attenuations. We will then be able to see why the same medicine is frequently efficacious in quite opposite conditions of the organism, and why certain favorable conditions of the organism, at different stages or states of the disease, favor the action of high or low dilutions, according as the *primitive* or *secondary* pathogenetic effects of the remedy become most prominent.

If the suggestion should prove true, that the remedy is capable of this distinct diagnosis into its *primitive* and *secondary pathogenetic effects*, the most brilliant practical results may be anticipated, by due attention to this beautiful law of nature.

We have other important reasons for varying the dilutions from high potencies to low, or even crude medicines, than those above stated. Clinical observation will teach us to watch the "pathological" conditions at the moment of prescribing. The morbid process passes rapidly from a disturbance of vital phenomena, as evinced by a change of function only, to organic lesions—structural decomposition, as evinced by an absolute loss of the component parts, as observed during the sloughing or gangrenous process.

Without due attention to these distinctions in the pathological conditions of the organism, as well as careful attention to the pathogenetic and therapeutic action of remedial agents, we must stumble at every step we take in our intercourse with the sick;—disappointed and discouraged at the frequent failure of the most carefully selected drug.

After this digression, we will return to the consideration of the remedies which are applicable to the different varieties of scarlatina. In the first variety of "scarlatina simplex," if the constitution is good, the recuperative powers of nature may be sufficient to direct the morbid process to a successful termination; and if any remedies are resorted to, it should be such as would aid her salutary efforts, and not interrupt them. The injudicious administration of a cathartic or an emetic, which widens the breach between the circulating fluids and vital phenomena, deprives the organism of the chyle, its only support,

diverts the natural determination from the cutaneous surface to the "chylipoetic viscera," increasing the hypercrisis of the mucous membranes, and inducing colliquative diarrhœa, which irritation, if kept up for a short time, will extend by direct sympathy to the serous membranes, and finally diseased action of the cerebral organs is superinduced, and thus, by interrupting natural efforts, the simple variety is converted into the most alarming.

In the first variety of scarlatina, even when the excitement runs high, heat very great, and pulse rapid, restlessness with nausea, with injected conjunctiva, flushed face, and grayish coating upon the tongue, with red papillæ projecting, *BELLADONNA* is the chief remedy to bring the cutaneous efflorescence to the surface, and not unfrequently the only medicine that is required (particularly if the efflorescence is diffuse, bright red, disappearing under pressure, and quickly returning when pressure is removed,) to keep it from receding too soon, moderate and equalize the excitement, facilitate desquamation of the cuticle, and conduct rapidly to a safe convalescence. And this very salutary therapeutic power of *BELLADONNA*, has placed a temporary check upon the popular advance and universal adoption of the *just* and *skilful* application of the *true homœopathic* law to the treatment of scarlatina. Because, in the hands of some recently converted and inexperienced homœopaths, who had somewhere *heard* (for they never could have read it) that *BELLADONNA* was a triumphant specific in scarlatina, as this remedy had failed to arrest all the forms of the disease when applied indiscriminately, a prejudice was raised against it, and many have neglected to arm themselves with this specific against one variety, and useful, I might almost say indispensable, auxiliary for the successful treatment of all the varieties of scarlatina. Homœopathy by no means teaches that it is the chief remedy in any other than, not the first variety, but that peculiar species of the first variety, which bears so strong a resemblance to its pathogenesis. But consecutive symptoms and sufferings may, and often do occur, in all the varieties and phases of the disease, in which *BELLADONNA* is useful as an intercurrent remedy. The same might be said of *ACONITE*, and a dozen other equally important remedies, and (in regard to two or three, which will be noticed hereafter, as applicable to the more malignant varieties,) more so. He who relies upon any one or two of the many therapeutic agents, which the homœopathic materia medica affords, or that are contained in this essay, trifles with the safety of his patient, brings discredit upon the justly elevated scientific posi-

tion of the reformed school of medicine, and discourages and disheartens those who were appealing to this school for aid and security against this destroying pestilence when all other hope had long since been swept away.

The milder forms of scarlatina pass on, by almost insensible gradations, to the most malignant character of the disease, and therefore, the special indications for some of the remedies, will be given from their "pathogenesis" and clinique from "Hull's Jahr," and personal clinical observation.

"BELLADONNA" will not disappoint the medical attendant under the following circumstances. Bright scarlet red, smooth skin, commencing about the stomach, extending to the whole trunk, neck, face, and extremities, in succession disappearing and quickly returning from pressure; heat, redness, and bloatedness of the face, burning thirst, furious delirium, dry burning heat, great agitation, with constant tossing, inquietude and continual tossing from side to side. Vertigo with anguish, and falling with loss of consciousness, strong pulsation of the temporal arteries, darting pains, with opisthotonos, eyes red from congestion of the vessels of the conjunctiva, sparkling and convulsed, or fixed, glistening and prominent. Dry hard tongue, or if convulsions supervene, accumulation of mucus in the mouth, fauces, and throat, with inflammation and swelling of the tonsils, uvula, and velum palati, suppuration of the tonsils, with inability to swallow liquids, sensation of choking, with spasmodic constriction of the throat. Pressure, and cramp-like and constrictive pains in the stomach and epigastrium, principally after eating. Soreness of the whole abdomen, with tenesmus and inflation. Difficult respiration, with rattling and crepitation in the bronchia, with violent palpitation of the heart, and often convulsions, with foaming at the mouth, twitching of the muscles of the face, pronation of the arms, a spasmodic drawing of the flexor muscles, and sudden jerking of all the muscles.

"ACONITE," either alone, or in alternation with BELLADONNA, will be indispensable in *purpura miliaris* where the skin is covered with a miliary eruption, or in patches of a bluish color; or the skin is hot, dry, and imparting a hot stinging sensation to the hand, when it is laid on the surface; extreme thirst and restlessness, with hard and frequent pulse; vertigo when erect; weight and fulness in the forehead, with outward pressure, and beatings of the arteries; eyes red, inflamed, and suffused with tears, with pupils dilated. Face hot and red, lips dry and cracked; dryness of the mouth with burning of tongue; burning and pinching in the throat

when swallowing ; a constant desire to cough, which is of a hoarse and croaking character. Short, difficult, and anxious breathing, with sensation of anguish and palpitation.

In "Hartmann's Hom. Rem. by Okie," we find the following indications : "Violent excitement of the vascular system, which is vividly manifest in the whole head, by the redness of the face, distention and pulsation of the vessels of the head, eyes injected and shining, and even slight delirium ; violent stinging, burning over the whole body, with general redness and great desire from internal and external coolness, the utmost excitability, inquietude and anxiety ; pulse quick, full, and hard, frequent evacuation of urine in small quantities, and of a high color. This orgasmus sanguinis, this congestion of blood to the head, usually the precursor of a dangerous inflammation of the brain, the stagnation of blood in other organs, for instance, the lungs, in the pharynx, &c., which very quickly terminate in inflammation of these parts, and all the other phenomena mentioned, which go hand in hand with the development of an epidemic scarlet rash, or at least announce the irruption of the eruption, cannot be relieved by any remedy sooner than by ACONITE, which at the same time prevents a termination in a dangerous disease, and insures a mild course of the succeeding stages of the scarlet rash."

"BRYONIA."—Although this important remedy has no specific adaptation to "scarlatina," yet, it can rarely be dispensed with in the more active and complicated forms of the disease.

If there be a decided tendency to gastric and hepatic suffering, with a yellowish appearance of the skin, eruption in patches about the face with a bloated aspect, and tendency of the eruption to recede, with "cerebral" suffering, and typhoid type of fever, dryish cracked lips, and rolling of the head from side to side, with profuse perspiration of the head, more particularly with nocturnal delirium, and disturbed by the least noise ; tongue coated, of a deep yellow and dry ; nausea, and disposition to throw off whatever food is taken ; attacks of difficult suffocative respiration, with pain in the sides when taking a deep inspiration, and palpitation of the heart.

We again quote from Hartmann the following valuable indications : "*If children, during an inflammatory disease, constantly chew, (a motion of the jaw, as if there were something in the mouth to chew,) like the ruminating animals,*" the homœopathic physician discovers in this unusual symptom, a good criterion for the application of BRYONIA, and will therefore not deny to this remedy a curative effect in *hydrocephalus acutus* or febris hydrocephalica, which is moreover founded

on the following symptoms : Constant slumber, with slight delirium on awaking, fixed look with dilated pupils, which scarcely contract even when bright rays of light impinge ; individuals speaking to the patient awaken him with difficulty from his lethargy, and his answers to questions, conjoined with his simple facial expression, plainly denote his inability to think ; the pulse is accelerated, but weak ; the patient partially passes his urine involuntarily, besides which, he often passes it in small quantities. I have often observed conjointly with these symptoms, slight general spasms, with blueness of the face, and pulsation of the carotids, after the cessation of which, a coma supervened. In short, all the morbid symptoms present, point to a *cerebral disease dependent on mechanical causes*. The disease is too far advanced to exhibit BELLADONNA or ACONITUM, MERCURY likewise does not appear to be indicated. The numerous published observations point to ARNICA and DIGITALIS, where there are certain signs of cerebral effusion ; but still neither of these two remedies has done as much for me as BRYONIA." Again at page 76, we find the following indications : "*In scarlet rash, and scarlet fever, BRYONIA* can (as mentioned by *Trinks*, in his practical treatise on *scarlatina miliaris*) be applied if a *status nervosus versatilis* becomes united with the eruptive disease, which is recognized by unusual excitement of the cerebral functions, and those of the senses, by delirium, great sensibility of all the senses to external impressions, unusual brightness and redness of the eyes, with photophobia and ocular spectra, by the fixed and unsteady look, the roaring and rushing noise before the ears, great restlessness and constant jactitation in bed, light sleep, frequently disturbed by mental wandering and delirium, violent congestion of blood upwards, quick, hard, tense pulse, and hurried respiration. The symptoms here specified, would undoubtedly demand the application of BELLADONNA, if the thoracic affection which prevails, did not decide more for BRYONIA ; BELLADONNA will nevertheless always deserve attention, and ranks with BRYONIA in cases of this nature." The second variety, "*scarlatina anginosa*" in some of its peculiarities is analogous to the above indications for BRYONIA.

PRUSSIC ACID may be used with much benefit for some of the consecutive phenomena of the disease. The sudden super-vention of oppressed and difficult respiration, mobility of the eyes, scanty or entirely suppressed urine, pulse rapid, small, and and intermittent, with convulsions, &c.

"HYOSCIAMUS NIGER" is indicated when the typhoid type is most fully developed, the face deep blood-red, and the eruption

of a purple miliary character, or in patches of a bluish aspect. "Somnolency like coma vigil," epileptic convulsions, with cries and great anguish, foaming at the mouth, grinding of the teeth, protruded, red, and convulsed eyes, strabismus, with loss of consciousness, or delirium, with fury and rapid motion of the limbs, trembling of the hands, and rolling the head upon the pillow, and coldness and great debility.

OPIMUM.—This being one of the most frequently prescribed, as well as the oldest narcotic in allœopathic practice, particularly to allay pain and procure sleep, requires more than an ordinary notice from us, in order to understand its adaptation to our use, in accordance with the principles which guide us in the selections of therapeutic agents.

The fact that OPIMUM will produce sleep has been often verified, and I have no more disposition to disprove a power in OPIMUM to place the patient quietly in the arms of *Morpheus*, than I should have the temerity to attempt to oppose one of Aristotle's categories to an established fact in natural philosophy.

But this effect of OPIMUM is by no means uniform. The results of its administration not only differ in degree, in proportion to the dose, but they are diversified in character, in accordance with the idiosyncrasies of the patient, to whom it may have been administered. From the most agreeable and happy play of all the faculties, physical and intellectual, gradually mounting on to the most ecstatic delight, and still on to a wild and most furious delirium, and thence down to convulsions, congestions, and death, OPIMUM travels through these grades. Therefore, lest the use of this potent and (when given at proper times and suitable doses) valuable drug, should be again prohibited under penal enactments, as it was in ancient times, by the petition of an observing physician, we should carefully study its pathogenesis, and prescribe it in such doses, and under such circumstances, that we will secure its medicinal without its poisonous power. Its use has not been confined to its application in disease. As an article of luxury, to excite the passions, physical and intellectual, to cast a mantle of obliviousness over all the cares and trials of life, to nerve the timid to battle, to give passion, force, and eloquence to the orator, as well as to *benumb* the senses, subdue pain, and procure sleep, it has been resorted to by individuals in every nation, and in some instances by whole nations. With this immense fund for information, it is most surprising that the profession are still contending, on the one hand for its narcotic, and on the other for its stimulating effects.

This drug most beautifully exemplifies the importance of carefully observing the important distinction between the specific action of drugs in health or disease; and when we take this view of the subject, the difficulties are overcome, the discordant opinions of the profession are reconciled, and diseases are safely treated by this otherwise dangerous medicine.

We have found OPIUM of essential service in arousing the dormant energies of the nervous system, thereby giving tone to the distended capillaries; and an agreeable and salutary glow, and insensible perspiration, with a bright and cheerful expression of countenance, takes the place of the stupor, sonorous, intermittent respiration, rapid pulse, delirium, subsultus tendinum, and retraction of the corners of the mouth, with other convulsive movements of the muscles of the face. By commencing with high dilutions, and gradually coming down to low, we can be more certain of a salutary action, and have less to fear from the medicinal poison. In the comatose condition of the patient which we frequently see about the time of the eruptive stage, particularly when the cutaneous efflorescence is indistinct, or in patches of a bluish color, with a rolling of the eyes, and injected state of the conjunctiva, we would find the most salutary effect from a high dilution of OPIUM.

ANTIMONIUM TART. is of inestimable value under certain conditions of the system. For the convulsions, which often precede the cutaneous efflorescence, it is highly indicated. We should give it, not to vomit, purge, and sweat, but to subdue that precise morbid condition of the patient, when it supervenes spontaneously during the course of the disease; we should give it to arrest the colliquative diarrhoea, cold, clammy skin, hurried respiration, hippocratic countenance, hoarse voice, retching and vomiting of glairy mucus from the distended and weakened exhalents, and thereby bring about a reaction, and restore the sinking collapsed powers of the system to a healthy standard. The dose should be graduated according to the susceptibility of the patient to the action of ANTIMONY, and carefully watched, to prevent aggravation of the symptoms, and thereby insure a gradually returning glow to the surface, with the appearance of a bright red rash, and a steady pulse, and other evidences of favorable reaction.

The group of symptoms which would indicate a high dilution, would be those bearing the nearest similarity to the secondary pathogenetic effects of the ANTIMONY, viz.: itching of the skin; the eruption of a miliary character changing to pustular, resembling varioloids; lips dry, cracked; pains in the head, of a compressive lancinating character; small white

specks in the mouth, of an aphthous character. Dr. Billings has noticed these opposite effects of ANT., as well as some other remedies; and on MERCURY he observes: "MERCURY stops inflammation by the same means in one case as it *produces* it in another—it contracts the capillaries, so that a healthy part is inflamed, and even ulcerated, by what contracts its nutrient capillaries *from a natural state*; an unhealthy ulcer is stopped by what contracts its relaxed capillaries *to a natural state*; contraction of the vessels, however, does not express the immediate cause of sponginess of the gums; there is, in fact, inflammation and relaxation, which is the secondary result of the contraction; the excessive contraction, occasioning the loss of contractility, that is, over-actions, causing at last a loss of power; as cold, which at first contracts, will at last destroy the power of the capillaries, so that relaxation, amounting to inflammation (chilblain) takes place, cool air relieves ptyalism, and cold lotion relieves chilblain." These opinions advanced by the author, however visionary in theory, bear the marks of clinical experience, and are valuable in practice.

IPECACUANHA will be useful if there should be much nausea with occasional vomiting, much gastric uneasiness, and hurried and oppressed respiration, pale or sallow countenance, and great languor, debility, dislike and repugnance to food; dry spasmodic cough, with a feeling of spasmodic constriction of the larynx, alvine evacuations, of a dysenteric character, or sometimes frothy, with chills and shivering. There is a peculiar dry brown state of the tongue, lips, which are cracked, bleeding, and scaly; nostrils excoriated, and presenting a similar aspect.

REUS TOXICODENDRON is recommended when there is much burning and itching, and the cutaneous eruption presents the nettle-rash appearance; when the fever borders upon the typhoid type, and is of an intermittent character, with violent thirst.

PHOSPHORUS is an important and effectual remedy for greenish or black vomiting, with violent suffering; pale, wan, dirty earthy, with hollow eyes, surrounded with a blue circle. In short it will be found of essential service in that condition which closely borders upon malignancy, manifested by dryness in the throat, a dry hard black coating upon the tongue and lips, with deafness, pain in the chest, with difficult respiration, palpitation, and sinking.

AMMONIUM CARB. has also been found useful when there is a decided *septic* tendency, coldness, nausea, and vomiting,

with rapid sinking of the vital powers. *SECALE CORNUTUM* has been suggested, but it appears to me to be but little adapted to any other condition than congestion to the head, with cold extremities, and threatened convulsions, with tenesmus and liquid diarrhœa.

MERCURIUS.—This potent agent in therapeutics has its warm advocates, as well as its most violent opponents in the old-school practice of scarlatina, and I have not the least doubt but each sect are equally honest in the opinion which they advance. A familiar knowledge of the pathogenesis of *MERCURY* will at once show that this remedy may have been useful and pernicious in the same disease, nay, in the same case, when given in different stages of it, as well as from the great variety of doses usually administered. A cathartic dose may be regarded as invariably pernicious in all stages, but most decidedly so during the stage of the cutaneous efflorescence, and until desquamation of the cuticle is well established. If the chylopœtic viscera are irritated during the salutary determination of the morbid virus to the cutaneous surface, by calomel, or indeed any other irritating cathartic, the most disastrous results will be likely to follow; the simple form may be suddenly converted into the most malignant, and a disease which but for this interference would have required very little assiduity from the medical attendant, will now demand his untiring vigilance and skill, to prevent a fatal result.

On the other hand, a dose which will insure its specific effect when administered under the following development of indications, will show its importance as an auxiliary in the treatment of scarlatina.

Much swelling of the mouth and tongue, with small ulcers or blisters of an aphthous character, and an accumulation of tenacious mucus, or profuse discharge of fetid saliva, sometimes colored with blood. Stinging pain in the fauces, with swelling of the tonsils, which causes difficult deglutition, and an escape of liquids through the nares.

External swelling of the glands, and particularly the parotids. During the course of the disease the alvine evacuations may become loose, watery, acrid, excoriating, or even dysenteric, and green, mixed with blood and mucus, or undigested, when *MERCURY* must be resorted to, as the only true specific.

Hartmann says "*scarlet fever and scarlet rash*, when somewhat virulent, are but seldom, fortunately, overcome without this curative. The eruption itself does not indicate its application, but the affection of the throat, which is conjoined, the stinging pains when swallowing, the vivid redness of the soft

palate, fauces and tonsils, and the increased secretion of saliva, which is in most instances united."

We have said above that MERCURY is contraindicated during the cutaneous efflorescence. This applies more particularly to its use as a cathartic. It is true, as Hartmann remarks, "the eruption itself does not indicate its application." And yet it produces miliary eruptions which might bear some analogy to some of the stages of scarlatina; and that it often *develops*, if it does not actually *produce*, *erysipelatos inflammations*, and erythema, when carried to the extent of ptyalism, every observing practitioner must know; and although they may deny it from sinister motives, an ordinary share of humanity will admonish them not to repeat the experiment, in a patient at least who has once shown this predisposition. An amusing instance of this result from ptyalism, came under my observation a few years since. The patient was under the care of a neighboring practitioner, and freely salivated for *puerperal fever*; in a few days erysipelatos inflammation extended over the face, neck, chest, and shoulders, and the doctor applied the "*Nitrate Silver Lotion*" in the evening. The next morning the husband and other friends were horror-struck on arriving at the bed-side of the patient, to see the whole surface, which was red and inflamed the day previous, now a dark *ebony*. The messenger requested my immediate presence in consultation with his family physician, for, as he said, his wife was black and rotten down to her shoulders, and no time was to be lost. The doctor had arrived just before me, and of course was cool, being aware of the *cause* of the color; and having often seen erysipelas follow ptyalism, as well as myself, we assured the friends of a favorable result, which soon followed.

ACIDS.—The "mineral acids" are all more or less indicated when the "gangrenous process" is more clearly manifest than the sloughing, or formation and casting off of pultaceous mucous or false membrane, and when few or none of the symptoms for which MERCURY is indicated are present.

"**NITRIC ACID**" is most generally recommended, and most frequently prescribed by a majority of practitioners. In this instance, however, as in many others, I have found my clinical lessons, which were obtained during an extensive practice of many years, of inestimable value when I became acquainted with the fundamental law of the specific action of drugs, and could discern the precise condition, and morbid phenomena, which demanded a given remedy, instead of making an indiscriminate application of the remedy in all cases and phases of the disease, for the want of a better therapeutic agent. And as I have never

felt willing to give up an old and well-proved friend, for a new and untried one ; so, in this instance, after having found the "Protoxide of Chlorine" a decided specific in all the varieties where the acids are indicated, I have retained my preference for it, and still continue to use it.

It is peculiarly adapted to that particular stage of scarlatina which is characterized by a putrid cadaverous odor exhaling from the patient, which is difficult to describe, but which every experienced practitioner knows to be a warning for him to delay no time, but be prompt and energetic in all his prescriptions.

I regret that I cannot give the pathogenesis of this important therapeutic agent, but knowing its value *ex usu in morbis*, I cannot but most tenaciously adhere to it, strengthened in my confidence by the following evidence of its homœopathic adaptation, from Orfila's valuable work on Toxicology. When speaking of "acrid gaseous poisons," he says, "The different parts of the mouth, œsophagus, stomach, and intestinal canal, are inflamed ; sometimes the mucous membrane only, presents throughout its whole extent a fiery red color ; sometimes this color is of a cherry red, or a blackish red. In that case it is not uncommon to see the muscular and serous coats partake of this inflammation, and a number more or less considerable of black spots resembling sloughs, or longitudinal zones of a deep red color, are discovered, which depend on the extravasation of black blood between the coats, or in the chorion of the mucous membrane. Sometimes small ulcers are found near the pylorus ; but most frequently the inflammation confines itself to the fauces, stomach, and great intestines, which phenomenon appears to arise from this cause, that the poison has been longer in contact with these parts than with the others." Here is a striking analogy, if not a perfect similarity, and adds another fact to confirm the opinion that I had heretofore entertained and proclaimed, that the best and most successful application of therapeutic means in the practice of the disciples of either of the schools of medicine, may, and some day will be resolved into one common fundamental law.

I use the chlorine diluted in water of sufficient strength to produce slight smarting, say one drop in a teaspoonful of soft water in a *glass vessel*, and it should never be dropped until it is about to be administered, every five, ten, or fifteen minutes. It frequently causes a cough, which separates the tenacious mucus, or sloughs, and casts them off, and the little patient is very apt to beg for more of that drink which imparts so agreeable a coolness to the throat. It should be gradually increased and diminished as the circumstances of the case seem to require.

The manner of preparing this "PROTOXINE OF CHLORINE," or EUCHLORINE, as well as the theory of its formation, are given in "Turner's Chemistry, first American from the first London edition," page 170. The manner in which I have prepared it, and the proportions differ in some material points from Turner's direction, and as it has proved most efficacious in my hands, as well as in the practice of my venerable friend and colleague, Dr. R. Hicks, whose experience and success in the treatment of scarlatina bore ample testimony in favor of this therapeutic agent, it may not be amiss to give the direction entire from my records

Put zij , by measure, of distilled water into a narrow tubulated bottle, with a ground glass stopple. Into this gradually pour, by measure also, as much MURIATIC ACID, the specific gravity of which is 1170 to 1000 of distilled water; shake. Then add to it zij of OXYMURIATE OF POTASH, which in a little time will fall to the bottom; the acid seizing the small portion of alkali, and leaving beautiful globules of vital air which rise slowly towards the surface, diminishing as they ascend, super charging the acid. A little agitation facilitates the process, but it will be three or four days before the acid will be fully charged; the stopple should be put loosely into the vial, and tied over with a piece of bladder, not too tight, allowing it to move when the gas is rapidly extricated. This should be performed in a dark situation, and the medicine should always be kept from the light, which deteriorates its properties.

Although experience has led me to repose the most implicit confidence in this acid, in all the forms of the disease in which acids are indicated, I cannot withhold my approbation to the use of "SULPHURIC ACID" under similar circumstances, attended with chills, and great prostration, and painful swelling of the throat, and submaxillary glands.

ARSENICUM.—This important remedy is particularly indicated in the latter stages (or more malignant forms) termed purpura miliaris, where there is anxiety, heat, and tenderness at the præcordia, frequent faintings, pulse small, frequent, and irregular; alvine evacuations, dark, watery, fetid, and frequent. Coldness, with occasional burning heat, and cold sweat, and dry, parched, blackish, cracked, and trembling tongue, occasional retching, and raising of glairy mucus, or, when more advanced, offensive fetid matter. The eruption becomes livid and in patches, with intolerable itching of the skin, with restlessness, grinding the teeth, and tossing from side to side in bed. In Hull's notes to Jahr, we find the following:—

"**CONIUM MACULATUM** is as energetic as the **ARSENIC**, and has been employed with great success when the diseased parts have suddenly assumed an ash-gray color, and a blackish aspect; ulcerations have formed, secreting a fetid matter, without much pain; the strength, and with it, the natural temperature, have suddenly declined; the spirits of the patient become anxious, indifferent, and prostrated; the febrile paroxysm becomes irregular, sometimes consisting of chills and heat, then of burning fever succeeding the chills, and concluding at night in a copious perspiration; whitish eruptions appear on the skin; the face grows pale; features change, with œdema; the tongue becomes covered with a thick coat, swells, is painful, and the speech is difficult; when the stools are diarrhœic, bloody, and involuntary."

CAPSICUM.—The pathogenesis of capsicum places it in a prominent position in the treatment of *scarlatina*, and it has been used in various ways and combinations by "old school practitioners." We will find it most useful after *Acon. Bell.* and *Bryonia*; if there should still remain smarting inflammation of the throat, with shiverings alternating with fever, and a tendency to gangrene, or with tenacious saliva clogging up the fauces and nostrils.

CANTHARIDES deserves attention in inflammations of the throat, of a burning smarting kind, as also when it is of the "pseudo-membraneous variety," where the false membrane when cut off leaves a fiery-red surface, with a flow of saliva, and tickling sensation in the throat, which produces a cough, and thereby throws off muco-sanguineous expectoration.

CAMPHORA.—In the latter stages, when there is an evident tendency to collapse, this remedy must be resorted to in small but frequently repeated doses, in order to arouse the flagging energies of the system, and check their downward tendency, until more substantial supporters may be introduced.

We have reason to believe, however, and it is a conviction the result of repeated clinical experience, that a judicious application of the remedies directed for the early stages of this disease, will rarely allow it to pass on to the stage of collapse, so as to call for the aid of artificial stimulation, either by the few last medicines, or by the aid of the more diffusable and unpopular "alcoholic stimulants." Start not, *Washingtonians*; I am not about to recommend this "king of terrors" as a beverage, but as an indispensable medicine. I am not recommending "to the well, but to the sick," and while I most sincerely respect the good you have done, and wish well to the efforts you are still making, and freely grant that you de-

serve higher encomiums than my pen is able to bestow, (even if I were writing a temperance lecture, instead of an "essay on medicine,") I cannot, in the full discharge of my duty to the sick, pass over this subject without saying that certain emergencies do arrive in which the stimulus of ardent spirits is *absolutely salutary*. Nor do I intend to sustain the following exclamation of the unfortunate "Bludgell," when falling by his own hand.

"What Cato did and Addison approved,
Must sure be right,"—

but I have always observed an important distinction between the proper use and the abuse of any thing eatable or drinkable, medicinal or non-medicinal.

It should be administered only to arouse the dormant energies of the patient, and in oppressive congestion, when the vital powers are either suspended or nearly exhausted, as is manifested by a state of unconsciousness, exhaustion, or stupor, or tossing from side to side with moanings, cold extremities, bluish nails, and clammy surface, hurried suffocative respiration, vessels of the conjunctiva congested, and the eyes rolled back, and all the evidences of an overloaded state of the larger viscera, pulse slow, intermittent, and labored, or very rapid, almost countless. This condition of the patient cannot be dispersed in any quicker or safer way than by small and frequently repeated doses of diffusible stimuli. From this alarming state, I have seen the little sufferer restored to consciousness, the eye brightened, and restored to its natural position and expression, the respiration become full, and the surface and extremities become warm by a spoonful or two of brandy, and thus the patient placed in a condition to receive the proper medication. Wine or wine-why of course would claim the preference of a judicious physician, and in emergencies like the above, the judgment of none other can be depended upon for their safe administration.

Having said thus much in favor of spirits, as a medicine, I will add, that I shall rejoice on seeing it discarded from general use as a beverage, and hope the time may yet come when it will only be retained as one of the articles of our materia medica, and placed upon the shelves of the apothecary labelled in the proper manner, subject to the prescription of physicians.

"*CUPRUM ACETICUM*" has been introduced into practice by "Dr. G. Schmid, of Vienna." The indication for the use of this remedy, is most frequently developed during the course of

other diseases. In 'acute exanthemata' the sudden disappearance of the eruption, giving rise to congestions to important vital organs, and more particularly to the cerebral organs, is often most fortunately controlled by this remedy. When the nervous system suffers, as is manifested by agitation, restlessness, delirium, spasmodic affections, and convulsions, with various distortions of the eyes, face, and mouth, this remedy will be indicated. When epileptic convulsions come on at the very onset of the disease, and before the cutaneous efflorescence has made its appearance, and when death appears to be speedily threatened, the *CUPRUM ACETICUM* is recommended as a specific.

Where *BELLADONNA*, *HYOSCIAMUS*, *STRAMONIUM*, *IPECACUANHA*, *OPIUM*, *IGNATIA*, *CHAMOMILLA*, *NUX VOMICA*, *VERATRUM*, *COCCULUS*, &c., have failed to relieve cerebral suffering and convulsions, this remedy has been highly efficacious, and a salutary reaction brought about by restoring the cutaneous efflorescence. I have prescribed this remedy in many cases of cerebral suffering, (not, however, as the sequela, or in any way dependent upon the influence of scarlatina,) with the most marked success, and with the testimony of Dr. Schmid in its favor, we may certainly look upon it as a valuable auxiliary, for combating the consecutive symptoms which so often set in to disappoint our hopes when we had otherwise formed a favorable prognosis. It has thus far been used by dissolving the first trituration in quantity about from two to five grains in a tumbler full of water, and given in tablespoonful doses, every quarter, half, one hour, or so, as the urgency of the case might demand. An important testimony in its favor is, that it has never been known to increase or aggravate the patient's sufferings, but uniformly produced good results, when prescribed according to the above indications.

Convalescence.—The most assiduous attention is absolutely necessary, during convalescence from scarlatina in all its forms, as to exercise, exposure, diet, &c. The most afflicting and fatal results follow the slightest deviations from a watchful care during some weeks after the disease itself has disappeared. Dropsy, is the most fatal, if not the most common *sequela*.

The effused aqueous fluid occupies the adipose and cellular structure, and the cavities lined by serous membrane, as in all cases of general dropsy. The first *positive* evidence we have of its supervention, is in the puffing of the eyelids, pale alabaster appearance of the skin, the urine is brown, albuminous, and loaded with cruor, as in Dr. Bright's disease of the

kidneys. The scrotum and prepuce will be found distended at this stage, throughout their whole cellular structure, with water; presenting a surprising transparency as well as enormous distention. Although I say the first *positive* evidence evinces this cellular form of the disease, I am very much of the opinion that the serous cavities suffer as early as the cellular, but it requires closer, and more careful attention to all the most trifling departures from health, to diagnose the primitive characteristics of the disease. In abdominal, thoracic, and cerebral dropsy, all our best means of diagnosing, even with the greatest amount of practical acumen, may be insufficient in the incipient forming stage of the disease, whereas one single glance at cellular dropsy decides at once the diagnosis. The slow movements of the patient, with disposition to sleep, and slightly hurried respiration, and accelerated pulse, pass unobserved, while the most trifling fullness of the cellular structures give the alarm at once, even to the unpractised eye of the parent or non-medical attendant. For this reason, we may be apprehensive of general deficient absorption and exhalation, when we discover the evidence of effusion in some local part.

Why this particular form of exanthemata should predispose the patient to aqueous effusion, more than any other, or indeed more than any other form of fever, has not been satisfactorily explained. Many suppose a metastasis of the cutaneous eruption is the chief cause. This undoubtedly does predispose to the subsequent accession of dropsy; but we often see cases of dropsy supervene when the eruptive stage had ran its course in the most perfect manner. Most frequently, too, this dropsical tendency does not manifest itself until some days, often two weeks, after convalescence appears to be well established. Other practitioners have observed that particular epidemics, during certain seasons, or years, even when the disease run its course in the most natural manner, have manifested a uniform tendency to hydropic effusions. From my personal clinical observation, I can bear testimony, that with a perfect diffuse eruption, no matter how severe, provided the course of treatment is properly directed towards husbanding the nervous energies, and preserving a balance between the vital and capillary circulation, there is very little danger of hydropic effusion, and these means having been heretofore pointed out, it is unnecessary to repeat them here.

Our pathological consideration of *scarlatina* affords us an index to the proximate cause of dropsy. The distended and overloaded condition of the capillary exhalents of the cutaneous surface, and cellular and serous membranes generally,

and deficient nervous energy during the stage of excitement, causes an atonic condition of these vessels, which incapacitates them to perform their office in a healthy manner. And whenever a course of medication is pursued, of a debilitating character, the tendency to aqueous effusion is greatly magnified, and any exposure which tends to depress the already weakened vital energies, during convalescence, such as exposure to damp or cold, improper diet, &c., suddenly throws the patient into a state of general dropsy.

HELLEBORUS NIGER will be most useful for the anasarcos or cellular variety, and when an effusion is threatened in the ventricles of the brain, attended with convulsions and other indications of cerebral suffering; but of course many other remedies will have to be called into requisition, as they may seem most indicated.

DULCAMARA, when cold and damp appears to have been the principal cause, and particularly if repelled eruption was followed by evidences of effusion, attended with cough and "rattling respiration."

BRYONIA, according to Hartmann, is useful in this form of dropsy, "when there is a troublesome and even painful straining, without much secretion of urine, and likewise a harassing pressure in the rectum, with constipation and sleeplessness."

And where the hydropic accumulations are dependent upon a scrofulous state, they are likewise diminished, if not completely removed, by repeated doses of **BRYONIA**. The *dropsical accumulations* after scarlatina, in many cases require the application of **MERCURY**, which likewise proves beneficial in dropsies dependent on hepatic affection, which is confirmed by Dr. Ruorr, of Pernaw. As the age of childhood is often subjected to diseases of the lymphatic vessels, the formation of a *leuco-phlegmatic* state after scarlatina, is not of such rare occurrence, and this is a disease to which **MERCURY** is particularly adapted; less, however, in those cases where collections of serous fluid occur. We can suppose with some probability, that the swellings depend upon an exudation of lymph, if they are hard, immovable, and the skin insensible and cold.

Hydrocele, which sometimes supervenes as a sequela, may be properly treated primarily by **MERCURY**.

"Catarrhal phthisis pulmonalis" may follow scarlatina, more particularly the forms which attack the mucous membranes, rather than the "serous" or "cellular membranes," and manifests itself by a frequent rattling cough, and expectoration of mucus of a tough consistence and semi-transparent color; and

by applying the ear close to the different regions of the chest, the "râle muqueux" will be distinct throughout its whole extent. By inspecting the fauces, a rough abraded state of the membranes will be observed, the surface of which is dotted with small whitish ulcers, or when less severe, loose flocculi of yellow mucus will be seen scattered over its surface.

In arriving at a correct "prognosis" as to what may be the result of this disease, as well as to help us in our indication, it will be of the greatest importance to inform ourselves of the entire course of medication during the "scarlatina." If during the treatment, MERCURY in any form has been freely administered, (and we, even at this age of improvement in medical science, meet occasionally with most deplorable results from the abuse of this medicine,) we will do well to give a more cautious prognosis, and in our indications we will find it necessary to keep steadily in view the absolute necessity of overcoming this mercurial disease, by prescribing such remedies as are known to possess an antidotal influence to the morbid effects of MERCURY. SULPHUR; HEPAR SULPH.; NITRIC ACID; CALC. CARB.; DULCAMARA; and PHOSPHOR.; and if hectic fever, with profuse perspiration, should attend, PULSATILLA, ARSENICUM, or CHINA, one or the other of these remedies, according as attending circumstances may more or less strongly indicate them, should be consulted by the practitioner. A steady perseverance in this course will most generally be crowned with success, particularly if the patient is not of a "scrofulous diathesis."

If, on the other hand, this condition of the "respiratory apparatus" is purely the result of the morbid virus of the scarlet fever being transferred to their mucous tissues from cold, injudicious catharticizing, or other causes, we shall be able to prognosticate a favorable and speedy termination in convalescence, if the constitution was not previously predisposed to "phthisis." MERCURY is most strongly indicated in this latter form of the disease, and when properly potentized will speedily remove this difficulty. Of all the forms of MERCURY, I have never known any of them to act with any thing like the certainty, rapidity, and at the same time, the mildness of the "PROTO JODURET HYDRARGYRI." Its adaptation to most of the diseases of the mucous membranes and glandular structures, renders it peculiarly fitting in the secondary effects of scarlatina, as well as in most of the other forms of angina.

I might mention numerous cases of catarrhal phthisis of the most threatening aspect, and those, too, which had been pronounced by good "auscultators" incurable, which have

been entirely removed by this remedy. The preparation which I have found the most useful is the first trituration in the dose of one grain twice or three times a day. For children, the second trituration will generally be sufficiently strong. In some obstinate cases, it may be necessary to follow up the medicine for some time; but it is always better to intermit a few days, to allow the vital energies time to react, and then, if convalescence does not follow, resume the medicine. Intercurrent remedies, which may be indicated, to allay harassing symptoms, may be occasionally administered during its use.

For the recorded evidence of the result of the curative power of this remedy, and the sanability of this form of phthisis, I would refer the reader to a few cases which I communicated to my friend, Dr. Hull, and which are published in the 3d Vol. fol. 51 and 53, of *Homœopathic Examiner*: both of those patients are still living evidences (and enjoying perfect health) of the value of this treatment. Many other cases might be cited, which have come under my treatment since the date of that publication. That *PROTO-IOD. HYD.* possesses many advantages over the other forms, or combinations, of *MERCURY*, much experience in its use enables me to assert with confidence, and the well known powers of *IODINE*, in removing scrofulous diathesis, makes this combination the most acceptable. Careful observation of its effects, and if prescribed with judgment, it may yet do much towards eradicating the tubercular variety of this disease.

Dysentery sometimes sets in very rapidly, and if not speedily attended to, and combated with proper remedies, soon terminates in dissolution. Injudicious administration of irritating cathartics, and more particularly *CALOMEL*, generates this morbid action. If it should be owing to the specific action of this latter remedy, of course we should find it most beneficial to pursue the antidotal course, as in the above. If, however, other causes have operated to induce this state, the *MERCURIUS SOLUBILIS* will soon disperse it, and mucilaginous drinks will perfect the cure.

Deafness.—The extension of the ulcerative process to the ears, through the medium of the Eustachean tubes, is very common, particularly when the ulceration of the fauces and tonsils is extensive. This morbid condition is manifested, first by obtuse hearing, pain, roaring in the head, and then by a discharge of pus, and, finally, an ichorous discharge and chronic deafness, is the consequence. The tympanum may become thickened from a cicatrization, after the ulcerative process, or the auditory nerve may be destroyed, and the bones of

the ear may exfoliate, and this exfoliation sometimes extends to the "mastoid process" of the temporal bone, and the chances of arresting this morbid action, and preserving this important sense from total annihilation, will very much depend upon the extent to which the exfoliation has proceeded, and the prompt and skilful introduction of remedies. During the stage of inflammation, manifested by pain, throbbing, heat, etc., PULSATILLA, BELLADONNA, ACONITE, etc., will be most useful. When the fetid discharge commences, and exfoliation is threatened, or has set in, MENYANTHES, AURUM, SILICA, CALCAREA C., and SULPHUR, will be most useful; and if the discharge is considerable, cleaning the external ear with castile soap and water, by means of a glass syringe, will be necessary. In recent cases this course will soon accomplish the cure, but we have presented to us frequently cases of years' standing; these require a long and steady perseverance in SILIX, CALC. C., LYCOPOD., and AURUM, to remove the disease and restore the sense of hearing.

"Ophthalmia scarlatinosa," sometimes sets in as a sequela of this disease. It is less frequent as well as less violent than the "ophthalmia variolosa" or "ophthalmia morbillosa," and generally yields to a few doses of "SULPHUR," followed by a few doses of "CALCAREA CARB." If these remedies should not entirely disperse the inflammation, and the eyes should still not be able to bear the light, EUPHRASIA will be indicated, and the frequent washing with tepid water will be a good auxiliary. If there should be much pain with agglutination of the eyelids during sleep, and the aqueous discharge assume a reddish color, as if mixed with blood, the CARBO VEGETABILIS will be the most highly indicated, and the application of simple cerate to the palpebræ with a camel's-hair pencil, will greatly add to the comfort of the patient, as well as facilitate the cure.

A chronic enlargement of the *tonsils* is one of the secondary results of scarlet fever, and in some cases this becomes a very unpleasant and tedious, if not a dangerous disease. If the patient is of a scrofulous diathesis, the only course of treatment to ensure a perfect restoration of health and sound constitution, will be general constitutional treatment, which can only be successfully adapted by close observation to each individual case. BELL., SULPH., PLUMB. MET., IGNATIA and HEP. SULPH., are the chief remedies, and a judicious selection will generally ensure success. The suffocative respiration during sleep, will generally be at once relieved by a dose of BELLADONNA. But when the general health is good, and the enlargements of the tonsils depend upon local causes and are confined to

their structure alone, they may be regarded as a foreign body, and excision will be the most proper and judicious step. If a feverish condition continues, and there should be other glandular tumefactions, with chronic thoracic suffering, *BRONIA* will be a very useful auxiliary in the course of treatment.

Acute inflammatory rheumatism may have been noticed by practitioners as a *sequela* of scarlatina. I have never seen a clear case but in one instance, when it made its appearance as the cutaneous efflorescence desquamated, first in the *wrists*, then in the fingers, shoulders, knees, ankles, and finally in the toes. The joints were swollen, inflamed, and tender; the redness disappearing on pressure, and suddenly reappearing when it was removed.

BRY., *RHUS T.*, and *SULPH.*, mitigated, but *CHIN.* had the most triumphant effect in removing every unpleasant symptom in a few days, and convalescence was rapid and uniform from this time.

CHAP. VI.—DIETETICS.

This division of our essay upon which we proposed to treat, was intended to be dwelt upon only so far as to prevent abuses during the acute stages of scarlatina, and guard against relapses during convalescence. Therefore, a scientific essay upon the claims and advantages of certain articles of diet will not be expected.

From the very commencement of scarlatina, up to the period of convalescence, the patient generally loathes all kinds of solid or animal food, and therefore no particular direction is necessary to restrain the patient from eating, except from spices, and heating, stimulating condiments, and all articles of diet or luxury which possess drug or medicinal properties. On the contrary, you will often find it most difficult to suggest such nice preparations of food as will be most likely to invite the patient's appetite. For a suitable quantity or quality of nourishment, so as to supply the rapid waste, and impart, and maintain healthy reaction, is as important as it is to be careful not to overload the stomach with indigestible or badly chosen articles of diet. The patient will generally call for nothing but cold water, and there being no objection to this as a drink, it may be freely allowed; but, if this is allowed *ad libitum*, there will be no opportunity to introduce nourishment, and the patient's strength must rapidly sink. Therefore, the prepara-

tions to satisfy thirst should contain nourishment, and that, too, in the most concentrated form, consistent with a fluid state. Hence, rice-water, barley-water, tapioca, sago, arrow-root, beef tea, and among those which have a solid form, the "animal jellies" must be selected, according to the peculiarities of the case, and the choice of the patient. As convalescence approaches, soft toast, sea-biscuit softened in water, and other forms of prepared crackers, may be gradually introduced. In no case, however, should a rigid system of restriction to light but nourishing food be departed from, during convalescence, and indeed for some weeks after the patient presents the appearance of established health. The most serious consequences sometimes follow one single meal of improper or indigestible food, even when the patient appears quite recovered. The weakened absorbents may be sooner overtaxed during convalescence from scarlatina than from any other disease, and death from dropsy rapidly follow. The natural sympathy of parents, during the sufferings and privations which their offspring has just passed through, leads them too often to indulge them in whatever they may desire, in order to make amends for what they have heretofore been compelled to deny them; an anxiety to have their child recover the vigor and healthfulness corresponding with its former state, throws them off their guard, and one departure from prudence embitters their reflections forever. Exercise in the open air, when it is clear and dry, but not to the extent of fatigue, frequent washing with tepid or cold water, and rubbing dry with a flesh-brush or rough towel, will be an important auxiliary during convalescence, as well as during the treatment of the acute stage.

The following letter has been sent to Dr. Gray, we presume, for insertion in the *EXAMINER* :

To the Sen'r Editor of the Homœopathic Examiner.*

I see with pleasure that the *H. E.* is about to be continued under your able hands; and your introductory remarks are enlightened, definite, and comprehensive. But who can help being startled at the opinions of your colleague, advanced thus

* The writer spells throughout Homœopathic, Homœpathy.

dogmatically *ex cathedra*! Two-thousandth dilution Shade of Hahnemann! where is this going to stop! This is not Homœopathy—it should be called Skia-pathy. Perkins's tractors and the royal touch are gross ponderables by comparison. Such doses are about as substantial as the abstract Lord Mayor of Martinus Scriblerus's pupil: to wit, a Lord Mayor without personal apparel, gold chain, insignia, or, indeed, any phenomenal attribute whatever! DO THESE GENTLEMEN APPEAL TO EXPERIENCE? Let us, then, have it *first*, and the subtilizations *afterwards*. Tell us of the desperate organic lesions cured by your wondrous medicine. What dropsies, hypertrophies, exostoses, and funguses have you spirited away by these means? And this, we are told, is the very "soul of Homœopathy!" We should like to see its shadow.

But these new lights possess a pious regard for the precepts of Hahnemann—LET THEM COMPARE THEIR DOSES WITH THOSE OF HAHNEMANN, and afterwards those of practitioners who employ the mother-tincture, by the same standard, and they will find the Skia-pathic doses are wider from the pattern by more decillions than I can enumerate on this paper. Transcend common experience as far as you will, gentlemen, but do not contradict it. Do not drag Hahnemann from the grave to do battle for your abstractions.

Hahnemann gave thirtieth, but not two-thousandth dilutions. SPIRITUALIZE DISEASES IF YOU WILL, BUT RECOLLECT THEY INHERE IN MATERIAL SUBJECTS, AND PRODUCE MATERIAL CHANGES—CONSIDER ALSO THE ACTIONS OF DRUGS AS POTENTIAL, BUT BEAR IN MIND, THAT THESE POTENCIES RESIDE IN MATERIAL VEHICLES.

It has cost a long time to disabuse the public mind of the idea that HOMŒOPATHY IS INDISSOLUBLY BOUND UP IN THE DOCTRINE OF INFINITESIMAL DOSES, and every friend of the art who is not a visionary, would be sorry to find such an erroneous notion promulgated again from a semi-official source.

See you to this, good sir, in the name of sanity, and let us provide Pegasuses for Dr. Gross and his followers when they soar, and strait jackets, when they alight!

One word more.—The revelations made by nature to your colleague, betray a coquettish partiality on the part of that fair matron, which is a scandal to the slighted part of the profession. I have interrogated her, too, but her responses never helped me to cure so much as a chicken-pox, or a sore finger.

Yours, truly,

LIBRA.

We have had several passages in this letter printed in small

er case the substance is nutritive, in the latter medicinal. Every true system of dietetics and pharmacology must be based upon that division."

What then is it, what is the agent or the principle embodied in the constitution of medicinal substances, which is not likewise contained in those that are used as nourishment?

Again, what says Hahnemann in his introduction to *TINCTURA ACRI SINE KALI*? "A *chemically simple* substance cannot be perceived by our senses. Every material substance must consist of at least two heterogeneous basic principles, one of which exists as the real body of the substance, and enables us to perceive it," etc.

It is the spiritual or dynamic element of the medicinal substance, which is set free by the processes of trituration and succussion adopted by Hahnemann. The body of that principle is annihilated by those processes; the sugar of milk and the alcohol are assigned to it as merely temporary abodes, artificial bases or forms, vehicles, for which it has *no inherent affinity*, and which it will therefore *leave* as soon as it is placed in relation with *a state* which is *homogeneous* to its own nature. If trituration and succussion be necessary to *set* that dynamic agent *free*, then the natural inference is that its freedom, its certainty and rapidity of action, its expansiveness, will increase proportionally to the extent that those processes are carried on. A cure is not effected by the body of the medicinal substance, but by the dynamic or spiritual agent which is contained in it. This point the writer has completely overlooked; otherwise he could not have established a comparison between the thirtieth potency of Hahnemann, and the tincture on one side, and the 2000th potency on the other. If Hahnemann had simply intended to *divide* the tincture by carrying it up to the thirtieth potency, why was he so particular in establishing strict rules for the trituration and succussion of the drugs? *why count the minutes and the number of shakes?*

"Spiritualize diseases, if you will, but recollect they inhere in material subjects, and produce material changes; consider, also, the action of drugs as potential, but bear in mind that these potencies reside in material vehicles."

In other words; because the mind acts through the brain, therefore the material brain is the mind, at any rate the mind has become materialized.—Because the morbid force, principle or cause of disease cannot invade the body without producing a change or a transformation in its tissues, therefore, that principle or cause must have become material.—Because the vital principle is embodied in a material form, therefore, itself has

become material. We trust that the writer would not wish to be a consistent reasoner, when starting from such dangerous premises.

In conclusion, we beg leave to make two remarks—first, that we cannot be made responsible for the writer's weak sides, and especially his inability to study wisdom in the book of Nature; and secondly, that he ought not to indulge abusive language when discussing scientific questions. Nor is it necessary that he should resort to a whining strain, or to pathetic appeals to the superior experience of my colleague, when desiring to obtain a hearing in the columns of the Examiner. We have designed this Journal to be a channel of communication for all the enlightened friends of our great and noble cause, and shall never object to admit their suggestions, even when directed against the doctrines of the Editors. * H.

DISPENSARY.

A homœopathic dispensary has been erected by Drs. Wells, Quin and Kirby, corner of Lispenard-street and Broadway, for the treatment of the sick poor. We shall notice this institution more at length hereafter.

* To convince the writer that some members of the profession are on our side, we shall quote an extract from a letter which was sent to us some time previous by a Boston physician.

“Perhaps it may be improper to remark, as I am a stranger to you, that I have been investigating the doctrines of Hahnemann for several years, although it is not known, excepting to a few of my friends, and that I have some new views with regard to the *modus operandi* of remedies, which I shall shortly make known to the public through the medium of some medical journal. Although I have not enlisted in the ranks of the homœopaths, for many important reasons, yet I hope to see the *quackery* of modern homœopathy overturned, and I was very glad to find you assuming so bold and determined a position. Whether the doctrines of Hahnemann be true or false, it is certain that he scarcely has a devoted follower in the United States, nor even in Europe, if I am to judge from the foreign medical journals. Be this as it may, however, I wish to see the monstrous doctrine exploded, that as a disease increases in intensity, we must use lower dilutions and larger doses. Homœopathy, in truth, appears to be merging rapidly into blind, headlong alloëopathy, and is destined, from present appearances, to be a scourge rather than a blessing to the human family. But enough of this”

NEW PUBLICATIONS.

Dr. Hering's Domestic Physician, 3d American edition, with his portrait, and revised, with additions, by the author and by Drs. Goullon, Gross and Stapf; to which is added a chapter on the diseases of women.

This publication enjoys the reputation of being the best work of its kind. It is so well known by both the Profession and the Public, that any further commendation on our part is unnecessary. For sale by Wm. Radde, 322 Broadway.

The British Journal of Homœopathy, Nos. 12 and 13. For sale by Wm. Radde, 322 Broadway.

Hahnemann's Chronic Diseases, Vol. III. By Doctor Charles J. Hempel. Published and for sale by Wm. Radde, 322 Broadway, New York.

NOTICE TO OUR SUBSCRIBERS.

We have made arrangements with Dr. Hartmann for the translation of his new and highly interesting work on the treatment of acute diseases, including the diseases of women and children. The proofs will be sent to us from Germany, and will be published in the Examiner, as soon as they shall be in our possession. Boenninghausen's new Repertory will be likewise published in the Examiner.

Homœopathic medicines, low and high dilutions, and tinctures, just received from Leipzig, and for sale by Wm. Radde, 322 Broadway.

ON AGARICUS MUSCARIUS.

BY IVAN PIERRE, M. D.

First case of poisoning : Giddiness for half an hour ; dimness of sight ; the patient thought he was enveloped in a huge flame ; his hearing became painfully acute, and objects seemed confused to the eye ; occasionally he felt a sensation of uncontrollable gladness, which prompted him to muscular movements, yet he was fully conscious that he was in a state of preternatural excitement.

Second, third, and fourth cases of poisoning : A man, woman and child were in constant motion ; either dancing or throwing themselves into grotesque attitudes ; their countenances were expressive of the greatest hilarity ; their consciousness was quite unclouded, and they exhibited the most lively indignation when charged by their physicians with being drunk ; their eyes glistened, the pupils were dilated, their tongues clean, and their breath untainted ; they conversed without embarrassment.

PEREIRA (see *Mat. Med.*) says : " AGARICUS has a powerful intoxicating effect, and that the active molecules get into the blood is proven by the fact that the urine becomes impregnated with them, and possesses an intoxicating power. Thus, a man who may have intoxicated himself with this fungus, can sleep himself sober by the next morning ; but by drinking a cupful of his urine he will become as powerfully intoxicated as on the preceding day. Thus, with a very few of the AGARICUS, a party of drunkards may keep up their debauch for a week ; and by means of a second person drinking the urine of the first, and the third that of the second, intoxication may be propagated through five individuals. VOGT (see *Mat. Med.*) says : ' In large doses, the effects of AGARICUS are extremely similar to those of BELLADONNA, whence the Kamschatdales use it as an intoxicating agent. '

But if it be well proven that full doses of AGARICUS produce a pleasurable excitement, it is equally well established that excessive doses produce almost the opposite state, viz. that of extreme exhaustion. CHRISTISON (see *On Poisons*) says : " A party of soldiers poisoned with it, experienced anxiety, a sense of suffocation, frequent fainting fits, burning thirst, violent griping pains, swelling of the belly with great tenderness of it, and profuse fetid diarrhœa ; the pulse became small and irregular, the body bedewed with a cold sweat ; they trembled excessively ; their limbs soon became livid and cold, their features

were singularly altered, while their noses and lips assumed a violet tint. Delirium and death ensued in all.

In two other cases : The pulse became weak, the belly tense and painful ; partial cold sweat set in ; the breath and stools became fetid ; afterwards they became delirious, then comatose ; from which coma they recovered in twenty-four hours.

PEREIRA says : " It causes nausea, vomiting, purging and abdominal pain ; also delirium, stupor, blindness, convulsions, muscular debility, paralysis and drowsiness. In some cases the power of the vascular system is remarkably depressed, the pulse being very small and feeble, while the limbs are cold, and the body covered with a cold sweat."

The first lesson which we learn from these almost opposite effects of moderate and excessive doses of the same remedy, is, that moderate doses would prove stimulating and antipathic to states of exhaustion similar to those produced by excessive doses ; and vice versa, that full doses will prove depressing and also antipathic to states of nervous excitement similar to those produced by moderate doses. On the other hand, large doses only are strictly homœopathic to states of nervous and vascular depression and exhaustion ; while moderate doses are strictly homœopathic to states of nervous excitement similar to those produced by moderate quantities of AGARICUS. The same rules hold good of many other drugs, and hence the conclusion is irresistible that the homœopathist who invariably uses small doses, very frequently prescribes antipathically unwittingly, even when the drug he administers produces symptoms similar to those of the disease he wishes to cure.

Post mortem appearances in four fatal cases : The body livid, blood fluid, abdomen distended with fetid air ; the stomach and small bowels presented appearances of inflammation passing over in some places into gangrene ; in two cases especially, the stomach was gangrenous in many places ; in these there was *also excessive enlargement of the liver* ; the lungs were gorged, and in some places inflamed ; the vessels of the brain were turgid in some places ; in one case the ileocolic valve was much inflamed.

Post mortem appearances according to Noack and Trinks : Evacuation of frothy, blackish, greenish matters—distention of the abdomen ; stomach and bowels filled with very offensive gas, with traces of inflammation and gangrene upon their internal surface ; inflammatory congestion near the pylorus ; large gangrenous patches in the stomach and bowels ; destruction of the mucous membrane of the small intes-

tines in several places; blackish fluid in the stomach; *the liver unusually swollen*; the gall bladder filled with thick dark-colored bile.

1. It seems to be homœopathic to a variety of nervous and hysterical affections, especially to *spinal irritation*, as it causes excessive sensitiveness of the skin, so that the slightest pressure causes intense and long continued pains—also painful sensitiveness of the scalp, as if it were festered, &c.

2. *In Mania Saltatoria.* (Noack.)

It causes a state in which the slightest exertion of the will produces the most violent effect upon the over-sensitive nerves and muscles, and calls forth the most strange and almost unimaginable motions of the limbs. Inclination to dance; the most curious motions of the hands; extraordinary agility of the limbs, and extreme facility in the performance of the most fantastic motions.

3. *In Choreia.*

This disease has been denominated *insanity* of the muscles, and is very analagous to mania saltatoria. AGARICUS causes trembling of the limbs, subsultus tendinum, slight jerks of the muscles here and there, twisting of the arms, continued convulsed state of the muscles of the head and neck, twitching of the eyeballs and lids, &c. If it be true, as is asserted by some physiologists, that the principal office of the cerebellum is to preside over and regulate the faculty of locomotion, then AGARICUS must act specifically upon that organ.

4. *In Mania Furibunda.* (Noack.)

It causes drunken, fearless, adventuring craziness; blind and sudden wrath against friend and foe, against innocent and inanimate things, against animals, trees, stones, &c., attended with congestion to the head, pulsation in all the vessels, redness and heat of the face, &c., also with disposition to commit suicide. The phrenologists would say that it acts upon the organ of destructiveness.

5. *In Ecstasis Poetica et Prophetica.* (Noack.)

It induces poetical ecstasy, with shouting, singing, screaming, repeating verses of an amatory or warlike character, prophesying, &c.

6. *In Intoxication and Delirium Tremens.* (Noack.)

It causes drunkenness, staggering and tottering ; dizziness as if from intoxication, trembling of all the limbs, &c. ; we have already seen that it is used by the Kamschatdales as an intoxicating agent.

7. *In Cramp, Convulsions, and Epilepsy.* (Noack.)

It causes general convulsions ; epileptic-like attacks, with great exertion of strength. It has long ago been recommended in the old school in epilepsy, especially in that variety induced by fright (Vogt Dilebach), and is said to form the active part of Ragolo's secret remedy against this disease ; it is possible that the fact that very large doses cause exhaustion, stupor, blindness, paralysis, drowsiness, great muscular debility, great depression of the vascular system, with very small and feeble pulse, coldness of the limbs, and cold sweat, &c., led to the old school use of AGARICUS in epilepsy. Yet it is equally well proven that comparatively moderate doses cause exactly opposite effects, viz. muscular activity and power, convulsive movements with great exertion of strength, &c. But in epilepsy there is always a loss of consciousness, the controlling influence of the brain is withdrawn, and the peculiar functions of the spinal marrow are exercised in an unusually violent and energetic manner ; small doses of AGARICUS do not produce this peculiar loss of consciousness, and hence do not cover one of the most pathognomonic symptoms of epilepsy ; retention of consciousness is peculiar to cases of intoxication with moderate doses of AGARICUS. Judging from the post mortem appearances, AGARICUS seems to exert peculiar irritating power upon the stomach and bowels ; this, together with the similarity of its action to that of BELLADONNA, points to its homœopathicity to convulsions from intestinal irritation. It is also homœopathic to hysterical convulsions from spinal irritation, in which there is always a retention of consciousness.

8. *In Toothache.* (Noack.)

It causes hyperæsthesia of all the nerves. Sensation as if the front teeth were too long. Drawing pains in the teeth of the lower jaw. Rending pains in the teeth of the lower jaw is created by cold applications ; throbbing, rending, gnawing and boring pains in the teeth ; *violent rending pains in the lower jaw : painfulness, swelling and bleeding of the gums.*

As the sensation as if the teeth were too long generally depends upon inflammation and swelling of the lining membrane of the alveolar processes, which pushes the tooth downwards, AGARICUS would seem most homœopathic to toothache from taking cold, and attended with inflammation of the gums.

9. *In Bone-pains in the Legs, and Ischias Postica.* (Noack.)

It causes rending pains in all parts of the legs, especially while sitting, and relieved by motion. Painful hip-ache while walking. Violent rending pains in the head of the thigh bone, extending to the knee, and attended with a feeling of numbness in the whole thigh, or of coldness in its posterior surface. These pains disturb the rest at night. It once had an old school reputation in chronic nervous affections, especially when induced by the suppression of eruptions; and we will soon show that AGARICUS produces some kinds of cutaneous eruptions. Also in chronic painful rheumatisms; in caries of the bones, &c.

10. *Noack also proposes it in commencing softening of the spinal marrow, and consequent paralysis of the upper and lower limbs.*

There is however no really positive pathologico-anatomical evidence that AGARICUS causes softening of the spinal marrow. There is proof that NUX VOMICA, STRYCHNINE and IODIDE of BARIUM produce softening of the spinal marrow; while LEAD, one of the principal actions of which is to cause paralysis, produces induration, both of the brain and spinal marrow. (ANDRAL.)

11. *In Paraplegia from Sexual Excess.*

It causes lameness and painful weakness of the muscles of the back, especially in the loins, increased by walking or standing.—Violent sacral pain when rising up from sitting, with difficulty in rising and in moving the legs.—Quivering of the muscles of the loins.—Painful lameness of the thighs, especially while walking, also of the legs, as if caused by the exhaustion consequent upon a severe sickness.—Very painful lassitude and weakness of the thighs and legs, especially while standing, and attended with tottering of the limbs.—Great heaviness of the legs, as if they were feeble and bruised, and also of the feet.—Giving way of the knees while walking.—Falling asleep of the legs.—Numbness of the whole thigh, or coldness of the posterior part of it.

We have already shown that it requires excessive doses of AGARICUS to produce prostration, muscular debility, paralysis, &c., while moderate doses excite extraordinary agility in the limbs, extreme facility in the performance of the most fantastic motions, convulsions with an extraordinary display of strength, &c.; hence small and moderate doses produce effects almost exactly opposite to paralysis, and if they cure this state, it is antipathically. There is old school experience in favor of its use in paralysis, and Vogt says it has often afforded good results both in cramps and paralytic affections. We have no means of ascertaining whether old school physicians gave larger doses when using AGARICUS against spasmodic affections, and smaller doses in paralytic affections; if they did not thus vary the dose, they must have been guilty of practicing homœopathically in one instance at least.

12. *In Amblyopia Amaurotica, and Diplopia.* (Noack.)

It causes loss of vision while in the free air; mist before the eyes; dim-sightedness; darkness before the eyes; dark brown spots before one eye, when the other is closed; muscæ volitantes; short-sightedness; double vision; dimness of vision; appearance as if one were enveloped in a huge flame; in three cases the eyes glistened and the pupils were dilated.

The majority of the above symptoms would lead one to suppose that AGARICUS possesses the power of exerting a directly depressing influence upon vision; it is probable that it only does this when administered in excessive doses; for in the four cases of poisoning which we have quoted, we find that in doses sufficient to produce a sensation of uncontrollable gladness which prompted to muscular movements, either dancing or throwing themselves into grotesque attitudes, &c., that the countenances of the patients were expressive of the greatest hilarity, their eyes glistened, while one seemed enveloped in a huge flame, and his hearing was painfully acute—all pointing to a state of excessive excitement or erethism.

13. *Blepharophthalmitis Glandulosa.* (Noack.)

It causes burning of the edges of the lids, as if they would inflame; swelling of the lids; constant secretion from the angles of the eyes, first of a white, then of a yellow fluid which glues the lids together, &c.

14. *In Nasitis and Coryza.* (Noack.)

It causes burning pain in the nose and eyes ; burning, great sensitiveness, soreness and inflammation of the internal wall of the nose ; great dryness of the nose ; accumulation of dry mucus in the nose as if it were quite full ; blowing out of blood and nasal mucus, followed by profuse bleeding of the nose ; abundant discharge of thick, viscid nasal mucus, followed by frequent dropping of water, without catarrh.

Also in Catarrhal Headache.

It causes aching in the forehead, especially over the eyes ; drawing pain in the forehead, extending to the root of the nose, rending pain in the forehead, above the root of the nose, as if the brain were lacerated.

15. *In Acne Rosacea.* (Noack.)

It only causes a reddish blue color of the lips and nose ; in Christison's four cases of poisoning, the nose and lips were of a violet tint ; also burning of the face, with itching and redness, as if from a frost bite ; itching in the region of the beard, on the forehead, and at the angles of the mouth, with breaking out of white pimples. But acne is a disease of the sebaceous follicles, viz., inflammation with induration, followed by suppuration ; acne rosacea is characterized by extreme redness first observed on the tip of the nose, and gradually extends over the sides of the nose and cheeks ; these parts are rough, beset with small red suppurating tubercles, and perhaps even fissured ; the nose sometimes enlarges and becomes fiery, or deep-red ; the tubercles may ulcerate unfavorably, and the affection may spread to the forehead, cheeks, and even to the chin.

HYDRIODATE OF POTASH causes true acne (Ricord) ; while CICUTA VIROSA, and perhaps CONIUM, cause acne rosacea. (Jahr.)

16. *In Ptyriasis and Psoriasis.* (Noack.)

It causes a close eruption of white barley-seed sized pimples, especially on the limbs, attended with burning-itching, and pains which force one to scratch, followed by desquamation of scales.

This agrees very closely with the description of *strophulus albidus*, in which the pimples are white, minute in size, sur-

rounded by slight redness, and terminating by resolution or slight epidemic desquamation. Strophulus frequently depends upon the irritation of teething, and we have already seen that AGARICUS exercises a specific action upon the teeth. On the other hand ptyriasis belongs among the scaly, and not among the pimply eruptions; it consists of irregular patches of thin bran-like scales, which repeatedly exfoliate and recur, but never form crusts, nor are attended by excoriations; hence AGARICUS is not homœopathic to ptyriasis. Psoriasis also belongs among the scaly eruptions.

17. *In Soreness of the Nipples, and Eczema Mamillare.* (Noack.)

It causes violent itching of the nipples, also burning-itching and outbreak of pimples upon the nipples. But eczema is a vesicular, not a pimply eruption.

18. *In Epistaxis of old persons, from Debility of the Vascular System.* (Noack.)

We have seen that AGARICUS causes bleeding of the nose, but in moderate doses it excites the vascular system, and causes fever, similar to that caused by BELLADONNA; while in excessive doses it renders the pulse slow, weak, irregular, intermitting, &c.; hence large doses only are homœopathic to hæmorrhage from debility of the vascular system; small doses will prove stimulating and antipathic.

19. *In Frost-bites and Chilblains.* (Noack.)

It causes burning in the face, with itching and redness, as if from a frost-bite; also itching, soreness, redness and burning of the ears, as if from a frost-bite; burning in the fingers and toes, with itching and redness, as if from a frost-bite.

As the body is livid, the lips and nose purple, and the blood fluid after death in cases of poisoning with AGARICUS, it is probable that the appearances cited as inflammation and gangrene of the stomach and bowels, were merely venous congestion. All the narcotic remedies produce similar appearances, and very few or none of them produce true inflammation.

The specific action of AGARICUS in producing enlargement of the liver, demands particular attention. Other remedies are known to produce a like effect, thus Pereira (see *Mat. Med.* Vol. I, page 231) says: "IODINE has been supposed to possess some specific power of influencing the liver, not only from its

efficacy in alleviating or curing certain diseases of this organ, but also from the effects of an over-dose ; in one case pain and induration of the liver were brought on, and in another it was found enlarged and of a pale rose-color." He adds, however, that if enlargement of the liver admit of a cure, that **MERCURY** and **IODINE** are the agents most likely to effect it. Hence it must also be likely that **AGARICUS** may cure enlargement of the liver.

The action of **AGARICUS** upon the nerves seems to be exactly opposite to that of **ACONITE** ; the former causes such acute sensitiveness that the slightest pressure causes intense and long-continued pains ; the latter causes numbness and such complete paralysis of sensation that a dog under its influence becomes totally insensible to the introduction of pins into his legs, paws, body, tail, nose, &c.

The action of **AGARICUS** upon the muscular system also seems to be exactly opposite to that of **LEAD** and **CONIUM**. We have already described the action of **AGARICUS** upon the muscular system as similar to that which obtains in St. Vitus' Dance ; while **LEAD** is well known to produce paralysis, and **CONIUM**, according to Christison, induces " a swiftly spreading palsy of the muscles."

AGARICUS would seem most homœopathic to diseases of nervous females, as its principal action is to produce an hysterical state of the brain, and of the nerves of sensation and motion. It is perhaps most homœopathic to spinal irritation and chorea, both of which are most common in females ; according to Wasson, of two hundred and four cases of chorea, one hundred and forty-four were in females, and only sixty in males ; chorea is also most common in females with dark hair, eyes, and complexion. We have also seen that **AGARICUS** produces a cutaneous affection somewhat similar to acne, and this eruption is much more common in females than males. **AGARICUS** also exerts a specific action upon the liver, and diseases of this organ, especially jaundice and gall stones, are more common in females than males ; thus in one hundred and fifty-two cases of gall stones, one hundred and twenty-one were in females, and only thirty-one in males.

In conclusion we would add, that we think we have offered proof enough, that those physicians who assume that any one who administers large doses, necessarily departs from the rules of the homœopathic art, are guilty not only of manifest injustice to their brother practitioners, but of thrusting potent arguments into the hands of their allœopathic opponents to be used against themselves.

A FEW SUGGESTIONS IN REPLY.

We think the conclusions of the writer objectionable, upon the following grounds :

1. The writer assumes that we attach a clear and precise meaning to the terms "LARGE" and "SMALL" doses. By large doses we may understand the tincture or first attenuation, as some do ; others understand by it the lower attenuations, from the first to the sixth ; but we might likewise understand by a large dose fifteen or twenty pellets of the thirtieth, or even two thousandth potence. There is a vast difference between one pellet of the thirtieth potence and eight. I had a case lately where I administered eight pellets of the eighteenth potence of BRYONIA (giving eight pellets for the sake of instituting an experiment), and the result was that the patient was drenched with sweat the whole night, and felt very feverish ; the patient had never sweated before, and the disease was of a nature to bring on quite a different reaction.

2. The writer assumes that, because some drops of the tincture of Agaricus and of any other drug, we suppose, will bring on a certain train of symptoms, we must give the tincture to cure them. This mode of reasoning is fallacious, in several respects. It is based upon the supposition that a case of medicinal poisoning and a natural disease characterized by similar symptoms, "*are identical*." If this were so, the whole doctrine of homœopathy would sink to the dust. That supposition implies that disease, so far from originating in the action of morbid dynamic influences upon the vital forces, originates in the chemical action of material substances ; by that supposition the great fact of medicinal symptoms being simply analogous, similar to the symptoms of the natural disease, is COMPLETELY OVERLOOKED ; by that supposition the principle "*similia similibus*" is absolutely done away with, and is reduced to the dignified and unenviable character of an abstraction. If diseases were medicinal poisonings we should certainly treat them differently from what we now do. Let us suppose a case of poisoning by arsenic, a chronic and an acute poisoning : the chronic poisoning being characterized by painful feelings in the intestinal canal ; violent thirst ; ptyalism ; restlessness and anguish ; frequent vomiting, even of blood ; rheumatic pains ; difficult breathing ; violent itching ; insensibility of the tips of the fingers ; weakness, trembling, and finally complete paralysis of the limbs ; erysipelas in the face ; inflammation of the eyelids ; ichorous, fetid ulcers ; falling off

of the hair, œdema of the feet, etc. ; the acute poisoning showing the following train of symptoms : violent, burning pains in the œsophagus, chest and stomach ; excessive colic ; nausea and vomiting ; constant retching with fits bordering on hydrophobia ; after some time copious, bloody diarrhœa with tenesmus ; spasm of the respiratory organs ; inflammation of the fauces, œsophagus, stomach and intestines ; unquenchable thirst ; violent anguish ; palpitation of the heart ; small, quick, irregular pulse ; alternation of chilliness and heat ; cold sweats over the whole body ; hæmaturia and tenesmus of the bladder ; inflammatory swelling of the genital organs ; violent headache ; deadly paleness ; contortion of the eyes and muscles of the face ; staring, wild look ; inflammation and swelling of the head, face, eyes and eyelids ; continual hiccough ; vertigo ; trembling of the limbs ; fainting fits ; convulsive twitchings ; derangement of the mental faculties ; small, blue and black spots upon the lips ; bloody, putrid, cadaverous stools, etc.* Would any physician attempt to cure these symptoms by Arsenic ? Would we not administer the sesquioxide of iron and whatever antidotes might be in our power, for the purpose of overpowering the deadly enemy ? But suppose the above train of symptoms presented themselves as the symptoms of a natural disease, we should then certainly employ Arsenic to remove them. To cure medicinal symptoms, we use ANTIDOTES ; to remove natural symptoms, we employ remedial agents that typify, contain those symptoms, and are capable of producing their like in the healthy organism. And now, since there is such a vast difference between medicinal and natural symptoms, since the removal of those two orders of symptoms requires totally different modes of treatment, and the use of totally different agents, although the symptoms of both those orders may be ever so much similar to each other : therefore it is illogical and entirely false to draw conclusions from the nature and mode of treatment of the one relative to the nature and mode of treatment of the other. This is the error into which the writer on "AGARICUS" has fallen, and which we believe we have pointed out strongly enough to strike any candid mind.

We might content ourselves with this refutation of the writer's conclusions, for we deem it as complete as any refutation needs to be ; but we shall point out a second error, into which many homœopaths are apt to fall together with the writer. It is this : that violent symptoms require large doses.

* See Encyclopædisches Real-Lexicon.

The advocates of this doctrine base it implicitly upon the supposition that the organism in a state of health and the organism in a state of disturbance, are identical. This seems to be Dr. Draper's notion, who, in his course of animal chemistry of last winter, started with his fundamental proposition: "There is no difference whatsoever between the living and the dead body." We are not prepared to admit any such thing. We believe in such a thing as vitality, vital forces or powers, and it is these vital forces that we have to overcome in poisoning an organism. When this subjection has been accomplished, when we have fairly brought the organism under the influence of chemical or analytical, in the place of vital or synthetical laws, is it rational to place both these organisms upon an equal footing? To disturb the organism, we have to overcome the action of the vital forces; this is one thing; to restore the disturbed organism we have to overcome the influence of the disease; this is quite another thing. Health and disease are opposite states of existence, the former synthetic, the latter analytic; the one inherently strong, the latter inherently weak; the former reacting against drugs, the latter having an attractive affinity for its corresponding medicinal type. If Health and Disease are two opposite states of existence, is it not proper and necessary to infer that the same opposition must prevail in the means used to combat them respectively, large doses for the purpose of overpowering a state of health, and the opposite small ones, to overcome a state of disease? The question, of course, might then be asked: What is a small dose? But, with this question we have nothing to do for the present; it is sufficient for our present purpose to establish just so much of the truth as the argument requires, viz.: that SMALL and not LARGE doses are the true homœopathic means to combat violent symptoms.

We take the liberty to request the writer, whom we honestly believe to be an earnest seeker of the truth, to read our paragraph with great attention, for we feel that our positions are as incontrovertible as the theorem of Pythagoras, because they are founded in nature. We do not care about being in the right for the sake of vanity; we shall gladly relinquish any position which we cannot hold; but we say to the writer, and in general to that portion of the Homœopathic School to which he belongs, that they are too much in the habit of confounding medicinal with natural symptoms, antidotes with true remedial agents, a state of health with a state of disease, and that most of their doctrines, or perhaps all of them, are founded upon such mistakes. That's all.

We have been informed by Dr. Sebley of Savannah, that in spite of the aspersions which the most eminent professors of Paris, where Dr. Sebley has resided and attended lectures for some time, are in the habit of casting upon Homœopathy, he has been induced to study it, and is now determined to follow it in practice. The letter addressed to us by Dr. Sebley, contains many flattering remarks to Dr. Gray, on account of which we are prevented inserting the letter in full.

DR. RUMMEL ON THE HIGH POTENCIES.

Motto: Der Irrthum steckt an wie der Schnupfen. (Error is contagious like a cold.)

Having been asked by several persons what I think of the high potencies, I state my opinion publicly, according to promise. I feel some hesitation in expressing my belief, inasmuch as I feel that I shall conciliate neither of the two parties, those who indulge unlimited and unconditional praise, or those who reject the high potencies without having investigated this new development of our art. To the one I may appear too warm, to the other too cold, according as I shall disagree with the opinions of either party; but I trust I shall also find those for whom this essay is especially designed, men who judge calmly, conscientiously, and without any prejudice; I shall respect their opinion, even if they should convict me of error. Least of all shall I be able to respect the opinion of those who would place secondary considerations before the investigation of truth, those, for instance, who, for the sake of making Homœopathy more intelligible, and giving themselves the appearance of rationalists in Medicine, opine for keeping the facts concerning the high potencies secret, in order not to make the homœopathic doctrine more fanciful and marvellous, than it now is, and to avoid displeasing our rationalist enemies more than we do. The "*haute volée*" of the physicians of the old school is quite too elevated and supercilious to take the least notice of our humble attempts at promoting the cause of Homœopathy among ourselves, or to care about the concessions which we might make to their prejudices.

There is another objection which I have found it much more difficult to answer; it is this, that it is scarcely possible to form an opinion on the subject of the high potencies, owing to the great newness of the subject. I was doubtful whether

I should be able to cast any light on this dark and mysterious addition to our art. Be this however as it may, one thing is certain, that the truth of Dr. Gross's observations can only be confirmed by careful trials. I have, therefore, instituted several hundred experiments with the high potencies, the results of which I here communicate as *my own views, my own experience*, without arrogating to myself the right of expressing a generally valid opinion relative to a subject which is as yet dark, and may easily lead us into error.

To prevent misapprehensions, I deem it proper here to state that I generally use the middle potencies, descending, however, to the third, and ascending to the thirtieth, and that experience has fully convinced me of the efficacy of those different attenuations. We cannot say with certainty what attenuation is most suitable to a given case of disease; we have no fixed rules for the magnitude of the doses; I may, however, assert with a tolerably general correctness, that in chronic diseases, the low potencies have afforded me the least service, although even in this respect, I have met with exceptions.

Let us now come to the point.

I. IS THE 200TH POTENCE OF A DRUG CAPABLE OF ACTING UPON THE HUMAN BODY, AND OF CURING DISEASE, WHEN CHOSEN HOMŒOPATHICALLY TO THE SYMPTOMS?

Unquestionably it is. Several hundred carefully performed cures of cutaneous eruptions, ulcers, cough, excluding all such cases which might have got well without any medicines, have shown to me, that these so called high potencies not only cure the most inveterate diseases, but are even capable of producing medicinal symptoms peculiar to the drug, and temporary aggravations of the morbid symptoms. It has even seemed to me that, in many cases, they produce a better effect than the attenuations which we have used heretofore; but this point is not as easy to determine, as it is to prove the reality of their curative powers. In order to come to a conclusion in regard to the first point, we shall have to multiply our experiments for the sake of making comparisons; every case of treatment being an individual case, its result may depend upon a variety of accessory circumstances, which ought to be considered, and which may be overlooked, if our observations be confined to only a few cases.

I give the following cases as proofs of my statements relative to the curative powers of the high potencies.

1. PSORIASIS PALMARIA, a very good case of three years standing, the patient being a robust man of middle age; the whole of the palm of the hand is covered with the eruption;

itching and pain; is unable to use the hand for any kind of labor; the palm is covered with thick scales traversed by humid rhagades. The patient had the itch when young, is healthy and in flesh. On the 8th of March he took two doses of PETROL. 200, a few pellets to be dissolved in a cupful of water, one after another, and to take one teaspoonful of the solution every day. He came to me again on the 15th, complaining of an eruption of red pimples on the back of the hand, straining pains extending along the arm, and of a similar itching, papular eruption on the abdomen. All these symptoms were entirely new, he had never had them before. The medicine was continued. On the 21st the palm of the hand was dry; but a number of new papulæ had come out in the bends of the knees, on the scrotum and body, itching and afterwards scaling off; the straining in the arms increases. The solution was now finished, and no other medicine was taken until the 11th of April. Up to this period the palm of the hand had continued to improve, the papular eruption had scaled off, and the straining pains in the arms had diminished. Lichen made its appearance on different places of the arms. Another dose of PETROL. 200. The improvement in the palm of the hand continued up to the 19th of April, so that nothing was left of the old eruption except a few crusts; the accessory symptoms which had supervened, had all disappeared. He continued PETROL. 200, one dose every six, eight, or fourteen days, until the last vestige of that bad and disfiguring disease had disappeared, on the 18th of June. I have frequently used with success the 6th and 18th attenuation of PETROL. in this disease, but I have never obtained such a rapid success, or with so much energy of action; for the cure may be said to have been accomplished in four weeks, and the completion might probably have been left to nature.

If any one, after having read this case, should still doubt the efficacy of the 200th potency, his doubt will probably not be removed by other cases. In order not to give him a chance of applying the "*rari nantes in gurgite vasto*," I shall subjoin a few more.

2. Mrs. S. applied to me in May, 1844, on account of a very painful ulcer on the foot, of the size of an inch, about one hand's breadth above the ankle-joint. The numerous varices, and the burning and tearing pains which absolutely prevented her from walking, and disturbed her sleep, determined me to use the middle and higher potencies of SULPH. ACID. MUR. ARS. and afterwards, when the surface of the ulcer began to spread, PETROL. Under this treatment the ulcer continued to improve,

and finally healed completely towards the end of August, after taking one other dose of ARS. and MURIATIC AC. In the month of October another excoriation made its appearance below the ankle towards the dorsum of the foot, and became a very painful ulcer which showed no sign of improvement after ARS. 30. On the 15th of October I gave her a dose of SULPH. 200, which produced such an excessive aggravation of pain, that I could scarcely prevail upon myself to remain a calm looker on after a fortnight's patient waiting—waiting is probably the most difficult thing for an unexperienced practitioner—but my patience was suddenly rewarded by a very speedy recovery; the ulcer closed in a few days, and no other remedy was necessary to complete the cure. On the 22d of November she took another dose of LYCOR. for the varicose condition of the whole foot. In this cure the "*cito*" was certainly complied with.

3. The daughter of Von H., a child of two years, robust and stout, whose mother had been affected with herpes, suffered formerly with impetigo, especially on the small of the back, abdomen and feet; she had been treated with homœopathic remedies which did not seem to produce any considerable primary aggravations, and was cured, except a few herpetic spots in the face. To remove them I gave the child a few pellets of CALC. CARB. on the 4th of December, 1844. I saw the child eight days after. The whole body was covered with a red, fine, miliary eruption, which must have itched violently, for the whole of the skin looked ecchymosed from scratching; the eruption looked like a combination of itch and scarlet-rash. In other respects the child was healthy, and there was no other disturbance in her functions except that of her sleep on account of the itching. In a few days the eruption disappeared, leaving the skin quite sound. The herpetic spots had improved but little.

What was it that brought out this cutaneous disease?—The effect of CALC. was the more astonishing since the drinking-water which we use here, contains much lime. Nevertheless there is more than one fact to show that such an eruption may have something to do with CALC. 30, when given against *crusta serpiginosa*; the eruption increased and spread over the hairy scalp and the arms, after which one might be certain that the eruption would speedily disappear, provided one had patience enough to wait.

5. Miss E., a vigorous, blooming girl, had been suffering for some months past with a troublesome itching over the whole body (*urticaria*) at the period of her menses; she was well in

other respects. Formerly the menses had somewhat delayed which was not the case now. On the 8th of January I gave her one dose of *KALI. CARB. 200.* The menses appeared at the proper period in three weeks; the urticaria did not return, and have not up to this moment.

5. Miss D., fifteen years old, brunette, of a bilious constitution with scoliosis, suffered with nocturnal incontinence of urine, more or less frequent, at intervals. She took one dose of *CAUSTICUM 200.* The affection returned after the lapse of ten weeks; she now took another dose of *CAUSTICUM*, and continued this remedy, taking a dose every eight days, then every fourteen, afterwards every twenty-one, and lastly every twenty-eight days. She has now been free from the affection for nine months past.

6. I took the baths of Gastein for increasing nervous hard-hearing, in the fall of last year. I am fifty-two years old, of a sanguine phlegmatic constitution and irritable nerves. My hearing was not improved. The weather continued charming until the first days of October, the sky was bright, cloudless, and the temperature sometimes even hot, which favored the action of the baths very much. Suddenly we had a fall of snow followed again by warm weather. This sudden change of the weather gave me a catarrh, cough soon supervening. The rough weather which I had during my return home, aided in increasing the evil. For a long time I left this state of things alone, inasmuch as I was unwilling to disturb the secondary effect of the baths, and imagined that the mucous expectoration indicated a crisis. In the very beginning of my bathing, the mineral water had produced an action on the mucous membrane of the mouth; ever since I took the first bath, I had a viscid sweat in the mouth and fauces. The vapour-baths which I took at the same time for the purpose of acting upon the internal ear through the eustachian tube, had given me oppression and pain of the chest and caused moreover an intermitting pulse which lasted about a quarter of an hour after every bath. This induced me to consider the increased catarrhal excretion a sort of compensation for the chest symptoms, and to observe this state of things for some time without interfering with it. But the supposed crisis would not come to an end; especially in the evening, when in bed, I was incommoded by great dryness of the mouth and a hollow-sounding cough which stopped in the night to begin again in the morning, when it was accompanied with the discharge of a quantity of glassy mucus. On the 24th of November, during an unfavorable state of the weather, to which I was obliged to expose myself several times, I took a few pellets of

KALI. CARB. 200 early in the morning. On the first evening the mouth was less dry and the cough less violent; the dryness disappeared entirely in a few days, and the cough and discharge ceased shortly; yea, in this long and disagreeable winter I have suffered much less with catarrhal affections than formerly, although this may perhaps be ascribed to the secondary action of the bathing. The speedy removal, by a molecule of **KALI.**, of my tormenting catarrh, is nevertheless very striking.

Another curious story concerning myself. On the 9th of February I took a few pellets of **ACIDUM PHOSP. 200.** After taking them I had dreams of a peculiar kind. This was the more remarkable since I dream but little generally and cannot recollect my dreams. People may perhaps smile at these beautiful proofs of the efficacy of the high potencies;—be it so; my dream is not the entire proof in this instance. We know the intimate relationship existing between certain dreams and subsequent pollutions, which phosphoric acid is apt to cause. Critics may seek the cause of my dreams somewhere else, if they choose; but I say that every one knows himself best how he generally sleeps and dreams, and which of his dreams are *out of the way*. In this instance I dreamed so vividly of having had an involuntary emission of semen, that I wiped myself in a state of half waking and did not perceive till next morning that the whole of my pretended pollution had been but a dream. In each of the two subsequent nights I had a pollution, a phenomenon which is extremely rare with me. Some nights afterwards I had another vivid dream of having had a pollution; I again wiped myself in a state of half waking, and found out in the morning that I had been dreaming.

7. Miss S., of nineteen years, suffered with simple amenorrhœa without any other symptoms. On the 31st of December, 1844, I gave her **KALI. CARB. 12** without success; on the 9th of January I gave her **KALI. 200**, after which the menses appeared in a few days.

8. Miss L., brunette, lively, had suffered with headache for a long time past, and was otherwise healthy. The pain came on every day, was sometimes oppressive, sometimes drawing and dull, in the forehead, with frequent congestion of blood to the head. She had taken several remedies, but without any success; lastly **SILICA 30**. On the 30th of August I gave her **SEPIA 200**, a few pellets; after this the headache became less, and finally disappeared entirely. The headache returned in January, probably owing to her laxity in diet, want of exercise, and to her having taken coffee every day. On the 24th of January she took a dose of **SEPIA 200**, which did no good;

three doses of PHOSPHORUS 200, which she took from 1st of March in water, had likewise no effect; as we often observe that the remedy which has helped once, has little or no effect in relapses. On the first of April she took a dose of NATR. MUR. 120; this alleviated the pain, which finally yielded entirely to five doses of PULS. 200, first one dose every eight days, and afterwards every fortnight.

9. Sir K., of a plethoric habit in the abdomen, brownish complexion, had been operated upon several years past for sarcomatous tumours on the head. He was an active farmer and good horseman, and generally of good health. A year ago he was attacked with pain in the face, extending from the ramus infraorbitalis and darting like lightning towards the temples and the corner of the mouth. He used several homœopathic remedies, but not consistently, and consulted me too occasionally, when I prescribed the MURIATE OF MERC., which had a wonderful effect. In the fall the pain returned more severely than ever. He then applied to a third homœopathic physician, who, agreeably to my advice, gave him MEZEREUM, (I know not of what potence,) followed by other remedies unknown to me. The pains increased more and more, jactitations of the muscles of the face supervened and frequently assailed him suddenly when talking or eating; a dull pain continued after the paroxysms during part of the intermission. I was consulted again in the month of January. On the 31st of January I gave him ARS. 60; on the 8th of February ARS. 120; on the 18th of February CAMPHOR 3; on the 20th VERBASCUM 3; on the 21st MERC. 30. The last remedy produced an evident improvement. From the 27th of February he took MERC. 30 in water, twice a day. On the 7th of March he took CHINA 30 in solution, and on the 19th PLATINA 200, the improvement having stopped. On the 7th of April he took five doses of MERC. 30 with apparently good, but not lasting success. COLCHICUM 9, which he took on the 10th of April, had no better effect. On the 17th of April, he took a dose of MEZEREUM 200. This produced a very great improvement. The paroxysms became rarer and weaker. The MEZEREUM was continued at increasingly prolonged intervals, the improvement continuing more and more, until the pain finally disappeared entirely and the patient was able to take the baths of Karlsbad, for the purpose of restoring his affected liver, although his brown-yellowish complexion had assumed a healthier appearance during the treatment, and the patient did not precisely complain of any thing. The slowness of the cure was probably owing to the circumstance, that the patient frequently exposed himself to the rough winter-weather, and I did not

dare repeat the MEZEREUM in the first instance, inasmuch as the dose administered by the former physician had produced an aggravation.

10. The daughter of Mr. S . . . , eleven years old, living on poor food, of a scrofulous habit, was attacked with St. Vitus' dance in December, the left side being especially affected, and the mind suffering likewise, which was evident by her forgetfulness and foolish manners. She took CALC. CARB. 200, without any effect; on the 18th of December, she took STRAMONIUM 200, with a slight improvement; in January she took CALC. 30, with doubtful success, and a dose of SULPH. 30, as an intermediate remedy; lastly, from the 24th of January, she took three doses of KALI CARB. 30, one every four days, with decided disadvantage; for ever since she took the KALI, the twitchings were likewise observed in the right side, and the motions became much more violent; they sometimes had the character of epileptic fits, and were then accompanied with vertigo. I awaited the effects of the KALI until the 9th of February; but no improvement was visible. I therefore resorted to THUYA 120. The more violent paroxysms soon ceased; but inasmuch as the improvement seemed to stop, I gave her a dose of ALUMINA 200, on the 19th of February, which effected no visible change in the disease. On the 2d of March I dissolved a few pellets of THUYA 200, in a cup full of water, and gave her a teaspoonful night and morning. In a few days, she had a violent bleeding at the nose, and exhibited moreover evident signs of improvement, which progressed so rapidly after a second dose of THUYA administered on the 30th of March, that nothing of the disease was left on the 20th of April. On the 28th of May she again complained of headache, and had a few involuntary twitchings, after which a last dose of THUYA 200, effected a permanent cure.

This case does not seem to be very edifying, and skeptics may perhaps shake their heads in astonishment, and ask whether I have no better proofs for my high potencies. Indeed, this case is not a very brilliant one, for we generally cure St. Vitus' dance in four to six weeks with our ordinary potencies; but nevertheless such cures as the last which I have related, will occasionally take place, and we may learn a good deal from them, if it were nothing else except that we do not always hit the proper remedy. In vindication of the treatment it may be said that the organism of the child was very feeble; that the parents lived in very poor circumstances, in a close, unhealthy apartment, that the child was naturally sickly, as may be inferred from the fact that, after having gone back to school for a few days, she was attacked with a violent typhus

abdominalis, from which she recovered after five weeks treatment. Nevertheless, the greatest fault of the slowness of this cure rests upon the improper selection of the first remedies ; and this is a conclusive demonstration in favor of the high potencies, inasmuch as THUYA effected the cure, comparatively speaking, in a very short space of time. Relying upon the opinion of Gross, I may likewise have been guilty of delaying the repetition of the remedy too long. Let him, who has never witnessed such cases in his own practice, cast the first stone at me.

11. F . . . , a vigorous peasant-girl, of nineteen years, whose mother had suffered with eruptions, had psoriasis diffusa, especially on the extensor surface of the forearm, and on the knee, and had been treated for two years, with varied success, with the different attenuations of GRAPHITES, LYCOP., ALCOHOL SULPHURIS, ARS., RANUNCULUS, CLEMATIS and CALC., the internal administration of those remedies having sometimes been accompanied by their external application. Last year, I tried a few pellets of CALC. 60, GRAPH. 90, PSORIN 90, CALC. producing the greatest improvement. In September of the same year, I gave her MERC., SULPHUR, PETROL, SEPIA in different attenuations. The affection was considerably diminished ; (if this had not been the case, a peasant-girl would have got tired of the treatment ;) but the cure was not yet accomplished. I now gave her CALC. 200, which produced an aggravation followed by an improvement. In December I gave ACID NITR., which produced an aggravation followed by an improvement such as had not been effected in the whole of the past year together. I am now waiting to see the effect of another dose of CALC. 200.

12. Mrs. K., forty years old, of a venous erethic constitution, had been frequently and successfully treated by me for diarrhœa, which inclined to become chronic and made the cure very difficult. When she first used the homœopathic treatment, she had been cured by DULC. ; this was afterwards more difficult, and the intervals of health became shorter and shorter in proportion as other remedies had to be used. Last year, the remedies had no effect, and she did not recover till she went to another place. This change of place had been beneficial to her on former occasions. In the present winter the diarrhœa began immediately after getting up from bed in the morning, and after taking some nourishment, and was always accompanied by borborygmi, emission of flatulence and spasmodic colic. She had taken DULC. 3, ACID. PHOSPH. 3, PULS. 12, CUPRUM 20, COCCULUS 12, without any success, when I gave her AGARICUS MUSC. 200, on the 27th of December, 1844.

After this remedy the discharges by the rectum ceased entirely for three days. Contrary to my directions she took a dose of *SABINA* 200, which I had left with her in reserve. The diarrhœa returned. I now gave her several doses of *AGARICUS*, 200, one every four or eight days; but she only took two doses, inasmuch as the diarrhœa had entirely ceased and did not even return in spring, although diarrhœa was epidemic here at that time.

13. Miss F. suffered with epilepsy, the fits returning every two, four or six weeks, two at a time, and leaving red spots on the face and neck, visible even on the day following the attack. Moreover she suffered continually with cloudiness and dulness of the head, and great despondency. The first fit had come on at the time of the menses, the fits now appeared at indefinite periods; allœopathic and homœopathic remedies, and *nostrâ*, had been tried without any success. Last spring she took a dose of *SULPHUR* 100, and in eight days a dose of *PULSAT.* 60. She had one more attack, after which the fits stopped a whole year. In the month of February of the present year, she had another attack.

In several epileptic patients whom I have treated with the high potencies, I have observed that the fits returned six or eight days after the first dose, and that these were followed by long intervals of rest, which have lasted already from six to eight months in some of my present patients. These intervals show indeed, that there is an improvement; but they are not a cure, as many vainglorious practitioners consider them.

14. Mrs. L., seventy years old, vigorous, had suffered for a long time past, with spasms of the stomach which resulted from degeneration of the membranes of the stomach, could only be palliated by homœopathic remedies, and did not admit of any but poor nourishment being taken, although even this generally produced an aggravation. The pain was oppressive, clawing, burning, accompanied by eructations, continual nausea, and left side of the tongue coated, painful sensitiveness of the pit of the stomach, a slight hardness in that region, and pains in the back. Different remedies had been employed with passing success; just now an aggravation had set in, which neither *COCC.*, *CARBO AN.*, *VERAT.*, *NUX V.*, nor *ARS.*, were able to combat, all these remedies having afforded relief on former occasions. I then dissolved *Nux mosch.* 200 in water, and gave her a teaspoonful of the solution first every six, then every twelve, and afterwards every twenty-four hours; the result was that the attacks came on much more rarely in the next months, and that the pain was much less.

15. Mr. B., thirty-six years of age, suffered with impetigo

on the right calf and in the bend of the knee. He is otherwise pretty well, except some abdominal complaints, has never been affected with itch or syphilis, but has had gonorrhœa, and has traces of hæmorrhoids about him. On the tenth of January, 1844, I gave him a dose of *SULPHUR* 100. This brought on some colic and expulsion of knotty stool and mucus; the old eruption improved, but a new spot came out on the calf. The general health improved very rapidly, the impetigo slowly. On the 14th of April—he had neglected to apply to me before,—he received six doses of *MERCURY* 15, to take one every four days. An eruption of the variola species (I cannot tell whether it was variocella or varioloides, as the patient lived at a distance) aggravated the impetigo; but it speedily improved after several doses of *HEP. SULP.* 3 and *CLEMATIS* 6, so that the scales had fallen off in several places on the 22d of July, on which day I gave him *SEPIA* 200, to take one pellet every eight days. *Sepia* effected almost nothing; the patient was troubled with colic without evacuations. Nor was there any improvement after resorting again to *CLEMATIS* 6 and *GRAPH.* 18 and 30; a new eruption came even out on the foot. On the 9th of November, he took *LYCOP.* 120, which produced a striking improvement in the impetigo, and brought on slight hæmorrhoids at the anus. On the 10th of December, he took *CALC. CARB.* 200; this was followed by a less rapid improvement, and aggravation of an impetiginous spot near the umbilicus, which had never been shown to me before as being too insignificant. On the 14th of January, 1845, the patient took a dose of *HEP. s.* 200. Universal improvement: the places are dry, and heal rapidly when scratched open at night; flowing hæmorrhoids make their appearance, with good, regular stool. On the 20th of February, the 20th of March, and the 2d of April, the patient took *LYCOP.* 200, since this remedy had produced a more marked improvement than any other. On the 15th of May, the skin was merely brown, and covered with thin scales instead of crusts, itching. The occasional appearance of the hæmorrhoids was preceded by colic. The patient now took *SULPH.* 60, a dose every six days. On the 20th of May, I saw the patient personally; the impetigo was entirely cured, except some redness of the places where the eruption had appeared; he thought also he had observed that the places itched more in stormy and rainy weather. On this account I gave him a few doses of *DULC.* 200, to dissolve them in water, and take a teaspoonful every day.

16. Sir B., tall, thin, thirty years old, had frequently enjoyed an embrace standing. Two years ago, while performing the act of coition, he had experienced a darting pain in the

small of the back, extending to the hip and thighs, and having now assumed the character of a nervous coxalgia. The pain was most felt when sitting and rising, and improved when walking. Walking, however, was more difficult than previously, on account of the foot being lame even between the more violent paroxysms. The pain itself was dull, spasmodic and sometimes lancinating, becoming worse after riding on horseback, or after an embrace which he now enjoyed but seldom. A running which had come on spontaneously, disappeared in the same way, at any rate was scarcely perceptible. He had used many remedies, and had also taken some homœopathic preparations, but without any regularity. Supposing that his condition was incurable, he felt very low-spirited. On the 2d of January, he took CHINA 200. After this the running ceased entirely, but this cessation was followed by frequent micturition, hard stool, cracking in the joints, and stitches in the hip. On the 25th of January, he took MERCURY 200; slow improvement, one exacerbation after an embrace; on the 21st of February, and twelve days afterwards, he took CALC. CARB. 200. The first dose was followed by an exacerbation of the pain which made it almost intolerable; a similar, but lesser exacerbation taking place after the second dose. The pain now left the hip-joint, and settled in the region of the ankle. On the 22d of March, the patient took LYCOP. 200. Evident improvement after the 12th day; the pain in the hip had disappeared entirely, and had become very much mitigated in the ankle. On the 10th of April, he received another dose of LYCOP., to be taken in solution during the space of eight days. The pain now decreased so much, that only a slight sensation was felt in the lower part of the tibia. On the 13th of May, when the weather was bad and changeable, he felt again a few stitches without any lameness, and took two doses of MERCURY 200, one every eight days. On the 30th of May, he was without any pain; his external appearance had changed very much to his advantage; a slight stinging, which was by no means painful, reminded him of his previous sufferings. Three doses of PETROL., one every eight days, completed the cure.

17. Mr. R. showed me on the 12th of June, 1844, some sore suppurating places on the prepuce, (herpes præputialis,) for which I gave him a few doses of NITRIC ACID, and one dose of SULPHUR. On the 29th, the sores had healed, but several small figwarts had made their appearance on the frænulum, without his being able to tell when they had originated. He took THUVA 6. On the 3d of August I saw the patient again. A few head-shaped figwarts had shown themselves, besides some that were rather thicker, of the size of small peas.

THUYA 20, with external application of the tincture, MERCUR. NITROS. 2, SYCOSIN 6, THUYA 120, ACID. PHOS. 3, SEPIA 200, SULPH. 200, SABINA, the high attenuations being given once, the lower separately, had no effect. On the 29th of November the patient took LYCOP. 120, on the 23d of December LYC. 200 ; on the 21st of January LYC. 120, on the 26th LYC. 200 ; the different doses maintaining a slowly progressing disappearance of the excrescences. Supposing that the power of LYC. to remove such condylomata had now been exhausted, I gave the patient three doses of THUYA 120, on the 3d of February ; on the 5th of March, two doses of PHOSP. ACID 9, on the 24th of March some doses of HEP. SULP. 30 for ophthalmia and angina ; on the 28th of March two doses of PHOS. AC. 200, and on the 17th of April four doses of MERC. NITROS. 15, one dose every three days.

From this case very little can be learned, except that the inveterate disease of this patient yielded to the use of several remedies, for one alone has certainly not achieved the cure ; but this case shows that the high potencies have acted very powerfully ; for on the 5th of March, when the patient began to take the lower potencies of PHOSP. AC., the condylomata had completely disappeared ; the subsequent remedies were given for other symptoms and partly as preventives against a new outbreak of the affection.

The wife of Mr. R. had not remained free from the disease. She was in the seventh month of pregnancy, and now complained of excoriations with hard edges in the vagina, where I discovered ulcers resembling benign chancres without indented borders. Some time previous to her confinement she had recovered from this affection by means of the 200th potencies of SULPHUR, LYCOP., MERC., and then again SULPH. and THUYA ; she was delivered of a healthy child, nursed it herself, and has, up to this moment, remained free from any traces of syphilis, as well as her baby.

18. A part of a cure. A gentleman had been treated by me for chancre seven or eight years ago, and had been cured. He said that he had not been infected since, but I do not believe him ; for he had reasons to conceal the truth from me, inasmuch as he had employed another family physician for some years past. Being attacked with vertigo and an incomplete paralysis of the extremities he again consulted me. He was cured of his ailments by means of LYCOP. and THUYA 120, except a want of firmness of the hand in writing. On the 9th of June he showed me two figwarts of the size of whortleberries, above the os pubis, of a red appearance and a soft structure, and half a dozen others smaller, paler and harder

on the prepuce. Three doses of THUYA 120, which were taken in solution within the space of two weeks, a teaspoonful a day, caused the two larger warts to disappear entirely, and diminished the smaller ones. The patient is yet taking THUYA.

These examples may suffice. I might furnish a much larger number, for I have instituted a great many experiments with the high potencies; but they would prove no more than the cases which I have narrated, viz.:

THAT THE POTENCIES UP TO 200 INCLUSIVE, ARE NOT ONLY CAPABLE OF CURING DISEASES, BUT OF PRODUCING AGGRAVATIONS AND SECONDARY SYMPTOMS.

I admit that my cases are not all equally strong, but one fact serves to complete and illustrate the other. If I had more time to devote to literary labors, I should have made a better selection of my cases; but they are all scattered through my journals, and I took those that I first hit upon.

The introduction of these high potencies into our practice by Gross, is a merit which no one can justly deny him.

II. IS IT PROPER TO CALL THESE NEW ATTENUATIONS HOCHPOTENZEN (HIGH POTENCIES)?

After all the name matters very little, provided the thing itself is true; but inasmuch as we attach definite ideas to a name, it is not as indifferent as people generally imagine; a wrong name may give a wrong idea. However little I may feel disposed to fight with Gross about words, I feel nevertheless bound to examine the name a little closely, as Gross has not failed to deduce wrong inferences from the one which he has seen fit to adopt.

Gross says "that the law of dynamization is inseparable from the doctrine of Hahnemann; that the curative power, which is latent in the lower potencies, is brought to light by continued dynamization, and finally *so powerfully*, that it aggravates without curing. By continuing the process of dynamization, Gross says, that one finally arrives at a point, where the fully developed power appears mild enough to satisfy all the conditions of a true remedial agent." He likewise supposes that the degree of this dynamization, where this union of mildness and strength takes place, is different in the different remedies, that in the naturally mild agents, such as DROSERÄ, it is the 200th, in ARSENIC the 400th or even 800th.

This mode of reasoning appears to me a mingling of facts that are half true, and false inferences, which, if supposed to be correct, must necessarily influence the practitioner in the selection of the dose. There is indeed a great difference between the virtues of ARSENIC and DROSERÄ in their natural

forms, but whether this difference continues in the 200th potencies, is not proven, not even probable.¹ Gross has not furnished any proof for the correctness of his view about the necessity of dynamization;² he looks at the thing so and not otherwise; but he overlooks the evident contradiction in supposing that the remedial virtues of a drug can be developed by a certain process, until they become injurious, and that, by continuing this same process still more, those hurtful remedial virtues will again become milder.³ I do not pretend to deny the facts about *DROSERA* and *ARSENIC*; but they are evidently an exception, and the interpretation which Gross attaches to them is wrong.⁴ If Gross should reply, that the chemical destructive properties of *ARSENIC*, *HEPAR. SULP.*, etc., are diminished by what is called attenuating those substances, but that their medicinal properties increase in proportion, and that an attenuation of *ARSENIC* elicits a greater number of phenomena in the organism than a massive dose; this observation would indeed be correct, although a comparison of the dynamic with the chemical modes of action of *ARSENIC* would not; for all our preparations are dynamized, whether they be naturally mild or chemically destructive. The effects of unimpaired *ARSENIC* upon the body, are evidently more destructive and deleterious than those of the 30th potency; they are more marked than those of a higher potency. We may rightfully suppose that the destructive power of *ARSENIC* is more and more diminished in proportion as the drug is carried up to the higher degrees of dynamization, and that the drug acts with a correspondingly increasing mildness.⁵ Gross is of this opinion, but he also thinks that *DROSERA*, which is an innocent remedy in the 6th potency, endangers in the 60th the life of a patient attacked with hooping-cough; that *ARSENIC* 100 weakens the patient so much that a cure cannot be effected with this potency. One or two observations have, in this instance, been elevated to the rank of a general principle, but the principle which has been deduced from them, happens to be incorrect. To show this incorrectness by one fact, I will simply observe that we can never speak of the action of *one* power, but that we ought to speak of the *conflicts* of two, in this instance of the medicine and the diseased body; there is no *effect*, except when two powers meet, for one power remains latent until it meets with a corresponding one.⁶

Without dwelling upon the fact, that the process of dynamization which we have adopted for the preparation of our drugs,

¹ These numbers refer to the notes of Dr. Hempel at the end of the article.

is something unique in nature ; that those agents which come nearest our preparations as regards refinement and expansiveness, light, sound, odor, obey totally different laws, I may say that my own observation has not confirmed Gross' statements. I have instituted frequent experiments with the 60th, 120th and 200th potencies of different remedies ; but I have never found that those potencies produce distinct effects, each, or that the lower produce more aggravations than the higher. One case evidently proves but very little in such matters. We often have patients who have a great susceptibility for certain drugs, whereas other patients are not affected by them. The chapter of medicinal aggravations is darker than any other ; what we know for certain is, that aggravations are more readily excited by high than by low potencies. Without entertaining my readers with hypotheses and analyses, by means of which the efficacy of the high potencies may become more plausibly and readily understood, I shall content myself with communicating to them an observation which, to my knowledge, is just as new as unheard of, and which *shows*, that the so-called high potencies are nothing else except an *infinite division of matter*, (perhaps an increase of surface.)

By means of a good solar microscope, the medicinal substance which is contained in a drop not only of the 30th, but of the 200th potence, are seen as millions of small points, the various forms and color of which, according as they come from one or the other metal, may be distinctly seen.

One half of a drop of ARSENIC, PLATINA, MERCURY and GOLD was placed under a solar microscope belonging to Mr. Coulembier. The drop exhibited a wild, confused, rapid whirling of an infinite number of atoms, which finally settled down with a good deal of regularity into pretty equal points, showing a radiating arrangement in some places, probably where they had become collected around a fragment of cork. The irradiations were very few, and might be clearly distinguished from the medicinal atoms. The shape and arrangement of the atoms in the different metals were evidently different ; the color too seemed to be different ; but nothing positive can be said in this respect, inasmuch as the experiments were too few and the discovery so extraordinary. It appeared to me that the atoms of the 6th, 12th and 30th potencies were larger and less regular as respects form and size ; this, however, cannot be stated as a positive fact. The lower attenuations of the vegetable poisons, for instance of BELLADONNA 3, exhibited larger, irregular spots. We had no time to institute experiments with the higher attenuations of those drugs, or with salts.

What should be investigated, is: the size and form of a metal in its different attenuations, and, afterwards, the sizes and colors of the different metals in their 200th potencies ought to be compared with one another. It would likewise be worth our trouble to examine the salts and to see how far a distinct form of crystallization can be traced. I intended to examine the alkaloids, but I was prevented by circumstances. Suffice it to have given an impulse in this new field of interesting discoveries.

It is an enchanting sight, these millions of points, and to imagine that the longest line of figures is scarcely sufficient to express the littleness of those atoms. Considering that every particle of the attenuations up to 200 has been attenuated 200 times, and that these atoms, if placed side by side, would fill a space far greater than that of our solar system; considering this excessive divisibility and extensibility of a grain of metal, we are just as much bewildered in wonderment, as when we hear astronomers telling us of stars, whose light, at the rate of eighty millions of miles per eight minutes, requires several hundred years to reach this globe.

If one should feel disposed to deny the results obtained by Dr. Mayerhofer in his microscopical investigations, upon the ground that the atoms of the genuine substance which he pretended to have discovered in the 12th attenuation, were undivided particles of a lower potency which had been carried over to the higher by a sort of accident, this objection cannot be raised against the 200th potency, especially when considering the endless multitude and great regularity of the atoms.

I invite all who can, to convince themselves of the truth of my observation by repeating it. It is an observation which is perhaps just as important to natural philosophy as to medicine, and may furnish us the means of verifying the genuineness of the 200th potencies, at any rate for the metals. I deem it a merit to have improved the opportunity, and to have shown the divisibility of matter up to the 200th degree; this may perhaps obviate many false views and rules of practice, which otherwise might have been adopted.

III. Among these views I place that view which Doctor Gross entertains of the excessive power of the potencies above the 30th, which, according to him, is mitigated by carrying it up to the 200th, and in some drugs, to the 400th potency. *If the efficacy of the high potencies depends upon the greater division of the substance, or, according to Doppler, upon the increase of surface, this efficacy ought to increase or decrease proportionately with the division; it cannot decrease while*

the division continues. From single experiments, Gross has drawn general conclusions which it is impossible should be confirmed. According to my experience, aggravations are just as frequent from the 200th as the 60th potency; I have found the 60th and the 120th potency, judging approximatively, as frequently curative and adapted to the disease as the 200th, beyond which I have no experience, and therefore cannot say any thing about it. To me it does not appear proper to jump from the 30th to the 200th potency; I should propose to use the 60th, 80th, and 100th, and to arrive at 200 gradually, rather than to leap at once from 200 to 400 and 800, as Gross does with ARSENIC. I have not the least doubt, after what I have seen, that the 800th potency may yet act, but still, there must be a limit to the process of dynamization, lest we should transmute the medicinal substance into mere vapor. It will require a number of experiments with the 60th, 80th, and 100th potencies, to determine whether the proper limit has not been already transgressed in the 200th. I should say, that for the present, we might stop there.

IV. The remarks of Gross on the repetition of doses are well worthy of consideration; it appeared to me first that this was the most essential part of the high potencies, and that the higher or lower degree of the attenuations did not matter so much. To establish the repetition of a dose as a rule, was a retrograding movement, into which we have fallen by emancipating ourselves from the supremacy of the master. In the beginning, I have strictly complied with Gross' rule to wait; but I found afterwards that repetitions are unavoidable unless we wish to leave many diseases uncured. The view which I have expressed at the commencement of this paragraph, is therefore incorrect. I give the high potencies in the following fashion which satisfies my expectations. I cause a few pellets to be dissolved in a cup full of water, have the cup covered with the saucer, and placed upon a plate. When the weather is hot, both the plate and the saucer are filled full of cold water, in order to keep the solution cool. When the patient takes medicine, I cause as much water to be added to the solution as the patient takes at a dose, viz., one teaspoonful. After four, six, or eight days, the solution is thrown away and another substituted for it. I have just read in the Archive, that Von Bœnninghausen likewise prefers the solution in water. Perhaps, however, it amounts to the same thing, either to give a few pellets a day or a teaspoonful of a solution; both methods are frequent repetitions of the dose. Gross seems to consider it of great importance whether one gives one or two pellets. I

deem this unimportant, although I am convinced that ONE pellet is sufficient, provided we can put it ourselves upon the patient's tongue ; but it is risking a good deal to intrust such a little thing to rough hands, and a few pellets more, I think, will not hurt the patient. I have frequently observed that an exacerbation of the symptoms took place four, six, or eight days after the medicine was taken, so that patients accused the sugar of milk, which was given them after the medicine, of having increased their sufferings. We might infer from this circumstance that the high potencies act more slowly than the low, and we ought to take it into consideration in either repeating the dose or giving a new remedy.

This is all that I can say about the high potencies for the present. I am no enthusiast in the matter, and have related nothing but facts. I cannot suppose that I should have been deceived in all cases, although the results which I have obtained, may perhaps be accounted for in a manner different from my own. It were desirable that the high potencies should be tried by many competent practitioners, for the purpose of ascertaining when and whether they deserve a preference. Such party-views as have prevailed in the discussions between the *Hahnemannians* and the *Specificals*, ought not to be permitted to creep into the proposed inquiry. The question is to find out the truth, to benefit suffering humanity, to penetrate into the arcana of Nature, the world of atoms.

Now, if I were asked the question : Are you firmly convinced of the efficacy of the 200th potency of a drug, I should unhesitatingly and in all cases answer, "YES, I AM." If I then were asked : Do you not believe that in many of your cases a lower attenuation would have done just as well, I should answer : This is doubtful, but I am strongly inclined to believe, that in many cases the high potencies act better than the low.*

This question might also be asked : Will the high potencies supersede the low attenuations in all cases, for instance, in acute diseases ? My answer is : I do not know, but I scarcely believe it, were it for no other reason than because the high potencies act more slowly than the low.

Upon the whole, I have simply confirmed the facts detailed by Gross ; however, I have done one thing more, I have SEEN the atoms which might appear so many ghosts to the uninitiated eye. Would that many adepts might be found willing to see and to try !

* See my first case.

NOTE BY DR. HEMPEL.

We intended to offer a reply to the several objections by Dr. Rummel, which have been marked out by figures; but in setting about the matter we felt that it would be impossible to make our ideas perfectly clear, and to present our inferences in a conclusive form, without giving a full account of our notion of the inmost constitution of a remedial agent. We shall offer a short essay on that subject in the next number of the Examiner, and shall demonstrate, we trust, that Dr. Rummel's objections are unfounded, and that, if Dr. Gross has failed in proving the correctness of his inferences, it is because he, in common with most other homœopathic practitioners, has failed to perceive the great fact that *every medicinal substance, and, indeed, every substance in nature, is not a simple body, BUT A COMPOSITE UNIT.* Starting from this view, we shall find it an easy business, not only to show that the doctrine of potencies is founded in nature, but that different remedial agents require different dynamizations for the development of their medicinal powers, and that the true relation of those medicinal powers to given cases of disease is different in the respective potencies of DIFFERENT DRUGS.

PHILADELPHIA, NOV. 24, 1845.

DOCTOR HEMPEL :

Dear Sir :—I send you the following card for a place in the Examiner if you deem it worth placing there. The subject was an intemperate man, and being the early part of my homœopathic career, I considered it a fair case to test the efficacy of the remedies, which were all used in the 30th attenuation, and the saturated pellets.

July 29, 1838, I was called to visit John White, aged about 47 years, a man of intemperate habits, who has been laboring under diarrhœa for three or four days past, attended with some nausea, for which I gave him IPE. and MER. vi. 30. I was sent for again this morning, and found him severely cramped in all his limbs; surface cold as clay, and covered with a clammy sweat; countenance of a leaden hue, shrivelled and sunken; pulse small and quick; the skin rough, (like goose-flesh,) tongue cold and covered with a dirty fur, except the

edges, which were of a pale red ; very thirsty. There is and has been most of the night, rice-water discharges from the stomach and bowels, to a considerable amount, with flocculi floating through it of the appearance of chopped rice. From the symptoms as named, I was led to give **ARSENICUM**, a few pellets ; the cramp very soon abated, the vomiting subsided, and he became quite easy, being very restless before giving the **ARSENICUM**, which was about eight o'clock, A. M. ; the **ARS.** was repeated about twelve o'clock, (noon.) Up to that time there was no return of vomiting, and the bowels open but twice, and of the character as in the morning. At three o'clock, P. M. a few pellets of **VERAT.** was given ; there had been a slight return of vomiting and of the same appearance as in the morning. The pulse was improved, being fuller and stronger, the tongue much warmer, the patient much quieter, and had slept comfortably—perfectly rational, but remains thirsty—takes some light nourishment.

Evening. He has vomited once since taking the **VERATRUM**, and which was green bile, but complains of some pain, soreness, and a burning in the bowels, pain of a cutting kind, for which **ARS.** was given, a few pellets, with directions to take small portions of arrow-root through the night.

31st. Rested well through the night ; complains of some cutting pain in the bowels, which have not been moved since yesterday ; threw up some bile once ; skin warm, pulse fuller and stronger : gave **MER. BIS.**

Noon. Pain in the bowels continues ; one evacuation of a green color : gave **CHAM.**

Evening. Pain in the bowels continues, attended with soreness, increased from taking food ; some nausea, skin moist, pulse soft and fuller, bowels open since noon, appearance as in the morning : gave a few pellets of **CUPRUM.**

August 1st. Much better, pulse soft and full, rested well last night, not much pain in the bowels since last evening, skin natural and warm, bowels not moved, no nausea, no appetite.

2d. Improving in every respect, still a little pain and soreness in the bowels, not much appetite, rested well last night : gave **CINCHONA.**

3d. Still improving, very little pain, the bowels becoming regular : gave a few pellets of **NUX.**, and considered further attendance unnecessary.

R. GARDINER,
85 Catherine-street.

ON CROUP.

BY IVAN PIERRE, M. D.

“WHEN subjected to a rigorous ordeal, what becomes of the great mass of medical testimony to the efficacy of medical treatment? In how many instances have the observations been extended to a number of cases sufficiently large to determine with any positiveness the actual results of treatment upon the mortality of a given disease? How far have the facts been really *comparable facts*? In how many series of observations has the *diagnosis* of a disease been established beyond any reasonable doubt? and what is still more important, how accurately and how clearly have the *varieties* or the *forms* of the disease in question been distinguished from one another? Alas, my brethren, there can be but one answer to all these questions, and humiliating as that answer may be, it is much better to make it, to hear it, and to give heed to it, than voluntarily to shut our ears and eyes, and still stumble on in the dark. What is the character of the great mass of medical observations in regard to the treatment of disease as recorded in medical books and journals? Dr. A. gravely reports a series of cases of what he calls *tubercular consumption*, all cured by his new method. But not a syllable is said about any evidence of the actual existence of the disease, derived from its physical signs; and no information is furnished as to the number of cases which have terminated fatally under the same management. Dr. B., with the same gravity and apparent honesty, boasts that he has been remarkably successful in the cure of *scarlet fever*; because he has not lost one of eight or ten, or it may be twenty cases, or *about* this number of the disease, that have fallen into his hands, during the last season. With great self-complacency he compares the wonderful results of his own skill with those of a neighboring practitioner, who, *he has understood, and he has no doubt of the fact*, has lost all, or nearly all of the cases of the same disease which have unfortunately come under his care. The idea of inquiring how far the two series or classes of cases have been *comparable*, never seems to have entered his mind. Not a word is said about the form or variety of the disease, which either he or his neighbor has been treating; although supposing the results to have been as he has stated them, the probability is, that his own cases belonged to the *simple* form of the disease, and

those of his neighbor to the *malignant* variety. Dr. C. announces to the medical world, that for the last year and a half, or perhaps for the last four or five years even, he has been uniformly successful in his treatment of *croup*. He says not a syllable about the form of the disease in the cases which he has managed; he has not ascertained whether they were cases of *true membranous croup*, or of *non-membranous croup*. He may not be aware that there is any such difference in the forms of this disease. On a further investigation into the real state of the facts, it may be found, perhaps, that the number of cases, of which he has kept no positive record, but which he really thought was very considerable, after all amounted only to some eight, ten, or a dozen; and that from among these, even, he had excluded one case, because the child had been scrofulous and feeble from its birth; and a second case, because he did not see the patient till a day or two after the first appearance of the disease; and still a third case, because it had not been properly treated by the physician who had the first care of it; and finally, it frequently comes up at last, that one case, which he had treated from the commencement, had terminated fatally, but it had entirely escaped his recollection.

“This sketch of the general character of medical testimony, as to the effects of treatment in these diseases, and in many others, is neither exaggerated nor falsely colored. I appeal to the experience of all close and philosophical observers now living; and to the multitudinous records on the pages of medical books and journals, for the proof of its faithfulness and accuracy.”—*Bartlett on the Philosophy of Medical Science*.

We have prefaced our article with this long extract, for the purpose of asking the question whether the homœopathic school is liable to the same charges which Bartlett so unsparingly brings against old school experience and treatment. In Jahr's Manual we find no less than thirty-one remedies recommended against *tubercular phthisis*; yet it is an axiom in medicine that the more remedies there be against a disease, the less certain and satisfactory will be the treatment of that disease. Again, although some of these remedies are more or less homœopathic to some of the symptoms of consumption, yet none of them are really homœopathic to *tubercular disease*, and hence must and do prove comparatively inefficient in the treatment of *tubercular* consumption. According to Noack and Trinks, BROMINE induces an appearance of the lungs similar to tubercular infiltration; and CANTHARIDES produces an affection of the kidneys similar to tubercular disease of those organs; these are the only known remedies which have a truly homœopathic relation to tubercular disease.

Again, the exact value of Belladonna in the treatment of scarlatina maligna has not yet been definitely settled by the homœopathists, while scarlatina simplex, according to Watson, "is scarcely a disease; Sydenham has said of it that it is fatal only through the officiousness of the Doctor."

Finally, we come to the consideration of the homœopathic treatment of croup. For a number of years the remedies recommended by Hahmemann were regarded by the homœopathist as all-sufficient. Griesselich, we believe, was the first who had the manliness to publish unsuccessful cases as occurring in his own practice, and to admit that in some other instances he had been forced to put in practice every expedient with which he was acquainted, without regard to system. There is no proof that either Aconite, Spongia, or Hepar. Sulph. are homœopathic to *true membranous croup*, although they are still recommended in Jahr's Manual, and still used by the majority of the homœopathists in this variety of the disease. It is true that Jahr adds, "Against desperate cases in which these remedies fail, Musk, Phosphor, or Camphor, Copper and Lachesis should be used, but Musk, Camphor and Copper are only homœopathic to *spasmodic croup*; and Phosphor to *simple inflammatory croup*. In fact, the homœopathists, like the majority of old school physicians, do not distinguish the different varieties of croup from one another. The result of this want of accuracy, is much more disastrous in old school practice, than in the new, but is to be deprecated in either. According to Dr. Ware of Boston, there are four varieties of croup, viz.: 1st, the spasmodic; 2d, the catarrhal; 3d, the simple inflammatory; 4th, the true membranous croup: these varieties form so many distinct and independent diseases; they are not different stages of the same disease, as is usually supposed, nor will they run into each other, any more than scarlet fever will run into small-pox, or measles into whooping-cough. This is not generally understood, for when Watson, one of the latest, and perhaps the very best of the English writers on the principles and practice of medicine, teaches that true croup is frequently preceded by catarrh, "the child," he says, "has what is popularly called a cold; it sneezes, coughs, and is hoarse;" and states that "the mortality will differ according as the disease is detected early, and treated vigorously by blood-letting, tartar emetic and calomel. It is maintained, however, by Dr. Ware, and all those physicians who are conversant with the diagnosis of true croup, that this mode of treatment is utterly powerless in this affection; the result will be the same, i. e. almost inevitably fatal, whether the case be thus treated early or late, nine-

teen out of twenty will die. In catarrhal croup, to which Watson alludes, such active treatment is entirely out of place, although the mistake is easy, for "in catarrhal pseudo-croup, the voice is hoarse, the cough croupy, there is tightness and oppression of the chest, with croupy inspiration, and at times sudden attacks of dyspnœa set in, with shrill sonorous breathing; *but in a few days the croupy character will wear off of itself, leaving simple catarrhal symptoms only.*" The great mass of old school physicians pounce upon their cases of catarrhal and simple inflammatory croup in their peculiarly energetic manner; after the infliction of great suffering, and in the course of time the majority of these cases slowly recover, often at the expense of a shattered constitution; the physician congratulates himself and is congratulated by the grateful friends and relatives; he even boasts of his success, and perhaps renders it the subject of a monograph, or of an article in a medical journal; when, in all probability, without his officious interference, his cases would have recovered in one-half the time, if left entirely to nature.

We now propose to inquire, in how far the homœopathic treatment of croup is more successful than the ordinary mode.

Dr. Ware, out of one hundred and nine cases of simple inflammatory, catarrhal and spasmodic croup, did not lose a single case under old school treatment. During the course of twelve and a half years' active practice, he met with twenty-two cases only of true membranous croup, or scarcely two cases a year, on an average; of these, nineteen died, and only three recovered. Hence it is evident, that a homœopathist, with an extensive practice, in order to equal the results of the best old school treatment of croup, should not lose more than one or two cases per year, and then the probability will be that all his cases of true membranous croup have terminated fatally; for this is a rare disease, except in seasons when it prevails epidemically. There are several reasons for supposing that the homœopathists, as a body, are not more successful in the treatment of true croup, than their old school brethren. The first, and most stringent is, that none of the remedies in ordinary use by them, are really homœopathic to the grand peculiarity of true croup, viz., the formation of false membranes in the air-passages—Aconite and Phosphor may be homœopathic to simple inflammatory croup; Spongia, Hepar, Chamomilla, Drosera, and Sambucus may be more or less homœopathic to catarrhal croup; and Hyosciamus, Nux, Moschus, Camphor, Belladonna and Cuprum may be homœopathic to spasmodic croup, but the great majority of homœopathists are unacquainted with the

truly homœopathic remedies against true membranous croup. According to Noack and Trink, *Ammonium causticum* causes "reddening of the nasal mucous membrane, which is coated with an albuminous layer; reddening of the posterior surface of the epiglottis, and of the entrance of the rima glottidis, which are covered with pseudo-membrane; great redness of the whole trachea and bronchi, which are coated here and there with membranous patches." Here it is evident we have one truly homœopathic remedy to membranous croup; *Bromine* is another, for it causes "inflammation, of a transudative character, of the larynx and trachea, with the commencing formation of false membranes; violent inflammation of the fauces and œsophagus, and coating of them with plastic lymph; intense inflammation of the larynx and trachea, with exsudation of plastic lymph in such abundance as quite to block up the air-passages." As the great body of the homœopaths, however, are unacquainted with the use of these remedies in true croup, it is evident that they always employ remedies which are more or less homœopathic to some of the symptoms, which are common to all the varieties of croup, but not homœopathic to the distinctive, pathognomonic phenomenon of true croup, viz., a peculiar inflammation, leading, inevitably, to the formation of false membranes in the air-passages. The consequence is, either that all their cases of true croup terminate fatally, for the want of a truly homœopathic remedy, or else they are cured by the remedies for catarrhal or simple inflammatory croup, exerting an *alterative* action upon the peculiar inflammation of membranous croup. We should judge that the latter could not frequently prove the case, for the homœopaths do not commonly administer them in doses sufficiently large to bring about an alterative effect. But in the second number of the new series of the Homœopathic Examiner, we find a few materials for the formation of a more positive opinion. In 1839, Dr. Tietze treated fifteen cases of croup, all of which recovered; in 1840, he treated six cases, five of which died; up to this latter period he was at a loss to comprehend why some homœopathic physicians should have complained of the inefficiency of the homœopathic treatment of croup, and why they should ever have resorted to old school expedients. But his last experience taught him what he should have known long before, that croup may assume *very different forms*, and that therefore the homœopathic treatment ought to be correspondingly modified, lest it prove unsuccessful; accordingly Dr. Tietze attempts to furnish a symptomatic diagnosis between true and pseudo-croup, and to furnish a new

remedy against true croup ; in the former he says the breathing is hissing, in the latter, wheezing ; in the former, the character of the cough was constantly changing, notwithstanding the appearance of perspiration, while in the latter, when perspiration set in, the cough became less severe, less rough and barking, and the fit of suffocation ceased, &c. ; these are the only differences he notices up to the time when the death-agony sets in. But these distinctions are not practical enough, and when the time arrives that they can be noticed, it will generally be too late to save the patient. The onset of true croup is *not* sudden in fourteen cases out of fifteen ; in its commencement the breathing is comparatively quiet and unobtrusive ; there is only a little more effort in drawing in the air, and a little more force exercised in its expulsion ; there is a slight dilatation of the nostrils at each inspiration, and a slight whiz or buzz at the rima glottidis, heard by placing the ear upon the back of the neck, or over the larynx. (WARE.) It is at this period that the true physician must be able to predict the coming storm ; the little patient will, in all probability, be running about, apparently in the enjoyment of almost perfect health, yet it would be ten times a greater triumph of art to save that child from impending evil, than in those cases where the cough is loud and violent from the commencement, the breathing loud, harsh and suffocative from the onset, attended with great efforts and much loud coughing, creating great alarm, and apparently calling for immediate relief. These, apparently most alarming cases, any old woman can manage with syrup of Ipecac., Hive Syrup, Scotch Snuff, Goosegrease and Molasses, &c., &c. ; but by the time that the apparently mild cases slowly and insidiously become a tithe as bad as the sudden and apparently alarming cases, they are almost beyond the reach of medical art. But they may be detected at a very early period ; if the throat be examined, long before the case begins to look threatening, false membranes will be found, most frequently and sometimes only upon the tonsils, sometimes on the palate, uvula and pharynx ; in thirty-three cases of true croup, Dr. Ware found these false membranes present in thirty-two, absent in one ; in eighty-seven cases, Bretonneau found them present in eighty-five cases, absent in two ; while in forty-five cases of pseudo-croup, Dr. Ware did not find them present in a single instance, hence this sign failed only three times in one hundred and sixty-five cases, or but once in fifty-five cases, on an average. Here we have all the requisitions necessary for the successful homœopathic treatment of true croup, viz., a foreknowledge of the insidious nature of the disease, a reliable diagnos-

tic of its presence, before the disease has reached an alarming height, and finally, remedies which are strictly homœopathic to the exact nature of the disease, not merely to some of its symptoms, which may also be common to other and very different affections. Hence we do not feel disposed to look with favor upon any new remedy, advised as homœopathic to true croup, unless its title to this character has been established by ocular evidence in post-mortem examinations of fatal cases of poisoning with the drug in question. When submitted to this ordeal, Iodine, which is so highly recommended by Drs. Koch and Tietze, will be found wanting; there is no proof that it is truly homœopathic to membranous croup; on the contrary, it is easy to show that it is homœopathic to catarrhal croup merely; finally, four of the five cases reported by Dr. Tietze, as cases of true croup, cured by Iodine, recovered when a *fluent coryza* set in, hence it is very probable that they were merely severe cases of catarrhal croup.

Pereira says Iodine increases the secretion of nasal mucus; that from the use of Iodide of Potassium, increased secretion from, and pain of the nasal mucous membrane has been observed, and he has repeatedly remarked that the pocket-handkerchiefs used by patients who are taking this salt, acquire a distinct odor of Iodine. According to Ricord, after using Iod. pot. for a week or more, a *peculiar coryza* is apt to set in, which may be mistaken for simple coryza, for the mucous secretion from the nose is considerably increased, but with this peculiarity, that the discharge has much less tendency to pass into suppuration. Hence, in the absence of proof of the exact homœopathicity of Iodine to true membranous croup, and in the presence of actual proof of its homœopathicity to a catarrhal state, we are justified in drawing the conclusion that Iodine will not help in true croup, unless it be given in doses sufficient to alter or reduce a true croupous inflammation into a catarrhal one.*

* How does this conclusion agree with the remarks of the writer, page 189, "that the varieties (of Croup) will not run into each other?" *Can medicine effect this transmutation?*—H.

THREE PRECAUTIONARY RULES OF HAHNEMANN.

BY DR. V. BÖNNINGHAUSEN.

THE author of Homœopathy, in his work "The Chronic Diseases," has established three precautionary rules which he has impressed in the most urgent manner upon the minds of his disciples, and which no homœopathic physician can violate without committing the greatest faults in practice.

They are the following :

1. "To suppose that the doses which I have recommended for every antipsoric remedy, and which experience has taught me to be the proper doses, *are too small.*"
2. "The improper selection of a drug."
3. "The too great haste in administering a new dose."

Whether it is superfluous and out of season to remind homœopathists of *these* doctrines and warnings of the great master and observer, I shall leave all true homœopathists to decide ; suffice it to say that it is precisely in regard to the first and third rule, that modern practitioners have placed themselves in contradiction with Hahnemann.

Some years ago, when a schism broke out in the Homœopathic School, and it seemed as if the doctrines of the specifics promulgated by Griesselich and Co. had achieved a complete victory over the so-called Hahnemannism, that portion of the school who had remained faithful to the truth, and who were loth to indulge literary cudgelings, withdrew from the scene of action, hoping for better days ; they left the field to the loquacious scribes of the new sect, who seemed to take an especial pride and pleasure in denying the rules of practice which the author of Homœopathy had established from long experience and observation. In the place of the Organon which the conscientious and eminently qualified Hahnemann had been uninterruptedly purifying and remodelling for a space of thirty years, they read the Organon of Rau, which had started up like a fungus and disappeared as fast, and in the place of the doctrines contained in the work on chronic diseases, results of twenty years' experience, they studied the hypotheses and contradictions promulgated on the ephemeral pages of the Hygea. Who can deny, or be astonished that, in consequence of the pernicious doctrines of that journal, the Homœopathic School in Germany lost a considerable portion of the ground which the original disciples of Hahnemann had

conquered with so much honor and perseverance? For almost every homœopathic practitioner was more or less carried away by the whirlpool, and I myself am indebted for my speedy return to the doctrines of true experience and science, to the warning of my never-to-be-forgotten teacher and faithful friend, who taught me in an uninterrupted series of letters to distinguish truth from falsehood by careful experiments, comparisons, and unprejudiced observations.

Many must have shared my doubts, but have probably been freed from them more slowly than I have; for the number of those who repel the errors that have been introduced in our school, and who defend against the original and only true doctrines of the master, is increasing from day to day; a year ago scarcely any one dared speak in their favor. The impertinent, bold, and frequently vulgar tone of the specifics had intimidated even the most capable and most experienced disciples of Hahnemann to such an extent that they not only kept their better convictions to themselves, (oh the miserable cowards! H.) but, out of fear of the strong-doses-men, did not hesitate to advise that great cures by means of the smallest and rarest doses should be kept concealed.

During this period of weakness and ignominy, when I should have been so glad to fight openly for the truth, together with the honorable men who shared my faith and my convictions, circumstances had set in which had prevented me from fighting an open battle for truth and justice. My contributions to some numbers of this journal had therefore to be published anonymously. This induced a few mean opponents, although the editors of the Archive named me afterwards as the author of those publications, to doubt the truth of my simple narrations, although I can at any time prove the facts by my journals. If I felt grieved by the proceedings of my opponents, it is not because they attacked my honor and good name,—such attacks cannot injure me,—but they were evidence of the great doctrine of true homœopathy in Germany, where cures were doubted which had formerly been credited, even at a time when the homœopathic doctrine was much less advanced than it is now.

Unless the signs deceive me, we are now at the commencement of a new epoch, marked by the death of our master, whose genius hovers around us, an epoch when the unity of the school shall be restored, when the excrescences shall have been chopped off, and the genuine metal separated from the dross. Let us henceforth be more firmly united, all of us who desire the good, but let us exclude from our ranks with unre-

lenting severity any one who sneers at the good cause, schismatics and all those who attempt substituting opinions and hypotheses for careful observations. But let us at the same time honor the memory of the great reformer in medicine, by subjecting his doctrines, results of fifty years' observation, to repeated and comprehensive examinations and trials, and by candidly communicating our experience to one another. This would be the best mode of preparing the monument which the great man has merited by the services he has rendered to suffering humanity.

PRECAUTIONARY RULE NO. I:—SMALLNESS OF THE DOSE.

The debates relative to the smallness of the doses are far from being closed. The more that has been written on that subject for some years past, the more contradiction has been heaped upon contradiction. What is a truly remarkable circumstance in this discussion,—a circumstance which is by no means creditable to the opponents of the small doses,—is the fact that the manner in which Hahnemann gradually arrived at the introduction of the small doses in practice, in consequence of repeated trials, observations, experience, seems either to have been forgotten or entirely ignored. It is therefore high time to recall the opinions and precepts of the old master once more to mind.

My readers will certainly dispense me with the trouble to show by the *Organon*, from the first to the fifth edition, that it is experience, and nothing else, which led the carefully observing author of that immortal text-book to that minuteness of doses which has now become an object of derision to the specifics.

In the second edition of the *Chronic Diseases*, after having spoken of homœopathic exacerbations, Hahnemann continues thus: "If the original symptoms of the disease continue with the same intensity in the succeeding days as in the beginning, or if this intensity increases, this is a sure sign that, although the remedy may be homœopathic, yet the magnitude of the dose will make the cure impossible. The remedial agent, by its powerful and disproportionate action, not only neutralizes its genuine homœopathic effects, *but establishes moreover, in the system, a medicinal disease by the side of the natural disturbance*, which is even strengthened by the medicine."

That portion of the preceding quotation which is printed in *Italics*, embodies a great truth which has never been denied, which has been abundantly confirmed by the numerous

results of the allœopathic treatment of chronic diseases, and is therefore well worthy of attentive and serious consideration. Such results are even witnessed in the comparatively easy treatment of syphilis from abuse of MERCURY, which is then termed secondary syphilis; but especially do we witness them in the treatment of primary itch, with excessive quantities of SULPHUR internally and MERCURY externally, which begets a monstrous chronic disease, which, in most cases, would even be inaccessible to homœopathy without CAUSTICUM or SEPIA.

Hahnemann continues afterwards: "This pernicious effect of too large a dose may be observed already in the first sixteen, eighteen or twenty days of its action. In such a case it becomes necessary either to give an antidote, or, if the antidote should not be known, to administer a very small dose of such an antipsoric as corresponds most homœopathically to the symptoms of both the natural and the artificial disease. If one antipsoric should not be sufficient, another one of course ought to be given, after having been selected with the same care."

To confirm this rule, and as a proof that it had been drawn from experience, the acute observer adds in a note: "The accident above alluded to, and which is very much in the way of a cure and cannot be sufficiently guarded against, I have witnessed in my own practice, at the time when I was not yet fully acquainted with the remedial virtues of SEPIA, and especially LYCOPodium and SILICEA. I was then in the habit of giving four, five, or six globules of the billionth potency at a dose. *Discite moniti.*" What specific, endowed with the acute powers of observation which characterized the genius of Hahnemann, has ever been able to give the lie to his master's teachings in regard to the magnitude of doses, by defeating Hahnemann's experience by his own! As long as Hahnemann has not been convicted of error, I should say that it is a gratuitous and foolish indiscretion to substitute a different practice for his own, and even to demand that the experience of a few rash innovators should be credited more than that of Hahnemann, backed by the experience of a host of able and devoted practitioners of the homœopathic healing art.

How little an excessive dose is capable of displaying its full curative powers, may be seen from the following remarks of the author of Homœopathy: "The excessive action of the otherwise homœopathic remedial agent having been subdued by the proper antidote or by antipsoric remedies, the same agent may then be exhibited again, but of a *much higher potency*, and in a *more minute dose.*"—But this agent would

have no effect, if a first powerful dose of it had accomplished in the beginning all the good that the agent is capable of.

“Finally, Hahnemann observes: “Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food. The remedial agent will act even in its smallest quantity, provided it corresponds perfectly to all the symptoms of the disease, and its action is not interfered with by dietetic transgressions. The advantage of giving the smallest doses is this, *that it is an easy matter to neutralize their effects in case the medicine should not have been chosen with the necessary exactitude*. This being done, a more suitable antipsoric may be exhibited.” This advice ought to be carefully considered, especially by beginners, together with the warning which Hahnemann has expressed in the preface to his work on the Chronic Diseases. “What would they have risked, if they had first followed my indications, and had employed small doses? The worst which could have befallen them, was, that those doses would be of no avail. It was impossible that they should do any harm. But instead of exhibiting small doses, they employed, from a want of sense, and of their own accord, large doses for homœopathic use, thus exposing the lives of their patients, and arriving at truth by that circuitous route which I had travelled upon before them with trembling hesitation, but the end of which I had just reached with success. Nevertheless, after having done much mischief, and having squandered the best period of their lives, they were obliged, when they were really desirous of curing a disease, to resort to the only true method which I had demonstrated to them a long while ago.”

I should weary the patience of my readers, if I were to continue this subject still farther. He who is desirous of having an accurate knowledge of my views about the matter of the doses, may read my work, entitled, “Homœopathia, for intelligent laymen.” Page 203 of this work, a special chapter has been devoted to the “*smallness of the doses*,” which I feel bound to approve of even now, after many years’ experience, and after having suffered myself to be carried away for a time by the hue and cry against the small doses, and having prescribed larger ones with much less success, especially in the treatment of chronic diseases. The reasons for my adhering to the small doses, may be found in my Journal, which has now grown up to fifty-five large in-quarto volumes, and in my communications to the Archive, signed “Dr. B. of D.”

I ought to observe here that Hahnemann has never deviated

from this practice of giving small doses, even in the last years of his practice, and that the insinuations of the specifics to that effect are totally without foundation.

These insinuations are not only contradicted in the preface to the *Chronic Diseases*, which was written at the end of 1838, but I can likewise show their falsehood by the letters which have been exchanged between Hahnemann and myself, without any interruption, from the middle of the year 1830 until two months before his death, and which show, that, so far from increasing the doses, Hahnemann has, on the contrary, steadily diminished them progressively until the last moment.

Inasmuch as we know almost nothing of the cures performed by our defunct master, except the two cases reported in the preface to the second volume of the *Materia Medica Pura*, and a few more facts which had been but slightly touched upon, I may perhaps afford a pleasure to most homœopaths, by communicating two extracts from Hahnemann's *Journal*, which he sent to me on the 24th of April, 1844, as proofs of the efficacy of small doses. Wherever the potency is not distinctly indicated in these two reports, the reader will please understand the 60th.

CASE I.

Julia M., country girl, fourteen years old, has not yet menstruated. Sept. 12th, 1842. Sleeping in the sun, a month ago. Four days after having slept in the sun, she imagined she saw a wolf; six days after this she felt as if she had been knocked on her head. She became delirious, frantic, wept a good deal, sometimes breathed with difficulty, spit up white mucus, was unable to say what she felt.

She took Belladonna in seven tablespoonfuls; shake the solution; mix one tablespoonful of it with a tumbler full of water; take one teaspoonful at a dose.

16th. More calm; was able to blow her nose, which she was unable to do in her frenzy; she is yet delirious, but does not make so many gesticulations. Wept a good deal the night previous. Stool normal. Sleep pretty good. Is yet restless, but was a good deal more so previous to taking Belladonna. The capillaries of the eye are considerably injected. Appears to have a pain in the nape of the neck.

To pour one teaspoonful from the tumbler in which one tablespoonful had been mixed, into a second glass of water, and take every morning from two to four teaspoonfuls of the second mixture, (increasing the dose by one teaspoonful every morning.)

20th. Much better, speaks more rationally, wants to do something, calls me by my name, and wants to kiss a lady who is present. This was the commencement of a sort of sensualism which now manifested itself. She is easily irritated, fault-finding, sleeps well, weeps very frequently, gets angry about trifles, eats more than usual; when she is in her senses she likes to play, but like little children.

BELL., one pellet, to be dissolved in seven tablespoonfuls, one tablespoonful of which to be mixed in another tumbler full of water, taking one teaspoonful a day, early in the morning,

28th. Considerable irritation on the 22d, 23d, 24th, day and night; great lasciviousness in manners and words, raises her frocks and wants to touch the genitals of other persons; gets angry easily and strikes every body.

HYOSCIAMUS X^o, prepared as the Belladonna, one teaspoonful.

Oct. 5th. Had not been willing to eat any thing for five days past; complains of colic; is less angry and lascivious, more rational. Stool very soft, itching over the whole body, especially in the region of the genital organs. Sleep sound.

SACCHARUM LACT., for seven days, one teaspoonful as above.

10th. On the 7th she had a violent fit of anger, wanted to strike every body. Next day, fit of fear and tendency to start, as at the commencement of her disease, (fear of an imaginary wolf;) she imagines she is going to be burnt. Since then she had become calm, and had talked rationally and with perfect propriety for the last two days.

SACCH. LACTIS, etc.

14th. Feels well and is rational.

18th. The same, has sometimes a little headache; disposition to sleep in daytime; less cheerful.

SULPHUR, one pellet in three successive tumblers; one teaspoonful early in the morning.

22d. Feels very well, has very little headache.

SULPHUR, next lower potency, in two tumblers.

She used sulphur occasionally until November, and remained a healthy, sensible, lovely girl.

CASE II.

O., actor, thirty-three years old, married.

January 14th, 1843. Has been frequently troubled with an affection of the throat for several years past; has a new attack, which lasted already for a month. When swallowing saliva, he feels a stinging sensation, tight and sore feeling.

When the throat is not affected, he suffers with a fissure in the anus, painfully smarting; the anus is then swollen, inflamed, and narrower than usual; the expulsion of the fæces is very difficult under those circumstances, and is accompanied by the protrusion of hæmorrhoids.

BELL. X^o, dissolved in seven tablespoonfuls of water, one tablespoonful to be mixed in a tumbler full of water, one teaspoonful of this last mixture at a dose.

15th. The sore throat was worse in the evening.

16th. The sore throat had disappeared, but the affection of the anus had returned. Painful stool in the evening.

He confessed that he had had a chancre eight years ago, the removal of which by cauterization had been followed by the above named symptoms.

On the 10th of January, he took MERC. vii. one pellet, prepared and taken as above.

20th of January. Sore throat had almost gone. Anus improved; feels yet some soreness after the stools; pulsations, swelling and inflammation had disappeared. The narrowing was less.

MERC. vii., one pellet, ($\frac{2}{3}$) of the second higher dynamization,¹ prepared in the same way as before, and taken in the morning. (It is not stated whether the mercury was taken once or twice; generally only once in the morning.)

January 25th. Throat almost well, but smarting pain and *violent stitches* in the anus, violent pain in the anus after stool, some narrowing and heat.

30th. Last dose (one teaspoonful) in the afternoon. On the 28th the anus was better, the *sore throat had returned*; the smarting in the throat was pretty violent.

One pellet in sugar of milk, dissolved as above, and taken for seven days, one teaspoonful a day.

February 7th. Considerable ulcerative pain in the throat. Colic, good stools, but several in succession, with great thirst. The anus is perfectly well.

SULPHUR $\frac{2}{3}$ in seven tablespoonfuls, as above.

13th. Had an ulcerative pain the throat, especially when swallowing the saliva, which he now secretes in abundance, especially on the 11th and 12th. The anus has become a little narrower, especially since yesterday.

Smelled of MERCURY, and took MERC. v., second highest potency, one pellet to be dissolved in seven tablespoonfuls of

¹ NOTE: In a future edition of the Organon, these signs and expressions will be explained. H.

water, to which was added half a tablespoonful of brandy ; mix one tablespoonful in a tumbler full of water, and take one teaspoonful as above.

20th. The throat has been better since the 18th ; great pains in the anus ; stool is painful when passing it ; thirst decreased.

Sugar of milk in seven tablespoonfuls, etc.

March 3d. No sore throat. When passing the stools, an empty hæmorrhoidal tumor makes its appearance, with itching of the part, (formerly with burning and smarting.)

Smelling of *Ac. NITR.* and sugar of milk, in seven tablespoonfuls, etc.

20th. The pain after the stool has almost gone ; yesterday he passed some blood with the stool, (old symptom.) The throat is sound ; there is a slight sensation when drinking cold.

Smelling of *Ac. NITR.*—(Smelling is performed by opening a little vial containing one-half ounce of diluted alcohol or brandy, and smelling for one or two moments of a pellet which had been dissolved in it.)

Remained well ever since.

Hahnemann designates these cases as not being the most instructive. Leaving both the Hahnemannians and the Specificals to comment upon them, I pass over to the second precautionary rule, viz :

The proper selection of a drug.

Let us first recall to our minds what Hahnemann says in relation to it, in his *Chronic Diseases*.

“The second fault, the improper administration of a drug, is generally owing to carelessness, laziness, and levity. Many homœopathic physicians, alas ! remain guilty of these trespasses to the end of their lives : they understand nothing of the homœopathic doctrine.

“The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is, to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the *Organon*. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing *Repertories*, with a view of becoming approximatively acquainted with the true remedy. But, inasmuch as those *Repertories* only contain general indi-

cations, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out in the *Materia Medica*. A physician who is not willing to take this trouble, but who contents himself with the general indications furnished by the *Repertories*, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true homœopathist. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper, and is obliged to leave this homicidal dabbler. It is by such levity as this that true homœopathy is injured.

“This ignominious propensity for laziness, in the most important of all professions, determines these pseudo-homœopathists to choose their remedies *ab usu in morbis*, by the directions which are found recorded at the head of each medicine. This proceeding is entirely wrong, and smells strongly of allœopathy. Those general indications which are found at the head of each medicine in the different *Repertories*, only refer to special symptoms, and most of them have no other object, except to inform the homœopathic physician that certain medicines, the virtues of which have been tried upon the healthy organism, have been found curative in the diseases named in the *Repertories*. Alas! there are even authors who advise this kind of empiricism.”

These words of Hahnemann, together with what is taught in the *Organon* relative to the same subject, might be considered a sufficient demonstration in favor of the rule, but they imply likewise something favorable to the true disciples of our art, which it may be proper and expedient to mention, were it for no other reason than that of being impartial.

In glancing back to former years, we can easily find a period, where cases and cures were reported in a far different way from what they now are. A large portion of the results which have been obtained in later years, point to great uncertainty in the selection of remedies, which is not met in a like measure in the so-called infancy of Homœopathy; and, if we look at that difference a little more closely, we shall find that the progressively increasing magnitude of the doses, and the uncertainty in the selection of a remedy, go hand and in hand. Can and ought this to be called a progress?—And if this be no progress, what is the reason that this retrograding movement should take place?

The answer to this question is partially contained in the above-mentioned words of the author of Homœopathy, where he warns his disciples against incorrectness, levity, and lazi-

ness in the selection of a drug, and it is perfectly just that those who commit those sins, should be despised and disgraced, as men faithless to their art and high trust. But it would be unjust and uncharitable to impute to the will delinquencies which are, to a certain extent, occasioned by a want of means; I am convinced that the imperfect development of our *Materia Medica* bears a considerable portion of the fault which I have just now charged upon practitioners.

Without expatiating upon the uselessness of most of our modern provings, fragmentary lists of symptoms, or the hypotheses with which treatises on the *modus operandi* of single remedies abound, I beg leave to offer a few suggestions regarding the arrangement of the *Materia Medica Pura*, suggestions derived from vast experience, and from a careful study of the *Materia Medica* during a period of fifteen years.

Every beginning homœopathic practitioner has probably shared the mistake, into which I, in common with many others, fell at the commencement of my homœopathic studies, to imagine that the homœopathic *Materia Medica* contained the symptoms of every disease. This illusion disappears after the differences of two or more remedies have been found out by a careful comparison of their symptoms. These differences are observed so much more accurately, when the remedies are to be applied; it is then that we perceive the incompleteness and uselessness of the present systems of pathology, which, at best, indicate in a very poor fashion the general character of the disease, but never point out the varieties and shades, according to which the remedy can alone be selected and administered with success. What allœopathic physicians understand by the phrase "a remedy is indicated," is altogether different from what we understand by an agent homœopathic to the disease. A number of remedies may be indicated in any given case of disease, and, indeed, a number of homœopathic agents may bear upon a disease; but only one remedy can be truly homœopathic to the disease, and corresponds not only to the principal symptoms but to all the secondary circumstances and phenomena.

What I have here stated, is indeed nothing new, but it was necessary to mention it, because we may derive from it rules for the study of the *Materia Medica*, as well as for the selection of remedies. These rules are invested with peculiar difficulties, and have been rather neglected in modern times.

In comparing the known pathogenetic symptoms of drugs, we discover very soon a considerable quantity of differences, but they are not all of them equally useful. What is worse,

in many remedies we have no point to start from in our comparisons. The drugs have not always been proved with reference to peculiar conditions, or for the sake of comparing their symptoms with the established analogous symptoms of other drugs. This deficiency has to be supplied by contrasting the totality of the symptoms of various drugs, and by studying the genius of a drug from its symptoms. This is rather a difficult business, and can only be accomplished by those who combine the requisite talent and perseverance in undertaking it.

To make my ideas more intelligible, I will illustrate them by an example. Let us select the symptoms of *ASAFÆTIDA* communicated by *Franz* in the *Archive*, and, for the sake of brevity, let us select among those symptoms all those set down as *stitching pains*, (*stechende schmerzen*.¹) These pains, which are quite characteristic of *ASAFÆTIDA*, have not been especially marked out by the prover; I state this merely for the purpose of showing that a list of pathogenetic symptoms cannot be received with implicit confidence even when it comes from a distinguished man. In the *Manual of the Homœopathic Materia Medica* by *Noack* and *Trinks*, we find the stitching pains of *ASAFÆTIDA* recorded in this way: "*Stitching pains*, pricking or boring as with a dull instrument, frequently accompanied with accessory sensations;—paralytic, pinching, cramp-like, pressive, tensive, darting, drawing pains easily passing over into pains of a different character. *Jahr*, in his new complete hand-book, mentions the stitching pains of *ASA.* in the following fashion: *Intermitting, pulsative*, or pressive, lancinating, or tearing pains, from within outwards, either modified by contact, or transmuted into pains of a different kind, etc." Investigating the symptoms of *ASA.* a little more closely, one will find that, the stitching pains which occur *most frequently* in the internal and external parts, are generally *dull* and *intermitting*, most generally, however, *burning*, more rarely *pressive* and *tensive*, most rarely *drawing* and *tearing*, and they are all characterized by the peculiarity that the stitches are directed from *within outwards*. The symptoms in the list furnished by *Franz*, ought therefore to be completed by having this peculiarity added to them. If no stitches have been recorded of the nose, ears, lips, teeth, etc., we ought not to infer from this, that stitching pains in these parts, provided they are characterized by the peculiarities of the stitching pains

¹ The term "*stechen*" is a generic expression for pricking, lancinating, stinging, etc.

of ASA., and are accompanied by the other accessory symptoms, cannot be cured by ASA; I have cured speedily and permanently, burning pricking tooth, ear, and face ache, coming on in paroxysms and being felt only from within outwards, and accompanied by all the other characteristic symptoms, or, at any rate, without being accompanied by symptoms which seemed to counterindicate the ASA.

The exacerbation and improvement of the symptoms according to *time*, *condition* and *position*, is still more correct than the difference of the sensation and external phenomena. Many, or perhaps even all the drugs exhibit, when tried, all their symptoms, corresponding, in a greater or less degree, to all the ordinary symptoms of pain with which we are acquainted; but still, if we were limited to the literal expression of those symptoms, we should frequently be at a loss to find the true homœopathic agent. In such cases, the characteristic peculiarities of the drug will lead us to determine the homœopathicity in the case. If it be therefore of the greatest importance, to consider with the greatest care the conditions under which an exacerbation or improvement by the drug may take place—indeed no record of symptoms can be considered complete and sufficient to the proper selection of a drug, without those considerations being indicated with great precision—we have, on the other hand, frequently to supply those conditions, when they are not expressed, by means of the knowledge which we have gathered of the curative genius of the drug from the totality of its symptoms.

In completing and determining with more care the symptoms which the drug has yielded in proving it, we have especially to observe three points. The first point is, that certain drugs do not manifest all their symptoms at the same time, but some symptoms at one time, some at another. For example, the chest and head symptoms of AMM. MUR. have their exacerbation in the morning, the abdominal symptoms in the afternoon, and the symptoms of the limbs, skin, together with the feverish symptoms, in the evening. The second point is, that when a drug produces opposite symptoms, we have to consider with great care, which of the two ought to be considered an exacerbation. NUX V., for instance, has most of its exacerbations in the open air. That form of coryza which is characteristic of NUX, frequently becomes a violent fluent coryza in a room, and, in the open air, is immediately changed to a dry coryza which is not very troublesome; dry coryza, and a suppression of the secretions in general, belong to the principal primary symptoms of this valuable drug; fluent coryza,

of itself, ought therefore to be considered an alleviation of the symptoms. A third point, which ought especially to be considered, when several remedies compete in a case, is the careful investigation of the special parts, not only the general parts of the body, but even of every subdivision, organ, etc. (including, the special functions of the mind,) upon which every drug seems to have a special action; this investigation is very difficult in the case of a number of drugs, and can only be accomplished with ease after long practice.

It is in this and no other way—if I am not mistaken, and if my friend and teacher Hahnemann has shown me the true path—that the *Materia Medica Pura* ought to be read and studied; and not till the beginning practitioner shall have diligently gone through that preparation, will he be able to prescribe promptly, safely and homœopathically, without being obliged to spell the symptoms into a group, as the child does its letters. He will then be able to discover the differences and characteristic peculiarities of the antipsorics which seem to be so much like each other, precisely because they correspond to a vast number of diseases of a similar origin, and will not be obliged to choose a new remedy all the time, whereas it is so essential to let the antipsorics act a long while. He will then not be obliged to busy himself in hypotheses, and to consult such works as Noack and Trinks', full of sounding names for which the remedies are recommended, one remedy for a score of names; or finally, to experiment upon patients and to take an allœopathic drug in the place of a properly selected homœopathic agent.

I have now come to the third precautionary rule of the old experienced master, "to let every homœopathically selected drug act, until it shall have accomplished all it can."

"The third great mistake which the homœopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted for eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms would have shown themselves again on such or such a day, if the dose had not been renewed.

"If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will

be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the medicine has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure.* This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act *as long as the improvement of the patient continues*, were it even far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care, will be the most successful homœopathic practitioner. A new remedy should only be given when the other symptoms which had disappeared for a time, begin to appear again, and show a tendency to remain or to increase in intensity. Experience is the only arbiter in these matters, and, in my own long and extensive practice, it has already decided beyond the shadow of a doubt.”

“Generally speaking, antipsoric remedies act the longer in chronic diseases, the more inveterate these diseases are; and vice versa, etc.” Hahnemann continues in a note :

“It will be difficult to induce physicians to avoid the mistakes which have been censured in these paragraphs. My doctrines in regard to the magnitude and the repetition of the doses will be doubted for years, even by the greater number of homœopathic physicians. Their excuse will be, that it is quite difficult enough to believe that the minute homœopathic doses have all the power to act upon the disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days; yea, that, after so long a space of time, important results should be obtained from those imperceptible doses.¹ My proposition, however, is not one of those which needs to be comprehended, nor one which ought to be blindly believed. No one is bound either to comprehend or believe that proposition; I do not comprehend it, but the facts speak for themselves. The truth of my proposition is demonstrated by experience, in which I have more faith than in my intelligence. Who will undertake to weigh the powers that nature conceals in her depths? Who will doubt of their existence? Who ever

¹ Note by Bœnninghausen : Nine tenths of the modern works on Homœopathy prove the truth of this prediction.

thought that the medicinal virtues of drugs could be developed in an infinite series of degrees by means of triturating and shaking the raw materials? Does the physician risk any thing by imitating a method which I have adopted from long experience and observation? *Unless the physician imitates my method*, he cannot expect to solve the highest problem of medical science, that of *curing those important chronic diseases* which have indeed remained uncured up to the time when I discovered their true character and proper treatment. This is all that I have to say on this subject. I have fulfilled a duty by communicating to the world the great truths which I have discovered. The world was sadly in need of them. If physicians do not carefully practice what I teach, let them not boast of being my followers, and, above all, let them not expect to be successful in their treatment."

Page 156 of the first volume of the Chronic Diseases we read the following words well worthy of our serious consideration: "The whole cure fails, if the antipsoric remedies which have been prescribed for the patient, are not permitted to act uninterruptedly to the end. Even if the second antipsoric should have been selected with the greatest care, it cannot replace the loss which the rash haste of the physician has inflicted upon the patient. The benign action of the former remedy, which was about manifesting its most beautiful and most surprising results, is probably lost to the patient for ever."

"The fundamental rule in treating chronic diseases, is this, to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence, and there is a visible improvement going on in the system. This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy."¹

Considering that these remarks of Hahnemann, whose eminent powers as an observer no one will deny, contain truths which many of his best disciples have confirmed by their own experience, it is inconceivable that the doctrines of the specifics should have found such ready belief with beginners, unfounded as they are, and unsupported by experience. Why do not the older disciples of Hahnemann raise their voices against works, where the first or third trituration of CALC. C.

¹ This is not in contradiction with the doctrines which Hahnemann has propounded afterward. Hahnemann's idea is, that the action of the remedial agent ought to be left undisturbed, as long as the improvement it produces, is visibly progressing.

CAUST. GRAPH., etc. is recommended as the proper potency, and it is advised to repeat the dose once or twice a day? The special symptoms for which the drug is to be used, are indeed indicated in consonance with Hahnemann's own teachings, but the doses which he recommends are not pointed out. Why do those homœopathists who have studied and practised homœopathy for years, and might furnish an abundance of illustrations to substantiate the doctrines of Hahnemann, remain silent in the presence of the clamorous attempts of the specificals to substitute their own speculations in the place of the true inductive principles, and to support them by reports of cures which cannot by any means be considered exemplary? I ask the gentlemen specificals, who once were Hahnemannians as well as others, upon their consciences, whether they now cure truly chronic diseases more *successfully, speedily, and permanently*, than they did at a time when they were yet practising under the banner of Hahnemann?

I have stated above that I too was carried away for a time by the torrent, and was induced to give larger and more frequently repeated doses. It behooves therefore that I should communicate to my readers two cures which interest me personally very deeply, and which, together with many other cures which my friend and teacher Hahnemann reported to me occasionally in his letters, led me back to the true path, and warned me effectually against the sophisms of his schismatic adherents.

The first case concerned myself. At the end of February, 1833, I began to feel indisposed. I had undergone excessive mental exertion; had sat up many a long winter night on account of my official labors, which were then yet incumbent upon me, and which left me scarcely any time, except the hours of night, to pursue my favorite studies of homœopathy and botany. My appetite was gone, I lost my flesh, the stools were very sluggish, etc., and yet I was not sick, properly speaking. The symptoms being so little marked, I took no medicine, and simply changed my mode of life, in the supposition that my ailments had been brought on by my irregularity. My expectations, however, were not realized: my pain increased from day to day, and was made worse by the super-vention of a spasmodically constrictive, violent pain in the right side of the abdomen, accompanied by violent distention and constipation. I smelled of Nux 30, without obtaining the slightest success, the symptoms even became worse. My sufferings increased from day to day. I had not had any passage for eleven days past; the horrid pains in the side of the abdo-

men, and other symptoms, distinctly showed that I suffered with a sort of *Neus*, intussusception of the intestines. This condition was the more despairing, since the list of symptoms which I had continued to note down as they appeared in the course of the disease—and which I have lost, unfortunately—did not correspond to any of the remedies which I had hitherto successfully used against that disease. At this period, when my sufferings had reached their climax, I was visited by two older physicians, of whom I had made converts, and by two distant befriended homœopathic practitioners ; all advised me to use *Nux* in large doses, this being the remedy which had done the greatest good in the affection with which I was suffering. I followed their unanimous advice against my own conviction, and on the evening of the eleventh day, I took a whole drop of the 12th potency of *Nux*, but not only without obtaining any success, but causing a positive aggravation of my sufferings by the appearance of new symptoms which were evidently medicinal, and showed the injudiciousness and impropriety of my proceeding. My friends returned the next day, and seeing the mistake which they had made, advised a drop of the 6th potency of *Cocculus*. This drug, which did not correspond to my symptoms, had no more effect than *Nux*, and when my friends returned again in the afternoon and advised me to try other drugs, I declared emphatically that I should take no more medicine unless I was in the first place convinced of the perfect homœopathicity of the drug. This was the state of things on the evening of the twelfth day. Having almost no hope of preservation, I made an almost superhuman effort, in spite of my increasing and excessive sufferings, to find out a remedy which would correspond to the symptoms of my case, and I was determined to persevere in my endeavors unto death. At midnight I at last discovered the remedy which was homœopathic to my symptoms, it was *Thuja*. I had my medicine chest handed to me, containing pellets which had been medicated years ago, and smelled of *Thuja* once with each nostril. After the lapse of five minutes my sufferings in the right side of the abdomen decreased, and after the lapse of ten minutes, I had a copious evacuation after a constipation of thirteen days. Shortly after I fell into a sound and refreshing sleep, of which I had been deprived so long. My improvement continued without taking any more medicine, and in a few days I was able to inform my friend Hahnemann of the danger to which I had been exposed, and from which I had been so happily delivered.

Before concluding my communication, I shall take this

opportunity of furnishing to the followers of Hahnemann a new proof of his rare insight into the nature of disease and its relation to remedial agents. The letter which I sent to Hahnemann reached him in Cœthen, at a time when he was suffering with a severe illness, so that he was not able to send me an answer till the 28th of April, which I received in the first days of the month of May. He uses the following language in reference to his and my own disease :

“ However much I was on my guard against the consequences of the anger I felt on account of——, ' nevertheless it may have been one of the exciting causes of a suffocative catarrh, which attacked me seven days before the 10th of April. ' A fortnight after the tenth I was attacked with fits of intolerable itching in the larynx, which threatened to bring on spasmodic cough, but merely resulted in arresting the breathing, which was restored by retching brought on by inserting the finger into the throat. There were other bad symptoms, such as difficult respiration (without asthma,) total want of appetite and thirst, aversion to tobacco, sensation of faintness in all the limbs and as if they were bruised, constant sopor, inability to perform the least work, apprehension of death, etc. The people of the neighborhood showed much attention to me by constant inquiries into my health. It is now four days since I have felt out of danger, owing to my smelling twice of *COFFEA CRUDA* X^o, afterwards of *CALC.*; *AMBRA* has likewise done some good. The Guardian of truth and goodness will grant to me as much life as he may deem proper in his wisdom.”

“ I have felt heartily sorry that you should have been so sick, and * * * If you will permit me to give you my advice respecting the restoration of the activity of your intestines, I shall call your attention to *CONIUM* and *LYCOPodium*; I also recommend frequent walks in the open air. I am glad that you should have done justice to the eminently useful *THUYA* by your example.” * * * A few days after the sending of my letter, in which I neither asked for advice nor said a word about the after-treatment which might be necessary in my case, I had taken *LYCOPodium*, which was homœopathically indicated; I had likewise taken *CONIUM* eight days previous to the reception of Hahnemann's letter, taking one

¹ I do not feel authorized to mention names.—Bœnningh.

² Hahnemann's birth-day.

³ Modesty forbids my communicating the remainder of this sentence.—Bœnningh.

smallest dose of the highest potency (30) of those drugs. This is all that I ever took for my affection, except one other dose of *LYCOPodium* about the same period in the year following. What extensive observation, what richness of experience, and what a rare divinatory power are required, to enable one, by simply knowing the outlines of a disease, and the first good effects which a remedy had produced, to name in advance for the completion of a cure, two remedies which were so decidedly homœopathic, that none of the other remedies bearing upon this disease were required, and that those two remedies had already achieved the cure before I received Hahnemann's letter.

The second case concerns my oldest son, born on the 15th of September, 1814.

A few months after his birth, a sort of *crusta lactea* broke out in his face, which increased very speedily, and soon covered the face with a thick crust ; it was a case of *crusta lactea* of the worst kind. At the same time the mother was affected with suppuration of the *mammæ*, which it took a long period to cure ; still the cure was an imperfect one.

At that time the homœopathic treatment of such diseases was not yet known. Knowing however several instances where the removal of such an eruption by external applications had done vast injury, I resisted their use in the case of my child with all my might. Nevertheless, in spite of my warnings, and very often against my knowledge, several honest and clever physicians recommended all sorts of remedies, decoctions of herbs " for the purpose of cleansing the blood," " innocent" ointments of oil and cream, cathartics " for the purpose of killing the worms," baths " strengthening the skin," etc. etc., and these preparations were often employed by way of experiment. The eruption, however obstinate it might be, finally yielded to such a host of opponents, to the great joy of his excellent mother. But this joy did not last long. A few months after the suppression of the *crusta*, and when the red spots which the *crusta* had left upon the skin began to assume a natural flesh color, the child was attacked with oppression of the chest, the attacks being first slight, then more violent, and increasing in violence to such an extent, at the end of six months, that the death of the child was constantly expected when an attack came on, which generally lasted from eight to fourteen days.

Both celebrated and non-celebrated physicians were requested to relieve this affection, but in vain. The attacks returned with the same violence every fortnight, and although

they only occurred once every four weeks in later years, they now lasted six, eight, and more days, during which time the sufferer was only able to breathe in a sitting posture, and with the greatest exertion, the face being covered with the sweat of anguish. He was then not able either to speak, or to move in the least without aggravating the spasmodic asthma, as the physicians called it, and had to sit upon his chair during the whole period of the attack, with his body inclined forwards, and without almost any sleep.

Whilst I was borne down by the wretched condition of my then only son, who, even if he should survive his misery, seemed nevertheless doomed to live through a future, full of woe, his sufferings bidding defiance to art, I was overwhelmed by a second misfortune; a cancer was forming in the breast of my wife. All the physicians which I consulted on the subject, decided that the exsection of the cancer should be performed as speedily as possible, "in order to prevent the bad humors, (generated by the cancer?) from spreading, and making the evil incurable. I knew indeed that it was impossible to heal a scirrhus of the mammæ by extirpating it with a knife, but being unable to point out a better remedy (I was ignorant of the homœopathic practice at that time) I suffered that which was unavoidable, to be done. The result was as usual; after the lapse of eighteen months I was a widower, and the father of a boy whose death I apprehended every three or four weeks.

I pass over a period of several years, during which I had again married, had become the father of several children, and had been placed in circumstances which brought me in contact with many allœopathic physicians whom I consulted about my son, whose asthmatic condition had remained the same; all was fruitless.

At last, in the year 1828, I was fortunate enough, not only to hear of the advantages and cures of homœopathy, but to be snatched from the clutches of death by means of its aid, whereas the most distinguished allœopathic physicians had given me up. There were no homœopathic physicians in my place. The allœopathic physicians showed a decisive and persevering repugnance to the new art, of which they understood nothing; so that, after having made repeated attempts to induce one of our resident allœopathic physicians to study the new doctrine, nothing was left to me, except to devote all my leisure hours to the study of that great science. I had indeed prepared myself for that business by studying with great care the natural sciences and even the old system of medicine.

The time was approaching when my son was to frequent the university. I had given him a few remedies of short action by way of experiment; but inasmuch as they remained without success, the affection was still the same, and I had become convinced that the cure of my son could not be accomplished without subjecting him to a careful and persevering treatment; I determined to postpone the treatment until he should have returned to his family, and I should have so far acquainted myself with homœopathy as to be able to conduct the treatment without making mistakes.

When this period had arrived, the doctrine of the large doses had invaded Germany. It was a misfortune for the country, and I too had become its victim. I gave my son PHOSPHORUS, which was the specific in this case, a dose of the lower attenuation every eight days. But although this drug corresponded perfectly to all the symptoms, yet the large doses had not only no effect, but produced even considerable exacerbations and artificial symptoms, with which my son had never before suffered. I may point to the following symptoms, contained in the second edition. Sadness in twilight, some evenings in succession, at the same hour. Frequently recurring attacks of slight anguish, as if he were sorry for something. *Apprehensiveness as if misfortune would happen.* Anguish, without knowing why. Out of humor; men and noise especially are repulsive to him. *Slow ideas; emptiness of mind. Obtusion and heaviness in the forepart of the head, which inclines to bend forwards; diminished in the open air, and by knitting the brow. Early in the morning, when rising, he is unable to collect his senses; his head feels giddy, heavy and painful, as if his head had been lying low in the night.* Feeling of vertigo in the afternoon, as if the chair upon which he was sitting were much higher, and as if he were looking down from a height, followed by a hypochondriac mood, with drowsiness and weakness, until nine o'clock in the evening. Headache early in the morning, recurring when beginning to walk, and during other slight movements. *A number of scales on the hairy scalp, which occasionally itch.* The eyes run easily in the open air. Clots of hardened mucus in the nose. Dryness of the lips and palate, without thirst. Dryness in the mouth, with very cold feet. *Want of appetite, no hunger; eating is entirely indifferent to him; he would not eat but for the hour of the meal having arrived; he neither relishes food nor drink; the aliments he takes have too little taste, they almost taste alike; spirituous drinks taste like water, and he has lost his usual*

desire for smoking. Pressure on the chest, and shorter breath after a meal. Oppressed breathing after the slightest meal. Difficult stool. *Stool feels hot during the passage.* Protrusion of varices during stool, painfully burning when touching them. *Much desire for stool and micturition.* The emission of urine is aggravated by a dull pain in the abdomen, early in the morning when in bed, preventing him from emitting the urine to the last drop; after a short pause, he constantly felt a new desire to emit urine, when only a little was passed, and drop by drop. Emission of urine when coughing, a few drops. The urine has a strong ammoniacal odor, becomes turbid and deposits a white-yellow sediment. Erections in day-time and during the night. Nightly pollution, without any lascivious dream. Frequent sneezing. Water runs out of the nose in the open air, without any mucus. Frequent alternation of fluent and dry coryza. Hollow, generally dry cough, with pressure in the pit of the stomach, which hinders sleep all night. *Cough, causing a colic, so that she is obliged to hold her abdomen, from pain.* *Fatiguing cough, bringing on an expectoration of tenacious mucus.* *Cough, with expulsion of flocculi of pus, with burning behind the sternum, as if the parts were raw.* *Arrest of breathing, when walking fast.* *Difficult breathing in the evening, in bed.* *Shortness of breath, and vertigo.* *Sensation across the chest as if the clothes were too tight.* *Spasm in the chest, constricting the chest, for several days in succession.* Spasm in the calf. Icy cold feet, which do not even get warm in bed. When crossing the legs, the left foot goes to sleep. He feels better in the open air. *Heaviness of the mind and body.* Walking fatigues him a good deal. At night, he is not able to rest except on the right side. *Spasm of the chest at night; he imagines he will suffocate.* Restless sleep, with dreaming and tossing about, with anguish in the whole body when waking. At night he lies on his back, the left hand under his head. In the morning he feels as if he had not slept enough. *Stretching the limbs and expanding the chest, early in the morning, when in bed.* Throbbing of the carotids. Before he took the PHOSPHORUS, the chest-symptoms did either not exist at all or but very slightly during the attacks; now they continued almost uninterruptedly.

I was indiscreet enough to continue my treatment for two months; then only did I perceive the great error into which I had fallen. What bitter repentance might have been spared to me, if I had been warned by a faithful friend. The illness of my son had been made much worse by my fault, and it is

perhaps owing to the increased frequency and violence of the attacks, which overwhelmed my mind with anguish, that I soon discovered my mistake. May kind Providence preserve every homœopathist from the remorse I suffered during the period of my transgression! Would that I had had more confidence in my never-to-be-forgotten friend and teacher, Hahnemann, with whose doctrines and principles I was fully acquainted, but whom I did not dare to inform of my sins, lest I should have to blush in his sight.

The first question now was to repair the injury which had been inflicted. Repeated doses of *COFFEA* and *NUX*, *IPEC.*, *CHIN.*, *VERAT.*, and *ARS.*, did something, but very little after all, towards effecting that result; many months elapsed before all the accessory symptoms which had never existed previous to the administration of *PHOSPHORUS*, had disappeared, and the original asthma had resumed its former appearance.

When this condition of things had set in, I left my son without any medicine for three months in succession. The treatment was recommenced after the lapse of this period with a small dose of *SULPHUR* 60^{oo}, acting four weeks, and a dose of *NUX* 30^{oo}, acting a fortnight. I then took another record of the symptoms and found it to concord perfectly with the one which I had taken a year previous. This was a sure sign not only that *PHOSPHORUS* was still indicated, *but also that the repeatedly given large doses of that drug had availed nothing.* Not without fear of producing too great an exacerbation, and with trembling, I gave to my son, shortly after a new attack of the asthma, *PHOSPHORUS* 30^{oo}.* The result showed that my apprehensions were not unfounded. Five days after the administration of the drug, a violent paroxysm of the original sufferings set in again, accompanied by the reappearance of all those symptoms which are printed in italics. However, this homœopathic exacerbation only lasted a short while; shortly after it was followed by a visible improvement, progressing *for upwards of three months,* with only a few slight interruptions, and with constant decrease of the ordinary asthmatic fits.

PHOSPHORUS, which had inflicted such great injuries upon my son on account of having been administered in too large doses—although infinitely small compared to the doses of the old school—proved nevertheless the *only true homœopathic*

* I always give two pellets, not because I deem one pellet insufficient, but because it may happen that when a number of pellets is saturated together, one pellet may remain unmedicated. B.

drug, and showed the truth of what the father of homœopathy teaches in the first volume of his work on chronic diseases.

PHOSPHORUS remained the specific in the case of my son until the termination of the treatment. It was administered in very small doses, one every three or four months, with occasionally an intermediate dose of NUX v. and HEP. s., highest potency. In one year and a half my son's affection, for which allœopathy could do absolutely nothing, was so completely and permanently cured, that not even the remotest trace can be discovered of it. He is now able to undergo every exertion, journeys on foot, hunting, dancing, etc., he may become hot or may catch cold, he may drink a glass of wine in addition to his usual allowance, without suffering from it in the least, although formerly the slightest exposure and irregularity would bring on the asthma. Even the characteristic appearance of asthmatic persons, sunken chest, drawn-up shoulders, stooping with the upper part of the body, etc., had disappeared so entirely during the treatment, that none of those who had seen him before, can realize that he should have suffered with such a severe affection in his former years.

This may suffice to show the unprejudiced reader that it is not without some good reason that I cling to the three precautionary rules of the experienced master of Homœopathy. Posterity will decide whether the opponents of true homœopathy, especially the specificals, have as good reasons to reject, as the true disciples of Hahnemann have to cling to his rules of practice. One thing is evident, that there is not the slightest reason why we, the conscientious and faithful followers of the original doctrines of our great teacher, should be persecuted on that account with derision and scorn, and should be required to side with the schismatics, before they have demonstrated and substantiated the superiority of their wisdom. We have as perfect a right to show the weak points of our antagonists, as they have to attack us; we have a right to demand facts in the place of bold assertions, and not to take any notice of insulting jests or impertinent personalities as long as they are offered in the place of argument. On the other hand, we shall never shun an open and manly fight for Truth; for it always triumphs against opponents, and we know that it is on our side. May the champions of the true homœopathic art never forget the motto of our old master: "**AUDE SAPERE!**"

We have received the following communication for the Examiner, and being desirous of acting upon the principle of "*audiatur et altera pars*," we give it a place in our columns. We would premise, however, a remark or two, not with especial reference to Dr. Pierre, but generally. When an article is sent to us for insertion in the Examiner, we must be at liberty either to accept or reject it, and, if we do accept it, to make such comments upon it as seems to us consistent with reason and the character of the Examiner. When facts are sent to us for publication, we shall give them to our readers, provided they are at all worthy of notice; when these facts are held out as illustrations of principles, as terms of comparison, as guides to inferences, we must be at liberty to examine the correctness of the author's reasoning, giving him the privilege, in case we should misunderstand him, to reply, of course strictly within the limits of the question. Those who deem it inconvenient to accede to such terms, need not trouble themselves about sending us any articles for our paper. We do not believe, with Dr. Mac Vicar, that Homœopathy is but *a* principle in medicine, but that it is *the* principle; we believe that it is *the* true method of treating disease, *the* system of therapeutics in consonance with universal Truth. We do not believe that there are any exceptions to it, in any respect, and we consider Hahnemann as the most perfect incarnation of the existing truths of homœopathy. Any one who deviates from Hahnemann's practice, deviates from the true path. We certainly do admit that a good deal may be added to the teachings of Hahnemann; but we also maintain that nothing can be taken from the principles he has proclaimed, without injuring the cause of truth. We deem it our duty, as we deem it the duty of every lover of truth in medicine, to constitute ourself a champion of the principles which Hahnemann has proclaimed, and even, if need be, to expose the follies which are perpetrated, even in this city, by a few deluded practitioners in the name of Homœopathy. We abhor the idea of emptying half a vial full of the tincture of Belladonna or Pulsatilla into a few tablespoonfuls of water, not because we are prejudiced against it, but because we consider it a reckless, unprincipled mode of proceeding, which must prove fatal in a number of cases. If practitioners would reply that they have more experience than we have, we say to them that we stand armed with the experience of Hahnemann and of all the great homœopaths in the world, and that we have a right to avail ourself, in the fight, of all the light which they have thrown upon the healing art. We cannot help being in opposition to many practitioners, were it but for

the simple reason that only a few are capable of, or willing to trace the connection between the principle "*similia similibus*," and the physical and moral sciences, which we are constantly in the habit of doing. It is because we have seen and felt that connection that we cling with so much devotion both to the abstract principle and to its application to disease by means of the potentized drugs.

We shall answer every question of the writer separately, directly after the question.

MANY QUESTIONS IN REPLY TO DR. HEMPEL'S FEW SUGGESTIONS.

BY IVAN PIERRE, M. D.

1. As BRYONIA is a drastic cathartic, why did not the seven extra pellets purge instead of causing perspiration ; or is any and every occurrence happening after the administration of eight pellets to be attributed to these powerful agents ?

Answer : We made that experiment upon a child in a family of very high standing in society, where the utmost attention is paid to the physical conditions of the children. The child sweated so much that the mother had to change his linen twice in the night. When we saw the boy in the morning, the mother asked us whether we had given the medicine to make him sweat ; we were told that the boy never did sweat. We do not see why Dr. Pierre should sneer at the idea that eight pellets of the 18th potency of BRYONIA should produce pathogenetic symptoms. Hahnemann must appear a great fool to Dr. Pierre for insisting with so much emphasis upon the necessity of administering but one pellet of the 30th potency of the anti-psorics and most of the polychrests, and yet Hahnemann was a wise man, and a far better observer than either Dr. Pierre or Dr. Hempel. Why should not the sweating in the case in question have been brought on by the eight extra pellets of BRYONIA ? Simply because BRYONIA is a drastic cathartic ? What sort of a reason is that ? Is it for a homoeopathic practitioner to classify drugs in the old fashion ; drastics, diuretics, emetics, etc. ? Is not BRYONIA a sudorific just as well as a cathartic ? Or does BRYONIA cure gout, gonagra, rheumatic swellings, swellings of the knee, sore throat, asthmatic conditions, pleuritic stitches, vertigo, hæmoptisis, hemicrania, mania, melancholia, cutaneous diseases, etc. etc., simply by its drastic properties ? Do not Messrs. Noack and Trinks, who seem to

be the authorities of Dr. Pierre, assert through the pen of Dr. Neumann of Berlin, that "the root of BRYONIA has by no means the drastic properties which are charged upon it;" and through the pen of Dr. Mort, "that the knowing practitioner, in administering BRYONIA against the torpid state of individuals affected with melancholy, hypochondria, and dropsy, thinks of something altogether different from merely obtaining an evacuation?" What is the use of digging up the nomenclature of the old systems of *Materia Medica*, when we know that they cannot be referred to by homœopaths in their family-discussions? So much for answer No. 1.

2. Why does Dr. Hempel assert that we assume a case of drug-poisoning, and one of natural disease, characterized by similar symptoms, to be identical? We have frequently referred to the similarity between drug diseases and natural diseases, but never to their identity.

A. If the writer does not assume that drug-diseases and natural diseases are identical, we are glad of it; but we suspect that they are pretty much akin to each other in his mind, as we shall show by and by. We did not say that the writer asserts the identity of those two orders of diseases; we simply contended that his mode of reasoning is based upon the supposition, implied of course, that the symptoms of a case of poisoning, and the symptoms of a natural disease, are identical. This was Magendie's doctrine.

3. Why does Dr. Hempel assert that we assume that because *some* drops of the tincture of *Agaricus* or any other drug will bring on a certain train of symptoms, that we must give the tincture to cure them? If Dr. Hempel knows any thing about the effects of *Agaricus*, he will know that it requires a great many drops of the tincture to produce the exciting effects we have detailed in our article; we merely assumed that any lesser quantity, either tincture or dilution would be homœopathic; and that any greater quantity would be antipathic. On the other hand, as it requires very large quantities of *Agaricus* to produce exhaustion, paralysis, etc., we assumed that any smaller quantity given to a man sick with similar symptoms, would prove stimulating or antipathic, as smaller doses produce excitement, great muscular power and activity, and not paralysis, or exhaustion. Dr. Hempel objects to our using the terms large and small doses; the authorities from whence we drew our details, did not supply an account of the exact quantities required to produce excitement or exhaustion. Why does Dr. Hempel find it convenient to state that it requires large doses of drugs to overcome health, and small doses

to overcome disease? We think that Dr. Hempel, in charging the above assumption upon us, has been guilty of extreme carelessness and inattention.

A. We were under the impression, and we do believe even now, that the whole drift of Dr. Pierre's article was to show the propriety of administering doses of the tincture. We believe that by a large dose, people generally understand the tincture, or first attenuation; at any rate Dr. P. does, as we can show from his article. This third question is an exhibition of one of the strangest pieces of logic that we have ever encountered, and it suggests a mode of practice which would inevitably prove fatal in every case, without one solitary exception. Dr. P.'s position is, that, in order to remove symptoms similar to the exciting effects of *Agaricus*, we must administer the drug in doses somewhat smaller than those capable of producing similar symptoms; his words are that "*any lesser quantity, either tincture or dilution, would be homœopathic.*" Now, Dr. P. likewise states "*that it takes a great many drops to produce the exciting effects we have detailed in our article.*" Suppose now it takes fifty drops to produce those effects, in that case it would be proper and strictly homœopathic, according to Dr. P.'s notion, to administer forty or even forty-nine drops, "*any lesser quantity,*" of the tincture of *Agaricus* at a dose, to remove certain symptoms which, according to Dr. P.'s idea, are of the lighter kind. Now, in all conscience, this would be a piece of daring, that no reasonable practitioner would like to make himself guilty of. But Dr. P.'s daring does not stop here; he would not be afraid of administering a hundred drops of the tincture of *Agaricus*, as we shall show. Dr. P., in his third question, says, "*as it requires very large quantities of Agaricus to produce exhaustion, paralysis, etc., we assumed that any smaller quantity given to a man sick with similar symptoms, would prove stimulating or antipathic, as smaller doses produce excitement, great muscular power and activity, and not paralysis or exhaustion.*" Now suppose it takes one hundred drops of the tincture of *Agaricus*, to produce these symptoms, we should then, according to Dr. P.'s logic, be required to administer about one hundred and twenty drops to cure them homœopathically. We should say that Dr. P. ought to become frightened by his own doctrine, on beholding the frightful results to which it would lead in practice. God forbid that either we or any body, should become the subject of such homicidal experiments. We may as well add here, that Dr. P. judges of the homœopathicity of a drug, by the quantity in which it is administered. If exhaustion, paralysis, etc., indi-

cate Agaricus, and we should give eighty drops of the tincture, instead of one hundred and twenty, we would then give the drug antipathically, not homœopathically. This is startling doctrine, which will not fail to produce an excitement; for our own part, although we feel disposed to admit that every body has a right to let his light shine on the very highest house-top in Christendom, yet we do contend humbly, and in a very friendly spirit, that such light had rather remain hidden under the bushel.

4. Why does Dr. Hempel state on page 163, that drug-diseases are simply analogous to natural diseases, and on the very next page, that they are "vastly and totally different?"

A. In one of the next numbers of the Examiner, we shall show very conclusively, we trust, that drug-symptoms may be analogous to, and yet vastly different from natural symptoms. Our expressions are not that drug-symptoms are "vastly and totally different" from natural symptoms, but, "since there is a vast difference between medicinal and natural symptoms, since the removal of those two orders of symptoms requires totally different modes of treatment, and the use of totally different agents, although the symptoms of both those orders may be ever so much similar to each other: therefore, etc." There is a slight difference between our way of expressing the thing, and the one substituted by Dr. P.

5. If there be such a vast and total difference between drug-diseases and natural diseases, how would Dr. Hempel go to work to cure diseases homœopathically by means of drugs? The whole doctrine of homœopathy is founded upon the perception of the similar action of drugs to natural disease. Is there much similarity, or a vast and total difference between Arsenic-salivation, and spontaneous-salivation; between Arsenic-paralysis, and simple-paralysis; between Arsenic-erysipelas, and simple-erysipelas; between Arsenic-ulcers, and disease-ulcers, etc. etc.? We ask Dr. Hempel if "the whole doctrine of Homœopathy would not sink to the dust," if there were really "a vast and total difference between drug-diseases and natural diseases?" We did not expect this from Dr. Hempel; he is fresh from the teachings of Martyn Paine, who says on the 38th page of his Essay on the Modus Operandi of Remedial Agents, that "Most of our medicines may also operate as *morbific* agents, and even such remedies as are not directly of this nature, exert their influences on the same principle;" on page 40, that "nevertheless a distinction is properly made into curative and morbid agents, however, the former may be productive of disease, when improperly applied. Their absolute mode of

action, however, is the same [similar] in all cases ; and although, in a general sense, remedial agents exert their salutary effects, by inducing new pathological states, and are generally liable to produce disease when exhibited in health, these morbid states, when not excessive, are of a nature to allow the full exercise of the recuperative tendency."

A. We would cure diseases homœopathically after the fashion which has been pointed out by Hahnemann. This is all that needs to be said on that subject.

Dr. P. again substitutes his phraseology for ours when quoting us. We never say that there is a vast and total difference between drug symptoms and natural symptoms, but that there is a vast difference between those two orders of symptoms, and that they require totally different modes of treatment. Thus an Arsenic-salivation may be removed by Ipec. or Nux v., but can never, at any rate, has never been removed by Arsenic ; whereas a natural salivation may be removed by Arsenic, if the other symptoms should indicate its use. An Arsenic-paralysis cannot be cured by Arsenic ; an Arsenic-erysipelas cannot be cured by Arsenic ; Arsenic ulcers cannot be removed by Arsenic ; whereas natural paralysis, erysipelas, or ulcers, may be removed by Arsenic, if the other symptoms correspond. That there is a vast difference between natural and medicinal symptoms, is also shown by the appearance of the dead body. A person who dies from the effects of Belladonna presents a far different appearance, after death, from that of an individual who died with a natural disease similar, in all respects, to the symptoms of Belladonna. (See Noack and Trinks.)

We do not see why Dr. P. should have started off into this series of questions, some of which are rather foolish, with great reverence be it said, when he virtually admits our original objections all the time he is contending against them. Dr. P. would have us believe that he does not hold that drug-symptoms and natural symptoms are identical, when he cites Dr. Paine in support of the proposition that they are. Dr. P. does indeed attempt to qualify Dr. Paine's expressions, by introducing the word "similar," but we do not feel disposed to permit such accommodations, and shall take Dr. Paine's language for what it is meant. In Dr. Pierre's mind natural and artificial causes of disease may not be identical, but they certainly are things of the same order.

6. If natural disease be the *opposite* of health, and drug-diseases be vastly and totally different from, hence almost opposite to natural disease, why are not drug-diseases necessarily so many approximations towards health, according to Dr. Hempel's philosophy ?

A. This "hence almost opposite" is certainly the most amusing piece of reasoning that we have ever seen used. Dr. P. might just as well argue that, because a firkin of butter and a barrel of wine are vastly and totally different from one another, they must be opposites. This piece of reasoning must have been meant for a joke; and, we confess we feel rather sorry that we should be obliged to waste our time in such unprofitable controversies as this.

7. If health be the opposite of natural disease, and drug-diseases be vastly and totally different from, and hence almost opposite to natural disease, and health be synthetic, and natural disease be analytic, why are not drug-diseases synthetic, in Dr. Hempel's philosophy?

A. This question being the same as the former, expressed in different language, we pass it over.

8. If health be the opposite of disease, and small-pox be a disease, and hence the opposite of health, are croup, rheumatism, typhus fever, &c. &c., also cases of small-pox because they are diseases, and hence the opposite of health, which niche is already filled by small-pox; or are all other diseases, except small-pox, so many approximations towards health, or so many synthetical processes, according to Dr. Hempel's philosophy? Heaven help the synthesis!

A. In this question, Dr. P.'s logic has signally failed. "If health be the opposite of disease," (disease in that case being *the* opposite of health,) "and small-pox be a disease, and hence the opposite of health, are croup, rheumatism, typhus fever, etc. etc., also cases of small-pox because they are diseases?" the legitimate inference would have been this: If health be *the* opposite of disease, (disease being in that case *the* opposite of health,) and small-pox be *a* disease, and hence *an* opposite, one of the opposites, but not *the* opposite of health, are croup, rheumatism, typhus fever, etc. etc., also opposites of health, because they are diseases? not: are croup, rheumatism, typhus fever, etc. etc., also cases of small-pox because they are diseases, upon this principle in logic, that an inference drawn from two premises, must invariably refer to the major, not the minor premise, otherwise the syllogism becomes false.

9. If diseases be not absolutely opposite to, but only *relatively different* from health, and it requires large doses to overcome health, why may it not require moderately large doses to overcome disease?

A. Dr. P. is displeased with our telling him that he confounds a state of health with a state of disease, and yet, he makes himself again liable to that charge in this very question.

"If disease be only *relatively different* from health," etc., Dr. P. has not studied logic in the same way as we have, or else he ought to know that a relative difference can only exist between things similar in essence and kind. There is a relative difference between a girl and a full-grown woman, a boy and a man, between two geniuses of the same order, two sculptors, doctors, generals, etc. etc., but there is no relative difference between health and disease, except they be two states similar in essence. Now we ask, what possible similarity—which is the same as relative difference—is there between health and disease, one corresponding to poisons, the other to nutritive substances, one being a state of pain, the other a state of pleasure, one being universally dreaded, the other universally cherished; and what right has any one, any man in sound mind, to draw conclusions from the phenomena and laws of the one relative to the phenomena and laws of the other of those two opposite states?

10. If natural disease be inherently weak, why does it ever usurp the place of health, which is inherently strong, according to Dr. Hempel's philosophy; and why does it kill so many people, when under the best homœopathic treatment?

A. We thought we had stated with sufficient clearness, that a disease is inherently weak only in the presence of its true homœopathic type. A cerebral inflammation which yields to two pellets of the 30th potency of BELLADONNA, as it has done in very many instances, cannot be inherently powerful. Two pellets of that potency would certainly not affect a state of perfect health. A state of health could never be affected by disease, if it never stepped out of the conditions in which its integrity can alone be preserved. An organism in a state of health can only be invaded by disease, when it has adapted itself to the reception and nature of disease. An indigestion can only befall those who overload their stomachs with indigestible substances, or eat at improper hours. A man who is not a drunkard, needs not to be afraid of being attacked with delirium tremens. Every organism in a state of perfect health, is secure against disease, and remains secure until it shall have been made liable by circumambient causes to the invasion of the enemy.

11. If health be often inherently weak, and disease be often inherently strong, and it requires large doses to overcome health, why may it not require still larger doses at times to overcome disease, according to Dr. Hempel's philosophy?

A. Dr. P. would not have put this question if he had considered what has been stated in the answer to question No. 10,

that disease, or rather the forces of disease are never strong in regard to an organism existing in all the conditions of health, but that their strength can only affect an organism existing in a state of adaptation to disease; when the organism has placed itself into such a state, it *invites*, so to say, the forces of disease to invade it; they have not conquered the organism, but the organism has voluntarily submitted to their sway. Although, after the invasion of the organism has taken place, the forces of disease are stronger than the organism and hold it in subjection, nevertheless these forces are weak, very weak when exposed to the influence of their corresponding medicinal type; they are obliged to yield to it, provided it be employed against the forces of disease before the organism has lost all its power of reaction.

12. If disease be inherently weak, is it not a great expenditure of force to use potentized remedies to overcome such a feeble antagonist?

A. Dr. P. does not believe in potentized drugs; he thinks that the potencies are mere moon-shine, and here, all of a sudden, he starts off with the notion that to potentize a drug means simply to increase its power. Dr. P. deserves, in return for this quibble, that we should ask him candidly, whether he has a clear perception of the doctrine of potencies, and whether he had not rather apply for information on that subject, before attempting to ridicule it.

13. Does Dr. Hempel mean to deny that drugs produce *dynamical* effects; and does he mean to assume that the *dynamical* effects of drugs are to be counteracted by *chemical* agents? Have not Dr. Draper's chemical lectures had a greater influence upon Dr. Hempel, who doubtless still hears the Dr.'s voice ringing in his ears, than upon us, who have never seen, much less heard Dr. Draper? Has not Dr. Draper usurped the place of Hahnemann in Dr. Hempel's mind? Hahnemann ordains that after the *materiel* of a poison is evacuated or neutralized, the dynamical effects of the poisons shall be treated homœopathically.

A. The suggestion that we are carried away by Dr. Draper's views, does not require any notice at our hands.

14. Why does Dr. Hempel use the term "medicinal symptoms;" *medico, medicare*, means to do good, to heal.

A. This question has nothing to do with the argument; it does not mean any thing in this instance.

15. We had intended asking if Dr. Hempel still thinks his positions as incontrovertible as the theorem of Pythagoras; whether Dame Nature be inherently weak to mother such

bantlings ; or whether Dr. Hempel be inherently weak, if he supposes that the good dame cares any more for his positions than those of any other learned Theban ; but we forbear on account of the right discreet exercise of modesty which did not allow Dr. Hempel to become vain of them.

In conclusion we beg leave to state that we do not belong to any school in particular ; it has long been our endeavor to emancipate ourselves from the absolutism and dogmatism of every single system, and of every individual author of a system, but above all, from all medical cliques and parties, however numerous and powerful on the one hand, or however few and feeble on the other so as to render, even our assistance or opposition a matter of some moment. We believe that almost every system of medicine which ever has been or ever will be propounded by well educated, close thinking and honest physicians, contains with much error, something which is true, and practically useful ; hence we are endeavoring to force ourselves to become profoundly and broadly eclectic, both in principles and practice ; to follow the true and practically useful at all hazards, utterly regardless in what apparent difficulties it may involve us, utterly regardless into what despised or honored company it may bring us. We are willing for a time to submit to the inconvenience of suspense and imperfect opinion, to be aloof from all moorings and afloat in the search of positive truth ; we are also willing for a time to come under the influence of a new teacher, even under that of Dr. Hempel, but having studied him, wrestled with him, and if possible exhausted him, we would go on our way rejoicing, with a bundle of newly acquired facts and truths, but in the search of more. Art is long, and system transient ; whosoever reposes too long in one system, shuts the door of truth. We often envy the repose of those who accept the first creed, the first philosophy, the first party they meet with ; and we know that "there are few indeed, who having deliberately rejected the idolatries of systems and parties can rest undisturbedly on the ground they have chosen for themselves ; for such thinkers have none of the ready support on which others so confidently lean ; they would be more than men, if there were not moments when the very foundations seem to give way under them, and their own hearts sink also, moments when they are tempted to, and even do look with envy upon those who march sturdily and cheerfully forwards, looking neither to the right hand nor left, through regions they know to be lighted with but scanty rays of truth."

Final Reply.

We have no objection to Dr. P. investigating Truth ; but we have great objections to his designating the homœopathic system, a system of medicine which "contains, with much error, something which is true and practically useful." Homœopathy is not a system invented by human reason ; it is the Divine system of medicine, a system, the foundations of which have been laid by God himself ever since he created the world. Even the theory of potencies is not an invention, but the discovery of a sublime law, and the result of a deep and wonderful penetration into the arcana of Nature. We shall teach many persons something on that subject by and by.

I HAVE requested my excellent student, the translator, to present the following essay in an English dress, because it is the best description of hysterical sufferings extant. Schoenlein's characteristic, a genial precision of diagnosis, is nowhere better exhibited than in this paper. He is eminently gifted in this grand element of the physician's character, and with an air of apparent dictation he is as modest as gifted, but the success of his diagnostic talent tempts him to classify both diseases and remedies in harmony with the universal habit of Allopathy with the same enticing consciousness of truth and success which bears him out in his diagnosis. He does not seem aware that while the former is a sublime empirical art, the latter is purely rational, and necessarily in every case transcendental, ever going out of the chastening reach of human observation and of possible testimony.

Warning the reader therefore against the classification which involves too many and too utterly diverse diseases under the title "Hysteria," which treats all as one objectivity, when none of them, nor any other disease, not even a wart, should be so considered, I earnestly commend to his study the inimitable sagacity of his observation, both pathological and prophylactic.

The homœopathic practitioner will be struck with the entire confirmation of his science, which Schoenlein's therapeutic instructions afford, and he can pardon the unhappy fling against his art, contained in the article on "Hysteria pulmonalis," in consideration of the unbroken chain of support to his party,

which the force of truth and experience extorts from the mouth of the author. I may with great propriety praise Mr. Becker for the assiduity and good faith of his translation ; and I am happy to add that he will continue to furnish the readers of our journal with translations from the best German sources.

GRAY.

ON HYSTERIA, OR ASTHMA UTERINUM, BY SCHOENLEIN.

TRANSLATED FOR THE EXAMINER BY A. C. BECKER.

THIS is a very general, and exceedingly frequent disease, one which is often confounded with the various diseases of woman, one which by assuming the most manifold forms and appearances, puzzles not only the patient, but also the physician, and offers the utmost difficulty in diagnosing it. We are not aware of any disease which Hysteria might not be mistaken for. Sometimes it appears in the shape of a most violent inflammation of the brain ; then again as Pneumonia ; sometimes again as Carditis, threatening dissolution in a few hours ; and on closer investigation it is found to be nothing more or less than a trivial form of Hysteria, which is likely to disappear as suddenly as it made its appearance. With all its variety of forms, however, we are enabled to pronounce certain symptoms as collective, and these form the thread, which will lead us safely out of this diagnostical labyrinth. They are :

General Symptoms: 1. A peculiar appearance, which manifests itself chiefly in the eye of the patient, a broken, moist, or as others call it, a desiring, languishing eye. 2. An excessive unsteadiness of the symptoms. The patient complains, for instance, of severe pain in the head, so much so as to lead the physician to suspect from the description a high degree of encephalitis ; in a few minutes all these symptoms will have disappeared ; it is now the stomach, the lungs, or the abdomen, where the disease is located. But not only does a change of symptoms take place, but frequently within a short time symptoms appear that are not only totally different but even diametrically opposed to each other. Thus, for instance, but a few minutes will intervene between the utmost depression of spirits, between tears and lamentations, and the most ungovernable hilarity. 3. Contradiction between symptoms simultaneously present. For instance, the patient has a hard tight pulse, but no heat, no change in the temperature of the skin, no thirst. In Hysteria intestinalis the patients have the most violent pain

in the abdomen, (like enteritis); they will shriek if you approach them; but if, on disregarding this, you press hard on the parts, the pain either lessens or disappears. 4. Deviation in the reaction of the convulsively affected organ against external influences. In *Hysteria cardiaca*, violent palpitations of the heart and coma make their appearance, giving rise to the apprehension of inflammation of the heart, but on administering a dose of wine, the palpitation in the heart vanishes, and these symptoms may terminate in a dance; whereas in inflammation, or organic disease of the heart, the wine and the dance would only aggravate the palpitation.

Hysteria Uterina.

The patient has a drawing pain in the os sacrum, following the course of the round and broad ligaments of the uterus towards the latter; she feels as if the uterus were forcibly dragged from the lower into the upper part of the pelvis. It is unusual for the irritation to stop here. Usually it is followed by a feeling as if something from the depth of the pelvis rose up towards the stomach and the chest, until it reached the throat, and then it occasions the sensation of suffocation. Generally this is accompanied by derangement in the menstruation, it is either of too short a duration, or too profuse, sometimes sudden and irregular in its appearance. The hysterical attacks are occasionally most violent at the time when the menses ought to appear, at least at first; subsequently, however, when the menstrual periods are completely out of order, the hysterical attacks become independent of the menses.

Diagnosis: This complaint may be mistaken for *Metritis* or *ovaritis*. It varies from the former by the periodicity of its symptoms and by the want of objective symptoms on a vaginal examination. It is more difficult to discriminate between it and *ovaritis*, as the latter is likewise attended by neurotic symptoms. In *ovaritis*, however, the irritation is in the side, not in the uterus; the *globus hystericus* is rare; instead of it there is a disagreeable sensation towards the stomach, frequently inducing vomiting. Besides in *ovaritis* the ovaries are painful to the touch.

Hysteria Vesicalis.

The patient has a contractive, sometimes even burning and severe pain in the region of the bladder, with a pungent desire to urinate every three or four minutes; yet sometimes but a few

drops, at others no urine is passed, and, if any, with much difficulty and pain. It is clear like spring-water, (Urine spastica.)

Diagnosis : This disease might be mistaken for cystitis or for an organic change in the bladder. It is to be distinguished from them by a want of pain in pressing upon the region of the bladder, by absence of fever, by pale urina spastica, and by introduction of the catheter, which is easily introduced into the urethra, and manifests no change.

Hysteria Intestinales.

Severe, burning, tearing pain in the abdomen, in the region of the umbilicus, as if the intestines were torn asunder. The abdomen is not swollen, soft; in fact, sometimes, instead of inflation, the very contrary symptoms appear. The abdomen is fallen in, drawn backward. On the slightest touch, even on the approach of the hand, the patient exclaims and declares the pains to be aggravated. There seems to exist a nervous atmosphere, because the patient exclaims not only on *seeing* the approach to her, but even if she is ignorant of your intentions and movements, or if her eyes be bandaged. If this is disregarded, and a hard pressure is attempted on the abdomen, said to be so torn by pain, the symptoms abate, or even disappear. To this is added vomiting, and a change in the action of the bowels; but neither the matter vomited nor the stools show such a change as would indicate an inflammatory state. There is not a symptom of fever; sometimes there is even a condition opposed to fever, general spasm, small irregular pulse, spasmodic skin, and spastic urine.

Hysteria Gastrica.

A contracting, burning, spasmodic feeling in the stomach, offering very similar symptoms as those of the abdomen in hysteria intestinales, such as great sensitiveness to the touch, and yet want of pain on further pressure. The spasm proceeds from the pit of the stomach upwards towards the œsophagus, and ends by vomiting a light-colored, clear liquid, resembling saliva, sometimes tasteless, at others bitter or sour. This difference seems to depend on the degree of spreading of the spasm, and on the direction it takes. If it attacks the hepatic-plexus, and if the affection is confined to the stomach, the liquid is without taste. This form of the disease is the most frequent, and with women advanced in life, liable to become habitual.

Hysteria Pulmonalis.

Great difficulty in breathing, dread of suffocation, complained of by the patient in language the most fluent, in a perfect diarrhœa of words, (whereas in inflammation of the lungs talking is painful,) complaining of violent stitchy pain, which render breathing almost impossible; in the course of the conversation, however, or if bidden to do so, a long breath is taken. Complaints of cough; the patient may really cough on taking a long breath, but not if the attention is otherwise engaged during a long inspiration. The cough is dry, sometimes barking. The patient respire occasionally only with the abdominal muscles, at other times gaspingly, anxiously, in a sitting posture in the bed. Percussion and auscultation evidence no change in the lungs, no fever. This is one of the forms of pneumonia, which is successfully treated by the Hœmœopathic school.

Diagnosis : The contradiction between the account given by the patient, and the objective symptoms, the absence of all those changes in the lungs, which are found on auscultation in pneumonia, and the absence of all febrile symptoms.

Hysteria Laryngea.

The patient respire gaspingly, anxiously; the throat seems closing up, the voice changes most strikingly; a barking cough is present, and similar changes in the voice take place. Between these symptoms, from time to time, the voice assumes its natural sound, quite suddenly at times; two voices in the same individual, the normal voice, and a voice under the influence of a morbid excitement of the nerves. But the unfailing symptoms of laryngitis, such as the changes in the glottis, apparent by ocular examination, the febrile symptoms, the increase of pain on pressure—all these are entirely absent.

Hysteria Cardiaca.

The patient is suddenly seized with palpitation of the heart in such a way that the pulsation can be not only heard, but felt, and even seen. To this is added a feeling of great oppression on the chest, great uneasiness; and as frequently hysteria vasculosa is connected with it, this form of the disease is most calculated to mislead the physician, and to make him suspect the presence of real carditis, or incipient degeneration of the heart.

Diagnosis : The sudden appearance of the disease, without chills or coma to precede it, as in true carditis, as sudden a disappearance of the symptoms, the fact that the affection has often existed before, that the symptoms either abate or vanish by irritation, and finally that no enlargement of the heart is perceptible on percussion, all this makes the diagnosis certain.

It is not out of place here to allude to "palpitation of the heart." It has latterly been generally considered as a *sure* indication of the presence of a disease of the heart, and consequently has been wrongly treated, even so far as to be injurious by exciting needless fear and anxiety in the patient. The fact is, that sometimes, without any interference of medical science, it disappears entirely, whereas, on the other hand, it is liable, by injudicious treatment, to be increased and rendered dangerous. Palpitation of the heart, which in a healthy state makes its appearance like every other action, is chiefly a consensual symptom, and is rarely based upon irritation of the heart, proceeding from diseases or changes in the latter. This palpitation of the heart is frequently a precursor of phthisis in hysterical women, and in individuals of a very irritable circulation. Still oftener it is to be found in such as are afflicted by hæmorrhoids and hypochondria. Peculiarly interesting is a form of palpitation cordis, which emanates from the spine, and is a concomitant symptom of inflammation of the spine, especially the chronic, in consequence of a curvature of the dorsal vertebræ, a fact which settles the question what influence the spine has on the heart, in favor of those who maintain that that influence is powerful.

Hysteria Spinalis.

One of the most frightful forms, but fortunately rare. The patient has a drawing pain along the course of the columna vertebralis ; he suddenly becomes either entirely stiff or immovable, totally unable to move a limb in its articulation, or to move a muscle ; this is real tetanus hystericus, or what is more frequent, the limbs all bend backward. The latter state is called "Opisthotonus Hystericus." We have seen patients in this state, whose occiput touched their heels. We have noticed in nervous complaints, the somatic, as well as the psychological, symptoms of a striking development of the mental faculties and of the physical powers : the muscular. Deranged individuals, for instance, display a physical power which is incomprehensible, and which they never possessed when in health. A similar

state is presented in hysteria spinalis in the flexibility of the parts, for we are convinced that even by the greatest perseverance for years, no such flexibility of the vertebral column can be attained. On a continuance of the evil, the convulsions become tonic, to which other symptoms are added, such as freer circulation of the blood, perceptible by venous appearances in the lungs and in the countenance.

Diagnosis: This form of the disease is to be distinguished from real tetanus, and the tetanus traumaticus, by the individuality of the patient, by the general characteristic symptoms of hysteria, by the fact of its being preceded by other hysterical symptoms, and by the symptoms appearing suddenly and reaching their height in a few minutes.

Hysteria Cephalica.

Hemicrania. The pain appears on one side of the head, commonly in the os frontis, in the branches of the frontal and temporal nerves. The pain is tearing, pressing, piercing, suddenly disappearing, or at least decreasing, then again returning, at one time severe, then again trifling. No objective symptoms.

Clavus Hystericus. This pain is described by the patients as if a nail or a red-hot iron were driven through the skull. The pain is always on one side, close to the sagittal suture.

Hysteria Vasculosa.

This affection seldom attacks the whole circulation; it is more frequently confined to a larger or smaller space of the arterial system, or to the largest class of arteries, the carotid and abdominal aorta in particular. If the entire circulation is affected, the pulse becomes very frequent, often hard and tight, leading to a suspicion of violent inflammatory fever. If only one branch is affected, the pulse is hard and tight only in that artery which is connected with that branch. The abdominal aorta is most liable to be affected, and the pulsation in it is sometimes so violent that the physician is liable to mistake it for aneurism.

Diagnosis: The general characteristic symptoms of hysteria, the contradiction between the appearance in the circulating system and the other febrile symptoms, especially the temperature and secretion of the skin, quality of the urine, absence of thirst, and the sudden change of the symptoms, (the pulse changing within a few minutes from hard and tight, to small, irregular, imperceptible,) all these various symptoms make the diagnosis certain.

Hysteria Muscularis

Shows itself in various stages, which may be viewed as so many different forms. The lowest form is that uncertain wavering between expansion and contraction of the muscles, which produces trembling and oscillation in some muscular parts. Often these movements are merely subjective, being based upon a self-delusion of the patient; subsequently they assume an objective character. They appear without provocation, sometimes, however, owing to some external influence, and as has already been asserted, seldom spread over the entire muscular structure, but confine themselves to some parts which combine for one motion.

This is a state of transition to another form, the convulsions, in which the motions are beyond the control of the mind, and take place automatically; the convulsions proceed from a small union of muscles, and are usually limited, for instance, to the forearm; sometimes, however, they embrace the whole muscular structure of the body. The partial spasms thus become general convulsions. The movements are exceedingly manifold, suddenly changing, one set of muscles following another in their motion, even involuntarily combining, although they cannot voluntarily do so simultaneously. These symptoms impress a spectator with awe and horror by the defiance of natural laws, whilst other motions again provoke laughter, those namely which have the appearance of being involuntary without offering the same wide contrast to the voluntary movements. In rare cases the action of the muscles assumes the appearance of intention or design; and yet on closer inquiry it is found not to be subject to the will at all. Cases like these, of apparently intentional motion, but misplaced, excite laughter. Some individuals perform the motion as if sawing, others as if they were kneading, others dancing (Chorea), others again as if they were searching for something. They say themselves that they cannot restrain these motions, apparently intentional. It is necessary to discriminate between chorea hysterica and other forms of chorea, proceeding from different causes. Chorea cannot be viewed as a species of disease, although it does differ from other convulsions, by the involuntary motions appearing to be intentional. With regard to the will, it has similar symptoms to those alluded to in hysteria laryngea, where two different voices seem to proceed from the patient. We here witness a double will; the will of the patient, who has (during the paroxysm) no power over his movements, and a something,

which, by its influence on the muscular system, imitates voluntary motion most surprisingly. This is connected with a change in the mind, highly interesting to the practitioner: a change of character. Hysterical individuals are very much given to lying and cheating, and by degrees this disposition becomes morbid. Then the lie no longer proceeds from thorough conviction, (the very fact which changes an untruth into a lie;) the spirit for lying and cheating develops itself in such a manner that the patients endeavour to impress all around with a mistaken representation of themselves and their health.

The physician who has charge of hysterical women, must be cautious, regard the account of symptoms given him by the patient with suspicion, and take only so much for granted as is substantiated by objective facts.

The various forms of hysteria treated of above are frequently found combined in the same individual, thus hyst. uterina with hyst. gastrica, hyst. spinalis with hyst. cephalica, &c., &c. The law of nature which tolerates either such combination or a succession, is unknown; observation, however, has laid it down satisfactorily, that the various forms are not stationary, but that they alternate with one another more or less rapidly.

Ætiology. This disease appears chiefly amongst women, very rarely in the other sex, and then only in such as are peculiarly excitable, weak, decrepit subjects. The reason why women should be more afflicted with it, lies in the prevalence of the abdominal nerves, and in the influence which the genital system exercises over the whole of the female organism.

Constitutional causes. It never occurs before puberty, most frequently at that period. Its frequency diminishes with the advance in years, until the period of involution has arrived.—Women then become again more liable to it, and it then assumes the worst and most malignant forms. On the other hand it is not unfrequent to find women who have all their life been afflicted with hysteria, become cured of the complaint as soon as that period arrives. It is also a hereditary disease, running through a family for generations.

Incidental causes are: debilitating diarrhœa, hæmorrhage, exhaustion of vitality by excessive secretion; if the volume of blood is too much reduced by the secretive functions, for instance in women who have been weakened by repeated conceptions and births, by abortion, or long continued nursing, &c. The vitality of the circulation is thereby reduced, and the activity of the nervous system proportionately increased.

Further : Coition without conception, sexual excitement of every kind, blennorrhœa of long standing, irritation in the vicinity of the genital organs, for instance in the colon by worms, mental excitement of a vicious kind, by frivolous literature, all of which has a direct action on the ganglionic system generally, and on the genital particularly. Finally, the disease is sometimes a consequence of abdominal or intermitent typhus.

Course : It is always a lingering disease, rarely assuming an acute form, or terminating with a few attacks ; it generally lasts for years. It terminates :

1. *In recovery* : In each attack the crisis becomes more distinct by increased secretion of the affected part. Thus in hysteria gastrica the patients vomit at the close of an attack ; in hyst. intestinalis it terminates in a watery diarrhœa ; in hyst. cephalica, in a gush of tears, which is perfect bliss to them.—Others have profuse discharges of watery urine. In such cases when the disease is located in such organs as are closely connected with small secretory organs, for instance hyst. spinalis, the nervous crisis consists in a sleep of longer or shorter duration, seldom quiet or healthy, but rather dreamy, and inclining towards somnambulism. The paroxysms become less frequent, less violent, and gradually disappear.

2. *In another disease* : The circulation of the affected organ becomes irritated, and this leads to acute or chronic inflammation. Hyst. gastrica may become gastritis, hyst. intestinalis, enteritis. Chronic inflammation is chiefly to be found in hyst. gastrica, (not unfrequently terminating in scirrhus,) in globus hystericus, which stops short at the larynx (liable to run into laryngophthisis), but most frequently in hyst. cephalica. In this case the inflammation of the dura mater affects the pachionian glands, which grow and swell even so far as to perforate the skull at the sagittal suture. This transition ought to be closely watched by the physician ; for if on the appearance of the premonitory symptoms he should pursue the anti-hysterical treatment, he would kill his patient.

Hysteria may further terminate in nymphomania, which has its seat in the genital organs, or in gangliomania, or in epilepsy, if the irritation reaches the central portion of the nervous system. Amongst the mental diseases arising from hysteria, somnambulism ought to be mentioned, or magnetism and clairvoyance, as some have named it.

3. *In death* : In case an organ which is essential to life, should be paralyzed, the lungs, the spine, the heart, or (which is more frequent) by terminating in acute inflammation.

Prognosis : The whole disease is full of inconsistencies and

contradictions; so is the prognosis. Though the individual paroxysms may easily be broken up, and are not dangerous, howsoever they may seem to be so, yet the disease as a whole is not easily cured. Such forms as are hereditary, which commence during the period of involution, (those which commence at puberty, especially if in combination with menstrual derangement, are more likely to be cured,) or such in which the paroxysms follow each other very quickly, finally such as are seated in organs necessary to life, are of an unfavorable character. The prognosis is also bad when the symptoms change into acute or chronic inflammation. Most cases of trance have occurred in hysterical women. We have seen patients lie for hours in a state of asphyxia. Additional pains for resuscitation must be taken in apparent death from this disease, and no burial ought to be allowed until actual decomposition has commenced.

Therapeutics. The treatment of hysteria is one of the most difficult problems to the physician, not only on account of the difficulties in the diagnosis, and the tedious course of the disease, but also on account of spiritual obstacles. The patience of the physician is tried very severely: for, whilst he is convinced that the illness is of no consequence, he is obliged to listen to the complaints and lamentations of the patient, and to a repetition of the same things over and over again, without losing his patience, because the patient is so sensitive, that the slightest indication on the part of the practitioner of his thinking lightly of her sufferings, or of his lending but half an ear to her complaints, would immediately create a prejudice against him. The physician, desirous of attending on hysterical women, must affect the greatest pity and sympathy, must listen patiently to their lamentations, must beware of seeming indifferent or annoyed.

Ind. caus. refers more to the regulation of the diet. As a prophylactic, it enjoins upon the physician to ward off every paroxysm; that too is done by dietetic means.

Ind. morb. is divided into the treatment of the individual paroxysms, and of the disease as a totality. The treatment of the paroxysms varies according to their various forms. There are two principles generally applicable to all hysterical women. 1st, to prevent the transition into some fatal disease. 2d, to employ medicines which shall act as incitements on the healthy organs, because their influence on the hysterical organ is sedative. Such remedies, it is true, chiefly operate by exciting the circulation, and therefore they ought to be given with great caution, and not with the usual indifference. Thus we

see headache, at first removed by Chamomilla and Valeriana, very much increased subsequently by the continued use of those remedies, evidently being produced by these, and to be considered as a species of intoxication.

1. *Hysteria Uterina* requires the stinking rosins, and remedies resembling them, such as Castor (in tinctures or powder.) Amongst the former, Asafœtida, in pills or tinctures, is much preferred.

One of the most powerful means in hysteria generally, and in uterina especially, is Pulsatilla, chiefly in those forms which are accompanied by spare menstruation, together with severely nervous symptoms. The extract ought to be always prepared fresh, as it loses its efficacy by time. As regards the proper dose, this depends on the irritability of the individual; it may, therefore, be best to commence with the smallest doses: for instance, Extract of Puls. † grain a day, increasing it to „ or even † gr. pro dosi. Experience has decided in favor of the efficacy of small doses. The Asafœtida is given in † to ½ grain pro dosi; the same with Castor.

2. *Hysteria Vesicalis*. The specific is Cantharides; one drop of the tincture in mucilaginous vehicles, once in six to eight hours. Next to Cantharides, we recommend tepid baths, and if the retention of urine should be complete, and the remedies be slow in their action, the use of the catheter.

3. *Hysteria Intestinalis* calls for the use of the Gummata Ferulacea, the Asafœtida, Gummi Galbanum, preferable in the shape of enema, to be taken by the mouth. Besides, it is well to rub the abdomen with Hartshoru-spirits, and to apply aromatic poultices.

4. *Hysteria Gastrica*. In this form are indicated the solutions of Asafœtida, Castor, and Valerian, in vinous vehicles, mixed with Naphtha. If changes take place in the digestive organs, it is advisable to give, besides the above remedies, liquor kali subcarbonici, magnesia, &c., either combined or alternately. Cutaneous irritation, by sinapisms on the pit of the stomach, produces instantaneous and beneficial effects.

5. *Hysteria Pulmonalis* demands squilla in extract or vinegar, combined with Gum Ammoniac, and similar means for irritating the pulmonary nerves. The operation of these remedies is strengthened by counter-irritants, by powerful sinapisms on the branches of the nervus pneumogastricus.

6. *Hysteria Cardiaca*. One of the most frightful forms, in which very small doses of squilla are about the best remedy, †-† grains once or twice a day, and if an impression has been produced, then three to four days' pause must intervene.

7. *Hysteria Laryngea*. Counter-irritants instantaneously remove the most awful symptoms of this form.

8. *Hysteria Spinalis*—comparatively one of the most horrible forms—is to be treated by irritating the abdominal nerves by injections of Asafœtida, whilst prussic acid is to be given internally in doses of $\frac{1}{2}$ scruple, according to Vauquelin's prescription, in mucilaginous vehicles of six to eight ounces. If the spasm does not yield to such treatment speedily, shower-baths must be resorted to, especially in that form which appears like tetanus hystericus.

9. *Hysteria Cephalica*. Several vegetable substances, which contain æthereal oil, are suited to the treatment of this form. The best is Valerian, next to it Chamomilla. But these remedies must not be administered in the same manner as is usual in domestic practice, i. e. in strong infusions, because in such strength they at first readily relieve, but very soon prove unsuccessful, and ultimately produce a headache (besides the hysterical) peculiar to themselves, and to be removed by Camphor, or strong infusion of coffee. These remedies are given in the form of infusions, or elæosacchara, or tincture in very small doses, or to be smelt only.

For the purposes of smelling, only certain articles are adapted. Thus all those smells which are pleasing and grateful to a healthy nose, are very repulsive to a hysterical subject: for instance, the smell of the rose, lavender, jasmín. Amongst such nations where hysteria is very common, those flavors are banished from the vicinity of woman. During pregnancy and labor, this susceptibility towards certain aromas is not unfrequently increased to such a degree as to cause fatal convulsions.

It may, on the whole, be taken as a general fact, that all agreeable smells are disagreeable to hysterical subjects; that, on the contrary, they delight in the smell of burnt hair, horn, horsehoof, feathers, &c., &c. Consequently, the proper scents for hysterical invalids, are: Ammonium pyroleosum, plants emitting a nauseating odor, for instance, solution of Belladonna, Aconite, &c., in fact all those with a mouldy smell. As a matter of course, the patient is to be put under the influence of those odors only momentarily and sparingly.

10. *Hysteria Vasculosa*. To be met by acids in conjunction with spirits of wine, or elixirum acidum mynsichtii, &c.

11. *Hysteria Muscularis*. The treatment of this form is analogous to that of hysteria intestinalis, and cephalica. The stinking rosins are given as injections; small doses of Castor or Valerian are taken internally, and to this we add the use of the same inhalations, as recommended in cephalica, whereby the most awful convulsions will be subdued, at least momentarily.

ACONITE.—RHEUMATISM.

BY IVAN PIERRE, M. D.

VOGT (see Mat. Med.) says : after great restlessness Aconite causes relaxation, diminution of pulse and heart-beats, the head becomes confused, and often very painful, while pains set in in the limbs, especially the so-called *bone-pains* and *joint-pains*, and persist until the outbreak of sweat and increased flow of urine, under which these symptoms gradually disappear.

[Hence it seems not only to produce the pains, but also similar crises, by sweat and urine, as occur in rheumatism.]

SOBERNHEIM says : it causes painful sensations in the joints and bones, which cease after the breaking out of profuse sweat and abundant secretion of urine ; and adds that it differs from Conium principally by its more prominent action upon the fibrous system and skin, whence arise the bone and joint-pains it causes.

HARNISCH says : it causes painfulness and trembling of the limbs, especially of the *lower* extremities, and the patient often suffers from the most violent pains in the bones and joints ; and adds that the skin eruptions which Aconite causes, the profuse sweats, and the pains in the joints, limbs and bones, all tend to prove its peculiar and specific action upon the skin and fibrous tissues.

J. A. SCHMIDT has advanced the conjecture that Aconite acts prominently upon the fibrous tissues, external skin and pulmonary mucous membrane, and far less upon the lymphatic system and glands. VOGT thinks this notion is not far from the truth, for it causes pains in the bones and joints, perspiration, itching, and springing up of vesicles which resemble rheumatic sudamina or miliaria ; and adds that the observations of the best practitioners prove that it is most serviceable in diseases of the fibrous tissues, while even Stoerck admits that it is far less useful in glandular affections than Conium, although it is a much more acrid and energetic drug.

KUFFNER says general painfulness of all the joints not unfrequently arises after the use of large doses of Aconite.

Therapeutical uses.

It is a singular fact that the homœopathists only use Aconite against the inflammatory fever of rheumatism, and yet Aco-

nite is not homœopathic either to fever or inflammation, while the German old school physicians have long recognized Aconite as a specific remedy against many rheumatic affections.

According to NOACK and TRINKS it is used in old school practice against :

Rheumatic spasmodic asthma,
 Arthritic affections of the chest,
 In Lumbago and Ischias,
 Rheumatic stiffness of the limbs,
 Rheumatic swellings,
 " " of the periosteum,
 " " " bones,

In rheumatic bone-pains,
 " Mercurial rheumatism,
 " Acute rheumatism,
 " Wandering "
 " Articular Rheumatism,
 " Gout, nodous gout, and gout with paralysis,
 " Violent pains in the limbs,
 " Rheumatic metastasis to internal organs.

Of 14 recipes for Aconite in Sobernheim's *Materia Medica*, no less than 11 are for rheumatism.

Sobernheim says it is the main remedy in rheumatic and gouty affections, partly inveterate and chronic and attended with abnormal alterations and deposits in the affected parts; partly fixed and very painful, and occurring in the form of articular rheumatism and articular gout. He quotes Graefe, Schmidt, Rust, Lombard, Kopp, Brera, G. A. Richter, Stark, Hufeland, Stoerck, Barthez, Scudamore, Vering, &c., all of whom join in recommending it.

Voel advises it in atonic gout, and in the gout of the head, occurring in the form of hemicrania, with predominant affection of the fibrous dura mater.

Greting gave it with success in affections of the heart and chest, from rheumatic and arthritic causes.

Kahleis, Davies, and Lombard, advise it in rheumatism of the heart and in affections of the fibrous portion of the pericardium.

Harnisch says it cures chronic rheumatic and arthritic inflammations of the stomach and bowels.

Stoerck cured the most violent rheumatic pains, which were so severe as to prevent the use of the arms and legs.

Shillnius says it relieves nocturnal syphilitic bone-pains far better than opium.

Kopp advises it in rheumatic pains with a syphilitic basis, also Brera.

Pereira says the application of the tincture of Aconite, as an embrocation, in neuralgia and rheumatism, is invaluable, and adds that no one can entertain a doubt of this, who has submitted it to a fair trial; in rheumatic pains without local swelling, it is frequently of great service; in painful conditions of the intercostal and other respiratory muscles, occurring in rheumatic subjects, it is most useful.

Vogt says Aconite is used in acute and chronic rheumatism and gout. In acute articular rheumatism, he says it is now admitted to be one of our most efficient remedies; it quickly relieves the pains, and aids most materially in facilitating the absorption of the effusions about and in the joints, and lessens the inflammation, especially when conjoined with Colchicum. Not less great is its curative influence in chronic rheumatism, even in those forms which are increased to the highest grade of neuralgia, viz., in prosopalgia and ischias, in which Roche and Theulier have praised it as almost specific. Also in diseases of the fibrous tissues and bones, viz., in tophi, dolores ostrocoopi, &c., when dependent upon syphilitic, arthritic or rheumatic dyscrasias. It aids more than any other acrid narcotic remedy.

According to Lombard of Geneva, the alcoholic extract of Aconite possesses a specific curative power against acute articular rheumatism; it quickly relieves the pains and rapidly promotes the absorption of the effused synovial fluid from the joints. He used it exclusively for two years in the hospital at Geneva. He thinks that it does not destroy the principle of rheumatism, for other points are attacked while the patient is using Aconite; hence without exerting a preservative influence, it cures rheumatism wherever it fixes itself upon a peculiar locality. Some patients experienced a diminution of pain in the course of an hour, but usually its sedative effects were only evident at the end of several hours. The antiphlogistic action which arrests the inflammation and tumefaction, is commonly more slow; from twelve to twenty-four hours was the most common period for this amelioration, but sometimes it did not occur under thirty-six to forty-eight hours. It acts more promptly on the large than on the small joints. In some cases it causes perspiration, in others it checks the profuse sweating which is common in rheumatism. It does not affect the stomach or bowels.

Dr. Fleming, in seventeen cases of rheumatism treated with Aconite, found the average period of cure between five and six

days ; in three cases a cure was effected in two days ; in one case, in three days ; in six cases, in four days ; the improvement was very speedy, pain being occasionally relieved in an hour, usually in a few hours, together with abatement of redness, tension and tenderness of the joints. Ten cases of lumbago were speedily cured. It is efficacious in the great majority of cases of chronic rheumatism.

Rationales of the action of Aconite in the cure of Rheumatism.

Sobernheim thinks it allays the rheumatic pains by causing profuse perspiration.

Vogt says in many instances pretty rapid relief from pain has been observed from the use of Aconite, but the most of such cases seem to have been of rheumatic or arthritic origin, and to have ceased when Aconite-perspiration set in.

Stoerck thought that the syphilitic and rheumatic acridities which attacked the nerves and bones and caused the pains were solved by the Aconite, taken up into the general circulation, and then cast out by the profuse sweats and urinations which ensue under the use of it.

Lombard thinks it acts neither as a derivative nor a sudorific, but as a specific remedy against rheumatic inflammations, and acts specifically upon the fibrous and tendinous parts which surround the joints, and also upon the synovial membrane lining them. He states in particular that it does not act as a sudorific, for in eight or ten cases of rheumatism in which he administered it, there was but one case in which it caused abundant perspiration ; in all the others the cure was obtained without any sudorific action ; and even in one case, it arrested copious sweating which had lasted fifteen days. In Wilson's treatise on the skin we also find (see page 272) a case of chronic sweating of six years' standing, which, after having been fruitlessly combated by various remedies, yielded at last to the extract of Aconite, given at first in $\frac{1}{4}$ grain doses, gradually increased until sixteen grains a day were taken. Still the diaphoretic action of Aconite is so well marked that Dierbach places it among the diaphoretica-acrid, and states that even in small doses it exerts a great influence upon the skin ; Stoerck noticed this upon himself, and thence drew the conclusion that it might prove serviceable in rheumatic and gouty affections ; thus its power of exciting perspiration first led to its use in rheumatism. Vogt also states that even in small doses it causes a great increase of the secretions, especially of the skin, where besides copious

sweats, it often causes violent itching, formication, and the springing up of vesicles; in rheumatism it at times causes profuse sweats, which may however, only show themselves upon the diseased parts. Even if we are forced to admit that Aconite does not cure rheumatism by exciting perspiration, still it seems to cure sweating homœopathically.

We now propose to enter into a comparison between the characteristics of acute rheumatism, and the principal effects of Aconite, in order to find in how far there is a similarity and in how far a difference between them, and thus to obtain an explanation, if possible, of how cures of rheumatism by Aconite take place.

In acute rheumatism one of the most marked changes is in the condition of the blood.

1. There is an increase in the quantity of the fibrin; in healthy blood the fibrin amounts to only $\frac{1}{1000}$ of the whole mass of this fluid; in fourteen cases of acute rheumatism, Andral and Gavarett found the quantity of fibrin to descend less than $\frac{1}{1000}$ in five cases only; the maximum quantity of fibrin in the fourteen cases was $\frac{1}{100000}$; the medium, was $\frac{1}{20000}$. In one case Simon found the quantity of fibrin to rise to $\frac{1}{3000}$; in one case Dr. Rindskopf found it $\frac{1}{10000}$; in four cases Becaneret and Rodier found the medium quantity of fibrin to be $\frac{1}{1000}$. Increase in the quantity of fibrin is one of the surest signs of the presence of an inflammatory condition of the blood—yet Aconite does not increase the quantity of fibrin, nor render the blood more arterial or inflammatory; on the contrary it renders it far more venous, dark, and fluid. According to Dr. Fleming, five drops of the tincture of the root cause slight muscular weakness, render the pulse weaker, and reduce it from seventy-two pulsations to sixty-four, and the respirations from eighteen per minute, to fifteen or sixteen. Ten drops reduce the pulse to fifty-six, render it smaller and weaker, and the respiration to thirteen, with great muscular debility, and coldness of the extremities; after five drops more the pulse may fall to forty, or even thirty-six, but more frequently rises to seventy or eighty, becoming small, weak, and irregular. (*See British and Foreign Med. Rev.*, Oct. 1845, p. 465.) Hence Aconite is an anti-phlogistic remedy in the old school sense of the word, and not in the homœopathic; Dr. Fleming even compares its effects to those induced by loss of blood, and states that it cannot be doubted that it is a powerful anti-phlogistic.

We also do not find any proof that Aconite produces redness, tenderness or swelling of the joints similar to those which occur

in acute articular rheumatism; hence it cannot be homœopathic to this variety of disease, although there is proof that it cures it.

Finally, the production of *pain* is not a primitive effect of Aconite; but numbness and paralysis of sensation are; the Aconite-pains only occur when numbness, bloodlessness, &c. of a part are passing off under the influence of vital reaction.

Thus it will be seen that although Aconite acts *specifically* upon the fibrous and other tissues involved in acute rheumatism, yet it acts *specifically different* from the action of this disease, and hence cures it by exerting a *specific alterative*, i. e. *specific allopathic* action upon the seat of the disease. All those who read Hahnemann's Organon attentively will find that his criticism is not directed against *specific-allopathic* treatment, but against *counter-irritant*, or *revulsive-allopathic treatment*, i. e. the use of remedies which act upon a part *different* from that involved by the disease, and in a different manner. He also advances in favor of the homœopathic treatment (see Organon, 545) that homœopathic remedies act especially upon the localities occupied by the disease; this argument also holds good in favor of specific-allopathic remedies, i. e. such as act *specifically* upon the seat of the disease, but *specifically different* from the action of the disease. Hahnemann advances in his §55 that counter-irritant allopathic remedies are objectionable because they attack healthy parts, and not the diseased ones; this objection does not apply to *specific-alterative* or *allopathic* remedies. In fact, any remedy which acts specifically upon the seat of the disease, and acts specifically different from the action of the disease, must alter the diseased action for better or for worse, and may cure it. Specific remedies may act *opposite* to the action of the disease, and if the indication be to produce an opposite state of things, they may cure; thus one of the most marked actions of ergot is to produce powerful, incessant, tonic, almost tetanic contractions of the uterus, and it is well known to avail in the opposite state, viz., that of complete atony and absence of contractile power of that organ. This is one of the most marked instances of *specific-antagonistic*, or *specific-anti-pathic* treatment. The use of Aconite in the cure of neuralgia is another; this drug causes numbness and such complete paralysis of sensation, that a dog under its influence becomes totally insensible to the introduction of pins into his legs, paws, body, tail, nose, &c.; yet Aconite cures neuralgia permanently in some cases. Dr. Fleming has given a table of forty cases, some of them of many years' standing, one of them of thirteen years' duration; out of this number twenty-seven were permanently cured, and thirteen only temporarily relieved.

If remedies which produce the *greatest different* kind of action from that of the disease will often cure, it is equally true that remedies which produce a *lesser* degree of difference, may also cure. Thus, tetanus and chorea are both spasmodic diseases; but there is some *difference* between the tonic, rigid contractions common to tetanus and the effects of Strychnine, Nux vomica, Ignatia, &c., and the clonic, sub-paralytic trembling and twitching of chorea. In Dunglison's *New Remedies* we read (see page 455) that Pereira has found Nux vomica serviceable in that shaking or trembling action of the muscles which is induced by habitual intoxication; Professor Romberg of Berlin has seen good effects from it in chorea; in the *Encyclographie des Sciences Medicales* for August 1843, p. 65, we learn that Lejeune has used Nux in the treatment of chorea with success; that Fouilloux gave by accident a dose of Strychnine to a patient with St. Vitus' Dance, and cured it; that Tronpean, Professor of Therapeutics in the *Ecole de Medecine* at Paris, has cured eleven cases of chorea with the same remedy. Again, a drug which causes mucous-inflammation may cure suppurative inflammation; this has been done. Ricord (see *London Lancet*, Am. reprint, Vol. I. p. 365) says: Iodide of potassium produces a catarrh of the nose, which, however, does not exhibit the least disposition to pass over into the suppurative stage; the catarrhal mucus produced by this drug does not ripen, and indeed, if previously to the administration of the remedy there had existed a *purulent* discharge from the nose, this will often diminish and entirely disappear. These are good examples of specific alterative treatment.

The peculiar effects of Digitalis in debilitating the heart and rendering the pulse feeble, slow and intermitting, are well known; yet Dr. Holland states that the enlarged and flaccid heart, though on first view it might seem the least favorable for the use of Digitalis, is perhaps not so; at least he has reason to believe that in the dropsical affections which attend it, Digitalis is peculiarly of avail; and Dr. Withering correctly observes, that when given in dropsy it seldom produces a flow of urine in men of great natural strength, tense fibre, warm skin, and florid complexion, or in those with a tight cordy pulse; but on the contrary, if the pulse be feeble and intermitting, the face pale, the lips livid, the skin cold, &c., its diuretic effects will follow in a kindly manner. In dropsy the secretion of urine is diminished, and Digitalis is given with the view of producing its specific antipathic effects upon the kidneys; and Paris (see *Pharmacologia*, Vol. I. p. 128) says that Digitalis seldom or never produces its diuretic effects without previously producing a reduc-

tion in the frequency of the pulse ; hence it will act most readily upon such persons who already are in such a state as Digitalis must produce before it will act upon the kidneys. We introduced this example for the express purpose of showing that however *similar* the action of a drug may seem to that of a disease, there is yet a *difference*, and the cure depends upon the difference ; Hahnemann admits this very position in his Spirit of the Homœopathic Doctrine, where he says : “ Without a natural DIFFERENCE between the affection arising from the disease and that arising from the drug, a cure could not possibly take place ; if the two affections were not only similar, but identical, no result could ensue but an exasperation of the evil.”

Hence we set up the position that SPECIFIC ALTERATIVE or SPECIFIC ALLOPATHIC TREATMENT is the true mode of treating disease. Specific-antipathic treatment is one branch of this method, inasmuch as *specific antipathic drugs* are merely such as produce the *greatest degree of difference* ; and *specific homœopathic treatment* is also a branch of this mode, as specific homœopathic remedies are such as produce the *least degree of difference* from the action of the disease. We admit that the greatest similarity between the action of a drug and a disease is frequently no obstacle in the way of this drug curing that disease ; but we deny that the cure depends upon the similarity. Lead and Alum are very different things, yet they both are astringents and both cause constipations ; still Pereira (see Mat. Med. vol. i. p. 518) says : “ In the treatment of lead colic, Alum has been found more successful than any other agent or even class of remedies ; it opens the bowels more certainly than any other medicine, and frequently when powerful cathartic remedies have failed.” We freely admit that we cannot point out the difference between the lead-constipation, and the alum-constipation, yet they must be different states.

We agree with Hahnemann that counter-irritant or revulsive treatment is a very indirect and imperfect method when compared with the direct, or specific mode ; and we object above all to counter-irritant homœopathic treatment, when counter-irritation is endeavoured to be set up by means of infinitesimal doses. Hahnemann's *Materia Medica* does not give an exact exposition of the localities which the drugs with which he experimented effect by preference ; hence we are confident that the most painstaking homœopathist cannot find a truly specific homœopathic remedy against a disease of a certain locality once in twenty times with the aid of the *Materia Medica Pura* alone ; hence his treatment is generally homœopathic-revulsive—and the revulsion set up by the thirtieth, or

even by the two-hundredth or two-thousandth dilution cannot be sufficiently powerful to draw off any disease, however slight.

Dr. P., as may be seen from his article, establishes degrees of homœopathicity, or rather a scale of relations between the drug and the disease, from the true, direct antipathic to the nearest homœopathic simile. There cannot be any objection to this. This doctrine about specific alteratives or allopathic specifics, or, as Hahnemann terms them "antipathics," is, to a certain extent, true in our judgment, and is based upon undeniable facts. There are certainly true palliatives which may be used under certain circumstances for the purpose of making the patient comfortable, of arresting immediate and threatening danger, of securing time for the selection of the proper homœopathic remedial agent. Palliatives may especially be used in cases where we are sure of the true antipathic action of the drug, and where the vital forces, unimpaired by pœra or syphilis, require no other aid to establish their permanent reaction, except that the principle of disease should be bound for a time by an antagonizing influence. Hahnemann himself admits the existence of antipathics, and the propriety of using them under certain circumstances. "In the Siberian influenza," says Hahnemann, (see his *Materia Medica Pura* I. p. 186, by Dr. Hempel,) "when it appears amongst us at the time when the hot weather has already set in, Camphor may be used as a palliative; but it is an excellent palliative on account of the disease having a short duration, and ought to be given in frequent and progressively increased doses in water, as taught above. In this way Camphor does not shorten the course of the disease, but deprives it of its danger and diminishes its intensity until it reaches its termination."

Still, although antipathics do exist and may be used with perfect propriety under certain circumstances, we do nevertheless contend, with all due deference to the sagacity and experience of others, that in those same circumstances the true homœopathic agent would act more safely and certainly than the antipathic. Let us take a case of uterine hemorrhage from atony of the uterus after parturition. In such a case *Secale* would be the true, genuine, direct antipathic, and, if administered as an antipathic, in a large dose, would not fail in bringing on contraction of the uterus and arresting the hemorrhage, provided the patient's constitution be otherwise healthy. Spasmodic contraction of the uterus is one of the *primary* symptoms of *Secale*; its secondary opposite symptom is atony of

the uterus from excessive previous contraction. The secondary effects of drugs are generally opposed to their primary, and it has moreover been found that the pathogenetic symptoms of the high potencies correspond to the secondary effects of large doses. In a case of atony of the uterus, such as we have supposed above, we should therefore prefer giving a high potency of *Secale* to giving the crude substance, on the supposition that there exists a more intimate relationship between the supposed case of atony and the high potency than between that same case and a low potency of *Secale*. Of course all this reasoning is only true, if the secondary symptoms of large doses correspond to the primary symptoms of the high potencies. This is a thing which we cannot assert by personal observation, but we believe it upon the authority of other eminent observers. Let us apply this mode of reasoning to *Aconite*. The primary effect of *Aconite* is said to depress the pulse. In that case, if used as an antipathic, it must be given in large doses; if administered as a homœopathic agent, the highest potency ought to be used. Now, we maintain, and we are prepared to show by an endless multitude of proofs, that the highest potency of *Aconite* depresses the pulse more certainly and permanently than the lower. Nevertheless, practitioners may be justified, in peculiar cases, in using the tincture.

We do not admit Dr. P.'s assertion about the scarcity of true homœopathic cures. Every disease, if at all curable, may be cured strictly homœopathically.

TUSSILAGO PETASITES, A NEW REMEDY AGAINST GONORRHŒA.

BY DR. C. H. ROSENBERG, IN PESTH, HUNGARY.

DURING my stay in Baden, near Vienna, I was informed that a citizen of that place possessed an infallible remedy against gonorrhœa. I felt disposed to consider this a fable, but finding afterwards that the reputation which that remedy enjoyed, was really based upon facts, I held myself bound to investigate the matter. Several persons of rank assured me that after having used for a long time, and without any success, the so-called rational method, they resorted to the remedy in question, and were cured by it. I therefore called upon the proprietor, Mr.

G——, to ascertain whether the remedy in his possession might be added to our *Materia Medica*.

Mr. G—— is a good-natured Austrian, who told me with great frankness that he knew nothing of medicine, and that the remedy in his possession had been bequeathed to him by his grandfather, who had served in the war against France as physician to a regiment, and had, in that country, become acquainted with the remedy, the beneficial effects of which he had witnessed in hundreds of cases.

I requested the man to show me his remedy, and he was kind enough to inform me of the manner in which he prepared and used his specific.

The remedy is nothing more than the water containing the plant in a macerated condition, without any additional ingredients whatsoever. The liquid resembles a decoction of yew, and is especially remarkable for the fact that it does not get spoiled in the course of time, but may be preserved for several years without its efficacy being diminished. Mr. G., however, declined showing to me the recent plant, which he kept secret from every body. At my request he communicated to me the fact that the plant was an aquatic plant, and was not poisonous. The mode of preparing it is very simple. The plant is macerated in water, and this water is drawn off and preserved. He gave me a small portion of the dry plant, and I then discovered that it resembled a *tussilago* or *petasites alba*. I determined upon making a few trials with this small quantity, and prepared a tincture out of it in the fashion recommended by Hahnemann. Mr. G——n prepared likewise a tincture from the juice of the recent plant according to the homœopathic method. He advised me however to try the water which he had obtained and drawn off from the plant, for this reason, that he deemed this the best way to test the efficacy of his remedy. I have every reason to be satisfied with the trials which I and some of my colleagues have made, and take this opportunity of laying some of the results of my two years' experience before my readers.

Dr. N., a friend of the author, thirty-two years old, of an irritable disposition, was affected with an extremely violent gonorrhœa. The penis was swollen and painful. Emission of urine was excessively painful. The discharge is copious and mixed with blood, accompanied with feverish sensations and great restlessness. By my advice he determined to use the water; he took it in much smaller quantities than those prescribed by Mr. G——n. After having used it for thirty-six hours, all the symptoms, except the fever, were considerably in-

creased. I therefore directed him to discontinue the use of the remedy for twenty-four hours, which afforded great relief. This exacerbation of the symptoms seemed to me to indicate the necessity of diluting the drug much more than it had been done. I poured a teaspoonful of the water in a tumblerful of pure spring-water, mixed the two well together, and ordered a spoonful to be taken at intervals for twenty-four hours. This same dilution was also used externally. A linen rag was dipped into it, and the penis was wrapped up in this rag. The application was renewed every hour. Three days had not yet elapsed when a considerable improvement became visible. All the other painful symptoms disappeared in a short while. The discharge became less and less, and soon ceased altogether.—The cure was completed in three weeks.

N., servant, suffered with chronic ophthalmia, which prevented him from earning a livelihood. All allopathic treatment had been abandoned, and the poor fellow had been left to his fate. Not being able to work, he was obliged to live by the charity of others. I was fortunate enough to interest some benevolent persons in his behalf, and to ameliorate his condition somewhat by their aid. Having succeeded in this, I applied myself to investigate the nature and origin of this affection. The bulbus was sound, but the meibomian glands were painful and swollen. They secreted a quantity of acrid pus emitting a fetid odor, and causing agglutination of both eyelids. He was unable to bear the light; for the glare of the light produced lachrymation and a violent megrim. Two years ago he had caught gonorrhœa which had been removed by means of turpentine and injections into the urethra. Shortly after he became affected with this ophthalmia, which became more and more violent. Upon the supposition that the ophthalmia and the suppressed gonorrhœa were related to one another as cause and effect, I determined to make a trial with the water in this case, persuaded that its pathogenetic action upon the healthy body must correspond to the morbid symptoms which it was able to cure. By my advice he took a teaspoonful of the liquid morning and evening. On the fourth day of the treatment he felt an itching in the urethra, had frequent erections, and felt a pain in the testicles. On the tenth day he had a regular gonorrhœal discharge, which was yellowish and fetid.* The inflammation of

* This phenomenon is of the greatest importance, and shows the efficacy of this remedy in gonorrhœa better than any thing else. It would be of an invaluable benefit to mankind, if we possessed a certain specific against the so often destructive ophthalmia gonorrhœica.

the eyes went off in proportion as the discharge increased, and after the lapse of one month no traces of the ophthalmia remained. The discharge lasted six weeks, and ceased entirely after taking a few doses of sulphur. This poor man is now perfectly cured, and he owes his recovery entirely to the use of the *TUSSILAGO PETASITES*.

Mr. B., in Vienna, had suffered, for four years past, with secondary gonorrhœa, which was entirely painless, and had heretofore resisted all allopathic and homœopathic preparations, owing, in a certain measure, to his very irregular mode of living, and his passion for hunting. Being resolved to get married, he was desirous of getting rid of his affection on any condition. He had intended to use the water-cure. When I was consulted by him in regard to this point, I proposed to him to use the *TUSSILAGO*. After having regulated his diet and general mode of life, I directed him to take two teaspoonfuls of the water a day, one in the morning, the other in the evening. In a little while he felt an itching in the urethra, and soon after a violent pain. He then stopped taking the remedy for three days, and then resumed it again diluted in water. In a few days his condition began to improve, and at the end of two months he was perfectly cured, and married. I have treated in all thirty-two cases of gonorrhœa with this drug, twenty-six recent, and six chronic affections. They were all simple cases. The recent cases were cured in the space of from two to four weeks; of the chronic cases I cured two, one improved, one remained uncured; of the two other cases I have heard no farther news.

Tussilago petasites may be, therefore, set down as a new, and, according to all appearance, a very efficient remedy against gonorrhœa. I shall try to obtain this plant fresh, to try it upon the healthy body, and shall communicate the results which I may obtain, to the profession. A few trials, which I did make on myself and others, have proved quite satisfactory. They showed that this remedy has a specific influence upon the sexual organs; they become extremely excited under its influence. The experiments which my colleagues, to whom I gave some of the drug, have made with it, likewise show, that it will prove a most excellent remedy in the treatment of gonorrhœa. Doctors *Attomyr*, *Argenti*, *Bakody*, *Ivanovick*, etc., etc., have expressed themselves completely satisfied with the results which they have obtained. I have yet a few bottles of the water left, and possess likewise some of the tincture prepared both from the recent and the dry plant; if any one of my colleagues should wish to try this remedy, I shall be happy to for-

ward some of it to them. Letters to be sent to Pressburg, Hungary.

ON CALCAREA RENALIS PRÆPARATA, IN GRAVEL.

BY DR. BREDENOLL AT ERWITTE.

My professional engagements do not permit me to spend much time in writing; the following case, however, I deem worthy of note.

Born of healthy parents, I remained quite healthy until my twenty-third year. I had no trouble in getting over the diseases to which children are generally liable. Some of them, scarlet-fever and measles, attacked me when I was already engaged in my professional career. I am now 57 years old.

In the year 1808, while vaccinating children, I caught the itch from one of them. Although I washed myself with soap-water immediately, yet a pustule made its appearance in about eight days, between the little finger and ring finger of the left hand; afterwards a few more came on at the same place, and some others between the ring and middle finger. I hastened to repel this eruption as fast as possible, which I unfortunately succeeded in doing within the period of eight days.

This suppression of the eruption was followed by a host of diseases: Liability to catching cold; frequent catarrh; rheumatic complaints; toothache; attacks of hemicrania, with vomiting; continual heart-burn; hæmorrhoidal complaints; at times tumors, at times fluent; excessive emaciation; afterwards a pustulous eruption over the whole body; painful swelling of the joints, arthritic nodosities in different places; a copper-colored eruption in the face, especially on and about the nose, which made me look like a confirmed drunkard; etc., etc.

These affections tormented me more or less, until, in the year 1833, I visited Hahnemann at Cœthen, for the purpose of studying homœopathia with him. Hahnemann treated me for three weeks, and I continued the treatment at my native place. My health improved steadily, and at the end of a year I considered myself cured. This lasted until October, 1836, when I was attacked with violent colic in one night. The pain was felt in the region of the left kidney, lancinating, pinching, sore; retching ensued, resulting in vomiting of mucus, and

lastly bile. I took a few pellets of *Nux v. X*; after this the pain disappeared gradually, and the vomiting ceased. Next day I was well again. Two days afterwards I discovered gravel in the urine, and my sufferings had vanished.

One year elapsed in this way; however, I occasionally experienced an uncomfortable sensation in the region of the left kidney, especially when riding on horseback, driving in a carriage, or walking fast; I took at times *LYCOPOD.*, at times *Nux v.*, in proportion as one or the other of these two remedies appeared indicated.

In November, 1837, I was suddenly attacked with vomiting, accompanied with violent lancinating, sore or pinching pains in the region of the left kidney. The horrible anguish and pain which I experienced, extorted from me involuntary screams, I was writhing like a worm in the dust. A calculus had descended into the ureter, and had become incarcerated in it. Repeated doses of *Nux* relieved the incarceration, and I distinctly felt that the calculus was descending towards the bladder. After twenty-four hours of horrible suffering the vomiting ceased, the pain became duller and was felt in the region where the ureter dips into and becomes interwoven with the tissue of the bladder; it continued for three days, and then disappeared all of a sudden; (the stone had now got into the bladder.) Thirty-six hours afterwards the calculus entered the bulb of the urethra. I felt a frequent desire to urinate; the urine was turbid and bloody, until at last a calculus of four grains made its appearance in the urine. After this, I frequently passed gravel and calculi, at times with slight, at times violent pains, sometimes accompanied with vomiting; I kept the larger calculi, with a view of using them hereafter as a curative agent.

Professor Nasse of Bonn, where my son studied medicine at the time, has analyzed the calculi, and has found them to be the urate of lime. He advised me to take *Merc. dulcis* and the sulphate of Soda for some time; it is scarcely necessary for me to say that I did not follow his advice.

On the fifteenth of February, 1839, I felt the precursory symptoms of a new attack, which really did break out in all its fury on the 16th, and continued on the 17th and 18th. I now caused 5 grains of my calculi to be triturated in my presence with 95 grains of sugar of milk, according to the fashion of Hahnemann and took $\frac{1}{2}$ grain in the evening of the 17th, another $\frac{1}{4}$ grain in the morning of the 18th. On this day I passed very turbid urine with a considerable quantity of gravel; however, in the region where the ureter dips into the

bladder, I experienced an uncomfortable sensation, but was well otherwise. On the 19th I was obliged to visit a patient at the distance of two miles; on my journey I felt that the calculus was descending into the bladder; the urine which I emitted shortly afterwards, was very turbid and bloody. That same evening, after returning home, I felt the stone in the bulb of the urethra, and on the morning of the 20th, it came off during stool, but unfortunately got lost among the excrements. To judge from my feeling, it must have been larger than any of the preceding calculi, and also rougher, for its passage through the urethra was very painful and followed by an oozing out of blood.

The uncomfortable feeling in the region of the left kidney never disappeared completely; it became especially painful when pressing upon that place, when riding on horseback or in a carriage, when taking exercise or turning the body. It seems to me that the whole pelvis of the kidneys must have been full of gravel and calculi. I now took $\frac{1}{2}$ grain at intervals of eight days; the result was that I passed gravel and small calculi at every micturition. On the 30th of November my condition got worse, and I continued to take $\frac{1}{2}$ grain of *CALC. REN. PRÆP.* at longer or shorter intervals, until Oct. 18th, 1840. After this period I ceased to pass any gravel, and I felt entirely well. On the 3d of February I passed some more gravel. Another dose of $\frac{1}{2}$ grain of *LAPIS RENALIS*; another dose on June 3d. On June 17th precursors of another attack; on the 18th vomiting accompanied by all the frightful circumstances which I have detailed above; the vomiting of mucus, bile, ingesta, continued at short intervals until the 26th; my tongue was coated with yellow mucus, and my appetite had completely disappeared. *BYON. NUX V.* and *PULSAT.* relieved the gastric symptoms; on the 26th, in the afternoon, I passed a calculus of the size of a pea. I now resumed the use of *CALC. REN. PRÆP.* in $\frac{1}{2}$ grain doses, at irregular intervals. On the 23d of October I passed a calculus of the size of a pea, without vomiting; there were no other precursory symptoms except the uncomfortable feeling in the region of the kidney a few days previous. I have felt well ever since, and free from all complaint, although I continue the occasional use of $\frac{1}{2}$ grain of *CALC. REN. PRÆP.*, lest I should have a relapse.

Every time I took a dose of *CALC. REN. PR.* I found that the so-called tartar on the teeth became detached a few days afterwards. A short while ago a nodosity hard as stone, which had appeared on the extensor tendon of the right middle finger about nine months ago, and which threatened to increase more

and more, disappeared. I consider the tartar on the teeth, calculi renales and arthritic nodosities, very similar morbid products.

In conclusion I beg leave to offer the following remarks :

1. Hahnemann's theory of psora is no chimera, as many theoreticians would have us believe. I was perfectly healthy previous to my being infected with itch. What a host of sufferings have I been obliged to endure after the suppression of the itch !

2. Isopathy deserves especial notice.

It is true, the most suitable homœopathic remedies afforded me relief ; the incarceration of calculi in the ureter especially was relieved by *Nux* ; but they were unable to put a stop to the formation of calculi ; this result was only attained by the preparation of *CALC. REN.*

GLEANINGS NO. I.

BY CHARLES UPJOHN, M. D.

1. **ATTENTION** has been drawn to the similarity between some of the effects of Mercury and those of syphilis. We have accumulated the following additional testimony. In *Graves' System of Medicine*, (English edition) page 362, we read that "Every practical physician knows that Mercury may and does give rise to a train of symptoms bearing some analogy to those of secondary syphilis. Thus, after the use of Mercury, a patient may be attacked with feverishness, pains in the bones, nodes, sore throat, and an eruption to which the name of mercurial eczema has been given. Here you perceive we have a remarkable analogy between the disease produced by mercury and syphilis. Mercury, when exhibited improperly, may produce all the effects I (*Graves*) have enumerated, and in addition to these, caries of the bones, particularly of the nose and palate. It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, *Belladonna*, *Strychnine*, *Quinine*, hydriodate of Potass, and some other powerful medicinal agents. In fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues, unless it has some specific effect on such tissues ; and

in this point of view we have an example of the '*similia similibus curantur*' of the homœopathsists."

Again, in the Boston Medical and Surgical Journal, Vol. XXVIII. p. 139, we learn that, "It is well known to the profession that Professor Chapman entertained and advocated the opinion of the perfect and entire identity (!) of the symptoms of mercurial disease with those of syphilis in all its phases; that this identity was so perfect as to perplex and confound the judgment even of the most enlightened and experienced;" and the writer adds, "there is no evidence of the Professor having repudiated this view."

On page 361, Graves informs us that one of the most common causes of periostitis, in persons *not* laboring under syphilis, is connected with the secondary effects of Mercury on the constitution. Persons who have taken Mercury for any disease, no matter whether it be pneumonia, pleurisy, or hepatitis, are afterwards subject to periostitic inflammation, and this liability continues not for months only, but even years. Indeed, periostitis is one of the most common effects of mercurialization, particularly if the patient be exposed to cold while taking Mercury." On page 362, he adds, "Some fifteen or twenty years ago, when the subject of the treatment of syphilis was warmly canvassed, it was asserted by the mercurialists that Mercury never gave rise to nodes or periostitis, unless where there existed a syphilitic taint in the constitution. Now I (Graves) can attest from manifold experience that this is not true." On page 363, he continues, "*Mercurial* ostitis of the head is a very common form of disease; its more usual seats are the frontal and parietal bone, but it is sometimes observed also on the other bones of the skull. In general, the inflammation affects the external table of the bone, and is then easily recognized from the tenderness and swelling of the corresponding portions of the scalp. Sometimes, however, it commences in the internal table of the skull, and when this occurs, the disease wears a much more alarming aspect, for it is then apt to implicate the dura mater and subjacent portion of the brain." On page 364, Graves says, "*Mercurial* ostitis is a very common occurrence in the cervical vertebræ, but comparatively rare in the dorsal. In the lumbar it again becomes more frequent, but not so much so as in the cervical. I (Graves) have, however, seen some cases where the dorsal vertebræ appeared to be almost all engaged in the disease, and where, consequently, the greatest agony was experienced on their being touched and moved."

A little lower down he continues: "Nothing is more cer-

tain than the fact, that in many, the abuse, or even the use of Mercury renders the constitution disposed to ostitis on future occasions, when cold and damp act on the body, especially if fatigued by exercise, or exhausted by dissipation. This ostitis is consequently called *mercurial*; but this name must not mislead us; for, strange as it may appear, the disease often readily yields to Mercury—a mode of treatment generally effectual for the moment, but attended with the obvious disadvantage, that it leaves the patient more liable than ever to future and severer relapses, which will at last refuse to yield to mercury.”

Our attention has lately been forcibly drawn to the fact that the old school physicians are every day relinquishing more and more the use of Mercury in secondary syphilitic eruptions, in favor of hydriodate of potash. This latter remedy is said to be far more efficacious, and we think that Homœopathy offers the most ready explanation of the reason why. Thus, it is well known that Mercury causes but *one* variety of eruption, viz. the mercurial eczema rubrum. Now eczema is a vesicular form of eruption, and Willis says that “an eruption having the vesicular form, and developed under the influence of a syphilitic cause is unquestionably not a common occurrence. Rayer speaks of syphilitic eczema as extremely rare; in all his vast intercourse with skin diseases he only has met with it in two instances, and Willis only in one. The homœopathist hence must draw the conclusion that mercury will rarely prove serviceable in secondary syphilitic eruptions. On the other hand Ricord informs us that “the forms under which the syphilitic eruptions present themselves are all those which have been admitted in the general classification of diseases of the skin; while from Willis we learn that syphilitic tubercles or acnæ are the most frequent, next the squamæ, then papulæ, then sycotic excrescences, next exanthemata, then maculæ, pustulæ, bullæ, while vesiculæ are the least frequent. Now from an article which is running the rounds of all the medical journals, from the pen of Ricord, the celebrated surgeon to the venereal hospital at Paris, on the “Pastrogenetic action of the Iodide of Potassium,” we learn that “the skin is incontestably one of the tissues most easily influenced by it; nothing,” he says, “is more common, in fact, than to see patients under its influence affected with different eruptions, and more especially with those of the pysdracious forms somewhat resembling *acnæ*, with this difference, that they are not confined to the parts most commonly affected with acnæ, but are found not only on the face and shoulders, but on every part of the body without

exception." He adds, "There is scarcely any form of acute eruption which it [iodide of potassium] may not induce. In one case we may have eczema, in another herpes, while in others it may cause simple erythema; he has seen it cause papulous eruptions; erythema nodosum, impetigo (pustular), rupia (bullous) and pruritus (papular). Hence the homœopathist would draw the conclusion that iodide of Potassium is far more homœopathic, and hence specific against secondary syphilitic eruptions, than Mercury; and the experience of the old school proves it to be so."

The most homœopathic remedies against syphilitic tubercles or acne, seem to be Iodide of Potassium, Conium, and *Cicuta virosa*.

Arsenic seems most indicated against scaly syphilitic eruptions.

Belladonna, Stramonium, and Pulsatilla, against syphilitic exantheams.

Nitric acid against syphilitic maculæ.

Tartar emetic against syphilitic pustulæ.

Cantharides and Rhus against syphilitic bullæ.

Mercury against syphilitic vesiculæ.

It is perhaps well to add that in the sixth No. of Braithwaite's *Retrospect*, page 125, there is an article on the treatment of syphilis by tartarized Antimony, from which we learn that "various eruptions of the skin, the sequelæ of syphilis, as a general rule yield favorably and rapidly to Antimony" (see page 126); on page 128, we learn that "in all forms of impetigo (pustular) and encrusted syphilitic sores of every kind, the rapidity with which the antimonial treatment effects a cure is truly marvellous. Exaggerated cases of herpes (vesicular) yield with extraordinary rapidity, ten days or fourteen being oftentimes sufficient in cases where other treatment required three or four months." Yet the peculiar readiness with which Tartar emetic produces pustular eruptions and encrusted sores is well known.

2. It is well known that Hahnemann has peremptorily asserted, and many of his followers piously believe, that the Homœopathic is the only true method of cure. This assertion, as Dr. Holmes, of Boston, justly remarks, "is a dogma of such sweeping extent and pregnant novelty, that it demands a corresponding breadth and depth of unquestionable facts to cover its vast pretensions." Now, facts sufficiently numerous and well authenticated have been forthcoming to prove that the homœopathic is a true and safe method, and even to justify the *supposition*, merely the supposition, that it may be applicable

to the cure of every variety of disease. But we should be extremely careful how we put forth a mere opinion, supposition, or conjecture, as a fact. Hahnemann and the Hahnemannian homœopaths have an undoubted right to his and their private opinions ; but they have no right to promulgate them as facts, and we have no right to believe in them as such. Until it be positively proven that no cure of disease ever has or can be effected by any other method than the homœopathic, no physician is justified in rejecting other means, but is absolutely called upon to be industrious and faithful in learning and applying them. While the homœopaths err thus on the one side, the old school are as wrong on the other when they deny all the claims of the new school to attention. We have often been amazed and astounded at the singular inconsistency, to say the least, which is exhibited in some of the varied and frequent attacks upon homœopathy. In one line we will find it admitted that there is some truth in the system ; in the very next perhaps, all truth will be unconditionally denied it, and it and its followers will be held up as fair subjects for the grossest abuse. This will be found exemplified in the article on homœopathy, in the little English work entitled "Physic and Physicians." Dr. Martyn Paine too, in his *Medical and Physiological Commentaries*, insists that homœopathy is the most frivolous and pernicious doctrine of the age—and will not even by implication concede the possibility of its having claims on the attention of the profession ; yet in Vol. II. p. 485, he lays it down as a law, that "all drugs, in their curative doses, may overcome the very ? [similar, say we] diseases which they excite in greater quantities," and adds, "that this is true, even of blood-letting itself !" But, by far the most glaring instance of the kind is to be found in the spiritedly, but we fear not honestly written pamphlet of Dr. Holmes, of Boston, entitled "Homœopathy and its kindred delusions ;" for we read on page 36, as follows : "Let us look a moment at the first of his [Hahnemann's] doctrines [viz. *similia similibus curantur*]. Improbable, though it may seem to some, yet there is no essential absurdity involved in the proposition that diseases yield to remedies capable of producing like symptoms. There are, on the other hand, some analogies which lend a degree of plausibility to the statement. There are well ascertained facts, known from the earliest periods of medicine, showing that under certain circumstances, the very medicine, which, from its known effects, we would expect to aggravate the disease, may contribute to its relief." On page 44, we further learn that no person that Dr. Holmes is aware of, has ever denied that in some cases there

exists a resemblance between the effects of a remedy, and the symptoms of diseases in which it is beneficial. This has been recognized, as Hahnemann himself has shown, from the time of Hippocrates." Yet the principal object of Dr. Holmes' little work is to heap infamy upon the *whole* of homœopathy, and to force it into companionship with what he terms "its kindred delusions," viz., "the royal cure of king's-evil; the weapon ointment-cure and its twin absurdity, the sympathetic powder; the tar-water mania of Bishop Berkeley; Perkins' metallic tractors,'etc. We venture to hint to Dr. Holmes that a proposition which is not essentially absurd, but which on the contrary is supported by some analogies, and well ascertained facts known from the earliest period of medicine, and which in point of fact is so well substantiated that no one has ever dared to deny its truth, cannot be a delusion. Dr. Holmes' assertion on page 71, that the axiom *similia similibus curantur* depends mainly upon the folly and trickery of Hahnemann for its support, contrasts strangely with the above admissions, and is unworthy of him.

3. A ray of light has fallen in upon Avignon and Strasburgh, but if a sputtering bomb had been hurled among the doctors there, it could not have caused a greater commotion. It seems (see Johnson's Med. Chir. Review, Oct. No. of 1842, p. 541, and Jan. No. of 1843, p. 212), that a peculiar epidemic disease prevailed during the course of the last year in Strasburgh, in France: confined at first to a single regiment of soldiers, it soon attacked the other corps of the garrison, decimating the men. Then the inhabitants of the city became affected with it. The earliest and most striking symptom was severe headache, which usually subsided in the course of the disease, and delirium supervened, to be followed by coma some time before death. Severe pains in the spine were also very common, attended often with tetanic rigidity, opis thotonos, lockjaw, twitching of the tendons, &c. The bowels were usually constipated, though this state was not unfrequently followed by diarrhœa towards the close of the disease. The condition of the pulse varied exceedingly, very often it was as slow, or even slower than in health at first, becoming afterwards more or less quickened though seldom full, and perhaps also irregular and intermitting.

Post-mortem appearances.—Arachnoid and pia mater sometimes highly injected—sometimes a layer of concrete pus over upper surface of brain—cerebral substance generally healthy—spinal marrow mostly sound, occasionally covered with a layer of purulent matter. In some cases patients sank

quickly and unexpectedly, and the post-mortem appearances were by no means satisfactory to account for the result—the blood never had that thick firm bruff which characterizes all the genuine phlegmatæ.

About the same time the disease also broke out in Avignon, as well as in several of the northern parts of Italy. The most powerful antiphlogistic and revulsive remedies were used in some cases; in others, emetics, purgatives, and contra-stimulants; and in a third set of cases, tonics and cordials were resorted to. All these methods, whether employed alone, or combined the one with the other, proved so unsatisfactory that the medical men often felt puzzled what to do. It was most melancholy (say they) to see young healthy parents sink, sometimes in forty-eight hours, as if they had been struck with a poisoned shaft, and every means that were tried utterly fail in arresting the fatal issue. So severe was the disease, and so little under control, that Mr. Rollet thought himself justified in applying a red-hot iron along the whole length of the spine, from the neck to the loins, so as to produce a burn of the third degree of severity.

The disease was regarded by some as a simple acute spinomeningitis, but by the majority, viz. by Messrs Rollet, Rochoux, Dubois, Roger Collard, Bosquet, Cayol, and Dr. Johnson, as a malignant fever with marked cerebral symptoms—and it agrees in description exactly with the *typhus cerebri* of the Germans.

When both doctors and patients were reduced to such straits, accident stepped in to their assistance, for M. Chaufford, physician to the hospital at Avignon, having accidentally administered a dose of Opium, was surprised to find that instead of killing his patient, or putting him to sleep, it had made him more wakeful, and had also relieved the tetanic stiffness. On trying it in other cases he observed nearly similar results, and he found that in no case did it seem to increase the congestion to the brain, or impair the vital energies. He says, "Whatever opinion we may form of its action, this one thing we know, that when Opium began to be regularly used in the treatment of the epidemic, the mortality certainly decreased, and the cures became more numerous in proportion as we became more bold in the administration of it. *Every remedy failed without it, but with it almost every one seemed to succeed.* Dr. Johnson says the concluding remark of Mr. Chaufford is too important to be omitted, and we agree with him. During twenty-three years [says Mr. Chanfford] that I have been physician to a large hospital, I have never seen any thing similar, nor any

results in therapeutic medicine so much at variance with the ordinary principles of practice [and he might have added, more in accordance with the homœopathic]; hence we agree with Dr. Johnson that "the above avowal is a most candid one, and therefore one that is the more valuable to be speedily known;" hence we do our share to give it greater publicity.

Thus it was in Avignon, but how did matters progress in Strasburg? We find that Forget, professor of medicine, and physician to the hospital, after finding the ordinary methods of treatment prove most unsatisfactory, while meditating upon the writings of one of his favorite authors, the illustrious Sydenham, was struck with the success which it appears he derived from the administration of opium in various diseases attended with cerebral distress, viz., in malignant fevers, small pox, &c. He therefore resolved to make a trial of it, and the results certainly surpassed his fondest expectations—the effects of opium were in many cases quite marvellous—all the distress vanished as if by enchantment. The results of this practice, he adds, he must admit, overthrow in some degree the *classical*? ideas which he entertained as to the action of opium—but he immediately continues, whatever may be thought about it, it is sufficient for him to certify to the facts which he has observed in his practice, and only regrets that this inspiration!! did not come to his mind sooner [a little study of the Brunonian doctrines and of homœopathy would keep him from deserting classical ideas, in order to depend upon inspiration]. He again repeats that the relations of cause and effect have been so manifest, that skeptical as he is on the score of therapeutic innovations, he does not hesitate to publish his observations as the expression, if not of a discovery, at least of a most important resuscitation.

Let us review what we have before us. 1st. A malignant, typhoid fever, with marked cerebral symptoms, viz: headache, delirium and coma. Now Dr. Rush (see Paine's Med. and Phys. Commentaries, Vol. II. p. 480) says: "It has been proven by many facts, that opium, when taken in an excessive dose, acts by inducing a similar state of the system to that which is induced by the miasms which bring on malignant and inflammatory fevers. Eberle, too, compares typhus fever to that state of the system produced by poisoning with opium and other narcotic substances; and Hufeland in his essay on opium (see *Enchiridion Medicum*) particularly insists that the too abundant and long continued use of opium will bring on a dissolution of the blood, and may convert all acute fevers into putrid typhus. This looks very much like homœopathy so far.

But the fever was attended with delirium followed by coma, and after death effusion of pus was found in some cases over the surface of the brain. Now Hufeland says that opium may cause gaiety, delirium which may even reach unto furor, attended with congestion to the brain, and followed by stupefaction, sleepiness, and coma; Armstrong (see on Fevers, p. 267) says, "it is truly remarkable that one of his patients who had long been in the habit of taking opium to a large extent, was attacked with delirium tremens, on suddenly lessening the doses of her favorite drug; Christison (see on Poisons p. 527) reports the case of a gentleman who repeatedly became so exhilarated from 100 drops of laudanum, as to be compelled to laugh, dance and sing; and on page 531 he says, another *rare* symptom of poisoning with opium, is delirium, and adds that McKechnie and Ollivier have each reported one case. It is useless to cite authorities that it causes coma. According to Christison (see p. 540), in poisoning with opium turgescence of the vessels of the brain, and watery effusion into the ventricles are generally met with, and the vessels both in the substance, and on the surface of the brain are a good deal gorged with blood: but it never causes effusion of pus. Here is a marked difference between the action of opium, and that of the disease; with much similarity, there is some difference, and the cure must depend upon this difference.

Again, in the fever the bowels were generally constipated, though diarrhœa not unfrequently followed towards the close of the disease. It is needless to quote authorities that opium causes constipation; but Christison says, see page 533, "although opium generally constipates the bowels, it has been known to induce diarrhœa."

In the fever the pulse varied exceedingly; very often it was as slow or even slower than in health at first, becoming afterwards more or less quickened, though seldom full, and perhaps also irregular or intermitting. Now it is well known that the characteristic opium pulse is slow and *full*. Here again is a marked difference; yet Christison (page 531) says the opium-pulse varies considerably; in dangerous doses it is commonly 90, feeble and irregular; frequently it is much slower, and then is rather full and feeble, just as in apoplexy.

In the fever, *occasionally* there was genuine tetanic spasm; the neck or the whole trunk being then to a certain degree drawn backwards, as in opisthotonos; in such cases the jaw was also locked. Christison (p. 531) says while opium-convulsions are certainly not common in the human subject, yet when they do occur they are sometimes very violent. Tralles

has himself several times seen convulsions excited in children by moderate doses. Christison reports four cases, one of which was attended with opisthotonos.

Finally, in the fever the blood was never bluffed and cupped as in genuine inflammation, and Christison asserts (page 542), that in poisoning with opium the blood is generally fluid.

The strangest part of this business to us, is the talk about accident, meditation, inspiration, happy resuscitation, &c. Has BROWN been forgotten? he died but in 1788. Has Brunonianism been forgotten? it is still the basis of the practice of many of the older members of the medical profession. Is the use of wine and opium in fever no longer known to many physicians? Why these frequent forgettings and revivals in medicine?

HOMŒOPATHIC NON-CURES.

BY DR. GOULLON OF WEIMAR.

WE have an abundance of relations of homœopathic cures; cases of unsuccessful treatment are not published, for the simple reason that they, generally, are not very instructive.

The post-mortem examinations of allœopathic physicians afford likewise very little information; for the disease was either known beforehand, and the post-mortem examination revealed nothing new; or else the treatment, especially towards the end, had such a violent influence upon the body that many abnormal appearances in color, consistence, etc., were much rather attributable to the art than to the disease; it is true, this is a point which no practitioner is willing to concede. Allœopathic therapeutics, as illustrated in the cases reported in the modern journals, frequently exhibits a practice which leads one to infer that "poison" is a mere relative term, and that a substance is poisonous according as it is used. He who prescribes eight grain doses of calomel in typhus fever—half grains even are sometimes poison—doses of one-fourth of an ounce of chlorated water, tartar emetic at the commencement of abdominal typhus which had not been recognized at first, iodine for weeks and months, venesection in acute articular rheumatism, (not to mention strychnine or morphine,) etc., ought no more to be astonished at consequent destructions in

the intestinal canal, sudden softening of pulmonary tubercles and unexpected formation of vomicæ, carditis, pericarditis, etc., than if similar disorganizations were discovered after having enjoyed the hospitality of the celebrated Gesche Timm of Bremen. The difference in these two cases would simply be limited to the intention with which the poisons were administered. We do not exaggerate when we maintain that, owing to this obstinate adherence of allœopathic physicians to their so-called symptoms, the post-mortem examinations of such cases as we have mentioned, are rather hurtful than instructive. If, after bleedin , the physician discovers, nevertheless, symptoms of inflammation and exsudations, he takes away a much larger quantity of blood next time, reproaching himself with his former timidity ; if he discovers funnel-shaped intestinal ulcers in patients who died with typhus, he concludes that he ought to have given 20 grains of calomel instead of one, and gives them at the very next opportunity ; if he discovers softening of the brain and spinal marrow, he regrets the smallness of his vesicatories ; scarcely, if ever, do these morbid phenomena excite in him a distrust in the destructive contrivances of his art, or lead him to inquire what is true organic reaction. These dogmatic practitioners are like the rider who makes the noblest steed stubborn by whip and spur, whereas homœopathy, like unto a pleasant and scarcely perceptible bridle, excites or calms any nervous filament according to a well-determined and certain plan. What I have said here of allœopathic physicians, does not apply to mediocre practitioners, but to the best men of the profession ; I speak from a knowledge of facts, and by no means from speculative belief. If any one should suppose that homœopathy has had the least influence upon those who do not profess it, he will soon be undeceived by going to the first university in his neighborhood, and he will feel, as if, after a long peace, he heard again the rattling of guns and powder-chariots in the streets. If there is peace among us, internal and external, we owe it to the consciousness of our possessing and practising the truth, and to the brilliant results which we constantly achieve in the presence of our friends and opponents.*

* I do not entirely agree with Dr. G., if he says that Homœopathy has had no influence upon those who do not explicitly profess it. Many allœopathic physicians practice it partially, but in secret, and even such a man as Schœnlein, although he may apparently sneer at homœopathy, resorts to its teachings in spite of himself ; see his essay on hysteria, in the last number of the Ex. As to the peace existing

Indeed, homœopathy has it not in its power to heal every disease ; but it is now pretty well established, that it is far more efficient and safe than any other method of treatment. To prove this conclusively, it would be well if we kept bills of mortality with sufficient accuracy to swear to them in case of necessity. The deaths occurring in my practice amount to 1, per cent., including those who die with old age. Numbers—the souls of Pythagoras—being in our favor, we need not be ashamed of losing a patient ; however, we ought always, if practicable, to ascertain the obstacle to a cure by a post-mortem examination. Post-mortem examinations after a homœopathic treatment are much more interesting and instructive than those in the allœopathic practice ; for in the former we discover solely the results of a natural, not artificial morbid action. I have begun the investigation ; others may continue it ; it is certainly an instructive proceeding.

Generally speaking we may suspect organic defects of some vital organs, if well selected remedies, which had effected a cure under similar circumstances, had either no effect, or simply afforded temporary relief.

I. ACUTE ARTICULAR RHEUMATISM, MILIARIA, ORGANIC DEFECT OF THE HEART.

The son of a girdle-maker was, when a child, affected with the highest degree of cyanosis, and, when a young man, was treated with so much success by Hahnemann, that he was able, although extremely asthmatic, to travel to Berlin on foot, and to complete his studies as sculptor and carver, for which purpose he went afterwards to Paris. In this city he had been able to bear the longest walks and many deviations from his usual mode of life. He staid in Paris until he was 29 years old, (although few persons affected with cyanosis, live beyond the 18th year.) When returning to his native place he had indeed a somewhat bluish, and even sallow complexion ; but he was extremely cheerful, vigorous and lively. A few weeks afterwards he was attacked with an intense fever, which was especially distinguished for the long duration of the first chills ; during this fever *all* the joints in succession, and generally several at the same time, swelled on and were

among homœopaths, I have not yet seen it ; on the contrary, they are perhaps more divided than allœopathic physicians, not, indeed, as regards theory and practice, but in regard to interest and influence.

H.

affected with violently pricking pains. On the 21st day of the disease, after oppressive fits of several days' duration, and dry cough, a copious white miliarial eruption made its appearance on the neck and chest. After every fresh outbreak of the eruption the patient felt relieved, *nevertheless, the fever continued*; continuance of a fever, in spite of the eruption which makes its appearance upon the skin, is a sure sign of the disease developing itself in the internal organism. Strong men without any organic defects are generally, when a similar combination of symptoms occurs, attacked a second, and even a third time; in the mean while the organic defects approximate more and more towards a fatal termination. The miliaria, for instance, which prevails in our district, very frequently occasions a sudden softening of existing tubercles and an extremely rapid phthisis. In the present case the periods of remission became shorter and shorter, the anguish about the heart returned increasingly; his strength failed from day to day, amidst profuse sweats, and the patient died on the fourteenth day, without losing his consciousness. The pulse became never irregular, although it was very frequent.

The prognosis was unfavorable, had it been for no other reason than that this miliaria affects, beside the spinal marrow, the heart, which cannot be sound in a person affected with cyanosis. The treatment which I followed in this case, was the same *mutatis mutandis*, which I always resort to in the treatment of our miliaria, and which results in the cure of most patients, although very slow in some cases;* all the remedies which I employed, Acon., Bryon, Rhus., Colch., Ars., Caust., Lachesis, Calcar., and Lyc., (the two last being the principal remedies in miliaria,) had either no effect at all, or only a transitory one; Kali, Sulp., Sep., were likewise without avail.

A post-mortem examination revealed the following state of things: the heart was of a normal size, and the walls had their natural thickness; the organ was a little paler than usual; the foramen ovale was found open to the size of a bean, and there was a longitudinal fissure in the wall between the ventricles corresponding to its upper third in extent, this fissure establishing a free communication between the ventricles.

Is it not astonishing that the patient should have been able to live so long with such an organic defect of the heart, and that he should have been able to satisfy the duties of his calling,

* Two-thirds of those who are treated allœopathically, die; I can affirm this as a man of truth.

and to bear the manifold excitements held out by a place like Paris, and even many irregularities in his mode of living? It may be that the constant attendance of Hahnemann whom he followed like his shadow, has done something to effect that result.

II. HYPERTROPHY OF THE HEART AND HEPATIZATION OF THE RIGHT LUNG; HYDROTHORAX.

A man of about 50 years, having served in war and afterwards on diplomatic missions, extremely active, but of irregular habits and weakening his vital energies by nightly labor and the excitements of fashionable life, had been affected with atonic gout for a couple of years, and returned to his native place with the following series of morbid phenomena: Continual pains in the back, especially after persevering walking or standing, sallow complexion, faint eyes, dry, barking cough, oppression of the chest and a peculiar beat of the heart, which was not heard or felt over the whole chest, but which repelled the ear and produced a visible movement of the head of the patient. All his other functions were performed regularly, the appetite was good. He had had a large carbuncle upon the scapula,* some humor oozing still out from a small fistulous opening at that place. *Nux v.*, *Kali.*, *Silica*, and intermediate doses of *ACONITE*, produced a striking improvement in the condition of the really disfigured patient; his appearance was again tolerably healthy, and he was able to attend to his business, which was considerable. The beat of the heart remained unnaturally strong and hard; the cough continued. Unfortunately, at this time, Nov. 1841, the patient was obliged to undertake a business journey. Next January he returned from his journey worse than ever. He was attacked with a rheumatic fever which was removed by *Nux v.*, *ACON.* and *LYC.*, left his room too soon, appeared at court, and came to me with a sunken countenance and dripping with sweat, to report himself cured. That which was unavoidable, took place; he was attacked with a new fever, which terminated on the 7th day in a very imperfect critical red rash, had stitches in the chest and hæmoptoë (inflammation of the right lung), arrest of the urinary secretions, œdema of the feet, anasarca, dropsy of the chest, and died in March, with the most horrible suffocation. Not one of the remedies he used, except *SEPIA*, which afforded him considerable relief for a few

* This is always a sign of a sunken condition of the vital powers.

days, did the least good since his last relapse. The post-mortem examination yielded the following results: Upwards of two pints of water in both sacs of the pleura, complete hepatization of the right lung, which was pressed entirely upwards and backwards; distention of the ventricles and enlargement of the walls of the heart, which was covered with fat two fingers thick, and equal in bulk to three fists of the size of those of the deceased, causing the heart to extend into the right side of the chest, and as high up as the third rib.

According to my observation, hypertrophy of the heart, with distention of the ventricles, is, generally speaking, a consecutive disease, a consequence and concomitant condition of an excessively excited, depressed action of the spinal marrow, or, in other words, the result of exhaustion. Even transitory spinal irritations, or rather excessive irritations of the spine, are generally accompanied by palpitation of the heart. The spinal marrow and the heart are opposed to one another like two central polar organs, in this wise, that the exhaustion of the one may result in an increase of the assimilative powers of the other, to the detriment of the whole organism: this explains the habitual palpitation of the heart, and the disposition to hypertrophy of this organ in those who are addicted to onanism or to venereal excesses. Even a short while ago I treated a young man addicted to sexual excesses and suffering continually with boring pain in the back, nightly spasms of the chest, fainting fits after making a few steps or after talking a little, and a palpitation of the heart extending over the whole chest and as far as the left hypochondriac region; he was completely cured in a few weeks by giving him the tincture of the acetate of iron, five drops a day. In all similar cases, unattended with complications which require to be previously removed, iron is probably the chief remedy; both homœopathy and natural philosophy furnish an explanation why this should be so.*

III. TYPHUS ABDOMINALIS. GANGRENOUS INTESTINAL ULCERS.

A young man of an atrabilious constitution, having suffered for a long time with internal chagrin, fell into a gloomy, taciturn mood; after this condition had lasted several months, he was attacked with headache, inclination to vomit, and diar-

* I give a small dose either of the original substance, or of the first attenuation, and have never seen it produce hurtful medicinal symptoms in cases where it was indicated, including many cases of neuralgia.

rhœa, with violent fever. His allœopathic physician gave him tartar emetic, and afterwards administered the same drug again in small successive doses. The disease increased, and when I took charge of the patient ten days after he had been under allœopathic treatment, the abdominal typhus was fully developed. The delirium was generally low, muttering, interrupted by nothing but frequent spitting, and by a few rational intervals; it lasted until the twenty-first day. The most violent pressure upon the abdomen, especially the right iliac region, gave him no pain, although he suffered constantly with a light-brown, yeast-like diarrhœa: this is one of the greatest anomalies, which is only witnessed after TARTARUS EMETICUS, and sometimes after COLCHICUM. The patient became comatose after the twenty-first day, and died on the twenty-seventh, suffering at the time with considerable hemorrhage from the anus.

The post-mortem examination revealed a large number of ulcers in the ileum, cœcum and colon; they were mostly slate-colored, funnel-shaped, from the size of a small pea to that of a shilling, many of them having corroded the membranes of the intestines as far as their peritoneal covering, so that a portion of the intestine, when held against the light, exhibited the well-known cribri-form appearance.

This case was precisely like those which, when entrusted to me from the beginning, or previous to an invasion of the organism by allœopathic contrivances, almost always get well. I have described it for the purpose of stating that I have constantly witnessed the same sad result in the treatment of typhus, when beginning with depletion, calomel, tartar emetic, all of which readily induce gangrene and meteorism, or with purgatives, in the unfortunate supposition to nip the inflammatory symptoms in the bud, or, as the poet has it, to expel nature with the pitch-fork, "*naturam furca expellendi.*" I may relate two cases of typhus which I have lately treated, both favorably.

A young lady of twenty years, who had been chlorotic, returned hither from a little pleasure-excursion; she suffered with violent, uninterrupted headache, especially about the base of the occiput, with bilious vomiting and complete exhaustion. During my absence, my colleague had given her Rhus, Puls. and Nux v. On the seventh day she complained of sensitiveness of the abdomen, especially in the right iliac region, and was attacked with diarrhœa; on the fourteenth, up to which date Bryon. and Rhus were continued, and relieved the nervous symptoms and the headache, she lost as much as three

pounds of blood from the rectum ; this hemorrhage, which is one of the most unfavorable occurrences in typhus, increased the exhaustion so much, that the slightest movement of the body brought on fainting fits ; the blood was liquid and bright-red. *ACID. NIT.*, the excellent effects of which in that sort of hemorrhage I had often witnessed, helped also in this instance ; the hemorrhage, and shortly after the diarrhœa, ceased. On the twenty-first day, and for a fortnight after, a crystalline rash made its appearance over the whole body, covering it in patches one after the other, and accompanied with a gradual improvement. All the morbid phenomena disappeared ; but the pulse continued up to 125-130 ; and the weakness was so great, that even the motion of the arms and lower limbs, but more of the latter, produced intense drawing pains along the back. It is probable that the spinal marrow continued for a long time in a state of softening. The higher potencies of *Cinchona* did no good ; and the tincture proved irritating, produced redness of the cheeks, anguish, cough, even stitches of the chest and oppression. All the functions appearing regular and the pulse remaining weak and frequent, I concluded to exhibit the carbonate of iron, which I had given for a precisely similar state of things, in a case of typhus, after chlorosis, giving one-twelfth of a grain morning and evening, one grain in all. The pulse became slower immediately, and in ten days the patient was able to remain up the whole day, and to walk about in her room. The menses reappeared soon after, and she is now entirely well.

The servant-maid of this young lady, who had attended her during the whole of her sickness, eighteen years old, strong, healthy, caught the affection, and showed the following symptoms : Headache on one side, to which she was very liable ; on the fourth day, pleuritis of the left side, (she was frequently subject to rheumatic pleuritis,) which resulted on the seventh in an abundant, critical eruption on the lips, up to which time *RHUS*, *BRYON.*, *KALI CARB.*, *AC. NIT.* had not been given. In the place of recovery : vomiting of bile, violent colic, sensitiveness of the whole abdomen, and an almost countless number of green, and afterwards of brown liquid evacuations. The sensitiveness became concentrated in the right iliac and umbilical region, (*CHAM.*, *PULS.*, *RHUS*, and *PHOS.* were exhibited in succession.) On the fourteenth day : deafness, ash-colored complexion, great sinking of strength, low delirium, alternating with violent restlessness and desire to get away, subsultus tendinum ; the diarrhœa continued, but was less frequent ; the tongue was dry, and the nose had a sooty appearance. In this

condition of things, I had the patient take chlorated water in a slimy substance, from the sixteenth to the eighteenth, from four to five drops every two hours. The symptoms improved evidently; but on the nineteenth, the tongue, which had become moist, became dry again, the deafness, which had been less, became worse than ever, the evacuations took place involuntarily and without consciousness, and the tremor of the hands became more and more like the picking at bed-clothes. I gave *Rhus* in the evening, in water; *Phosphorus X* in the morning. In the morning of the twentieth there was a little improvement; the parchment-like skin and the tongue became moist; and on the twenty-first day a miliary eruption made its appearance in abundance on the neck, and in the region of the clavicle, accompanied with a diminution of all the typhoid symptoms. The improvement now progressed steadily, until the twenty-eighth, when the diarrhœa ceased. This was followed by violent pains and sensitiveness in the region of the bladder, and the emission of urine became extremely difficult; the feverish symptoms returned; the urine, contrary to rule, continued yellowish and without sediment. *Lycop. X*. The cystitis soon ceased; fresh eruption extending down to the hypogastric region; the urine was emitted with perfect ease, and the sediment became darker from day to day. In the sixth week: New attack of fever, and an erysipelatous inflammation over the neck down to the middle of the chest; the thyroid gland was swollen, hard and painful, the cellular tissue behind the red parts of the skin was affected in the same way as the thyroid body. I apprehended a considerable suppuration of the cellular tissue. Gave *Silicea X*, which corresponded also to the inflammation of the thyroid body; one dose was not sufficient, but *Silic. X*, in water, a tablespoonful every three hours, dispersed the swelling very speedily. When a child, the patient had had an abscess in the region of the thyroid body. The recovery now became perfect, but the menses have not yet reappeared; it is now six months.

I here subjoin the following rules for the treatment of typhus.

1. Never forget that the disease lasts several weeks, with critical periods every seven days; it is therefore proper, after the first inflammatory symptoms, as in the second case the pleuritis, have been removed, and the disease appears to have been arrested, to await the appearance of new symptoms.

2. On the other hand, experience has taught me over and over again that one loses ground, in the next stage when the intestinal symptoms, or in the third stage when the typhoid symp-

toms set in, (both these orders of symptoms sometimes occur together,) by repeating the doses of a good medicine too rarely, say less than every six or eight hours. I have never had occasion, in these stages of typhus, to regret the frequent repetition or even the frequent alternation of medicines, even of those which have a long duration of action ; but I have often found to my sorrow that by not repeating the dose a sufficient number of times, one often loses in one night all that had been gained or at least maintained in days previous.

3. **ACON.**, **BELLAD.**, **RHUS.**, **BRYON.**, **CHAMOMILLA**, in the first stage, relieve the painful and anxious symptoms, and do far more than the best allœopathic practice can boast of ; in the second and third stage they can only be used as intermediate remedies ; in the last stage I have only seen decisive effects from the antipsorics, especially from **CALC. C.**, **LYCOP.**, **ACID. NIT.** and **PHOSPH.**

CALC. C. is especially indicated when a miliary eruption is about to set in (towards the twenty-first day), with excessive diarrhœa, convulsions, especially in childhood, vivid delirium with visions, similar to such symptoms in delirium tremens, and generally when there is a tendency to meningitis.

LYCOPOD. is especially suitable after **CALC.**, if the eruption is too scanty or slow ; in such cases **LYC.** acts with great and decisive intensity ; in sopor, muttering delirium ; when the patients confound one word with another, even when thinking correctly ; when the tongue is trembling, the countenance sunken, subsultus tendinum, grasping at flocks ; distention of the abdomen, with retention of stool and meteorism ; it is likewise the best remedy for almost all typhoid symptoms of the bladder.

ACID. NITR. has been successfully employed by me for the following symptoms : Typhoid hemorrhage, excessive sensitiveness of the abdomen, with green, mucous, acrid diarrhœa and tenesmus, aphthæ, loose, rattling cough, threatening paralysis of the lungs, and after Calomel and chlore had been given in large doses by allœopathic physicians.

PHOSPHORUS is a distinguished remedy for the following train of symptoms : *dry tongue*, nose and lips, (other remedies have no effect in this case) ; pale, ash-colored complexion, painless diarrhœa, with a good deal of rumbling. In this case the lower potencies of Phosphorus may be given ; but it ought only to be given if the breathing is yet free ; when given at a period when the action of the lungs is sinking, when there is rattling breathing, it accelerates a fatal termination ; in this case **Ac. NITR.** ought to be used instead of **PHOSP.**

4. *Chlore* is frequently indispensable, especially when the diarrhoea continues after the miliary eruption has made its appearance, when the mouth is dry, and *РНОСП.* had been given without success, and when the typhoid symptoms continue to increase in spite of the above remedies. This will sometimes occur, and we gain every thing by maintaining our ground two or three days. Large doses, such as are given in the allœopathic practice are not without danger; the patients complain of intoxication, and frequently get into a state of sopor, that is, excessive excitement; attenuations are of no use; the best is a medium dose of from five to six drops every two or three hours, until the tongue becomes moist again and the nervous system is calmed. I am not prepared to decide whether it acts homœopathically, but I believe it; when given in the dose which I recommend, its effect passes off very speedily, as that of camphor or wine, except in a different sphere of the vital powers. As regards time, it is most suitable on the fifteenth or nineteenth day, or, when the course of the disease is protracted, in the interval from the twenty-second to twenty-seventh; it will then always produce a change of symptoms, for which we may use new remedies. An experience of ten years authorizes me to say that these few remedies suffice to bring the treatment of almost every case of typhus to a safe termination; except such cases as have been previously treated allœopathically, these being very precarious.

5. Typhus is undoubtedly the most comprehensive disease we know. It invades and subverts every inmost part of the organism, which is the reason why the first stage generally runs through its course in that organ which is most subject to disease. There is scarcely an organ the inflammation of which has not been the first outbreak of typhus; and, on the other hand, after the typhus has subsided, affections with which the patients had been affected in their childhood, make again their appearance. This variety, this comprehensiveness of the symptoms, and this remarkable crisis by the skin, the miliary eruption, which frequently consists in pustules covering the whole body, reminds one involuntarily of the itch (which does, indeed, sometimes make its appearance, and which when repelled upon the inner surfaces, is capable of producing all sorts of abnormal appearances. *SULPHUR* has rendered me excellent and immediate help, when, with an excessive purulent miliaria, a new fever, a real fever of suppuration with new cerebral symptoms, set in. I have just now cured, by means of sulphur, a case like this in a lady of fifty years, with general anasarca as

after scarlet fever.*) Of course, I do not mean to say that typhus is identical with itch; I simply mean to convey the idea that chronic diseases, which are latent in the organism, are very apt to break out in typhus, and that the practitioner should be prepared to meet them.

IV. DROPSY OF THE LEFT OVARY, PERITONITIS, HYDATIDS.

A beautiful woman of twenty and odd years, belonging to a family where anasarca, sarcomata, varices, etc., were hereditary, had an abscess of the mamma in her first confinement; she was obliged to wean, was attacked with hectic fever and white miliaria, and recovered very slowly and imperfectly. Eighteen months after this she discovered, beside a continual, drawing pain in the small of the back, a progressive increase of her abdomen, especially in the left iliac region, and was, from time to time, attacked with sudden failing of strength and vomiting. The menses became very irregular; they appeared every eight or ten days, stopped for half a day, etc., so that it was scarcely possible at the commencement and even in the first months, not to indulge a suspicion of extra-uterine pregnancy. The uterus was empty, but there was no tumor pressing from above downwards upon the vaginal septum. In February 1842, the patient was suddenly attacked with one of the most frightful peritoneal inflammations which I have ever witnessed. It lasted three days, during which time the patient took ACON., BRYO., KALI, in alternation. It resulted in an apparent crisis by sweat, red sediment in the urine and red miliaria. The tumultuous pulse became quite natural; but there was no sleep, which is always an unfavorable symptom in acute diseases. Sleep, at last, came on in a fortnight, and terminated a continual, anxious restlessness; bed-sores, and an œdema reaching as high up as the os sacrum, disappeared likewise; however, when the patient left her bed after the sixth week, the abdomen had considerably increased in size, the swelling extending from the left iliac region as far as above the umbilicus and somewhat to the right side. A little while afterwards, a similar elastic, somewhat fluctuating tumor was perceived in the right lumbar region. The œdema returned, the swelling increased rapidly, the fluctuation became more distinct, the patient, who was very much emaciated, lost her

* These are the cases in which Schoenlein and his school advise washings with caustic potash; but with what result?

strength suddenly, a torturing oppression of breathing set in, and sleep disappeared entirely. Under these circumstances a consultation was held and paracentesis was determined upon, were it for no other reason than to give the patient relief. The patient demanded it. The incision was made on the left side, where the greatest fluctuation was perceptible, and ten quarts of a brown, albuminous fluid were drawn from the patient at suitable intervals. The relief was great, but in a few days fever, great weakness, vomiting of brownish water set in, and death ensued seven days after the operation, without loss of consciousness.

The post-mortem examination revealed a sac filled with water and reaching as high as the left hypochondrium; it was connected with the left ovary, or rather, it was the left ovary itself; a second sac of the size of an ordinary gourd was attached to the peritoneum on the right side; that whole portion of the peritoneum contained between these two sacs, had the appearance of an innumerable quantity of isolated sacs full of water, from the size of a bean to that of an apple; the intestinal canal had been pushed upwards and backwards, the stomach was full of blackish water, similar to that which had been vomited, and the liver was so complete degenerated that it had the appearance of a pectoral sac filled with a brownish, thin jelly.

We know that ovarian dropsy has been cured by the combined efforts of art and nature; but such an excessive formation of hydatids as characterized the present case, extending over the whole peritoneum, is incurable. It is not in our own power to prevent the multiplication of hydatids, or an hydatid-dyscrasia, no more than we are able to prevent the development of a discrasia characterized by internal scirrhi or melanas. Psorin and similar remedies, or the animal poisons, may perhaps, at some future day, achieve a conquest over these fatal conditions of the organism. As regards Lachesis I have not yet seen any marked effects from that drug in the treatment of chronic diseases. It would be desirable that those who have tried this drug successfully, should make the results which they have obtained public.

WEIMAR, Feb. 25th, 1844.

NOTICES.

WE have received the first number of "THE GREEN MOUNTAIN SPRING," a publication devoted to discussion and information concerning the popular and medical uses of water; to a report of cases of water-cure treatment; to the nurture and education of children; to diet and health. The *Green Mountain Spring* is edited and published monthly at Brattleboro, Vt., by D. MACK; the principal contributor is Doctor Robert Wesselhœft. Doctor Wesselhœft has studied the water-cure treatment for a number of years past, has made himself intimately acquainted with the best hydropathic institutions in Europe, and has founded a similar institution upon the most comprehensive plan, in the romantic and healthy neighborhood of Brattleboro, Vt. The water-cure treatment, as pursued in that institution, has proved eminently successful for the cure of a variety of inveterate chronic diseases, such as: dyspepsia, constipation, chronic intermittent and bilious fevers, spinal irritation, etc., etc. We recommend the journal edited by him and Dr. Mack to the attention and careful perusal of those who are fond of investigating the principles of sound hygiene, and especially to all homœopathic practitioners and amateurs, most of whom consider hydropathy as an important aid to, and, in many cases, as an indispensable support of homœopathic treatment.

The 10th number of the new work of Noack and Trinks has arrived, and is for sale by Wm. Radde, 322 Broadway, New-York.

The 1st vol. of the *Materia Medica Pura* of Hahnemann, translated by Charles J. Hempel, M. D., has left the press, and is for sale by Wm. Radde, 322 Broadway, New-York.

The 4th vol. of Hahnemann's *Chronic Diseases*, translated by Charles J. Hempel, M. D., has been published this day, and is for sale by Wm. Radde, 322 Broadway, New-York.

The two articles in this number of the *Examiner* which are signed Jean Pierre, are contributions from the pen of a well-known practitioner in this city, who, although devoted to our cause, has been induced to adopt this *nom. de plume*, from reasons altogether private, and personal to himself. The interesting and valuable information which these articles contain will not be the less acceptable to the readers of the *Examiner*.

It is desirable that the friends of Homœopathy, both in this country and abroad, should be acquainted with the progress which Homœopathy has made and is now making in this country; all homœopathic practitioners are therefore respectfully solicited to send in their names to either of the editors of this journal, or to the publisher, Mr. Radde, that a list of their names may be published, and their number ascertained as correctly as possible.

DRUG-DISEASES, No. 1.

BY JEAN PIERRE, M. D.

a.—*Iodide of Potassium-Diseases.*

THE Iodide affects the skin, mucous membranes and skin in a remarkable manner. The skin is incontestably one of the tissues most easily influenced by it; nothing is more common, in fact, than to see patients under its influence affected with different eruptions, and more especially of the psudracious forms, somewhat resembling the pustules of acne, with this difference, that the *hydriodate-acnæ* are not confined to the parts habitually affected with acne, for they are found not only on the face and shoulders, but on every part of the body, without exception. (RICORD.) Hence it is most homœopathic to general pustular eruptions, but there is some probability that

the so-called pustules do not contain true pus, but merely a sero-mucous fluid.

There is scarcely any form of acute eruption of the skin which it cannot induce according to the predisposition of the patient; in one case we may have *hydriodate-eczema*; in another, *hydriodate-herpes*; in others, *simple hydriodate-erythema*; in two cases, at two different periods, it produced *hydriodate-papulous erythema*, on some parts, and *hydriodate-erythema nodosum* on others; in one patient it produced *hydriodate-impetigo* on the scalp; in another, *hydriodate-rupia* appeared on the legs and fore-arms, offering the characters of cachectic rupia, disappearing when the remedy was omitted, and reappearing when it was resumed.

Ricord has several times seen it give rise to genuine *purpura hæmorrhagica*; on three several occasions, after fourteen days' use, a genuine spotted disease arose on the legs of a gentleman; in a lady, a petechial eruption also occurred on the legs. A Dublin physician gave 5 grs. Iodine and 15 grs. Iod. pot. in 1 oz. distilled water, 15 drops three times a day for a fortnight. Under this treatment, a stout healthy lad became thin and emaciated, and his whole body covered with large livid petechiæ—for three or four nights he bled profusely from the nose and mouth—the blood was very thin and pale.

2. Its action on the mucous membranes is equally marked, especially on those of the nose and bronchi.

Hydriodate-Coryza.

It produces a state of the Schneiderian membrane, exactly resembling an ordinary catarrh; in some diseases, the appearance of this is favorable, as it proves that the patient is susceptible of the influence of the drug. *Southwood Smith* says a drachm of Iod. pot. dissolved in 1 oz. of water, and 12 to 16 drops of this solution given three times a day in a tumbler of water, will bring the system under its influence in a few days, and the peculiar determination of this medicine to the mucous membrane of the eyes, nose, and fauces will become evident. *Ehrichsen* gave five grains in a case of chronic rheumatism; it caused difficulty of breathing, pain in the chest, excessive discharge from the eyes and nostrils, with inflammation of the conjunctivæ, and most of the symptoms of violent catarrh. He says this case is remarkable, from the small quantity of the hydriodate which caused these effects, and the rapidity with which the patient recovered from them when the medicine was omitted. *Mr. Hardwicke* has seen even smaller doses

produce like effects. *Mr. Bucknill* has witnessed similar effects, and regards it as remarkable, that when one drachm or scruple doses are administered these bad effects do not take place in proportion to the size of the dose. *Mr. Lankaster*, however, had always witnessed the severest effects from the largest doses, viz. catarrh of the nose, inflammation of the eyes, erythematous eruptions, fainting fits, &c. *Taylor* says it sometimes produces a discharge from the eyes and nose, with smarting pain in them, and great pain over the frontal sinuses. *Dierbach* says it causes increased secretion of mucus in the bronchi, and at times a kind of catarrh of the nose. The experience of *Ricord* and *Pereira* was quoted in the last number of the *Examiner*. This promises to be a most important homœopathic remedy in the treatment of catarrh; we claim to have been the first who drew the attention of homœopaths to it; we have administered it in this affection for the last two years, with varied success, sometimes with very great benefit, at others with none at all—our doses varied from $\frac{1}{16}$ to $\frac{1}{4}$ of a grain.

It exerts a similar action upon the air-tubes, and promises to be an important remedy in bronchitis.

Its action on the mucous membrane of the stomach varies; generally the digestive functions are increased in activity, and are better performed; the patient gets an appetite, and *embonpoint* is an ordinary consequence of its use. According to *Ricord*, one of the most remarkable and constant of its effects is a pain situated in the greater cul de sac of the stomach, and, by the way which patients complain of it, it might be mistaken for *hydriodate-pleurisy* of the *left* hypochondrium. This pain is at times very severe, but without any increase of thirst, disorder of appetite, coating of the tongue, or increased frequency of the pulse; pressure does not increase it, and the act of digestion has no influence upon it; in short, it very much resembles the pain in the left side so common in young females, and seems to be a *hydriodate gastralgia*. Such is *Ricord's* opinion, but this admits of some cavil; for in twenty-three cases in which *Twining* administered it, five became affected with pain in the *right* side, in some the pain was felt about the region of the gall-bladder, but more generally it was referred to the middle of the ninth rib on the *right* side, and was slightly increased by full inspiration. *Dr. Wallace* of Dublin says, in his practice several persons have been attacked with pleuritic pain while using the hydriodate; when bled, the blood was found buffed and cupped. Hence this remedy is homœopathic to some kinds of pleuritic pains.

Hydriodate-Bulimy.

In some persons the appetite, which at first is solely increased to a satisfactory condition, becomes excessive, exaggerated, and absolutely morbid; double rations will not suffice, and true bulimy is developed.

Its most frequent bad effect upon the bowels is the production of a sero-mucous flux, similar in character to that produced from the mucous membrane of the nose and air-tubes.

Hydriodate-Ptyalism.

A peculiar salivation is often met with in persons using the hydriodate; in many persons it causes a real ptyalism, which may be as great and as severe as the most marked mercurial salivation; it resembles very much that variety which is common in pregnant women; the saliva has very little viscosity, and seems to come not only from the cavity of the mouth, but also to be regurgitated from the stomach. The mucous membrane of the mouth may seem rather irritated and œdematous, but there are no signs of inflammation, as in mercurial stomatitis, nor any tendency to ulceration; in the majority of cases it is impossible to discover the seat of any appreciable lesion in the mouth or its neighborhood; the salivary glands are not swollen; there is no bad odor from the mouth; but the saliva has a saltish taste, like that of the hydriodate.

The muriate of gold also produces a kind of salivation, which differs widely from the mercurial, and closely resembles the hydriodate-ptyalism; it is never very violent, no fœtor of the mouth attends it, and it sets in slowly; the saliva is less consistent than natural; it is tasteless, the loss of it does not debilitate the constitution, it is rather a favorable critical discharge, and may be regarded as a premonition of the cure of the disease against which it is given. It is well known that there is old school experience for the use of hydriodate of potash, and of the preparations of gold, in mercurial salivation; it is easy to see how these remedies may exert an alterative and curative action upon mercurial-ptyalism.

Hydriodate-Diabetes.

The secretion of urine is often increased under the use of the Iod. pot.; at times this is so great, as to form a true pathological condition: in one case the urine was materially in-

creased every time this drug was given, and in several instances it amounted to as much as forty to fifty pints (?) in twenty-four hours, the patient drinking in the same proportion; the urine diminished again as soon as the hydriodate was omitted, and increased again as soon as it was resumed. Dr. Taylor says, the only one effect of the hydriodate which is almost constant, is increase in the quantity of urine; he says there are but few cases in which this does not occur, although in a few instances he has seen a diminution in the secretion of urine soon after its administration.

Hence Iod. pot. is homœopathic to diabetes, and there is old school experience for the use of diuretics in diabetes. Dr. Snowden, of England, advises diuretics in this disease, on theoretical grounds, and has treated at least one case successfully. On the twentieth of February his patient was passing twenty pints of urine daily; Dr. S. then administered Bitartrate of Potash and Nitrate of Potash, each four scruples, dissolved in eight ounces of water, with the addition of one ounce of Nitric ether. By the second of March the patient passed only six pints of urine per day, and on the sixteenth he was cured. Dr. Hempel will see from this that such doses do not always prove fatal, without one solitary exception, but often curative. Dr. James Johnson, the great opponent of homœopathy, is skeptical, but says he would be glad to see Dr. Snowden and others repeat this mode of treatment; he should stop abusing the homœopathists then. Dr. Leach, of Liverpool, is quite sanguine about this mode of treatment, and warmly encourages the idea that Dr. Snowden's recommendation may prove of great service; nay, he has acted upon it in one case of diabetes mellitus with apparent benefit. Dr. J. Johnson adds that he knows cantharides to be serviceable in incontinence of urine.

DRUG-DISEASES, No. 2.

On the Albuminuria, or incipient Bright's Disease of the Kidneys, produced by Corrosive Sublimate.

BY JEAN PIERRE, M. D.

It is well known that the presence of albumen in the urine is the most constant and characteristic sign of the presence of Bright's disease; thus, in sixty-nine cases observed by Malm-

sten, albumen was present in the urine of every one; still it may vary very much in quantity and color, and disappear for a short time entirely, without the disease being perfectly removed; this is very apt to occur shortly before death. On the other hand, Malsten examined over two thousand patients afflicted with other diseases, and found albuminuria present in six only; hence this sign is one of the most constant, and any drug which is capable of producing it may fairly be claimed as homœopathic to Bright's disease.

In the London Medical Gazette for March, 1843, p. 941, we find a case of albuminous urine from poisoning with corrosive sublimate; for several days a considerable quantity of albumen was found in the urine, which was turbid and of a pale brown color; it was abundantly coagulable by heat and nitric acid, and it is added that albumen has frequently been detected in similar cases. Long ago, Drs. Wells and Blackall, of England, made observations going to prove that mercury induces an albuminous state of the urine. About three years ago, and shortly after becoming acquainted with the above facts, we had an opportunity of observing a case of poisoning with corrosive sublimate, in the New-York Hospital; we urged the importance of testing the urine for albumen, which was found during the three or four days that the patient lived; after death, a post mortem was made, almost for the express purpose of ascertaining the state of the kidneys; a small quantity of urine still remaining in the bladder after death, was tested, and found to contain albumen; the kidneys were found at least one-half larger than natural, soft and flabby, the whole cortical substance was of a pale reddish white color, instead of the natural reddish brown; the external surface was mostly white, but dotted with many minute reddish points. This description will be found to agree very closely with Rayer's second variety of Bright's disease, which is marked by an increase in the size and weight of the kidneys, with a diminution of their consistence and firmness; but the point which particularly distinguishes this variety, is a remarkable admixture of anæmia and hyperæmia of the kidneys, viz. a marbled aspect produced by red spots disseminated over a ground of whitish yellow tint; the whole cortical substance is of a pale yellowish white tint, but spotted with red. This is strong testimony of the homœopathicity of corrosive mercury to Bright's disease, and we find it corroborated in some measure in Christison's work on poisons, for this disease is supposed by many to depend upon a kind of inflammation of the kidneys; and in a case of poisoning observed by Dr. Henry of Manchester, an abscess was found in

one kidney; in all of Valentine's cases the kidneys were found inflamed; in Ollivier's case, they were one third larger than natural.

But there are other resemblances between the effects of corrosive mercury and those of Bright's disease. Thus it is well known how frequently the action of mercury predisposes one to take cold and get rheumatism; while exposure to cold and moisture is not only one of the most frequent exciting causes of Bright's disease, but during the existence of this affection, the patient is so extremely susceptible to the influence of cold and wet, that on the slightest exposure he is apt to get catarrh, bronchial irritation, or rheumatic pains; so that these complaints form some of the most common and troublesome attendants of this usual disease. In sixty-nine cases observed by Malmsten, no less than sixty-one arose from cold, poverty and exposure.

Again, according to Christison, many inflammatory diseases, not easily excited under ordinary circumstances, arise very readily from improper exposure while under the influence of mercury, such as acute dropsy, pneumonia, erysipelas, &c., while according to Prout, the presence of Bright's disease seems to engender an infirmity of the constitution which renders the body prone to disease in general, and in the early stage, most of the concomitant diseases of granular kidney partake of an inflammatory character. Under the head of concomitant diseases of albuminuria, Dr. Prout has enumerated the following list, comprising some of the most formidable diseases to which humanity is liable, viz.: 1, Dropsy; 2, Dyspepsia and Chronic Vomiting; 3, Diarrhœa; 4, Pleurisy and Peritonitis; 5, Catarrh and Pneumonia; 6, Coma, with other Affections of the Head; 7, Chronic Rheumatism; 8, Organic Diseases of the Heart; 9, Organic Diseases of the Liver. We propose to investigate in how far corrosive mercury is homœopathic to these concomitant diseases.

1. *Of the Dropsy.* We have no other proof to offer that corrosive mercury is homœopathic to dropsy than that already quoted from Christison. On the other hand, of all the concomitant affections of Bright's disease, dropsy in the form of anasarca, is the most frequent; indeed it is well known that this peculiar symptom first drew the attention of Dr. Bright to the disease. Malmsten regards cases of Bright's disease without dropsy, as extraordinarily rare; while Forget thinks that at least one half of all kinds of dropsy depend upon Bright's disease. The dropsy which attends acute albuminuria, is the well known ordinary acute inflammatory anasarca; that

which accompanies the chronic variety is generally confined to some bloating of the face, puffiness about the eyelids, and more or less anasarca of the legs; in some cases these are much less marked than might be expected; on the least sign of them, it should be regarded as an imperative duty on the part of the physician to examine into the state of the kidneys and urine of the patient. Arsenic seems to be much more homœopathic to anasarca than corrosive mercury; whether it is of any value in the treatment of Bright's disease, remains to be proved.

2. *Dyspepsia*, in its severer and most troublesome forms, and chronic vomiting, are placed by Christison as next in point of frequency among the concomitant affections. Whenever these gastric troubles arise from inflammatory irritation of the stomach, corrosive mercury will prove homœopathic, for according to Christison, this drug, like arsenic, has the singular property of inflaming the stomach, even when it is introduced into the system through a wound. But in the great majority of cases, the dyspepsia depends upon sympathy only; hence we must add a warning against healing these gastric affections merely symptomatically. The mere symptomalogist will be almost certain to commit this mistake in the chronic variety of Bright's disease; for although it is abundantly more frequent than the acute form, it is exceedingly insidious in its commencement, and slow, but very sure in its progress; for months, and even for years, the only signs of a disease of the kidney may be that the patient is forced to rise once or oftener at night to urinate, particularly towards morning, while during the day he may not be troubled in the least in this respect; if closely questioned, he will almost always acknowledge some uneasiness about the back and loins, although the sensations may be so slight that he would never think of mentioning them voluntarily. The urine, to a superficial observer, will frequently seem perfectly natural, but it is generally paler than in health, and often has a smoky appearance, while the quantity is rarely below, generally above the natural standard. These are significant symptoms to the true pathologist; but the mere symptomalogist will lose sight of them among the evidences of chronic bronchitis, dyspepsia, rheumatism, heart disease, liver complaint, &c., which so often attend this disease; amidst these more urgent, and apparently more important disorders, the kidney disease, which is the real source of all the mischief, is often overlooked on account of its unobtrusiveness. In such cases, even the distinguished Prout has more than once had the mortification to be superseded by physicians who knew

nothing and cared nothing about the ureal disease, and prescribed and acted as if no such thing existed, with the result, however, of accelerating the fatal issue of the complaint.

3. *Diarrhœa*. We need waste no time in proving that mercury causes diarrhœa and dysentery. Diarrhœa is very common in the middle and latter stages of Bright's disease, and frequently is the immediate forerunner of death. It usually resists any attempt to abate it, and if suddenly checked by antipathic remedies, it is often followed by effusion on the brain and fatal coma, which are apt enough to occur of themselves without the assistance of blundering physicians. Again, however profuse the diarrhœa may be, it does not diminish the dropsy in the least, but runs down the patient rapidly. Purgatives often form a part of the old school treatment of Bright's disease; it would seem from the above that they must always prove useless and often injurious. Of twenty-two cases attended with diarrhœa, twenty died, and only two were relieved for the time.

4. Pleurisy, inflammation of the lungs and peritonitis occasionally occur as concomitants of Bright's disease, but not nearly so frequently as bronchitis, both acute and chronic; according to Christison, but few cases of this ureal disease occur without more or less of catarrh. Corrosive mercury exerts a specific action in producing peritonitis; in this respect it differs from the effects of most metallic poisons, which very seldom cause unequivocal peritoneal inflammation, however severe the inflammation of the inner or mucous coat of the stomach and bowels produced by them may be. According to Christison, the production of inflammation of the lungs by corrosive sublimate, when applied to a wound, appears to be well established; hence it also causes pneumonia specifically; but we have no testimony to offer that it produces bronchitis. Iodine is very apt to cause bronchitis, also œdema of the feet, while it is one of the most delicate chemical tests for albumen; hence there is some little probability that it may prove serviceable in Bright's disease and some of its concomitant affections.

5. *Coma* is the natural termination of the disease; it is frequently preceded by suppression of urine; it is supposed by some to arise from the retention of urea in the blood; sometimes it is preceded by attacks resembling epilepsy, followed by drowsiness and coma, and then is almost inevitably fatal. Many cases of puerperal convulsions arise from Bright's disease; if a pregnant female has bloating of the face, arms or hands, she will almost certainly be attacked with convulsions

during, or shortly after confinement, and such cases are generally fatal. We have no proof to offer that corrosive mercury causes suppression of urine, or retention of urea in the blood; but Pereira states that if a subject of mercurial trembling continue his business, other more dangerous symptoms come on, such as delirium, or epilepsy or apoplexy (*Apoplexia mercurialis*).

6. *Organic diseases of the Heart*, have been noticed by most writers as frequently accompanying Bright's disease; in fact they are so common that some pathologists being at a loss to understand how disease of the kidney can produce disease of the heart, maintain that disease of the heart is one of the most common exciting causes of Bright's disease, owing to the passive congestion which the kidneys must undergo in common with most of the other organs, in consequence of the disturbance of the circulation produced by disease of the valves of the heart. But disease of the valves generally arises from inflammation, and we have already seen that Bright's disease generates a predisposition to inflammation of many organs, and why not of the valves of the heart also? About one case in eight of Bright's disease is attended with disease of the heart; corrosive mercury has also a tendency to produce heart-disease; Orfila invariably found in cases of poisoning with this drug, in one or the other portion of the lining membrane of the heart, most commonly on its valves, little inflamed spots of a cherry-red, or darker color, some of which were in such a state of inflammatory softening that slight friction sufficed to produce little cavities.

7. *Liver Complaint*: The action of mercury upon the liver is too well known to require comment.

Thus we have finished one portion of our task, and we think that we have succeeded, without overstraining a single point, in proving the homœopathicity of corrosive sublimate to Bright's disease. It now remains for us to inquire whether this drug is specific and curative of this fearful disease, and whether it cures in virtue of its homœopathicity, or of some other and different property. Three years ago we were in possession of some of the above facts, and determined to use corrosive sublimate in the first case of albuminuria which came under our care. Our friend Dr. Wotherspoon, then resident-physician of the New-York Hospital, and under whose care the case of poisoning with corrosive sublimate which we witnessed was, stated to us in a conversation shortly after the post-mortem examination, that he had long intended to try this drug, because it was a matter of experience that it often prov-

ed serviceable in chronic inflammations, and he was of the opinion that Bright's disease was a chronic inflammation of the kidneys. He accordingly made a trial of it in several cases then in the hospital, and which had withstood all other treatment; and happily succeeded in saving the lives of several patients who were then in an almost hopeless state. To Drs. Wotherspoon, Elliott and Moses, who have successively filled the post of resident-physicians to the New-York Hospital during the last three years, is certainly due the credit of introducing this new remedy practically into use. From Dr. Moses we learn that about twenty-five cases have been treated with it; of these, five or six died, but they were all very old and bad cases, in which the remedy was given without the least hope of success. Some of the cases which recovered for the time being were very severe; the urine was almost suppressed; the dropsy was very extensive, and coma partially developed. Such cases almost invariably died under the ordinary treatment, yet quickly improved, and soon left the hospital, apparently well, when treated with corrosive sublimate. The albumen, however, did not entirely disappear from the urine in any case; in some it was diminished very decidedly; in others not at all, while in a few cases it became increased. Hence the remedy did not effect an absolute cure in any case, but only saved life for the time being; its most marked effect was an increase in the quantity of urine; in some cases the urine increased from half a pint, to three quarts and a pint per day, attended with a steady diminution of the dropsy and relief from all the urgent symptoms. This diuretic effect of corrosive mercury is held to be peculiar to this disease, for of a great many patients who used this remedy for other diseases it did not increase the quantity of urine in a single instance. Hence Drs. Wotherspoon, Elliott and Moses maintain with some show of reason, that corrosive mercury does not cure Bright's disease homœopathically. We have but one objection to make to this theory: the doses used varied from $\frac{1}{4}$ th to $\frac{1}{2}$ th to $\frac{1}{3}$ th of a grain three times a day: we are inclined to believe that these comparatively large doses were requisite to rescue some of the most desperate cases from a very speedy fatal termination. Perhaps, when the most urgent symptoms were relieved by these large doses, if the patient had taken much smaller doses for weeks and months, the whole disease might have been radically cured in some instances. But this procedure is next to impossible in hospital-practice; the patients were restored to such a state of apparent health, that none but a good pathologist would be

aware that they still had the germs of a fatal disease within them; the patients themselves could not be convinced that any thing ailed them, and left the hospital at an early period, perhaps only to meet an early death.

Corrosive mercury, it is well known, is one of the most delicate chemical tests for albumen; we have long entertained the crude notion that the other tests for albumen, viz. Nitric acid, Iodine, &c., might prove serviceable in Bright's disease. We have mentioned this crude notion to several physicians, who received it with the ridicule which we ourselves were half inclined to believe it deserved. But in a late number of a German medical journal, we learn that a Dr. Hansen has treated twenty cases of Bright's disease with Nitric acid; eighteen were cured and only two died, and these two were complicated, one with consumption, the other with organic disease of the liver; all but two, however, were recent cases.

In the same journal we also find three cases cured by Iodide of Potassium.

The value of the above treatment may be gathered from the fact that Dr. Huss, of Stockholm, treated sixty-five cases in the ordinary way, and only succeeded in curing four. Dr. Malmsten treated sixty-nine cases in the common way, and lost thirty-three, while he only succeeded in relieving thirteen.

HOMŒOPATHIC CURES, FROM THE YEAR 1840 TO 1844, COLLECTED FROM THE VARIOUS HOMŒOPATHIC PUBLICATIONS, BY DR. KURTZ OF DESSAU: TRANSLATED BY C. J. HEMPEL, M. D.

I.

AFFECTIONS OF THE MIND.

A laborer, thirty years old, pale, without fever, complaining of oppression of the head and chest, and stitches in the small of the back, had been staring for several weeks at one point, with perfect indifference; could not be induced to work, or even scarcely to answer, though his answers were perfectly correct. Was cured by *ANACARDIUM* 30, three doses within a fortnight. (*Allgemeine hom. Zeit.* XXV. 139.)

A man of sixty years, in whose family affections of the mind were hereditary, had suffered with the following symptoms for several years past. First, during the space of two months, great irritation, hurry to be about one's business, rest nowhere, want of sleep, congestions to the head, violent beat of the heart, full, rapid pulse. Then followed relaxation, great inactivity, chagrin about one's fortune. (The baths and cold water had been used.) When the irritation commenced, STRAMONIUM 30 was given several times a day. The irritation lasted only a few weeks without being succeeded by a corresponding depression. In the year following a few doses were sufficient to remove the symptoms completely and permanently. (*Hygea.*)

An old lady had been troubled with the following vision for six weeks past; she imagined strangers were coming into her room and approaching her bed; this caused great anxiety and she left the bed. Took STRAMONIUM 30, one drop. The vision ceased the very next night. (*Hygea.*)

A musician of a sanguine temperament, twenty-six years old, became delirious after his brother had suddenly died in his arms. The symptoms were: insulting, spitting, pushing, tearing his clothes, breaking chairs, boring holes into the wall with his fingers, now sitting down, now standing up; talking foolish things, imagining that he was at times God, at times the devil; singing. Pupils contracted; eyes faint, sunken; no sleep, no desire to eat; answers nothing, avoids the looks of others. STRAMONIUM 3, one drop. Half an hour after taking the medicine, he was attacked with the most violent rage, lasting a few hours, and then being replaced by a sound sleep, from which he woke perfectly well. (*Archiv. XIX.*)

A man of twenty-eight years, tall, robust, of a choleric temperament, had been suffering with anasarca for a long time past. For a fortnight past he had become quarrelsome, boister-

ous, threatened to murder his wife and to set fire to his village ; he was secured and was in rage for a fortnight. The countenance now looked frightfully bold and anxious, eyes shining-red, pulse weak ; evacuations of fæces and urine involuntary ; anasarca ; face and feet shining-red and covered with a quantity of red pustules ; answers short, insolent, threatening. **BELLAD.** 12, one drop. Speedy disappearance of the mental derangement ; after the lapse of a fortnight nothing remained but anasarca, and those spots, which disappeared in eight days after the use of **BRYONIA** 9, one drop ; **CHINA** 6, one drop ; perfect recovery in a fortnight. (*Arch.* XIX.)

A girl of seventeen years, weak, was attacked with spasms after fright. Afterwards she became deranged, imagined she could not be saved ; wept much ; occasionally she had an attack of the rage, and tore her dresses (had been treated allœopathically for a fortnight) ; took **IGNATIA** 6, every day ; perfect recovery after the sixth dose. (*Arch.* XIX.)

A man of thirty-six years, of a healthy and robust constitution and phlegmatic temperament, had been attacked with the itch for six months past. A fortnight ago he had gone to dig for a treasure, slept on the humid soil, hastened home on waking, threatening to murder his wife and children, and trying to set fire to the house. After a few days he sat speech-and-motionless, rejecting nourishment of any kind ; involuntary discharges of fæces and urine ; restless nights ; covered with an itch-like eruption ; took **HEPAR s. I.**, one grain ; perfect recovery in five days. (*Arch.* XIX.)

Sudden suppression of the lochial discharge in a female of forty years, followed by mania (had been treated allœopathically). Looks around shyly, and hides herself under the bed-cover at the sight of a man ; sometimes she jumps out, with the cover hanging over her head ; answers confusedly ; eyes shin-

ing, staring; appetite good; pulse and stool natural; the uterus does not bear the slightest pressure. PULSAT., eight doses, restored her perfectly in eight days, the lochial discharge returning. (*Archiv.*)

A lady of thirty-three years, of a weak constitution, having been delivered of a child two years ago, after which her menses had stopped and her mind had become affected. She imagined that she had been faithless to her husband, that she was possessed by the devil, and was instigated by him to commit murder, in order that she might be executed and go to hell. She spent nine months in the lunatic asylum, during which time her sufferings became worse by the addition of home-sickness. She was now constantly restless, with but a few moments' peace when she was quite reasonable; in her irrational moments, although she was not raging, she ran with her head against the wall with all her strength; her face, which was usually very pale, was very red in these paroxysms; her body was constantly distended, frequently bound up; sexual desire totally extinguished; the extremities were frequently cold. SULPHUR 30., and four doses of VERATRUM ALB. 15., one dose every six days. After the third dose the menses returned, lasting eight days, with some sweat in the night; the state of the mind was improved. IGNAT. 2, every forty-eight hours. Perfect recovery. (*Arch. XIX.*)

A tall, slender gardener, of forty years, had removed the itch from his person by ointments, after which he was attacked with periodical oppression of the chest, dry cough, tearing in the occiput, and progressively increasing anguish; he imagined he could not be saved, was persecuted by evil spirits, which were concealed in the food, and which he, on that account, threw before the dogs. Dread of men; taciturn; fears even inanimate objects; stares continually, or else wanders about in the house. This derangement is worst in the morning. Sleeps but a short while restlessly; is tormented by wild dreams; frequent chilliness and anxious and qualmish feeling in the region of the stomach. NUX V. 4, VERAT. 12, SULPH. 6, PSOR. 30,

SEPIA and **CARB. VEG.** 6. After a considerable improvement had already been effected, a violent itchy eruption made its appearance upon the skin.

A farmer's wife of thirty years, of a robust constitution, had lost an impetiginous eruption, which she had had for a long time, in her last confinement; this was followed by anguish and weeping; despondency; inability to recollect; forgets what she is about to undertake. Creeping and heaviness in the head; sees through a gauze; nausea; want of appetite; burning at the stomach; contraction of the abdomen; took **PULSAT.**, and occasionally **VERAT. 12** and **BELL. 24**, a dose of medicine every two days, for four weeks; improvement. **ARSEN. 30**, two pellets, every two and four days for a fortnight. The eruption reappeared. The cure was effected by **SULPHUR 6**, repeated doses. (*Arch. XX.*)

A journeyman of thirty-eight years, of a healthy constitution, had made himself guilty of fraud twelve years ago, and ever since then he suffered with remorse against which the consolations of the church were of no avail. He was affected with melancholy and anguish, depriving him of sleep and giving him an aversion to work. Gnawing sensation in the stomach, ascending from below upwards. **PULS. 12**, **IGNAT. 9**, four doses, one dose every two days; **NUX. v. 4**, **VERAT. 12**, one dose every two days (did much good); **ARSEN. 30**, two pellets, four doses, one every four days; **CALC. CARB. 30**. Cured in three months. (*Arch. XX.*)

A woman of thirty-seven years, addicted to drinking, became enraged; face red, hot; eyes wild; breathing hurried, oppressed; constant scolding and cursing; tearing her dresses, knocking about, running about in the room at night, refusing to take either food or drink (had been given emetics); took **HYOSC. 2**, one grain; immediate relief; cured next day: had continued so sixteen days after. (*Arch. XIX.*)

DELIRIUM TREMENS.

OPIMUM I, one to two grains, in alternation with NUX. 2—3, one drop, are better adapted to restoring the altered activity of the brain, than OPIMUM in larger doses. (*Hygea*, XIX.)

A drunkard, forty-eight years old, had been sick for some weeks past, and especially so for the last three days; he had trembling of the limbs; unsteady look, violent movements, as if he were in a passion; humming in the ears; no sleep, or sleep with frightful dreams; contractive colic, at periods; profuse sweat; pulse tight, irregular, very full; NUX. v. 30. Next day he was at his work, and remained well.

CALC. c. 30 is a chief remedy in delirium tremens. (*Arch.* XX.)

VERTIGO.

A female of forty-eight years of an apoplectic habit; unceasing vertigo as if she would fall to one side, at the least motion, even when lying down, as if the brain were floating to and fro like water; no sleep; irritated; red countenance; pulse frequent, full and soft; chilliness; the whole of the left side feels numb, with tearing: itching herpes on the forearms; (had used an abundance of blood-lettings, purgatives, etc. for months.) NUX. v. 30, every day, producing relief, then the same state of things again. BELL. 30; this produced a violent excitement, after which perfect recovery in eight days. Five months afterwards she was again attacked with vertigo, and had been so for eight days past, with regurgitation of the ingesta, chilliness. PULS. 12. Cured next day and remained so.

PHOSPHORUS I, two drops, every hour and a half, removed the following symptoms in a man of seventy years, of a very weak appearance: Vertigo with obtusion of the head, nausea, the

vertigo being especially excited by motion, turning or stooping ; he staggered. (*Nux. v.*, cold poultices, *Pulsat.*, *Bellad.*, had been employed before.)

A nursing female of twenty-nine years lost her milk entirely a fortnight after her confinement, owing to violent diarrhœa. This brought on the following symptoms : Vertigo, as if every thing were turning ; feeling of emptiness in the head with inability to recollect ; the same empty feeling in the abdomen ; appetite, digestion and stool were natural ; when swallowing she had a feeling in the left side of the throat as if a plug were lodged there ; constant feeling of pressure and as if bruised in the epigastrium, extending to the spine, increased by laughing ; very weak ; occasional flushes of heat, with prickling extending into the tips of the fingers. *Cocc.* 6 and 3, four doses of each, removed the symptoms entirely in eight days. (*All. hom. Zeit.*)

HEADACHE.

A robust, healthy-looking farmer of twenty-nine years had been constantly suffering for some years past with vertigo, oppression of the chest, going to sleep of the limbs, using three or five venesections every year, which gave him scarcely any relief ; he now suffered with vertigo when stooping, aching pain in the region of the vertex, in the eyes which became easily bloated and injected, in the pharynx when swallowing, in the chest with sensation as if the pain moved from the heart upwards ; heaviness of the limbs ; liability to sweat ; pulse full, strong ; sleep restless, with talking ; digestion good ; beer and brandy make the symptoms worse. *Bell.* 2, three times, three drops a day. Perfect cure in three weeks.

A shoemaker of nineteen years, of a plethoric habit and sanguine temperament, irritable, easily tired, had suffered with frequent spasmodic twitchings of the arms and face for three years past, and with attacks of anguish and oppression of the chest of

half an hour's duration. Had been confined to his bed for four weeks past : Stitching-beating headache in the occiput and sin-
ciput ; violent heat in the head ; vertigo increased by motion ;
tingling in the ears ; eyes staring, great mobility of the pupils,
seeing through fog ; arms heavy, veins distended ; tongue whit-
ish, taste bitter ; deglutition difficult ; no appetite ; violent thirst ;
nauseated every morning ; pulse strong, full, not hard ; skin
moist. BELL. 2, one drop, every two hours. On the second day
the symptoms had all disappeared, except a slight obtuse feeling
in the head. (*All. hom. Zeit.*)

Tietze relates two cases of females of thirty to forty years,
with sanguine temperament, characterized by the following
symptoms : Violent throbbing (tearing) pain in the head (occi-
put) ; photophobia ; humming in the ears ; obscuration of sight
and faint feeling when sitting up ; feeling of intoxication or
dreariness in the head ; nightly delirium ; starting when asleep ;
nausea (several attacks of vomiting) ; feeling of heat in the
head with coldness of the extremities ; frequent chilliness alter-
nating with heat ; pulse small, rather hard, frequent tearing
in the limbs (especially the lower). Both persons recovered
within a period of five and nine days, using ACON. 30 and
BELLAD. 30, from one to three doses. (*All. hom. Zeit.*)

A servant-girl, of twenty-eight years, had been affected with
violent headache for eight days past : head hot, excessively pain-
ful, especially the sin-
ciput, as if all the blood were rushing to-
wards it ; veins turgescient ; eyes standing out ; frequent vomiting
of a green fluid at every movement of the head ; tongue coated ;
thirst, pulse full, slow. (Cold fomentations, Nux v. 3.) All
these symptoms were much more violent in four days, loss of
consciousness, and muttering delirium having supervened.
Took BELL. I, every two hours. Next day the vomiting did not
return, she enjoyed rest in the night following, and on the
third day the head was merely heavy. (*Hygea.*)

A girl of twenty-five years, vigorous, and otherwise heal-
thy, menstruating regularly, was attacked at the period of her

menses with violent hemicrania and nausea, vomiting and excessive weakness, lasting one or two days. Took PULS., NUX v., IPEC.—After SEPIA 2, eight drops, all her troubles disappeared and have not returned these eight months. (*Hygea.*)

A corpulent girl, with red cheeks and menstruating regularly, had been suffering for months past with violent hemicrania and nausea; pulse small and empty; (had resorted to blood-lettings and Seidlitz powders.) Took SEPIA 30, repeated doses. Recovered in one week. (*Archiv. XX.*)

A girl of twenty-eight years, brunette, fleshy, having passed pieces of tænia for many years past, had been affected for some time past with violent headache; at times on one side as if the side were being dashed to pieces, at times throbbing in the forehead, vertex, or occiput, accompanied with great weakness of the eyes, even vomiting; the pain is increased by contact and walking about; it sometimes returns in two or three days, sometimes after the lapse of weeks; it sometimes lasts for hours, sometimes weeks; sometimes every thing tastes to her like loam. Took SILIC. 30, three pellets in two drachms of water mixed with some brandy, ten drops a day for eight weeks. Has been free from headache for the last four years. (*All. hom. Zeit.*)

A vigorous female of thirty-four years had had the itch speedily suppressed four years ago. Ever since then she suffered with throbbing, tearing, burning headache, occurring at irregular periods, but especially after the menses, which were scanty, short, dark, and followed by leucorrhœa. The headache had terminated for some months past in profuse, sickly smelling sweat. For two years she had had an eruption of hard blotches around the chin and mouth, changing to pustules, after the disappearance of which she felt worse. Appetite not very great. Tongue cracked all over, with narrow white bands on either side; butter tastes bitter. Stool sluggish, hard, especially during the headache; breathing labored, when going up stairs; sometimes cough with mucous expectoration. LYCOR. 30, for twelve weeks, first every four, and then every seven days. The headache yielded first, then the sweat; the menses became natural. (*Arch. XX.*)

IODINE I, one drop a day, cures in a speedy and safe manner the headache of persons attacked with florid consumption, especially of females, occurring in the stage of the crude tubercles, and frequently alternating with oppression of the chest. (*All. hom. Zeit.*)

A female of twenty-seven years, delicate, thin, with red hair, sanguine temperament, suffered with excessive headache during her fourth confinement, without interruption in the night, and coming on in paroxysms in day-time. (**CHAM. 12** in water, in teaspoonful doses.) **CHAM. 30**, six pellets, helped immediately and permanently. (*All. hom. Zeit.*)

A scrofulous girl of eleven years, having just recovered from a rheumatic fever by **PULSAT.**, being yet very pale, was attacked every day, at ten in the morning and in the evening, with the following symptoms, which became more violent every day: Violent stitches in the head and forehead, on the right side, with intolerance of every noise, the head being hot, the face still paler than before, the body cold. She felt relieved in the recumbent posture, and still more by a sleep of two or three hours, which generally came on during the attack. When waking, the pain was increased by talking, walking, etc.—(**QUININE**, half a grain, twice a day, for six days.) **ARNICA 3**, at the commencement of the attack. After her sleep the pain had completely disappeared, and she remained well. (*Hygea.*)

Attomyr suggests in the second number of the *Archive XX*, 165, whether the application of warm linen or cotton to the head would not be as proper against a stroke of the sun, as that of ice to frozen limbs.

HYDROCEPHALUS.

In the inflammatory stage of hydrocephalus, and also in cases of chronic, subinflammatory hydrocephalus, with widely opened fontanelles, and after a hard, frequent pulse, it is a very favorable symptom, if sleep sets in after the use of **Aco-**

NITE and **BELLAD.**—If sopor, with dilated pupils, small, slow pulse, cold extremities, has set in, in this case **BELLAD.** produces merely a short-lasting excitement, *calor mordax*, after which a still deeper sopor sets in. If, on the contrary, **BELLAD.** excites a febrile heat (hot skin, red face, quick, strong pulse), and above all a short and moist cough (which it never fails to do when a favorable crisis sets in), in this case the patients are saved. **BARYTA** produced a striking effect in the case of a girl of ten years, affected with chronic hydrocephalus, the pulse being scarcely perceptible.—In such cases **ACID. PHOSPH.** frequently excited turgescence of the skin, and vomiting affording relief.

In a child of one year, delicate and pale, had been sick for four months past: Head enlarged, is unable to keep it straight, fontanelle wide open, forehead and occiput hot, violent pulsations in the brain; eyes faint; face puffed, gloomy, wrinkles over the root of the nose; lower limbs emaciated, cold; large quantity of pale urine; constipation; pulse frequent, small, rather hard; (had used leeches, etc.) Took **ACONITE 30**, every three hours. After every dose the child made motions as if to climb, these being followed by sleep; several green stools. In thirty-six hours sopor and heat of the head had disappeared. Took **CHAMOMILE**. In six days the fontanelle was smaller, and flatter; cheerful. It is now five years since then, and the child has been well constantly.—Another and similar case has been treated with the same success.

A boy of four years was frequently troubled with congestion of blood to the head, sopor, violent fever. Recovered after the second dose of **ACONITE 24**.

A child of one year and a half was suddenly attacked with convulsions, four hours after which sopor set in, with frequent, small pulse, and excessively irritable pupils; breathing and skin were in a natural condition. (**CHAM. 12**), two hours afterwards **BELLAD. 30**; woke with a sort of stupor, skin hot, pulse full, could scarcely be counted. **ACON. 24**, every two hours; was perfectly well next morning.

A child was attacked with hydrocephalus after scarlatina ; after the administration of ACONITE an excessive quantity of water ran out of the eyes, after which the danger passed off.

A child had had twitchings of the lips for twenty-four hours past ; automatic motions and scratching the head ; pupils contracted ; pulse small, frequent ; skin hot. After MERC. all these movements ceased, but deep sopor set in with insensibility and coldness of the limbs. OPIUM effected the cure.

A child of three years, belonging to a family where chronic hydrocephalus was hereditary, had five times been laid up with the precursory symptoms of hydrocephalus ; the present symptoms were : coma, snoring breathing ; excessive irritability of the pupils ; pulse extremely hurried and small. RHUS 30. Recovered on the third day. The same result was obtained in two similar cases. After every dose of RHUS an intolerable itching of the legs set in ; afterwards a number of small vesicles, surrounded with red areolæ, made their appearance upon the neck and face. Has been perfectly well for a year past.

Febrile cerebral affections of children, which might have been considered as the first stage of hydrocephalus, have frequently been removed by BELLAD. I, fifteen to twenty drops in three ounces of water, a teaspoonful every hour.

A boy of two years, who had had a violent fall upon the head, lay in a state of sopor in the evening, starting frequently, distorting the eyes, boring with the occiput into the cushion, frequently grasping at his head and changing the color of his face ; he woke frequently while in this state, asked for water and threw up, his tongue being clean. ACON. 3, one drop, two doses, one every hour, afterwards BELLAD. 3, one drop, six doses, one every two hours, and cold applications to the forehead. The vomiting ceased after the first powder ; in the night he was twice attacked with diarrhœa ; next morning he was well. (*All. hom. Zeit.*)

A child of ten years had the following symptoms : General heat and redness, especially about the head and eyes, contracted pupils ; complete loss of consciousness, rage ; tongue dry ; greenish vomiting ; constipation ; pulse up to one hundred and twenty and one hundred and thirty, subdued ; subsultus tendinum, grasping at the head. ACON. 18, one drop, in three ounces of distilled water, a teaspoonful every half hour. Six hours after the administration of ACONITE the fever was very much diminished, consciousness was completely restored, vomiting had ceased. BRON. 9. Recovery in two days. (*All. hom. Zeit.*)

A child of six months, after retrocession of an eruption resembling measles, was attacked with the following symptoms : Constant sopor, convulsions, distortion of the eyes, boring with the head into the cushion, etc. BELL. 30, and HYOSC. 30, in alternation ; two pellets of each every twenty-four hours ; perfect recovery in three weeks. (*Arch. XIX.*)

A child of two years, whose mother had died with consumption, enjoying first an excellent health, but affected with periodical swelling of the carpal and tarsal joints since teething, now suffered with the following symptoms : Sleep uneasy, with starting, screams ; eyes red, dreading the light ; pupils contracted, anorexia, stool rare, occasional vomiting ; skin dry and burning ; (had used Calomel, leeches, etc. ; the attacks were relieved, but returned worse than before.) Took BELLAD. 3, which produced an improvement and an eruption upon the head. SULP. 3, every three days. Complete recovery in a few months.

In five other similar cases, in some of which the cerebral symptoms were still more dangerous (convulsions, sopor, etc.), the cure was effected either by BELLADONNA alone, or followed up by SULPHUR, both in the twelfth and thirtieth attenuation.

The author of these two last cases, Doctor Segin, remarks, that the calomel and leech routine can effect but little good, and is frequently injurious, in the treatment of either real or pretended cerebral inflammation, and the so-called antiphlogistic method has no relation to the pathologico-physiological processes which take place in inflammation. (*Hygea.*)

A robust child, of fourteen months, had been suffering for several days past with painful gums; fever; frequent startings; convulsive attack, followed by sopor; grasping at the head, with sweat on the occiput, but being hot as the dry skin; pupils dilated; breathing hurried, rāling, moaning; swallows water. Took **BELL. 30**, ten pellets, **OPIUM 9**, ten pellets, **BELL. 30**, five pellets, every four hours; on the following day the cerebral symptoms had somewhat diminished, the fever was the same; white stool; next day, yellow stool, less heat, diminished power of using the senses, pressure on the fontanelles painful. **OPIUM 9**, ten pellets; in seven hours, **ARNICA 6**, half a drop; next day, sweat, general improvement, continuing while cough and coryza were setting in; two days afterwards, took **SULPHUR 30**, three pellets, after which pustules made their appearance in the face. Recovered on the ninth day. (*Arch. XIX.*)

ARNICA 1-3, one drop every three or six hours, is efficient in the second stage, and in the commencement of the third stage of acute hydrocephalus, when torpor, but not yet sopor, has set in. (*Arch. XIX.*)

CALC. 18-30, worm-fever or encephalitis, eclampsia and epilepsy during dentition. (*Arch. XX.*)

A girl of eight years, after evening-fever, complained of violent headache; burrowing with the head into the pillow; sopor, with occasional delirium; glowing countenance; tongue coated behind, the tip of the tongue being red; pulse full, hard, hurried; no appetite; violent thirst; urine hot, red. **ACON. 3** and **BELL. 3** moderated the headache, which was still more relieved by **STRAMONIUM 9**. But all the other symptoms increased, the body was burning hot, soft, painful in the umbilical region, especially when pressed upon, involuntary diarrhœa, very copious on the fifth day, consisting of yellowish water, mixed with flocks, resembling the yolk of an egg, with short, unequal breathing, lying in a state of stupid dizziness, with eyes half open, frequent startings with a scream, delirium when being awakened from her stupor, repeating an idea which had been awakened in her mind by a question, with unceasing rapidity. (Took tincture of **PHOSPHORUS**, **LACHESIS 24**, **HEP. SULPH. 5**, **BELL. 30**.) On the seventh day, took **ARSEN. 6** in

water, a teaspoonful every hour, and an injection of some mucilaginous substance with *ARS.* 2, one grain. Very few evacuations in the night, good sleep, slight sweat. Next day the *ARSENIC* was repeated every two hours. Same result. No stool for three days, then every day, and natural. (*All. hom. Zeit.* XXII.)

A child of three years, having suffered with gastric and erysipelatous fevers and frequent colic, exhibited the following symptoms: Countenance livid, pale; head hot; constant boring in the nose; limbs cold, shrivelled, emaciated; pulse small, slow; no evacuations for eight days; complete apathy; sleepless, or else stupor. (Had used venesection, Calomel; made worse.) *ARS.* 30. In a quarter of an hour excessive excitement, pulse very quick, skin hot, then quiet sleep. *ARSEN.* repeated in forty-eight hours. Recovered on the fifth day, an eruption making its appearance on the head.

A robust, fleshy girl of three years, having scarcely recovered from a gastro-rheumatic fever, which had especially affected the head, (glowing countenance, violent throbbing of the carotids,) had another violent attack of fever, with constant moaning, capricious and changing mood, breathing at times sudden, anxious, at times scarcely perceptible; exclaiming frequently; anxious restlessness, hindering sleep; if sleep came on, she started and woke suddenly, with weeping; cheeks alternately pale and red, without heat, limbs at times warm, at times cool; when drinking or taking medicine, she constantly bit the glass or spoon. (*BELL., CHAM., ARS., PULS., VERAT., CINA.*) Took lastly *CUPRUM ACET.* $\frac{1}{10}$ gr. in a tumbler full of water, a teaspoonful every half hour. Slept in the night following, and, the day after, she felt better than she had done for weeks. Recovered on the fourth day, the medicine having been continued at longer intervals. (*All. hom. Zeit.*)

CEREBRAL AFFECTIONS.

A man of forty years, robust, had been sick for eight days past: (had taken emetics:) no sleep for four days past, delirium about business; pusillanimous, timid, inclines to weep;

stitches from the left frontal eminence to the occiput; countenance red; tongue white, coated, smooth; skin dry, without turgescence; pulse rather accelerated. *HYOSCIAM.* 7, every six hours. Slept next night, all the symptoms having disappeared, only during motion he became covered with a cold, viscid sweat, the pulse then being slow and weak; this occurred again after three days, when he had not taken any medicine. Took *CHIN.* 9. Recovered in two days.

A lady of nineteen years had caught cold on her journey, and had been affected with pains in the limbs for a fortnight past; no sleep; for the last ten days she had suffered with the following symptoms: bending double when lying in the bed, trembling, anxious, inclining to start, shy; only complains after repeated questions; every sound hurts her; head hot, the vertex being painful to the touch, sensation on the left parietal bone as after a blow; complexion changing all the time, circumscribed redness on the cheeks, tongue clean, shrivelled, bright-red, the pupils turned upward; violent desire for sour drinks; skin on the limbs flaccid; pulse quick, small, rather hard; violent fever every night at eleven o'clock with alternation of chilliness and heat; frightful fancies; frequently imagines she sees herself; sleepless. *STRAMONIUM* 6. No fever next night; leaves her bed in two days.

Young girl: Vesicular erysipelas in the face and meningitis, convulsions and paralysis having already made their appearance in alternation. *TINCTURE OF STRAM.*, five drops in half a drachm of alcohol, a few drops of it, produced an immediate improvement. *Stapf* also recommends *STRAMONIUM* in vesicular erysipelas with cerebral affections and delirium corresponding to *STRAMONIUM*; he gave *STRAM.* 12. (*Arch. XX.*)

A tall, robust man of twenty years was hit upon the head by a falling tree; he fell down without loss of consciousness, and had remained in that state twelve hours after, except that he tried continually to jump up. *TINC. ARN.*, every half hour, and applied to the wound as a poultice. In one hour he became quiet and slept; this sleep lasted three days, after which he was perfectly well. The *ARNICA* had been continued during this time, the patient waking with consciousness when the remedy was applied. (*All. hom. Zeit.*)

(To be continued.)

HOMŒOPATHIC CURES.

BY DOCTOR GOULLON, OF WEIMAR.

TRANSLATED BY A. C. BECKER.

I have previously drawn attention to the surprising powers of *ACID. NITRI* in cases of neglected pleuropneumonia bordering on agony, and the following two instances go to corroborate my statement.

A lean, weakly woman had stitches in the side, fever and cough a few days after her fourth confinement; for several days after this was not attended to. When called in I found her with orthopnoë, cold sweats, palpitation of the heart and a countless pulse; the abdomen was so sensitive to the touch that I entertained no doubt about the presence of peritonitis; all these painful and dangerous symptoms were removed by *ACID. NITRI X* in twelve hours. This was followed by extreme weakness accompanied by excessive sweats, cured by repeated doses of a few drops of *TINCT. CHINÆ*.

Last fall, I had to visit a poor woman in a neighboring village, who had had stitches in the side for several days past, and was found by me in the following condition: pale, sunken features, languid eye, orthopnoë, stitches through the left chest, dry, short cough, increasing the want of breath to suffocation, very frequent and indistinct pulse, and beating of the heart, dull sound on percussion of the chest, cold hands, and damp, cool forehead, great thirst. This was evidently a dropsical inflammation of the pleura and pericardium. The dwelling was exceedingly damp, the bedding and clothing consisted of rags, and every breath of wind sent a cloud of smoke from the stove into the room. I mixed a few drops of *ACONITE II* in a tumbler full of water, and left *ACID. NITRI* in pellets. The patient took this for six hours, once an hour, and once in three hours two pellets of *ACID. NITRI*. Next day I was informed that she was able to lie down, and that she had slept. I then kept her on *Ac. Nit.* alone, one dose every three hours; the third day after, on visiting her, I found her in a tolerable condition, stitches and anxiety gone, the pulse perceptible and less frequent, the cough still dry, but freer, more connected; instead of the unquenchable thirst, some appetite, and the skin warm and moist. Only a few days after, on the reappearance of the stitches I gave her *KALI X*, after which she recovered, slowly but uninterruptedly, with the aid only of potato-soup.

2. ERYSIPELAS NEONATORUM—CAMPHORA.

An uncommonly large and strong child, delivered by the forceps, having been exceedingly uneasy during the first four weeks of its life, owing to a nervous puerperal fever of the mother (who had been principally cured by SULPHUR X), cried incessantly. On the right hip and on the regio pubis red spots made their appearance, spreading rapidly, and ultimately uniting; on the third day they became perceptibly hard, the redness extended to the umbilicus, and the latter became very sensitive to the touch, as was indicated by the increase of loud cries. The fever gained ground every hour, in spite of the administration of ACONITE IV and BELLADONNA VI. On the evening of the third day, slight spasms made their appearance, and they were aggravated by any change of position from that of lying on the back. In two similar cases I had been deceived by ARSENICUM in various attenuations, both children having died with tetanus; consequently I did not resort to it again—but gave CAMPHOR, six drops of our solution in one ounce of orgeat, a teaspoonful every hour. The spasms yielded at once, and in six hours the excessive fever also. A continuation of the remedy removed next morning the general redness, the red spots again became distinct, the hardness disappeared, and on the fifth day I could only discover a red spot on the upper part of the thigh, all of which gave way to a general red eruption, attended by sleep, sweat, appetite and ease.—Most extraordinarily this nearly hypertrophied child began to waste away, although the best milk and arrowroot were given, deep furrows in the region of the temples became apparent, and the whole body visibly lost all fat. A good wetnurse obviated this difficulty in a few weeks, and the child is now healthy and thriving.

To discriminate whether the CAMPHOR acted in this case homœopathically it is necessary only to compare its pathogenetic symptoms, particularly the spasmodic, although they are mentioned only as occurring in the muscles of the eye and face.

I would recommend a trial of this remedy in the next case of *trismus neonati*, which I have never been able to cure. I would also recommend the examination of the navel in both diseases,—the erysipelas and trismus,—as this may throw some light on the cause of both affections. Both of them must originate in some wound affecting, according to circumstances, either the nervous or the venous system.

3. DEFECT OF SPEECH.

A. A man of middle age, a journeyman mason, was treated with mercury for syphilis in the clinique of Jena during raw weather in spring, and on his way home suddenly lost his speech so entirely that he was only able, although fully sensible at the time, to articulate No! No! There was no paralysis, not even in the tongue, but a great trembling weakness of the whole body, and pain in the forehead, which obliged him to frown. *ACID. NITRI* had no effect, but *CAUSTICUM* in various attenuations (*X-III*) restored the power of speech in a few weeks, leaving merely a stuttering in pronouncing words with many consonants.* *COCCULUS* relieved the general relaxation of the muscles, enabling him to resume his occupation. Whether the partial stuttering has remained, I know not.

B. A mother of five children, healthy and vigorous, was taken with a severe, chronic watery discharge from the nose, thin and acrid, excoriating the nostrils. This was followed in about three weeks by a dull aching pain in the forehead, loss of memory, and occasional substituting a wrong expression for the one intended. *CAUSTICUM X* (one dose) cured this defect radically. In dry catarrh of the head, or if attended by thick mucous discharge, *LYCOPOD.* might be preferable.

C. A child of four years having just got over an unusually severe attack of abdominal typhus, attended by loss of consciousness lasting seven days, was dwindling down to a complete skeleton. He then commenced to repeat questions which were addressed to him, in a singing tone of voice, until a second question was asked, which was again repeated in the same manner, and so on. *ZINCUM X*, which I myself put on the child's tongue, removed in a day and a half this peculiar weakness of some part of the brain. Not knowing of a remedy which corresponded to that peculiar cerebral disturbance, I chose *ZINCUM* with reference to the great muscular debility and the trembling of the head and hands. The recovery of the child was complete.

4. DELIRIUM TREMENS—*CALCAREA.*

A very strong man of forty years, indulging to excess in spirits and beer, imagined some morning that he saw a leech

* See F. Hahnemann's observation on *Merc. sol.* (*Mater. Med. v. III*, by Dr. Hempel) where *Merc.* produced loss of speech and voice, a condition which was speedily removed by *HYOSCIAMUS. GROSS.*

near him, then several, then other animals, and was then suddenly attacked with delirium tremens. *NUX V.* and *OPIMUM* did no good; sleep would not come; the pulse was full, soft and frequent, the skin moist, the tongue slightly coated white. The great analogy of the symptoms with some febrile states of children relieved by *CALC. CARB.*, decided me in favor of this remedy, and two doses *X*, morning and evening, completed the cure. This was soon followed by œdema of the legs up to the knees, which was cured by *SEPIA X*.

I have frequently seen chorea originate in fright and fear. In a recent attack characterized by involuntary twitchings of and striking with the arms and legs, dropping things, winking of the eyelids and shaking of the head, *IGNATIA* (I-III) always proved very successful, but if the affection had lasted for weeks, *IGNATIA* failed; but a dose of *SULPHUR X* repeated from six to eight times, once a day, gave sure relief, always attended by an itching, red, small, papulous eruption all over the body, which the patients generally had had before.

5. CROUP.

A boy of three years had had several attacks of croup, each of which had been cured by *ACONITE-IV* and *SPONGIA IV*, in a few hours. On one occasion, he was seized with a more than usually violent attack, constant want of breath, wheezing inspiration, and a cough which was hardly audible. *ACONITE IV* and *SPONGIA IV* in alternation did no good, on the contrary the suffocative attacks grew worse every fifteen minutes. I now gave only *Acon. 2*, which produced a lasting improvement, rendering further medicine unnecessary.

I conclude from this, that the strength of doses must be left to our individual judgment; we cannot deny that attenuations carried very far, are active when massive doses have failed,—but the contrary is likewise true, especially in cases of imminent danger.

Recently I was called to see a very plethoric child of six years afflicted with herpes; I found him at two P. M. in the second stage of croup, with incipient exsudation; the previous evening he had commenced to cough; his breathing was very much oppressed, wheezing, the face red, skin hot, eyes wild, and he was crying for "breath," with a hardly audible tone of voice. The throat was painful to the touch, and even without it he felt stitches in the larynx. The pulse was equal, full and rapid. *ACONITE III*, *SPONGIA IV*, alternately giving *SPONGIA* once after *ACONITE* twice, gave no relief in two to three hours.

I apprehended that this inflammatory croup would prove fatal about midnight ; I then gave ACON. 2 in one ounce of water, a teaspoonful every hour, and by eight P. M. an amelioration of the symptoms became evident, profuse warm sweat, and frequent loud, barking cough, which always indicates a subsidence of the disease ; the breathing however remained wheezing, even when making the slightest movement. According to my principle of paying all possible attention to a chronic disease, with which a patient may be afflicted, as this one was with herpes, laboring under an acute attack, I gave one dose of SULPHUR IV, after which the convalescence continued without intermission.

As a curious fact, I must mention that three children of a dealer in leeches, were all taken with the croup within thirty-six hours. The first received from the mother some pellets of ACONITE, to the second she applied five leeches to the throat, and to the third, who was a year old, she gave nothing. I was called in the evening ; the first child was better, and I continued ACONITE at longer intervals ; the second, who had bled profusely, was much worse ; the breathing was wheezing, and so oppressed, that the well-known depressions over the sternum and epigastrium made their appearance. The wounds were rapidly closed, and ACON. and SPONGIA successfully administered.

6. BRONCHITIS—BELLADONNA.

During the past winter many children of from two months to three years of age, were attacked with bronchitis, which commencing with a catarrhal cough, frequently deceived the parents, who did not send for a medical adviser till they found the child suffocating in the night. At first the breathing was audible even in the minutest branches of the bronchial vessels like a thin, crackling rattling, and the cough, sometimes still loose, occasionally became wheezing and painful ; pressure made on the chest caused distortion of the face and weeping. In such cases ACONITE generally afforded speedy relief ; but if, as was generally the case, suffocation had set in, then the breathing throughout had a sawing, whizzing and singing sound ; the pain induced a voluntary suppression of the cough, the children seemed to suffocate, the pulse was very frequent, and frequently even intermitting. BELLAD. II-IV* acted here promptly,

* In inflammatory affections of the brain it is necessary to give BELLAD. X ; in inflammations of other organs the lower potencies may be employed.

i. e. in eight to twelve hours, it removed the danger; **BELLAD.** was followed by **SULPHUR**, to prevent new exacerbations setting in. The extremely copious secretion of mucus from the bronchial tubes in the second stage was removed by **PULSATILLA**.

7. HÆMATURIA—AC. NITRI.

The active properties of this remedy in this disease are of such a character, that I am tempted to call it a specific, i. e., the remedy is efficient without reference to the individuality of the case.

An apprentice girdle-maker, fifteen years of age, had assisted in gilding by fire for several hours; soon after felt ill, giddy, chilly, and soon after severe pains in the region of the bladder. Next day I was called to see the patient on account of a copious flow of pure bright-red blood, and a frequent desire to evacuate the bladder; the small quantity of urine separated pretty well from the blood; in the short pauses no blood passed the urethra. The pains then abated somewhat, not much; the tongue was coated white. The form of the disease, and in this instance also the exciting cause, "vapours of mercury," clearly pointed to **NITR. ACID.** I gave it every three hours, (three drops in one ounce of water,) and in twenty-four hours, pain, bleeding, and pressure had entirely disappeared. A slight gastric state disappeared of itself in two days.

8. GROWING OF THE NAIL OF THE BIG TOE INTO THE FLESH.

I have succeeded this summer in curing completely a case of this kind, by **CAUSTICUM** and **SILICEA**. The former I used externally—gutt. IV in four ounces of water, by means of lint applied to the flesh and pushed up along the sides of the nail; this made it shrink in a few days, and rendered it horny, like epidermis, which thickens previous to peeling off; the whole edge of the nail now became visible as it entered the fissure in the integuments of the toe; the pain was still great, though not as great as previous to the application of the **CAUSTICUM**, but only on touching the end of the toe. I then administered *one dose* of **SILICEA X^s** internally; in about a week after, the skin appeared as if pulled back, and the border of the nail, two lines broad, and completely deadened, was removed without ever growing in again. I consider both these remedies as certain in this affection as they are in cases of common panaritria, which would have the same effect upon the edges of the

nail, if we used the hand for the same purposes as the foot. The nail does not grow into the flesh, but the excrescences of the ulcerated flesh grow over the nail, which now maintains this morbid condition in its turn, as a foreign excitant. Against simple panaritias it is generally sufficient to apply some poultices of good CAUSTICUM in water, which ought to be renewed as soon as they become dry. Deeper panaritias, when suppurating, demand SILICEA; for gangrenous panaritias the specific remedy is ARSENIC.

HOMŒOPATHIC CURES.

BY DR. STAFF.

AGREEABLY to the promise which I have made in the last number of the Archive, I here lay before our readers the results which I have obtained in using the highest potencies introduced by Dr. Gross, premising that I have used the utmost conscientiousness in observing their effects. Those results are facts which will maintain their sacred rights in spite of the various apparently erudite opposing theories; facts which will hereafter be acknowledged as embodying truths that now appear folly and error to many. What is most strange and ridiculous is the charge of mysticism against the high potencies, and the regret which has been expressed by some that the introduction of the high potencies has widened the breach between allœopathy and homœopathy, and has made the transition from the former to the latter so much more difficult, inasmuch as a rationalist physician could not well be expected to join a course so much involved in mysticism, and contrary (INDEED!) to common sense. What a tender care such people evince for the noble art! How wise and cautious they seem to be! To ask of an inquirer not to carry on his investigations beyond the boundaries established by custom, or beyond the understanding of the wise, lest he should give offence by his freedom and his discoveries, would be just as foolish as to ask of an astronomer to lessen the immeasurable distances of the stars to make them appear less surprising to the common understanding. Is there less mysticism about those immense distances and their astronomical measurement than about the astonishing dynamizations of our remedial agents? Both those phenomena, the

astronomical distances and our high potencies, rest upon a certain basis; the distances upon ingenious observations and calculations, the potencies upon undeniable experience, having furnished numerous proofs of the reality of their marvellous curative power. So far from denying the curative virtues of the potencies which have been in use heretofore, which I could not do without denying my own past experience of thirty-three years, I look upon the high potencies as a welcome development of the curative virtues of our drugs, and upon their true application to the treatment of disease as an essential and true progress in the region of the homœopathic healing art. Every one who is capable of using them strictly in accordance with the law of homœopathic similitude, will agree with me in the view which I have just expressed; of course, unless they are prescribed as strict similia, they cannot be expected to have any effect. I too did at first doubt the efficacy of the high potencies; but experience has convinced me of the reality of their power. I now use the high potencies altogether in my very extensive practice, and resort to the lower potencies only exclusively; for my experience has also taught me that there are cases, although few, where the lower potencies are necessary. The high potencies have now been used by a number of excellent physicians, whose communications of the brilliant results which they have obtained by means of those potencies are now before me, and shall have a place in the next number of the Archive.

1. S., eighteen years old, apprentice, of a delicate constitution, but of a pretty healthy appearance, had the small-pox in his fifth year. Already at that period his eyes became affected in consequence of the small-pox, the affection increasing up to his eighteenth year. When I examined him for the first time on the first of June, 1844, I discovered the following symptoms. The right eye is alone affected. The conjunctiva is bright-red, inflamed, the cornea very dim, looking as if covered with a pellicle of dirty dust; the visual power very much diminished, he sees all objects as if through a thick fog, indistinct; the eyelids are very red, affected with a burning pain and secreting a tenacious fluid occasioning nightly agglutination; a very striking symptom is a copious lachrymation, the tears being frequently so acrid that the adjacent parts become sore. This running exists all the time, but it is especially profuse in damp weather. This affection had now lasted uninterruptedly for thirteen years past, without having ever been changed in the least by allœopathic treatment, which had been employed several times against it. On the 2d of June the

patient took *SULPHUR*, two pellets of the four-hundredth potency. Eight days after this, the symptoms had become changed in a most favorable manner. The redness of the conjunctiva, the dimness of the cornea, the burning pain, and especially the lachrymation, had decreased considerably; the seeing was correspondingly improved. Under these circumstances, I allowed the action of the Sulphur to continue all the time; every time I saw the patient, I found him improved; and on the 10th of August, every trace of this chronic inflammation had disappeared, except a slight running, for which I gave him *EUPHRASIA* 200. The running decreased more and more, especially the acidity of the secreted fluid. I gave him another dose of *SULPHUR* 400, after which the eye recovered perfectly, and not the slightest trace of that painful affection has remained; the sight is perfect.

2. Ch. F., a lady of twenty-six years, of a healthy constitution, had been complaining of a very painful sensation in her eyes for the last eight weeks. Towards evening she was attacked with a feeling of dryness and burning in the lids, the glare of the light was painful to her, and what was especially painful to her was a violent closing of the eyelids, as if caused by irresistible drowsiness, giving her the appearance as if she were sleepy even in the most numerous company, and exposing her to many unpleasant suspicions. The eyes themselves exhibited no morbid appearance. Considering *Viola odorata* most homœopathic to this condition, I gave her *Viola odor.* 200; next day every trace of the complaint had completely disappeared. After the lapse of six weeks that closing of the eyelids occurred again, although in a lesser degree; another dose of *Viola* removed the affection entirely.

However insignificant this cure may appear, it becomes nevertheless instructive, inasmuch as it shows that even remedies of a feeble action, such as *Viola odor.*, act with great efficiency when well chosen, and when their power had been perfectly developed by dynamizing them to a very high degree.

3. P., a robust man of thirty-six years, having frequently been attacked with gonorrhœa, and having undergone many kinds of treatment for that disease, had again been attacked with gonorrhœa. On the 15th of August, he suffered with violent strangury, owing, probably, to a cold. He had used tepid baths, and had drank a good deal of wine, to free himself from the intense pains in the region of the neck of the bladder and from the constant desire to urinate, the urine coming out only drop by drop, accompanied with torturing burning pains in

the urethra. In the evening, the pain increased, the tenesmus of the bladder became horrid, and the secretion of urine finally stopped altogether. Two other allœopathic physicians were sent for, who resorted to poultices, fomentations, liniments, all in vain. The introduction of the catheter was attempted; but after many fruitless endeavors to introduce that instrument into the bladder, increasing the irritation of the affected parts, those physicians finally declared, that nothing short of an operation could save the life of the patient. Frightened by this declaration, the patient sent for me at six o'clock in the morning, on the 16th of August. When yet in the street at some distance from the house of the patient, I heard his groans and lamentations. Upon examination I discovered the following symptoms: Almost complete suppression of the secretion of urine, accompanied with constant and excessively painful tenesmus. When a few drops are emitted, their emission is accompanied with the most violent, burning pains in the urethra, especially the orifice, which feels sore and raw, and is very much swollen and inflamed. The urine looks turbid and slimy. Continual violent burning pains in the region of the bladder. The region of the bladder is considerably distended, with violent pain when touched ever so slightly. A gonorrhœal discharge, which had existed yet a short while ago, has become suppressed. Pulse full, hard. Uneasy, despairing mood. In view of this evident and threatening inflammation of such delicate organs, I at first hesitated whether I should give a few doses of ACONITE, and follow them up with the specific in this case, CANTHARIDES; but I finally concluded to resort at once to the latter. I dissolved two pellets of the two hundredth potency of CANTHARIDES in half a tumbler full of water, and directed the patient to take a tablespoonful every hour; I moreover confined him to a diet of milk and oatmeal-gruel. When I visited the patient again at twelve o'clock, I found that his condition had undergone a most favorable change. A few hours after taking the first spoonful, the pain and tenesmus had considerably diminished, and he had passed some urine without feeling the usual pain. There was a decided improvement. The patient now took a spoonful every two hours. During the afternoon he had a copious emission of urine without much pain. The pains in the bladder and urethra were much less, and the patient was cheerful. Under these circumstances, I ordered the solution to be discontinued, and recommended the patient rest. Next morning I found the patient in the most cheerful mood; he had slept a couple of hours, had had several copious emissions

of urine without much pain, and his general health was much improved. The painful distention in the region of the bladder had disappeared entirely, the urine was pretty clear. On the 18th of August he had recovered completely, the gonorrhoeal discharge had reappeared, but yielded in a few days to a dose of **CANNABIS 200**.

4. S., a rich farmer of sixty-three years, applied to me in July 1844, for the following symptoms, with which he had been suffering for a year past: After eating or drinking ever so little, he is attacked with violent stranguation even before the things introduced have reached the stomach; this results in vomiting of the ingesta, followed by the gulping up of a tenacious mucus, and frequently bile. Also between the meals he is frequently tormented by the rising of an acid and bitter fluid, and subsequent expulsion of mucus and bile. In the region of the stomach he suffers uninterruptedly with a violent, burning pain, which is sometimes so violent that he has to bend double, accompanied with indescribable anguish and uneasiness. Constant thirst. The abdomen is somewhat tense; the region of the liver not very much distended. Stool every twenty-four hours, sometimes at longer intervals, and hard. Every other day a chill, even in hot weather, followed by heat and sweat, with great debility and qualmishness. Every other night he had restless sleep, was anxious, dreaming, and covered with sweat. The patient, who had been very strong, and of a good figure formerly, was now thin, weak and pale. Desponding, anxious, hopeless.

The patient took **ARSENIC 400**, two pellets. He came to see me again in four weeks, and was changed so favorably that I scarcely recognized him again. He told me with great joy that a few days after he had taken the remedy, his condition had considerably improved; the burning in the region of the stomach especially had become diminished, and had finally ceased altogether. He was likewise relieved of the retching and qualmishness, and was now able to eat and drink without vomiting. He said indeed that the vomiting had occasionally but slightly returned during the first fortnight, but that it had now disappeared entirely, and that the chills had likewise ceased. His strength had returned, he was cheerful, full of hope, and his appearance was fair, although not blooming. In order to remove every trace of this affection, I gave the patient a second dose of **ARSENIC**, but of the 800th potency; after which he recovered perfectly.

5. Reinhold, a lively boy of three years and a half, full of health and vigor, had been complaining of an undefinable

headache for several days past. In the night, from the first to the second of August, 1844, he was suddenly attacked with violent vomiting, after which he fell into a state of coma. When I was called to see the patient at six o'clock in the morning, I found the boy in a very dangerous condition, with all the symptoms of cerebral inflammation. The boy lay in a deep snoring slumber, from which it was difficult to rouse him. Single jerks frequently convulsed the body. The head, which was bent rather backwards, was glowing hot, the cheeks were alternately glowing red, and pale and bloated, eyes staring, glassy, became easily red, frequently half open, turned upwards, sometimes very sensitive to the light, generally insensible. Pupils very much dilated. Breathing hurried, deep, labored; the breath being burning-hot, pulse hard, full, sometimes small and spasmodically contracted. Skin hot, burning, dry. Complete loss of consciousness. Sometimes confused talking and starting during the sopor, which was interrupted several times by vomiting a slimy fluid. It was evident that this vomiting, both that which took place at the commencement of the night, and afterwards, was a consequence of the cerebral affection. Having had an opportunity of testing the great curative powers of the high potencies in acute cases, especially in cerebral affections of less magnitude than the present case, I determined to try them in this instance.

The boy took a teaspoonful of a solution of BELL. 400, three pellets, in half a tumbler full of water. Six hours after taking the first spoonful, the condition of the boy had materially improved. The symptoms had indeed remained the same, but they were less intense; there was less heat; the eyes were clearer, less staring; the breathing was freer, the sopor less. The BELLAD. was discontinued, to await the further progress of its action. When I saw the boy again at nine o'clock in the evening, the parents told me that the boy had improved from hour to hour. The boy enjoyed tolerable consciousness; he complained of some headache, but the heat was less and his looks were pretty free. He had desired to eat.

Next morning I was informed that the boy had enjoyed a quiet and sound sleep during almost the whole of the night, and that he had been cheerful and bright on waking. I found him sitting and playing in his bed, all the symptoms of his illness having disappeared. On the following day he walked out of his room perfectly well, astonishing all who had seen him the day previous in that dangerous condition.

It is unnecessary that I should add a comment upon this cure, which I have related in a simple and truthful manner;

the impartial observer who clings to facts will infer from it that the high potencies, when well chosen, must have extraordinary power. In violent acute diseases of short duration, it seems to be absolutely necessary that the doses of a solution of pellets of the highest potencies should be frequently repeated ; in chronic cases it is sufficient to give one dose a day of such a solution.

6. Mrs. A., a vigorous lady of thirty years, had been suffering for a long time past with a violent pressure in the region of the stomach and the scrobiculus cordis, which was increased by pressing upon the parts. The urine was *white and thick as milk*. She complained of nothing else. On the thirtieth of November, I gave her ACID. PHOSP. 200, two pellets, and when I saw her again on the third of December, she informed me that the pressure in the region of the stomach had disappeared for two days past, and that the urine had assumed its former natural appearance.

7. Mrs. B., thirty-two years old, of a good, but delicate constitution, was attacked with a violent inflammation of both eyes, in the spring of 1843, and was treated by an allœopathic physician according to rule. The result of this treatment "according to rule" was total blindness. The patient having been declared incurable by several physicians, she applied to me in the summer of 1843. The cornea of the right eye, which was now entirely painless, was so thick and opaque that the glare of the brightest light would not even shine through it. The cornea had lost all its convexity, and looked like an opaque plain, having the appearance of an opal. The cornea of the left eye had likewise become thick and opaque, the conjunctiva was very much inflamed, staphylomatous growths, and several small, deep ulcers were seen upon the cornea ; the patient complained of a very violent, burning, digging-up pain in the interior of the eye ; saw no light except when extremely glaring, and was not able to recognize an object however near and bright. I had so much less reason to expect success as the patient, whom I had begun to treat in August, lived in the greatest poverty, was constantly tormented by grief and care, and had no means of taking care of herself. It seemed reasonable under these circumstances to expect nothing except to effect some improvement in the condition of the left eye. The patient took the following remedies in frequently repeated doses ; BELL. 12, 24 : PULS. 12 ; HEP. s. 3, 6, 9 ; EUPHRAS., tincture ; ACID. NIT. 12 ; CALC. C. 12 ; CANNABIS 3. After a whole year's treatment the inflammation of the left eye had disappeared, the ulcers of the cornea had healed, the staphylomatous

growths had become less, but the thickening and obscuration of the cornea had remained the same, and the patient scarcely saw any light. The condition of the right eye was entirely the same; the cornea was depressed, flat, white as opal, and entirely opaque. Under these circumstances I felt induced to dismiss the patient as incurable; but before choosing this dreadful extremity, I determined upon making a trial with the high potencies, the intense power of which I had had many opportunities of testing. In August, 1844, the patient took SULPHUR 400, two pellets, dissolved in an ounce of water, a teaspoonful every evening for six evenings in succession. Four weeks after this, the obscuration of the cornea had considerably decreased. Towards the end of September, the patient took CALC. C. 200, two pellets, in the same manner, and in October ACID. NIT. 200, likewise in solution. The improvement progressed all the time, the cornea became clearer, brighter, the patient was able to distinguish larger objects. Towards the end of November, the improvement seemed to remain stationary. Took EUPHRASIA 200 in solution. The improvement progressed again. The patient was now able to distinguish persons, and to walk alone upon a plain road. At the end of December, the patient took CANNABIS 200 in water, and in January SILICEA 200, likewise in solution. At the present time, March 1845, the cornea is quite clear and transparent, except a small line where her former physician had excised an ulcer, as the patient expressed it. The patient was now able to count money and to read large print. What is especially remarkable is this, that the cornea of the right eye had become clearer and had entirely resumed its convexity. The treatment is now continued, and I am confident that the left eye will be restored entirely, and the right considerably improved.

8. W., a peasant-boy of twenty-five years, extremely poor, was brought to me in July, 1844, led by two men. Upon examination I discovered the following group of symptoms: Three weeks ago he had been attacked with violent ophthalmia, against which nothing had been done on account of his extreme poverty. The whole of the right eye was extremely inflamed, and resembled a piece of raw flesh. The conjunctiva was dark-red; there were ulcers upon the cornea, excessive lancinating, digging-up pains in the interior of the eye, and great photophobia. The eyelids were likewise very much inflamed, the lower eyelid being inverted, and a copious discharge of an acrid, corrosive fluid. Two years ago he had been attacked with an inflammation of the left eye, which resulted in thickening and opacity of the cornea, and entire blindness. On the

second of July the patient took **BELLAD. 400**, two pellets. On the eleventh of the same month the inflammation and photophobia and the violent pains had become considerably less. The ulcers upon the cornea were the same; the inversion and inflammation of the lower eyelid and the discharge were likewise unaltered.

On the eleventh of July the patient took **SULPHUR 400**, two pellets. After the lapse of ten days the ulcers of the cornea were healing, the inflammation and secretion of the lower eyelid were very much diminished, and the sight, which had been entirely suppressed until then, was considerably stronger. I allowed the action of **SULPHUR** to continue until the sixth of August, when the eyes were restored so far that only a considerable dimness was experienced at those places which had been occupied by the ulcers (cicatrices). Gave **EUPHRASIA 200**. A fortnight after every trace of the disease, dimness of the cornea, inflammation and inversion, had completely disappeared. During the use of those drugs the complete opacity of the cornea of the left eye, which had existed for twenty-three years past and had occasioned complete blindness of that eye, had likewise diminished, and the patient saw a little light. I should have been glad to continue the treatment, in order to ascertain how far I might have succeeded in restoring the left eye. But the patient, satisfied with enjoying the use of one good eye, did not return.

This eighth case seems to be a sufficient evidence of the efficacy of the high potencies. From case number 7 we may learn that the action of the high potencies is more intense than that of the lower, and that we may therefore in many cases effect a cure with the higher potencies which the lower potencies were unable to accomplish.

Every year I treat from three hundred to four hundred cases of ophthalmia of different kinds, many of them having become malignant under allœopathic treatment. Although I have used the ordinary potencies with great success, yet I feel bound to say that my success in the treatment of those diseases has been more complete since I use the highest potencies, and that they are especially efficient in the removal of those organic malformations of the eyes which occur very frequently in my practice.

We have received the following article, by one of the prominent advocates of the exclusive use of low attenuations, for

publication in the *Examiner*. We publish it from a principle of strict impartiality to all, and also for the benefit of those who may have raised in their own minds objections to the use of the high potencies similar to those offered by the writer, without being able to satisfy themselves of the unsoundness of such reasonings. We think we have it in our power to convince our readers that the objections raised in the following paragraphs against the higher potencies, and which have been likewise raised in Germany by the opponents of the Hahnemannian portion of our school, are unfounded.

ON THE IMPURITIES IN SUGAR OF MILK.

BY JEAN PIERRE, M. D.

SUGAR OF MILK is generally supposed by the homœopathists to be an inert and chemically pure substance. We undertake to prove it otherwise, because we dissent from the potential dilution theory and practice, for two very important reasons, viz. : 1st, because we believe that the means used by the high dilutionists are too feeble to counteract any severe disease ; and 2d, because we believe that the infinitesimal doses are the main obstacle preventing the adoption of the true and practically useful parts of Homœopathy by the medical profession in general. Hence we are not only willing but anxious to offer every fair argument against a practice which we conceive to be injurious to the best interests of the sick, both directly and indirectly. Directly, because many patients must die, who otherwise might have been saved if treated with other than infinitesimal doses ; and indirectly, because many old school physicians are prevented from adopting Homœopathy in part, solely because they believe the infinitesimal doses to be an integral part of this system. Not one of the old school dares deny the partial truth of Homœopathy, and many of them are inclined to lend a willing ear to the new system, but the apparent absurdity of the infinitesimal practice and theory drives them off again. If all this ado about the high dilutions, viz., from the 3d to the 30th, and much more from the 60th to the 200th, and 2000th, were stricken from the records of Homœopathy, there would be fifty practitioners of Homœopathy where there is now one, and hundreds and thousands more of sick persons would be the recipients of the benefits of the new system. To effect these noble ends it would be worth while, for a time at

least, to surrender some of the just pretensions of Homœopathy, but we are imperatively called upon to make a speedy surrender of all its false claims.

If sugar of milk contains drug substances, then these too must be potentized in the process of trituration which they undergo in the manufacture of the potential-dilutions. As the quantity of sugar of milk used in preparing the dilutions is very much greater than that of the medicine used, if the former contains any appreciable quantity of foreign drug matter, a period must arise when the quantity of potentized foreign matter will far preponderate over that of the medicine, and counteract its effects. Hence if impurities exist in sugar of milk, the use of the high dilutions in the treatment of disease is unsafe. We assume the affirmative of these propositions, and proceed to the proof.

Sugar of milk is obtained from cow's milk, which always has an alkaline reaction, owing to the quantity of salts it contains, amounting to $\frac{1}{2}$ or $\frac{1}{4}$ of one per cent. These salts consist of phosphate of lime, phosphate of magnesia, phosphate of iron, phosphate of soda, muriate of potash and muriate of soda. So say Pfaff and Schwarz, and they make no mention of carbonate of lime and sulphate of potash, which have been discovered in milk by many other chemists. Simon says milk contains phosphate of lime, carbonate of lime, a little magnesia, a very little iron, also muriate of soda, muriate of potash, muriate of lime, carbonate of soda, and finally sulphate of potash. (*See Simon's Lehrbuch der Medezinischen Chemie*, Vol. II. p. 285.)

Here we have a goodly host of foreign drug-substances in milk; but luckily all of them are not found again in sugar of milk, although unfortunately for the high dilutionists some of them are. Sugar of milk, according to *Lehman*, when burnt, leaves some ashes behind, consisting of carbonate of lime, sulphate of lime, phosphate of lime, and potash. (*See Lehrbuch der Physiologischen Chemie*, p. 323. According to Simon, sugar of milk when burnt leaves a voluminous residuum containing $\frac{1}{2}$ per cent. of ashes, consisting of salts, which generally have lime for their basis. Cruikshank found 2 parts in 1000 of sugar of milk to consist of phosphate of lime; Lagrange and Vogel found 47 parts in 1000 of ordinary sugar of milk to consist of phosphate of lime, carbonate of lime, and sulphate of lime; Simon found 13 parts in 1000 of *very pure* sugar of milk to consist of these salts. (*Ibid*, Vol. I. p. 188.)

Hence the first dilution, say of Lycopodium—which is such a simple substance that the German apothecaries coat their pills with it, just as American pharmacutists coat theirs with

powdered liquorice root—contains one grain of Lycopodium, and at least $1\frac{3}{10}$ grains of lime and potash, and perhaps as much as $4\frac{7}{10}$ grains. In the second dilution of Lycopodium there will also be at least $1\frac{3}{10}$ grains and perhaps $4\frac{7}{10}$ grains of lime and potash, to only $\frac{1}{10,000}$ part of a grain of Lycopodium; viz. 13000 times more of foreign matter, and perhaps 47 000 times than of the original medicinal substance. In the third dilution of Lycopodium there will be one-millionth of a grain of medicine to $1\frac{3}{10}$ and perhaps $4\frac{7}{10}$ grains of lime and potash. In other words, there will be 1,300,000 times more of foreign matter than of medicine, and perhaps 4,700,000 times as much.

It must be recollected that nearly the whole of the extraneous lime and potash becomes potentized to the first degree; while 1 grain of the sugar of milk, together with its quantum of foreign lime and potash, becomes potentized full as much as the Lycopodium. Hence we for one conclude that lime and potash must be the active agents in effecting the cures said to have been brought about by the high dilutions, rather than the truly infinitesimal portion of medicine said to be contained within them. Lime and potash must be the panaceas of the high dilutionists. Here is a chance for as sweeping a generalization as Hahnemann made about the origin of chronic diseases; nine-tenths of all chronic diseases arise from maltreated itch; nine-tenths of all curable diseases may be cured by lime and potash. These are labor-saving discoveries. We do not expect as many thanks from the high dilutionists for our discovery as they give Hahnemann for his psora theory, but on the contrary are prepared for much misrepresentation and abuse; nevertheless the discovery is a true one in our humble opinion.

Having thus overthrown the high potential-dilution practice, we may reasonably be expected to offer something in its place. The strictly Hahnemannian theory of treating disease is to give a remedy which acts by preference upon the localities occupied by the disease to be cured; the remedy must also act similar to, but *specifically different* from the action of the disease. As two different actions cannot go on at the same time and in the same place, and as the weaker of the two must cease, Hahnemann teaches that in order to effect a cure, the drug or medicinal action must be more intense than that of the disease. Hence in order to arrive at efficient and exact homœopathic treatment it is requisite to learn what quantity of a drug it requires to produce in a healthy person a state similar in nature and intensity to that which is to be cured. But as a

diseased organ is often more susceptible than a healthy one to irritations similar in kind to that already going on, the curative dose may be somewhat less than the pathogenetic one. Again, as in the majority of diseases there is a natural curative reaction against the disease going on side by side with it, the dose may again be reduced to a less quantity than would be required if the physician had not so faithful and intelligent an ally as Nature. Finally, as we believe that a certain amount of power is developed by the trituration of a drug, hence the dose of a potentized medicine may well be less than would be required if the crude article were used. But in no case we conceive would it be necessary or preferable to reduce the dose to an infinitesimal quantity.

Our reply to these objections is very short, but to our mind, satisfactory. The writer's calculations are based upon the presumption that sugar of milk becomes *chemically* divided by trituration into its constituent atoms. This is not so. That division is simply *mechanical*. Every molecule of the third or three-hundredth trituration of sugar of milk is yet sugar of milk, and has all the properties of sugar of milk. Let any one swallow sugar of milk of the third trituration, and he will be at a loss to discover medicinal symptoms. He may swallow a pound of it, and no other medicinal symptoms will make their appearance, except such as must necessarily arise from the excessive use of any naturally innocuous substance. It might as well be supposed that any other compound body can be chemically divided by trituration. Can water be separated into oxygen and hydrogen by succussion or trituration? Can you separate a salt into its base and acid by trituration? No more than you can do this, can sugar of milk be divided by trituration into phosphates, carbonates, and sulphates of lime. Dr. P.'s objections therefore rest upon a confusion of ideas; he confounds *mechanical* with *chemical* division.

H.

ARE THE HIGHEST POTENCIES CAPABLE OF PRODUCING
AN EXACERBATION OF THE SYMPTOMS?

DR. BÖNNINGHAUSEN reports the following cases to show that such exacerbations may exist.

1. B., a farmer, who had been affected with a chronic cough for the last seventeen or eighteen years, and who had been

abandoned by alloëopathic physicians as consumptive, consulted me on the 9th of July, 1842. In looking over the record which I took of this case, I find it accompanied with the remark, "appears to be a hopeless case." The expectoration was white, tenacious, sweetish, raw; every coughing fit was preceded by oppression of breathing, and was aggravated by the least motion; obstruction of the nose every morning, a good deal of itching at the anus, sourkroust produces flatulence, and improvement in the evening. Gave him every two or three months a dose of PHOSH., SULP., IOD., ARS., LYC. (the latter on account of a fungus of the knee, which disappeared), SEP., NATR. MUR., all these remedies being administered in the 30th potency, two pellets at a dose, some remedies being given twice, Phosphorus three times; but all these remedies did, was to keep him alive. Towards the end of September, 1844, the disease seemed to grow upon him. I gave him PHOSPH. 200, two pellets in a tumbler full of water, to take a teaspoonful every evening. After the third dose, the symptoms became so violent that the relatives expected his death at every moment. The medicine was stopped; sugar of milk being substituted. A gradual improvement set in; and in six weeks, this patient, who had been abandoned as incurable, had recovered perfect health, and is now one of the most robust and healthy individuals in our district.

2. On the 23d of May, 1840, a robust young Hanoverian, of twenty-three years; applied to me for relief against epilepsy, which he had had for five years past. The fits came on every four or five weeks. They were preceded by shaking, contraction of the left arm, and loss of consciousness. Afterwards headache and bilious vomiting. In his healthy periods he was frequently attacked with vomiting after eating carrots, sourkroust, beans, etc. Took SULP. 30, two doses of CALC. 30, separated by LYCOP. 30. The attacks ceased until October, when he was attacked with a sort of nervous fever, which was treated alloëopathically, owing to the great distance of the patient's residence from my own. Afterwards he took CALC. 30, which suppressed the fits until April 17th, 1841, when he took spirituous drinks, which brought back the fits. They were again suppressed for six months by AGARICUS 30, and CALC. 30. Every five or six months the patient's health was disturbed, and he had to take either CALC. or SILIC. On the 30th of March, 1844, he took a dose of SILIC. 200, after which he had several violent fits a day, for eight days in succession, and especially bad in the night; but after that lapse of time they ceased, and have never returned since until this day.

It has been supposed that the lower potencies are preferable to the higher in the treatment of acute diseases. I have never seen this doctrine confirmed by experience, and the following cases show the contrary to be true.

1. Mrs. W., thirty-eight years old, whom I had cured of a chronic headache, with closing of both eyes, by *SEPIA*, was attacked with a violent and excessively painful inflammation of the left mamma. Took one teaspoonful of a solution of *PHOSP.* 400, in a tumbler full of water; was completely cured in forty-eight hours.

2. Mrs. H., wife of a high public functionary, had suffered for some weeks past with a violent face-ache, which had become intolerable under allœopathic treatment. It corresponded to *SPIGELIA*. The lady being extremely sensitive, I caused *SPIGEL.* 200, to be dissolved in a cup full of water, had *one* teaspoonful of that solution mixed in a second cup full of water, and directed the patient to take one teaspoonful of this latter solution. The effect of this dose was violent, in spite of my precaution. Immediately after taking the dose, she had an attack of the pain, which was more violent than any of the preceding ones had been. This attack lasted only five minutes; it then ceased altogether, and the pain has never returned since.

3. Mrs. F., daughter and sister of two counsellors in medicine (an honorary title in Germany), who were by no means favorable to homœopathy, was attacked three months ago with tearing face and toothache. The pain became so severe under allœopathic treatment, that the father swallowed the bitter pill, and consulted me on the subject. *BRYONIA* was the remedy. The patient took *BRYO.* 200, to be prepared as in the former case. But it appears that the allœopathic brain of the father got bewildered by the apparent nothingness of the dose, and he therefore determined to give his daughter a teaspoonful of the first solution, not mixing it in a second tumbler full. Ten minutes after taking the dose, the husband came to me in great consternation, to inform me that his wife was much worse, and that this aggravation was probably owing to the medicine having been given out of the first tumbler. Gave sugar of milk. Next morning the husband called again, telling me that the aggravation had speedily subsided, that the patient had had a comfortable night's rest, and that the pain had entirely disappeared. The patient remained well.

NOTICES.

The numbers of the *British Journal of Homœopathy*, from 9 to 15, have been received; any of these numbers can be supplied by W. Radde, 322 Broadway, New-York.

Laurie, Dr. J., *Homœopathic Domestic Medicine, with the Treatment and Diseases of Females, Infants, Children, and Adults*; also, a *Glossary of the Technics used in the Work*, arranged so luminously as to form an admirable guide to every medical student. Third American edition, with additions, by A. G. Hull, M. D. 1846. Bound, \$1.

The second volume of *Hahnemann's Materia Medica Pura*, translated by Charles J. Hempel, M. D., has this day been published, and is for sale by W. Radde, 322 Broadway. Price \$1 50 cts.

The fifth and last volume of *Hahnemann's Chronic Diseases*, translated by Charles J. Hempel, M. D., has been published, and is for sale by W. Radde, 322 Broadway.

DOMESTIC PHYSICIAN, by Charles J. Hempel, M. D., will leave the press on the 23rd of March. Published by W. Radde, 322 Broadway. Price 75 cents.

Hartmann's Principal Remedies, 2d vol., translated by Dr. Okie, of Providence. This volume treats of *BELLADONNA AND NUX*, and shows, with great clearness and comprehensiveness, under what circumstances, and for what affections, these two great polychrests may be employed. Published and for sale by W. Radde, 322 Broadway. Price \$1.

We request again all the friends of our cause to enable us to publish a correct and complete list of the names of the homœopathic practitioners in this country. We have received a number of names, from various states of the Union, and shall commence the publication of the list in our next number.

CORRECTIONS: In the Seventh number of the *Examiner*, article "*Bright's Disease*," read "*RENAL*" instead of "*UREAL*."
VOL. I. NO. VIII. 23

MY EXPERIENCE IN THE TREATMENT OF PNEUMONIA.

BY DR. BOSCH.

TRANSLATED BY A. C. BECKER, FROM THE HYGEA.

WITHOUT further introduction, my aim is to record *what* I have seen and experienced, and *how*?

In the commencement of Pneumonia, with inflammatory fever, heat, thirst, red urine, and hard pulse, I give Aconite and Belladonna in alternation, and frequently these remedies alone will break up the disease in its first stage, if it is not too severe, and if the patient is in other respects a healthy individual. Should they fail in accomplishing a cure, they will frequently remove the fever, ease the breathing, and loosen the cough. Bryonia will do the remainder, if even violent stitches in the side should continue to trouble the patient, unless there should be marked symptoms of hepatization, and that can be accurately determined by percussion and auscultation.

The result is, however, not always so satisfactory; but frequently, although the febrile symptoms may abate, the oppression of the chest and the anxiety will continue. These serious symptoms will even increase, the pulse being small, soft, and irregular, and auscultation may clearly prove hepatization. In such a case I resort to TARTARUS STIBIATUS, and with such brilliant success, as cannot be surpassed by any remedy, not even by Phosphorus. The latter I always find indicated when hepatization has made some progress, and symptoms of commencing paralysis of the tongue make their appearance; symptoms which we frequently meet with in old people at the very commencement of the disease, especially such as have for some time been afflicted with asthmatic complaints, or a chronic mucous cough.

In the place of further detail, I shall illustrate my mode of treatment by the following cases.

1. Miss Arnold, fifty and odd years old, got wet through, which was followed by severe chills, then heat, with a hard, frequent pulse, stitches in the right side of the chest, difficult, short breathing, and cough, attended by increase of pain, and expectoration of mucus, streaked with blood,—symptoms which left no doubt as to this being pneumonia, although percussion and auscultation revealed none of the physical signs of pneumonia; since, being called in the commencement

of the disease, I could not notice any further changes in the lungs except hyperæmia. I gave ACONITE ℥. gutt. XII. in six ounces of water, a spoonful at a dose once an hour, and at the same time a powder of BELLAD. ℥., two drops, morning, noon, and night. This prescription removed the fever entirely, and altered the character of the expectoration, which became *clear*; still the coughing remained to some degree attended by the stitches, which symptom disappeared after using BRYONIA for a few days, two drops three times a day.

2. Melchior Haas, eighteen years old, was suddenly seized in the night with rigor, which was followed by heat, hard, rather depressed pulse, difficult breathing with great oppression of the chest, and dry cough with stitches in the right side of the chest. ACON. and BELL. as in the last case. After this prescription had been twice taken, the fever abated, the stitches likewise, but the oppression of the chest, the painful hæmoptysis, and the anxiety, with the small, soft pulse, increased, a slight delirium appeared, the skin became covered with a clammy sweat, and the crepitation on auscultation, together with the dull sound on percussion, clearly pointed out the existence of hepatization. TART. STIBIAT. two drops in eight ounces of water; a spoonful once in two hours. Two doses brought on the crisis by perspiration, increased urine, and expectoration, and the third dose was succeeded by complete convalescence.

3. Schraume, a mason, aged thirty-six, was likewise suddenly attacked in the night with pneumonia; the oppression of the chest, and the stitches in the left side were so violent, that he was all the time in dread of immediate suffocation. Pulse hard, though somewhat suppressed, the skin burning hot, and the thirst very great. ACONITE ℥., twelve drops in six ounces of water, a tablespoonful every hour, and between this, every three hours a powder of BELLADONNA ℥., two drops. The suffocative oppression, and the violence of the fever abate, but the cough increases, expectorates yellow mucus, mixed with blood, and experiences constant stitches in the left side. TART. STIBIAT. administered in the same manner, brings on convalescence in four days with the usual critical symptoms.

4. Hauck, a carpenter, aged 28, complained for several days of drowsiness, want of appetite, restless sleep, when he was suddenly seized with severe rigor, which lasted half an hour, and was succeeded by heat, distracting headache, cough, with difficult breathing, and stitches in the right side. Pulse full and hard. Thirst very great. ACONITE and BELLADONNA, as in the last case, for four days. Upon this the fever

diminished somewhat, but the cough, with expectoration of almost pure blood, increased, and became almost intolerable by additional pain in the chest, and continued headache, so that his wife was constantly obliged to support his head. **BELLADONNA 2.**, twelve drops in six ounces of water, every two hours a spoonful, and a powder of **BRYONIA 2.**, two drops, morning, noon, and night. The headache diminished, but the breathing became more difficult, and seemed to be accomplished by the diaphragm and the abdominal muscles, the anxiety increased, the patient seemed hardly able to cough, owing to pain and weakness; the expectoration was partly pure blood, partly yellow, frothy mucus, pulse small, soft, very frequent; skin damp and cool, urine scanty, dark colored and turbid. Percussion yielded a dull sound; upon auscultation the inspiration appeared bronchial. **TART. STIB.**, two grains in eight ounces of water, a spoonful every hour. During the use of this medicine the improvement continued strikingly. The breathing became much freer, the cough easier, the patient raised more yellow mucus than blood, the stitches became less, and the headache was quite gone; more sweat with an elevated pulse. The remedy was repeated—every two hours a spoonful.—Continued improvement, and convalescence after the third repetition, but slow; it required an alternation of **RUTA** and **SULPHUR** to remove the remaining weakness and copious sweats.

I am well aware that many will smile, and say that **TART. STIB.** in the above doses does not cure pneumonia homœopathically, but I say it acts specifically, and is decidedly indicated on the principle of "similia similibus;" moreover, that I do not consider the given dose as too strong; finally that I would not anticipate the desired effect from a weaker dose.*

- 5. Drechsel, a man of sixty, attacked with pneumonia, applied to me after having been bled for several days by a surgeon. I found him in the following condition: he was slumbering with a difficult, rattling, blowing respiration, the features sunken, with a yellowish hue around the nose; grasping at flocks, twitching of the tendons, the skin covered with a clammy sweat, pulse small, frequent, and intermittent, cough loose, but scanty expectoration of a brownish mucus. Percussion dull, auscultation indicates strong bronchial breathing. **PHOSPHOR. 2.**, twelve drops in six ounces of water; a spoonful every thirty minutes. This was succeeded by some improvement, such as a warmer skin, more animated pulse, more power to expectorate, decreased twitching of the tendons.—I therefore

* I can confirm this by dozens of cases.—**GRIESELICH.**

prescribed a repetition of the remedy, every hour a spoonful. The improvement continued with warm sweats and puriform expectoration, yet the urine remained scanty and thick; hands and feet became bloated, and on laying my hand on the right side of the thorax, I could not perceive any distinct vibration when the patient spoke; the sound on percussion remained dull. I gave PHOSPHORUS in alternation with BRYONIA, and in a week the man had entirely recovered.

6. Mrs. Grombach, aged forty, and for several years suffering with asthmatic affections, was seized with pneumonia of a most threatening character. The pressure on, and oppression of, the chest, likewise the stitches in the left side, were so great, that when leaning over the bed, she seemed on the point of suffocating. The want of breath was clearly expressed by her livid countenance and cold sweats. She seemed to breathe more by the diaphragm and the abdominal muscles than by the thoracic muscles, the cough seemed arrested by the oppression of the chest, and occasionally only a tenacious bloody mucus was thrown off. This troubled the patient the more as the bronchial vessels participated in the inflammation, and caused a constant violent irritation inducing cough and hoarseness. Pulse small, suppressed, frequent. The percussion-sound in the upper lobe of the left lung dull, auscultation pointed clearly to bronchophonia, which, the disease of the lungs being old, might have been ascribed to a tubercular secretion, as well as to incipient hepatization. PHOSPHOR. 2., twelve drops in eight ounces of water, and SPONGIA 2., twelve drops in the same quantity of water, alternated every half hour. This prescription brought on a general improvement, particularly in the bronchial symptoms, which vanished entirely. Local examination convinced me of exsudation having set in, I therefore gave PHOSPHORUS in alternation with BRYONIA, which produced copious expectoration, frequent sweats and much secretion of urine, bringing the patient back to her previous state, against which I successfully prescribed IODIUM and GUAJACUM.

Out of one hundred cases of pneumonia, I have lost three: a man of fifty-eight who had long had a vomica in the left lung, to which during the last year dropsical symptoms were added; a child of nine months afflicted with rachitis, and a man of sixty-eight years.

LETTER FROM DR. NEIDHARD.

Philadelphia, Feb. 14, 1846.

MY DEAR SIR :—We must be watchful, or the old school will gradually and clandestinely appropriate to itself all the merit of Hahnemann's discoveries. A pamphlet* has just issued from the press in this city, which deserves more than a passing notice. *It praises Homœopathy and Hahnemann more than any other book, professedly opposed to it, has ever done.* The author speaks also very respectfully of Hahnemann's followers. He vindicates their talents, honesty and scientific acquirements, and accounts them at least equal to those of the physicians of the old school. He does not deny the authenticity of the Vienna Hospital Reports and the superiority, or, at least equal success of the Homœopathic practice, for one of the author's friends, not at all partial to Homœopathy, attended said Hospital for three months, and "watched the course of several cases of pneumonia and traced their progress, by the physical signs, through the different stages of congestion, hepatization and resolution, *up to a perfect cure, within a period of time, which would have appeared short under the most energetic treatment of allœopathy.*"

But "risum teneatis," he ascribes all this astonishing success to the inactivity of medicines, to the curative powers of nature. *He seriously and earnestly* recommends his allœopathic brethren, *to prescribe no more drugs,* but to leave all such violent inflammatory diseases, in which formerly the most energetic treatment was loudly called for, to diet and nature, and they will then be just as successful as the much vaunted Homœopaths. This is the "*Young Physic.*" Such is the lamentable end of the vast erudition of centuries. Were such doctrines promulgated by an ordinary physician, they would hardly deserve a notice; but Dr. Forbes is a physician of acknowledged eminence in the allœopathic school, and as an editor of the *British and Medical Review*, must be fully aware of the progress of Homœopathy in England and the Continent. This circumstance, we are inclined to believe, first induced him to seek for a reform and establish the "*Young Physic.*"

* Homœopathy, Allœopathy, and "*Young Physic,*" by John Forbes, M. D., F. R. S., one of the Editors of the "*Cyclopædia of Practical Medicine,*" Editor of the "*British and Foreign Medical Review,*" etc. etc.

Professor Dunglison, in this city, also announces to his students the new era in medicine through a letter received from this identical gentleman. From all this it is apparent, that there is considerable stir in the allœopathic ranks. Their apathy has been broken. They have become seriously alarmed, and the establishment of the "Young Physic" is the basis upon which they wish to erect the new structure.

But in what, it will be asked, besides this entire abandonment of all drugs, is this regeneration of medicine, this "*Young Physic*" to consist? The following table, contrasting the so far proclaimed doctrines of "*Young Physic*" with those of Homœopathy, will enable us to judge how far "*Young Physic*" is indebted to the somewhat older Homœopathy, for its maxims, doctrines and regeneration. Let us above all things be just.

Young Physic.

1. To reconsider and study afresh the physiological and curative effects of all our therapeutic agents, with a view to obtain more positive results than we now possess.

2. To endeavor to substitute for the monstrous system of Polypharmacy now universally prevalent, one that is at least vastly more simple, more intelligible, more agreeable, and it may be hoped, one more rational, more scientific, more certain and more beneficial.

3. To make every effort not merely to destroy the preva-

Homœopathy.

1. It is by investigating the pure effects of medicines in the healthy subject, that a true materia medica can be framed.

A materia medica of this nature shall be free from all conjecture, fiction, or gratuitous assertion. It shall contain nothing but the pure language of nature, the results of a careful and faithful research*.—Organon, § 143, 144.

2. The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; in removing and annihilating disease by the shortest, safest and most certain means, upon principles that are at once plain and intelligible.—Organon, § 8.

3. In no instance is it requisite to employ more than

* Hahnemann here advises to make experiments on your own person, adding: "A thing is never more certain, than when it has been tried on ourselves." If Dr. Forbes had followed this advice, a different and more just view of Homœopathy would have been the inevitable result.

Young Physic.

lent system of giving a vast quantity and variety of unnecessary and useless drugs, but to encourage extreme simplicity in the prescription of medicines that seem to be requisite.

Our system is here greatly and radically wrong. Our official formulæ are already most absurdly and mischievously complex, and our fashion is to double and re-double the existing complexities. *This system is a most serious impediment in the way of ascertaining the precise and peculiar powers of the individual drugs*, and thus interferes in the most important manner, with the progress of therapeutics.

4. To endeavor to break through the routine habit, universally prevalent, of prescribing certain determinate remedies or symptoms of diseases, merely because the prescriber has been taught to do so, and on no better grounds than conventional tradition. Even when the medicines so prescribed are innocuous, the routine proceeding impedes

Homœopathy.

one simple medicinal substance at a time.

It is scarcely possible to conceive how a doubt can still exist on the question, whether it is more reasonable and conformable to nature to employ but one known medicine at a time in a case of sickness, or to prescribe a mixture of several drugs.

The true physician finds in simple and uncompounded medicines all he can desire.

He is likewise convinced, even in the least favorable case, when the remedy would not perfectly harmonize with the malady, in regard to the resemblance of the symptoms, that it leads to a knowledge of the curative medicine, since the new symptoms which it excites in such a case confirm those which it formerly created, when tried upon healthy individuals — an advantage that can never be derived where compound medicines are employed. — Organon, § 272, 273, 274.

4. A judicious physician will confine himself to an internal application of the remedy, which he has selected as Homœopathic as possible, and will leave the use of ptisans, little bags filled with medicinal herbs, fomentations of vegetable decoctions, washes and frictions, with different species of ointments, injections, etc., to those who practice accord-

Young Physic.

real knowledge, by satisfying the mind, and thus producing inaction.

5. To endeavor to introduce a more comprehensive and philosophical system of nosology, at least in chronic diseases, whereby the practitioner may be led less to consider the name of a disease, or some one symptom of some one local affection in a disease, than the disease itself—that is, the *whole* of the derangements existing in the body, and which it is his object to remove if possible.

Homœopathy.

ing to routine.—Organ. § 274.

5. It is clear, that these useless names of diseases, which are so much abused, ought to have no influence whatever upon the plan of treatment adopted by a true physician, who knows, that he is not to judge of and treat diseases after the nominal resemblance of a symptom, but according to the *totality* of the signs of the individual state of each patient.—Org. § 81, 1.

If my time permitted, I might continue these comparisons to the other propositions, laid down by the author; but the above being the most important, are sufficiently characteristic to show from which school he has drawn his new faith, and what books he has been studying of late. It will be seen, that, notwithstanding the recommendation he gives to his brethren to abandon all drugs, he yet will prescribe a *little medicine*, but not in the Homœopathic way! I have no objection to his stating his ideas in his own way. What I blame him for is, that he concedes too little to the new light, from which his wisdom was derived, although, as I am credibly informed, a learned professor of one of our medical schools in this city is said to have publicly maintained in one of his lectures, that Dr. Forbes has conceded too much to Homœopathy. Whether this may reasonably be said of one, who considers the action of homœopathic drugs as equal to null, your readers will be best able to judge.

I have only had time to say these few words, but the brochure certainly requires a more detailed reply. In another paper I may probably dwell on some other points. This will suffice for the present.

Very truly, yours,
C. NEIDHARD.

DRUG-DISEASES, No. 3.

BY JEAN PIERRE, M. D.

Mineral Acid Peritonitis.

ACCORDING to Christison, in poisoning with the mineral acids the outer or peritoneal surface of the abdominal viscera is *commonly* either very vascular, or bears even more unequivocal signs of inflammation, viz. effusion of fibrin or adhesions among the different turns of the intestines; and these appearances may take place although the stomach be not perforated. In this respect, poisoning with the mineral acids differs from the effects of most metallic poisons, which, with the exception of Corrosive Mercury, very seldom cause unequivocal peritoneal inflammation. It is singular, for instance, that however severe the inflammation of the inner or mucous membrane of the stomach and bowels caused by Arsenic may be, inflammatory redness of the outer or peritoneal coat is seldom or never found; this contrasts strongly with the almost specific action of the mineral acids, Corrosive Sublimate and Colocynth, in causing *bona fide* peritonitis. These facts show the great importance of a comprehensive study of the pathologico-anatomical effects of drugs and diseases by the Homœopaths. Hahnemann urged the necessity of collecting the totality of the phenomena of disease, and of the effects of drugs; but in his time the study of Pathological anatomy was in its infancy, and he turned his attention almost exclusively to the study of the symptoms, i. e. the subjective phenomena of natural and drug-diseases, to the exclusion in great measure of the objective phenomena. The Homœopaths as a body have been accused again and again, with some justice, of being mere symptomatologists; it becomes them to prove that they are not so. It becomes them to do this, not merely to gain the scientific regard of the pathological school, but because the exact application of the homœopathic method also requires it. It is a law in pathology that very different diseases may be attended with similar symptoms, and that similar diseases may be attended by very different symptoms; hence a mere symptomatologic treatment of disease, although applicable in some instances, sometimes leads to mal-practice. Thus in Jahr's Manual, we find Aconite, Belladonna, Bryonia, Chamomilla! Coffee!! Cocculus, Nux, Rhus, and Cantharides, advised as homœopathic to true peritonitis; we deny that any of these drugs are specifically

homœopathic to this disease. We for one would be very loath to trust a case of true peritonitis to the curative virtues of Chamomile flowers or Coffee; they may help in false peritonitis, and it is not so very easy to distinguish this from true peritonitis; the false variety may even seem more formidable in its symptoms. Dr. Ferguson says, in the commencement of an epidemic of puerperal peritonitis, it will in the majority of cases be very difficult to distinguish the slighter from the severer malady; in both the intensity of the anguish and the seat of the pain is the same; the precursory rigor may be much more severe in the false than the true variety; Gibson even regards a severe rigor as rather a favorable symptom; he has often seen cases recover in which rigors were present in an extreme degree, but has never seen a case get well where they were absent; the onset of the false peritonitis may occur at the same time that the true variety sets in, viz. from the first to the fifth day after delivery, and neither the pulse, nor the degree of fever will suffice to distinguish one from the other. Some physicians think that the milk and lochia are never suppressed in a real case of puerperal peritonitis, and many think that it is of little consequence whether they be suppressed or not, as respects their being a distinguishing character of the disease. The false peritonitis is easily relieved by such remedies as lull pain, while the true variety is one of the most fearful diseases which the physician is ever called to witness; in some epidemics the false variety forms the principal number of cases; in 1827 and 1828 it prevailed to such an extent that Dr. Ferguson was so worn out with incessant calls, that he directed each applicant to put on a large poultice, and take two ten-grain doses of Dover's powder; if the pain did not abate at the end of eight hours, the Doctor was ready to attend. After adopting this regulation he was relieved of four fifths of his visitations. Chamomilla and Coffee may help in such cases, but not in true peritonitis. Aconite, Belladonna, Cocculus and Nux are not even homœopathic to intense inflammation, much less to peritoneal inflammation. Cantharides and Rhus are homœopathic to the nature of the disease, i. e. the inflammation, but do not exert a specific action upon the seat of the disease, viz. the peritonæum. We claim to be the first to point out the strictly homœopathic remedies for true peritonitis.

Colocynth Peritonitis.

It is a singular fact that some of the symptoms of Colocynth point strongly to its homœopathicity to peritonitis, and

yet Jahr does not call attention to this drug. In cases of poisoning with Colocynth, the abdomen is tense and excessively tender to touch, and after death the intestines are found red and matted together with fibrinous exsudations, while the usual turbid serum of peritonitis is found effused into the cavity of the peritonæum. (CHRISTISON). We here feel ourselves called upon to add a note of warning to old school physicians against the use of the extract of Colocynth in large doses, as a purgative, in peritonitis; this is common practice among them, and we have a distinct recollection of reading the reports of several cases thus treated, in which the practice was very injurious to the patient. It is not to be expected that old school physicians will give up the use of purgatives in peritonitis for some time to come, but they ought at least to avoid the use of large doses of Colocynth, as this drug possesses a specific property of causing peritonitis. Ferguson also thinks that a large bleeding at the onset of false peritonitis would convert this mild affection into a permanent formidable disease. Heroic bleeders and purgers most often do their patients great injury.

Corrosive Sublimate Peritonitis.

According to Christison and Orfila, corrosive mercury is very apt to cause true peritonitis. Mercury it is well known forms the main reliance of old school physicians in the treatment of inflammations of serous membranes; hence they treat their cases of peritonitis full as homœopathically as the homœopaths, the dose excepted.

Chrome Bronchitis.

The specific effects of Chromate of Potash, when introduced into a wound in the skin, are still more remarkable than those of Colocynth, mineral acids, &c., &c. When thus applied, it seems to cause general inflammation of the lining membrane of the air-passages, in a specific manner; for the wound in the skin to which it is applied, is not found much inflamed, but the larynx, bronchi, and minute ramifications of the air-tubes are found reddened, and to contain fragments of croup membranes. The nostrils are filled with similar fragments of fibrin, and the conjunctivæ of the eyes are inflamed and coated with mucous and purulent effusion. (CHRISTISON.)

Stramonium Apoplexy.

This drug is more apt to cause extravasation of blood into the ventricles of the brain, than any other narcotic remedy.

Symptomatically, Opium seems more homœopathic to true apoplexy than Stramonium, but there is not an instance on record in which Opium has induced an effusion of blood into the substance of the brain. Hence Opium is strictly homœopathic to congestion of the brain only, and not to true apoplexy.

Marsh-marigold Œdema and Pemphigus.

Five persons having partaken of the Marsh marigold, were all seized in a half hour afterwards, with sickness, pain in the abdomen, vomiting, headache, and tinnitus aurium; subsequently with dysuria and diarrhœa; on the next day with œdema of the whole body, particularly of the face; and on the third day with an eruption of pemphigus as large as almonds, which dried up in forty-eight hours. (Christison.) We know of no other remedy of which there is such absolute testimony of its homœopathicity to acute anasarca as this; acute œdema, especially of the face, is one of the most certain signs of Bright's disease of the kidney; hence this may prove another homœopathic remedy to albuminuria.

Copper Jaundice.

Another symptom which occasionally occurs in poisoning with copper, is jaundice. Christison details a well marked case. The old doctrine of signatures might have led to the homœopathic use of copper in jaundice long ago; but we have no proof that it ever did.

Brass Fever and Ague.

The brass melters of Birmingham state their liability to an intermitten fever, which they term the *Brass-ague*, and which attacks them from once a month to once a year, leaving them in a state of great debility. (THACKRAH.)

Sabina Enlargement of the Liver.

We have already shown that Agaricus and Iodine cause enlargement of the liver. Sabina has a like power; Sundelin says it acts powerfully upon the venous system, and the increased secretion of bile, and the augmented volume of the liver, both of which conditions have sometimes been observed after the copious and long continued use of Savin, appear to be connected with its action on the venous system. (See Pereira. Mat. Med. Vol. 2. p. 182.)

Oxalic Acid Lumbago.

This drug is particularly apt to cause great lassitude of the limbs, with numbness and weakness of them, and of the small of the back. From an over-dose, sometimes the first thing complained of, is an acute pain in the small of the back, gradually extending down the thighs, causing great torture and almost constant restlessness. The pains which shoot down from the loins to the thighs, are at times more complained of, than the pains in the bowels. A peculiar numbness approaching to palsy of these parts may arise.

Arsenic Palsy.

According to Christison, a very common nervous affection in the advanced stage of the more tedious cases of poisoning with Arsenic, is partial palsy. Palsy in the form of incomplete paraplegia is a very common symptom even in the early stage in animals, and has been observed sometimes during that stage in man. The paralytic affection, however, is more frequent in the advanced stage; and in those persons who recover, an incomplete paralysis of one or more limbs, resembling the lead palsy, is very often the last symptom which continues. De Haen relates a distinct example; on the fourth day, cramps, tenderness and weakness of the feet, legs and arms set in, and increased gradually till the whole extremities became at length almost completely palsied; the other functions continued entire. The power of motion returned, first in the hands, then in the arms, and even, finally, at the end of eleven months, the patient recovered the use of his limbs again. Dr. Murray, of Alford, gives a complete set of similar cases, four in all; in all, the muscular debility was very great; in two it amounted to true partial palsy; one lost altogether the power of his left arm, and for six months after was unable to bend the arm at the elbow-joint. Professor Berndt gives a well marked case; the paralytic affection consisted of loss of sensation and power of motion in the hands, and loss of motion in the feet, with contraction of the knee-joints. Dr. Falconer, in his Essay on Palsy, observes that he has repeatedly witnessed local palsy after poisoning with Arsenic; in one case the hands only were affected; in two others, the palsy spread gradually from the fingers upwards, till the whole of the arms were involved. On the whole, local palsy appears to be the most frequent of the secondary effects of this drug. It is sometimes very obstinate, and sometimes appears to be incurable, for in

one instance it caused perfect palsy of the limbs, which persisted during the whole of a long life. Hence the homœopathicity of Arsenic to palsy is well established, and as old school physicians regard this drug as a most powerful tonic, they ought not to object to its use in the cure of palsy.

BICHROMATE OF POTASH IN MEMBRANEOUS CROUP.

BY W. E. PAYNE, M. D. BATH, (ME.)

In the outset of his practical career, I doubt not that almost every homœopathic physician believes he is able to conquer every curable case of disease with which he may meet, especially if he has first satisfied himself of the truth of the homœopathic doctrine, by a rational investigation, together with the happy experience that almost uniformly follows the first applications of his remedies; and he congratulates himself that he has become the director of a power through the instrumentality of which diseases that almost universally prove fatal under allœopathic practice, may become entirely manageable. A few years of experience, however, presents homœopathia to his mind in an aspect, if not less pleasing in the anticipation, often obscured by clouds. Many are taught by experience that much yet remains to be accomplished, that the homœopathic principle may be made available in diseases of every form and character. They do not attribute the want of universal success to an inefficiency of the great homœopathic law, but rather to an incapacity on the part of man to make an unerring practical application of it in diseases. Between the perception of this great Truth and its practical embodiment, they see obstacles of great magnitude, which can be removed only by untiring labor, prompted by the single love of doing good to others. That this great Truth may descend to us, and impart all the blessing that it is capable of doing, *we* must prepare the way for it by actual labor. Hahnemann brought this great Truth down to earth by constantly exercising that love which he felt for his fellow-men, and if we are to retain it, and extend its sphere of usefulness, our march must be onward, but we must leave nothing behind that he has bequeathed to us. There are those, however, who view homœopathy in a light quite different. This want of univer-

sal success leads them to regard it as a "*principle in medicine, and not an exclusive system,*" and they set about to ascertain the rank that it is to occupy in the great warfare against diseases,—whether it is to take rank as *general, captain, or corporal*, and thus favor homœopathy and allœopathy or antipathy by turns, as though we can arrive at the same goal by taking opposite roads.

There are many physicians who wish to be styled homœopaths; and perhaps in all cases their first attempt to meet the disease is by seeking a remedy homœopathic to it; but in the event of failure, an inefficiency of the homœopathic principle is at once raised as the cause. They never seem to suspect themselves of an incapacity to select a remedy, nor do they attribute any thing to the infant state of the science. As proof of this, it was contended at the last meeting of the *Homœopathic Institute*, that *Membraneous Croup* could not be reached by homœopathic remedies—that they are entirely inefficient; for, said the speaker, "*I have not been able to meet them, and I will not admit that I do not know how to select homœopathic remedies in such cases.*" Now it may be that neither positions of the speaker were true. That he did not use a remedy homœopathic to the case I verily believe. But this *may* not have been for want of capacity on his part, as I feel sure it was no fault of the homœopathic law. A remedy homœopathic to these cases of croup may not have been within the reach of the physician, or even known to the profession. But this is by no means proof, that there is not in nature such a remedy, nor that it may not, soon, be known. While I felt the utmost confidence in the efficiency of the homœopathic principle in all cases where it can be brought to bear, it is not improbable that in the absence of a homœopathic remedy, I might resort to the palliative treatment,—indeed I should feel myself fully justified in so doing, but I would first be quite certain that the *Materia Medica Pura* did not contain a remedy homœopathic to the case.

That we often meet with diseases that cannot be controlled by any known medicinal agent, is not at all surprising;—it is just what I should expect if homœopathy be true. We are taught by the homœopathic doctrine, that every disease has its specific; or, in language which seems to me still more appropriate, a type in the lower orders of created things. These types represent those diseased conditions of the organism to which they are homœopathic. This may be evident from this: the organism of one person may be brought under the influence of disease, and a peculiar train of symptoms mirrors

forth to us, as it were, the character of this disease. Now these symptoms point us to some object in the material creation, by which they are exactly represented, as to quality. This object we call a type; it typifies those symptoms. To see that the animating principle of this object is exactly similar in quality to the disease, we have only to introduce this type into the organism of another man. By so doing, we find that an exactly similar train of symptoms is manifested in both cases; showing conclusively that the dynamic power which in the one case develops disease in the organism is identical with the active principle of the ultimate type. In virtue of this identity, the ultimate type, or its animatory principle, becomes homœopathic to the diseased organism in the first case;—it removes, as it were, this dynamic power from the organism, which it is in effort to invade, and thus the organism is left to the enjoyment of its own proper life. The sphere of no one thing can be exactly replaced by that of any other. Then as the inherent active property of one form differs from that of every other, as one human face differs from that of every other, it follows that when one medicinal agent would be homœopathic to a diseased state of the organism, another could not by any possibility be so. Now there are a great many organizations, in each of the three kingdoms of nature, with the properties of which we are almost wholly unacquainted. But we know that if any one of these forms (after preparation) is introduced into the organism, a diseased action will be the result; and this diseased condition will bear a strict analogy to a disease which may arise in the organism without its immediate agency. It is true we have the pathogenetic effects, to a considerable extent, of a large number of what are termed elementary substances in the mineral kingdom, but of the characteristic properties of their chemical compounds our knowledge is limited. Thus we have, to a considerable extent, the pathogenetic effects of *arsenious acid*, but of the other compounds of arsenic we know little or nothing. *Sulphuret of arsenic* has undoubtedly the power of developing in the organism an abnormal condition different from any other compound of *arsenic*, yet we know not what this abnormal condition is; therefore *sulphuret of arsenic* can be of no use to us now. The very disease we are called upon to treat may have a type in *sulphuret of arsenic*, or *sulphuret of arsenic* may be homœopathic to the disease, and in this case it is perfectly evident that we must fail of accomplishing our object. This example will serve to illustrate the general idea; and these remarks will apply to a large propor-

tion of chemical compounds, as well as to a great variety of vegetable and animal forms.

That the *Materia Medica Pura* does not yet embrace a remedy that is certainly known to be capable of developing, primarily, a tubercular condition of the lungs, and consequently be able to cure such a condition homœopathically, the annals of homœopathy amply prove. But if the homœopathic law be an universal law, we shall yet find a medicinal agent which is homœopathic to such a disease, and thus we shall be able to remove it as certainly as we now control any disease. Here then, in this incompleteness of our *Materia Medica*, we are to find an explanation of many failures that occur with those homœopathic physicians, who undoubtedly have the sagacity to select remedies according to the homœopathic law. For our *Mat. Med.*, to be complete, must embrace the pathogenesis of every substance, in each of the three kingdoms (together with those of all their chemical combinations), capable of developing by their dynamic power an abnormal condition of the human organism. All organic substances that cannot, by assimilation, enter into the healthy organism, bear no further relation to the human organism than that which is established by an invasion of the organism by disease. They then become related to the organism by assimilation, while the former relation, existing between the healthy organism and nutrient forms, in a great degree ceases. Hence, when the body is invaded by disease, we see it refusing all nutrient forms as something foreign to its wants, and requiring, only, something similar to itself, and under the influence of those types of its own condition, or homœopathic remedies, we see it rising up to its former vigorous condition—we see it returning to its own primitive relation with nutrient forms, for that dynamic power which before crippled its energies has, by affinity, united itself to its type, or that form which is homœopathic to it. Thus every organic substance, that cannot by assimilation enter into the healthy organism, may become a fractional part of the *Materia Medica*. When we compare, numerically, the organic substances of which we now know *something*, with those of which we know *nothing*, we may certainly conclude that our *Materia Medica* is yet in its infancy. Nevertheless we have many very important remedies, which enable us to do far more towards meliorating the sufferings of our fellow-men than can be done, by any possibility, in allopathic practice. For this we have cause for gratitude, and should press onward towards perfecting that great edifice of which the great and good Hahnemann laid the foundation.

That the much vaunted remedies in Croup, by which the tyro in homœopathia is led to believe and confidently assert

that this disease is entirely under the control of the homœopathic physician, do not prove homœopathic to all diseases embraced under this general head, a few years of experience will amply testify. This unbounded confidence of the student arises from two sources; the first is the old school system of classifying diseases, still clung to by homœopaths to a considerable extent; and the second is the neglect, on the part of homœopathic practitioners, to report unsuccessful cases. The student, when his attention is drawn to homœopathy, reads the *Organon* of Hahnemann. He sees the principles of the two systems stated in contrast. He follows Hahnemann through, and sees him exposing with an unsparing hand the deformity of one system, while at the same time he brings to view a system beautiful in aspect, and one which the rational faculties contemplate with approbation. He now turns to the experience of others to see if the apparent plausibility of the homœopathic doctrine is sustained at the bed-side of the sick. Homœopathic Therapeutics reveals to him nothing but successful treatment; add to this the success that has followed the use of remedies in a few cases where he has ventured to use them, and it cannot be thought strange that a converted allopath—one who has been groping in the dark perhaps for years, and witnessed little else than an unsuccessful combat against diseases, should feel that homœopathy, even in its present state, is the realization of a system of medicine which his fondest affections have desired in that most trying event of a separation from him of a wife or child, a father or mother, a sister or brother, or some kind friend, and one upon which he may rely with mathematical certainty. Now it seems to me that this practice of reporting successful cases only, is wrong, for it leads the student astray, at the very time when he relies more upon the opinions and practices of others than he does upon himself. At this stage of his progress in homœopathy, when he fails of success, as fail he must in many cases, he is led to estimate homœopathy much less weightily than it deserves; and perhaps thinks it is only a *principle in medicine*, or else that Hahnemann was only a visionary with regard to doses, and he is slow to acknowledge him as authority in this respect. That homœopathy will advance towards a state of perfection much more rapidly if failures also are reported with successful cases, I have little doubt.

But the reason that the remedies so often successful in croup do not prove homœopathic to all cases is this: there are several varieties of this disease, and in many prominent points they bear an almost exact resemblance to each other; thus the cough, in all cases, is *hoarse*, and *barking* or *crowing*,—respiration difficult, hard, loud and sawing,—the paroxysms remit,

and in almost all cases there is general fever. These symptoms are generally most prominent, and to the careless observer they eclipse all others. The pathognomonic symptoms are not seen. Here then we may see another fruitful source of failures, when we have remedies that are homœopathic—a want of capacity to trace out the distinctive symptoms of both remedy and disease.

That *Acon.*, *Spong.* and *Hep.* as principal, with several other remedies that have been named, are not homœopathic to all forms of *croup*, is very certain. That either is homœopathic to true *membraneous croup*, I have not been able to satisfy myself. The following cases may have some bearing upon this subject, while they lead us to the interesting inquiry, "*Is Bichromate of Potash homœopathic to membraneous croup?*"

In several adjoining towns croup has been prevailing to a considerable extent, and its termination has been very generally fatal. Whole families of children have been taken off by it. Within a few weeks the disease has made its appearance in Bath. Seven cases have already occurred—three of which were treated by myself, nominally upon homœopathic principles. The other four were treated allopathically, by different physicians, and all died. My first case was the second of two cases that occurred in the same family; the first of which was treated by an allopathic physician, and after seven or eight days of the most heart-rending suffering, terminated fatally. The second and only child was attacked precisely like the first, and treated by myself, and after the lapse of nearly the same period, terminated fatally likewise. The following is the case.

Case 1. Boy of two years; had enjoyed good health up to the time of this attack. A slight difficulty of breathing, when the mouth was closed, owing to one nostril being obstructed with a plug of mucus, was observable. Pulse irregular and intermittent. There was a slight elevation of the temperature of the skin. Otherwise the child appeared well. He was lively and playful. This state continued for three or four days without any perceptible change, except the appearance of a few small sores below the nostrils, which were somewhat moist. On the evening of the third or fourth day there was, evidently, a change or increase of the disease. The respiration, though not hard, could be heard distinctly in any part of the room when the child made a deep inspiration. This did not seem to proceed, as before, from the obstructed nostril, though this remained the same, but from some difficulty about the larynx. The child would frequently carry his hand to his throat and

put his fingers into his mouth. On the following day the difficulty of breathing had evidently increased. On applying the ear to the neck a whistling sound was apparent, like that which may be produced by the passage of air through a metallic tube. Voice hoarse. Cough not frequent, but hoarse, dry and barking or crowing. The child was restless, sleepless, and refused to drink apparently because deglutition was painful. The tonsils and upper part of the larynx were red and swollen, and about the fauces was a small quantity of tenacious mucus. After the first day of invasion the child could swallow his drinks without difficulty, and was thirsty. As the disease progressed the difficulty of breathing gradually increased, causing a strong action of the abdominal muscles, the muscles of the neck and shoulder-blades. The head was inclined backwards. The shrill whistling respiratory sound increased, together with a tearing sound like that produced by a saw running through a dry board. The cough was mostly dry, but occasionally sounded loose and rattling. It however grew less and less distinct, until towards the close of the disease it amounted to little more than a grunt. The child would be carried to and fro continually—not one moment would he allow his parents to sit with him. The breath became very offensive, and this offensiveness increased to an intolerant degree as the disease advanced. The plug of mucus remained in the nostril, but the herpetic sores gradually dried away. The temperature of the skin was rather below than above the natural standard. During the last day or two of the disease the child was inclined to stupor. Though these symptoms gradually increased, yet there were occasional remissions;—the breathing became less difficult, and the whole general appearance of the child was much better; but this apparent giving way of the disease lasted only for a short time. The breathing could be heard often in the street.

In my search for remedies in this case, I could find none that appeared to me to be homœopathic. Neither *Acon.*, *Spong.*, *Iod.*, *Phos.* or *Bell.* seemed to cover the case. But I knew of no remedies that presented a fairer prospect of success, so I began the treatment with *Acon.*, hoping to gain some power over the local inflammation. But I could perceive no effect. *Acon.* was followed by *Spong.*, but still no effect. Then *Acon.* and *Spong.* in alternation. Then *Hep.*; and afterwards *Hep.* and *Spong.* alternately, but I could perceive no more effect than if these medicines had remained in my case. I then gave *Iod.* according to the method of Dr. Koch. Still the disease went on without interruption. *Phos.* was equally

inefficient. The disease terminated fatally, but I have to remark, with much less suffering than the little brother endured who was treated with emetics, cathartics, warm baths, and blisters. This was the first case that I had ever lost by croup, and I felt that I had to grapple with a disease for which I had no homœopathic remedy; and I heartily desired that I might never meet with another case until the odds were less fearful, for I looked upon it, that in this case I had no power whatever. But two or three days had elapsed, however, when I was called in the night, to see another case. I went with a heavy heart, expecting to find a case exactly similar to the above, for as yet all had presented a similar aspect, and all terminated fatally. I had, however, fixed upon Bichromate of Potash as a remedy more likely to meet such cases than any other of which I had any knowledge; but I did not know that it had ever been used, therefore I could not lean upon it with that confidence which is inspired by actual experience. This case, however, proved to be different in its character, as may be seen from the following symptoms:

• *Case 2.* Boy four years old, very fleshy, and subject to croup attacks, was seized on the night of January 27, with fever, skin hot and dry. Pulse frequent and full. Face flushed, dark and swollen. Eyes suffused. Loud and hard breathing. Cough hoarse, rough, and barking. Coming on in paroxysms, thus—a loud hooping and sawing inspiration, followed by a violent expulsion of air, which produced this hoarse, barking sound. The child slept for a few moments at a time between the paroxysms of cough, but sleep not quiet,—the breathing was very laborious—the child constantly started and moaned. Tongue coated. Acon. 6, in a tumbler one-third filled with rain water. Dose, a teaspoonful every two hours.

Jan. 28, 10 o'clock, A. M.—Report of mother.—Child passed a restless night—breathing very hard, and cough frequent; but appeared somewhat relieved early in the morning. Child now sleeps;—hard sawing respiration much increased. Great action of abdominal muscles—muscles of neck and shoulder blades. Sudden starts. Sweat about the head and neck. Fever in no degree abated. The child was soon roused by cough, which appeared the same as last night. Thirsty, but swallows with difficulty. Complains of pain in larynx, and frequently grasps the throat with the hand. Cries, and writhes about. Does not want to be looked at, and asks to be carried about. Will get out of bed. Tonsils are red, there is mucus about the fauces, and from the mouth is drivelling saliva. Sneezing and fluent coryza. Spong. 6, every two hours.

1½ o'clock, P. M.—Remission of all symptoms except fever. Cough hoarse, but not so frequent. Spong. 6, to be repeated if symptoms increase. 8 o'clock, P. M.—Fever abated—sawing respiration less. Cough less frequent and loose. Perspired all P. M. The child has seemed bright and playful. Bowels opened. Spong. to be given if symptoms increased during night. January 29, 9 o'clock, A. M. Boy seems bright—sits up and wants food. Cough loose, but less hoarse. Hep. 16, given once. 2 o'clock, P. M.—Child continues better; has taken food. Bowels opened three times. Hep. 16, to be repeated at 9 o'clock.

January 30. Cough hoarse and frequent during the night, but now less so. The child appears active—has good appetite, and wants to play about on the floor: this is forbidden. Hep. 16 at 9¼ o'clock, A. M., and at 9, P. M.

January 31. Cough hoarse and frequent during the night as on the previous night; but less so this morning. Spong. 6 given. This removed the cough entirely, and the patient was discharged.

By a comparison of this case with the preceding, a manifest difference is observable in many respects. It is very evident that in this case Spong. was the remedy. Though Acon. was apparently indicated in the outset, it did not seem to produce good results. Neither did Hep. do well after Spong.

The characteristic differences between these two cases were very apparent, first in the period of accession. In case No. 1 the approach of the disease was very slow and gradual; while in No. 2 it was sudden. In the one case the nostril was plugged with elastic mucus, while in the other fluent *CORYZA* was present. In the one case the cough was not frequent, nor violent; while in the other it was very frequent and paroxysmal. In the one case the temperature of the skin was not greatly increased, and fell as the disease advanced; while in the other it amounted to a burning heat. In the one case the pulse was irregular and not full; while in the other it was regular, full and bounding. In some points, however, there was a great similarity. The sound of the cough—the respiratory sound—remission of the symptoms—the sore throat and, at first, difficulty of swallowing, and afterwards a subsidence of this latter symptom, were very similar in both cases.

Case 3, in which I used Bichromate of Potash, occurred in a few days after case 2. The symptoms in this case were precisely like those in case 1, with this difference only, the difficulty of breathing increased rather more rapidly, and the cough rather more frequent. The character of the cough and respira-

tion was alike in both cases. The gradual approach and increase of disease were similar; the temperature of the skin and frequency of pulse were alike; in both cases the nostril of the left side contained a plug of elastic mucus, and the general appearance of the children was in every way similar. In this case I used Kal. Bich. 6, one drop in a tumbler half filled with rain water; and a teaspoonful of this was given every five hours. A small patch of linen was wet with cold water, and laid upon the throat. The difficulty of breathing was much increased during the first eight hours of the treatment, but after this period it became less and less difficult, until it assumed almost its natural character. The hoarseness, however, remained, together with the barking cough, after Kali Bich. had effected all that it appeared capable of doing. These latter symptoms were removed in three or four days, by Hep. Sulph. repeated morning and evening.

I am aware that the use of the wet linen to the neck may possibly render the effects of Kali Bich. somewhat doubtful, though I do not attribute the good effect to the linen that might have been fairly attributable, if its application had been carried to the extent that a hydropathist would have required. And what would render the good effects of the wet linen still more doubtful in my estimation, is the fact that, since treating the above case, I have treated my own child, for a similar attack, with Kali Bich. without the use of the wet linen. But K. Bich. was given to my own child earlier in the course of the disease than it was given in case No. 3, for in this case I was not called until about 18 hours after the period of accession. Though we cannot certainly predict what the result would have been in either of these cases if K. Bich. had not been used, yet the inference is fair that case 3 would have terminated fatally, as all other similar cases had before.

My attention was drawn to the use of Kali Bich. as a remedy in croup after losing case 1, by reading Dr. Drysdale's proving of this remedy in the British Journal of Homœopathy. It may be seen that Dr. Drysdale gives in his "*Summary of Pathological appearances produced by Bichromate of Potash*," the following under the heading — "*Respiratory apparatus. The air passages were constantly lined with a thickropy muco-purulent fluid, when death was delayed beyond several days. In some instances the trachea was lined with a complete false membrane. The epiglottis, rima glottidis, trachea and bronchia, were at different times deeply injected. The lungs were generally healthy, and presented a remarkable contrast to the highly inflamed bronchia.*"

We have, then, in Bichromate of Potash a power capable of developing a tracheal inflammation of an exsudatory character, causing the formation of a false membrane as in membranous croup. Indeed, one of its most prominent effects seems to be on the mucous membranes of the air passages down to the lungs, and especially on the tracheal membrane. It will be seen, also, that another prominent effect of K. Bich. as given in the British Journal, is the formation, in the nostrils, of elastic plugs of mucus, as was found in cases No. 1 and 3. Is not this mucous formation in the nostrils the effect of a condition of the pituitary membrane similar to that of the tracheal membrane during the exsudatory inflammation?

METHODUS EXPECTATIVA.

BY DR. WIDNMANN OF MUNICH, 1844.

TRANSLATED BY D. C. BECKER.

DR. KRUGER-HANSEN criticises Lesser's *modus curandi intensivus*. Lesser attempted to prove by experiments that Homœopathy amounts to nothing, that all its cures are to be ascribed to the natural curative or vital powers, on the strength of which Lesser has treated and cured the majority of his patients by the expectant method, or by sugar pills.

After abusing Hahnemann and his character in a prologue, Dr. Krüger-Hansen glorifies Lesser's achievement, which he looks upon as furnishing the most striking proof, that such cures are not attributable to the small homœopathic doses, but to nature alone.

Lesser had a tender conscience withal, and treated only slight affections on the expectant principle, or the homœopathic as he is pleased to term it. Thus out of sixty-one cases of inflammatory fever, nineteen only received no medicine; out of sixty-eight cases of inflammation of the throat, fifty-six were left without medicine, the other twelve were treated by the "*intensive*" method; out of one hundred and ninety-seven cases of thoracic complaints, one hundred and eighty-one received no medicine, the other sixteen "*intensive*" treatment; out of thirty-five cases of cutaneous inflammations, twenty-two did not require any medicine, the other thirteen only sugar pills, some of them subsequently, however, medicines

also ; in sixty-four cases of inflammation of the chest, Lesser did not depend on the expectant method (a synonymous term for Homœopathy in his judgment) ; most of them were treated "*very intensively*" by copious venesections, leeches, calomel, saltpetre, and glauber-salts. Only one of these sixty-four died ! and as Lesser thinks merely because with this patient he had for forty-eight hours been trying the expectant method. That the death could possibly be ascribed to his "*intensive*" treatment, as even Krüger-Hansen suggests, never entered that conscientious gentleman's brains !

I have not a word to say against the actions of the natural curative powers, and believe myself, that more than one-third of the patients would get well without *any* medicine, homœopathic or allopathic, with otherwise proper management. *But what does that prove ?* Is this more in favor of Allopathy or Homœopathy ? *I think in favor of the latter.* Of what use then are all the mixtures, powders, bleedings, &c., to the patients ? Do they not often make them worse, bring on drug-diseases, and materially protract convalescence ? and finally the druggist's bills ? If instead of all this, the Homœopathist gives his "inefficient, good-for-nothing medicines," what *harm* can they do to the patient ?—None ! but the good is evident, yet Lesser and Co. cannot perceive it.

I come to another chapter : I assume, that Lesser has really cured all his sixty-three grenadiers, afflicted with inflammation of the chest, by virtue of his "*intensive*" method, and likewise take it for granted that Krüger-Hansen has cured his sixty patients of the same disease without venesection, by opium, lead, arnica, senega, &c. On the other hand, I demand of these gentlemen, to listen to us, their opponents, and to believe that we too have cured such patients by our remedies : Inflammations of every kind, erysipelas, measles, scarlatina, &c., by comparatively small doses, without being obliged to have recourse to Lesser's "*intensive*" or Krüger-Hansen's "*Brownian*" method. But even in inflammations of the chest (where Lesser with his sixty-four grenadiers did not trust to the expectant method), we find our medicines entirely sufficient.

Thus Dr. Fleischmann in Vienna and Dr. Reiss in Ling, have treated in two years, amongst other patients, one hundred and sixty-four alone *for inflammation of the chest*, and lost but four (a little over two per cent). This shows on what grounds these gentlemen form their judgment ! Krüger-Hansen ought to have been the last to judge so. *Whoever wishes to judge of any mode of cure*, should first study it. I am

familiar with the methods pursued by both those gentlemen. I have myself practised them for thirty years (in moderation), with a leaning towards Krüger-Hansen's, but I do not regret having abandoned them twenty years ago for Homœopathy. I do not dream of asserting that Allopathy cannot cure diseases of every kind (if they are curable at all), as Homœopathy does; but the former is more likely to be wanting in the *cito, tuto*, and especially in the *jucunde*.* We all attempt to cure, and many do cure, but to assert, that under Homœopathic treatment, the cure is entirely nature's work, is all the more unfounded, since no cure can take place under Allopathic treatment without the vital powers of nature. *Medicus curat, natura sanat!* or do Opium, Calomel, Digitalis &c., cure, when the curative powers of the organism are exhausted? If it is settled that physicians of every confession attempt to cure and frequently do cure patients, is then the weight and the measure of much consequence? Give the infinitesimals of the Homœopaths their due, and believe that our remedies are active! But if the curative powers of nature can accomplish *all* by themselves, then let the whole *materia medica* be condemned as trash, and be thrown into the fire!
Fiat.!

OLD SCHOOL HOMŒOPATHIA, No. 1.

BY JEAN PIERRE, M. D.

ACCORDING to Menzel, the history of Medicine in a nut-shell is, that one one-sided theory calls out just its opposite, and when the partisans of the two have exhausted themselves in combat, eclectic physicians step in and select from each system whatever is true and practically useful. The partisans of the high dilutions now advocate the use of much higher potencies than ever before, and claim that they form an essential part of Homœopathy; on the other hand it is just as true that permanent and brilliant cures may be effected by the tinctures and lower attenuations, and we for one will endeavor to show, incidentally, in a series of articles intended more particularly to prove the truth of Homœopathia, that much larger doses than those

* Quickly, safely and agreeably.

in ordinary use by the homœopathists, may be used with safety and success. While we do not insist upon the propriety of using doses as large as those which we will have occasion to quote, we consider such procedure as useful for marking the extreme limits of large doses in contrast to the extreme limits of small doses, between which the true eclectic may find that golden mean which the enthusiastic advocates of large and small doses seem so sedulously to avoid ; while in desperate cases, homœopathic physicians will have a practical guide as to how far they may push their remedies with the prospect of saving lives which might be sacrificed to a more timid use of medicines.

1. Among the first patients of the celebrated Dr. Armstrong, was the father of an intimate friend in Edinburgh ; this gentleman had labored for nearly ten years under what was considered an anomalous attack of diarrhœa, which soon yielded however to a mild course of laxatives and purgatives. The no less celebrated Dr. Hamilton, happening to call upon Armstrong when he had just commenced the treatment of this case, was strongly urged by Armstrong to visit his patient with him ; but Hamilton refused, stating that this mode of treatment would certainly cure the disease, and if he were to go, Dr. Armstrong would lose some portion of that credit which it was so important for a young physician to acquire at an early period of his career. (*See Armstrong's Practice of Physic. Introduction. p. 8.*)

2. In the New-York Journal of Medicine for January 1846, p. 66, we learn that Dr. Ellis is in the habit of prescribing Ipecac. in doses not to exceed one-eighth of a grain, for the nausea and vomiting which so frequently occur in western fevers, and that he rarely fails to quiet the stomach with it. While for the diarrhœa and griping which frequently occur in these and other fevers, he has more frequently succeeded in quieting the bowels with small doses of Fowler's solution of Arsenic, than with any other medicine ; from one to three drops once in three or four hours, have often relieved when Opium and astringents have failed, and even in cases where the diarrhœa was almost colliquative. On page 69, we find a case of bilious fever, in which the pulse was 120, the skin and tongue dry, the bowels tender and irritable, with frequent bloody and mucous discharges, with much griping ; in about twelve hours, under the use of small doses of Fowler's solution, the bowels became quiet and the pulse fell to 105. A little lower down on the same page we find a case of diarrhœa which continued unchecked for two or three days under ordinary treatment,

but then was quickly relieved by small doses of Fowler's solution.

3. The Poet Cowper says : "I have been all my life subject to inflammations of the eye, and in my boyish days had specks on both that threatened to cover them. My father, alarmed for the consequences, sent me to a female oculist of great renown at that time, in whose house I abode two years, but to no good purpose. From her I went to Westminster School, where at the age of fourteen, the small-pox seized me, and proved the better oculist of the two, for it delivered me from all the specks." (See Stebbins' Memoir of Cowper, page 5.)

It is well known that chronic inflammations of various parts remain as consequences of variolous inflammation ; among these, inflammation of the eyes, specks and opacities of the cornea, and even staphyloma of the cornea, are sufficiently common, and hence it would seem that nature cured Cowper homœopathically. Cowper was in all probability afflicted with scrofulous ophthalmia, for this disease is more apt to cause specks than any other ; according to Lawrence, (see Treatise on Diseases of the Eye, p. 295,) vessels or bundles of vessels run towards the cornea and extend over its margin ; where these terminate we observe small elevations, called pustules or phlyctenae ; these are so common that Mackenzie has termed scrofulous ophthalmia, phlyctenular ophthalmia, and thinks that it is an eruptive disease of the eye. According to Lawrence these pustules may subside, leaving a thin opacity ; or a portion of the cornea may become thick and white, leaving a permanent opacity. The disease is generally attended with crusta lactea of the face, or impetigo, or eczema on the scalp and behind the ears. As small-pox is a pustular disease, it would seem that one pustular dyscrasia overcomes another ; this might suggest the use of Antimony, which causes pustular eruptions, against this pustular or scrofulous ophthalmia. We have one objection to make to the above ; we have seen very many cases of scrofulous ophthalmia, and whenever it was attended with an eruption, this was of a vesicular or eczematous character ; whenever pustules were present they were not true, absolute pustules, but of that mixed, vesiculo-pustular character which is called eczema-impetiginodes ; hence we would infer that in Cowper's case the small-pox pustular dyscrasia altered or overcame a vesicular dyscrasia. If we were to alter the name of scrofulous ophthalmia, we should change it to eczematous or vesicular ophthalmia, for the so-called pustules or phlyctenae which accompany it are true vesicles.

4. In the April, 1843, No. of the American Journal of Medical Sciences, p. 371, we find an article on "Incontinence of Urine, successfully treated by Nitrate of Potash." It seems that a Dr. Young gave ten grains every three hours of Nitre, to a highly respectable old lady, affected with a violent catarrh, but who had also suffered for years from incontinence of urine, which had withstood all the means that are usually prescribed; among others, the Tinct. Cantharides had been given in teaspoonful doses, three times a day. After taking a few doses of the Nitre on the day they were first ordered, the incontinence ceased, and the cure was complete; for Dr. Young subsequently learned that it never returned. This accidental cure made an impression on Dr. Young's mind, which he says has been of great advantage since, in the treatment of similar cases. He has cured six cases in all in adults; the first and only prescription used in each case, was ten grains of pulverized Nitre, every three or four hours, in flax-seed tea, and they have all yielded within twenty-four hours after commencing the treatment. Supposing that the same treatment might be serviceable in congenital incontinence, a boy, aged nine years, who rarely in his life had escaped wetting the bed, one or more nights in the week, was ordered ten grains of Nitre, three times a day, for a week; it was then ordered to be given thus four days in the week, omitting it three. It was continued for five weeks, when it was entirely discontinued, he not having wetted the bed since he had commenced taking the nitre; nor did it return as long as he was under the Doctor's notice, more than a year after.

Dr. Young supposes that the *modus operandi* in these cases may be, by increasing the irritating properties of the urine, thus making it more stimulating to the bladder, or its sphincter. But Pereira says that "A mixture of Nitre and powdered Gum Arabic has long been a favorite remedy for diminishing the scalding of gonorrhœa; if it be an irritating remedy, how does it help in the latter instance?" The only solution of this knotty question, is in the different action of large and small doses. Vogt says: Nitre in small doses is distinguished above all other salts for its anti-phlogistic and cooling action. Alexander found every dose to produce a sensation of chilliness, and a surprising diminution, in a very short period, of the number of pulsations. In doses of half-ounces it causes inflammation of the stomach, bowels and kidneys.

5. Pereira says the emmenagogue power of Sabina is fully established; the observations of Horn are the most satisfactory on this subject, confirmed as they are by the reports of

many other accurate observers. According to Pereira's experience it is the most certain and powerful emmenagogue of the whole *Materia Medica*. Yet, in the *American Journal of Medical Sciences*, Oct. No., 1844, p. 475, we find an article "On the use of Savin in Menorrhagia" in which it is said: "Some observations on the employment of the *Juniperus Sabina* in hæmorrhage from the uterus have been made by M. Aran, from which it would seem to be occasionally a powerful agent in checking these discharges. Much has been said on the properties of Savin, as an emmenagogue; several foreign authors, however, and among them, Wedekind, Gunther, and Sauter, disregard altogether its tendency to cause uterine hæmorrhage, and on the contrary recommend its use in cases of this description. M. Sauter says, that Savin is one of the most powerful curative means, not only in menorrhagia, but also in those hæmorrhages which threaten abortion, occurring in pregnant women, who, from debility, have already had several miscarriages. He states that in these cases he has given the powder of Savin, in doses of fifteen to twenty grains, three times a day, during three, four, and five months, and that he has, in this manner, frequently succeeded in arresting the hæmorrhage and preventing abortion, the infants being born healthy at the full period.

The following cases among others, are mentioned by M. Aran:

A worker in embroidery, aged thirty-three, had been recently delivered of a child, and since her confinement had attacks of menorrhagia at irregular intervals; she was much weakened, and her health began to fail. Powdered savin was given, and in two days the hæmorrhage ceased, and did not return again.

A woman, aged twenty-eight, had suffered from menorrhagia for eight months, almost continually. Savin was given, and on the third day the bleeding was arrested. About six weeks after, it returned, and the Savin was again given; the bleeding almost immediately ceased.

A robust lady was attacked with menorrhagia, after a fatiguing walk; it was neglected, and lasted several days. One gramme and a quarter of savin was given in three doses; on the following day the bleeding had completely ceased, and notwithstanding that the patient would not remain in bed, did not again appear.

A young married lady was attacked at the catamenial period with profuse bleeding, which continued for eight days; three doses of Savin, of forty centigrammes each, were administered at intervals of two hours. The following day, the

hæmorrhage had almost ceased, and another dose entirely put a stop to it.

In Vol. 20, p. 190, of the *Hygea*, we find that the celebrated Dr. Kopp, whose name is inseparably associated with Thymic asthma, has found Sabina useful in active uterine hæmorrhages, and prides himself not a little, in presenting this treatment to the medical world as new. But it is well known that Dr. Kopp is not ignorant of Homœopathy, although he has never announced his adherence to that system, and he must have known that this remedy is a truly homœopathic one, and one long ago in use by the homœopaths against bleeding from the uterus.

It is well known that we incline to the opinion that homœopathic remedies cure disease specifically, by exerting an alterative action upon the seat of the disease; in all cases of passive uterine hæmorrhage, Sabina, which tends to produce active menorrhagia, will cure in this way, and Sauter expressly confines its use to passive hæmorrhage and all diseases of the uterus depending upon "atony, as thenia, debility, defect of contractility or cohesive force in the uterus," and here our theory holds good. But Kopp advises it in active flooding, and there our theory is at fault; we can find no loop-hole for the assumption that the cure depends upon an alterative action; the cure must be strictly and absolutely an homœopathic one, i. e. one depending upon the similarity and not upon the difference between the action of the drug and the disease.

Dr. Forbes assumes in his little work on Homœopathy, Allopathy, and Young Physic, that "the reduction by Hahnemann of the homœopathic doses, from a sensible to an infinitesimal amount, suggests to the skeptical or suspicious mind another explanation of the cause, much less favorable to Hahnemann's views. It may be said, for instance, that while medicines were administered in sensible doses, on the homœopathic principle, *similia similibus*, they were found to act *not* beneficially, because any effect they produced was, at best, not curative, and probably was injurious by disturbing the curative efforts of nature. When they were reduced to infinitesimal doses, they ceased to produce *any* effect on the system, and so came to *seem* beneficial by not interfering with the *vis medicatrix*." We object most decidedly to the first of these positions, but are inclined to admit the justice of the latter. The contents of this article alone will suffice to prove that prompt, safe, and durable homœopathic cures may be effected by sensible and even large doses, and that the use of infinitesimal doses is not always essential to a successful cure.

HOMŒOPATHIC REVIEW OF EPIDEMIC MEASLES, IN 1837.

Translated from the "Österreichische Zeitschrift für Homœopathie."

BY A. C. BECKER.

DURING the short epidemic which occurred in June and July, 1837, at Klagenfurt, I treated ninety-five cases of measles. I shall first make a general review of the age of the patients, the character, the complication, course of the disease, dietetic and medicinal treatment, with the results obtained, and then enumerate some of the most important cases.

With regard to the character of the disease (to use the language of Schönlein), sixty-three cases were of a catarrhal, twenty-eight of an inflammatory, two of a gastric, two of a nervous nature. Amongst the inflammatory three commenced with ophthalmia, two with tracheitis, one with encephalitis, one with pneumonia, one with pleuritis, one with dentition. An epileptic patient suffered in the commencement for two days with uninterrupted epileptic attacks. In one case the eruption was accompanied with itch, in another with croup, in a third with intermittent fever.

Amongst the premonitory symptoms I noticed particularly, in addition to the usual catarrhal symptoms, frequent and copious bleeding at the nose, which often continued even after the eruption had broken out. In one case it occurred from seven to nine times a day, for an entire week, before the appearance of the exanthem.

The peculiar cough is of real diagnostic value, and since *Dr. Heim* diagnosed from this cough either present or approaching measles, without seeing the patient, the experiment will certainly be repeated by others. For myself, I believe that it is not only by the sound, as *Heim* will have it, but far more the rhythmus, the nature of the inspiration and expiration, and the interval between them, that point to the character of the cough, and enable us easily to distinguish it from any other.

Schönlein considers the presence of fever as a constant symptom in the premonitory stage. I have seen some (slight cases, it is true), where there was neither fever nor any of the premonitory symptoms, and in which the face was covered with measles-spots, whilst the patient did not complain of feeling unwell in any way. Similar observations have been made by *Dr. Schneider* in Fulda.

Besides the second, i. e. the eruptive stage of twenty-four
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hours, Schœnlein, Naumann, etc., establish a budding stage of three days—a distinction which nature does not appear to regard frequently. The eruptions, extending from the face, neck, and hands, to the chest, back, abdomen, arms, and feet, generally lasted, during this epidemic, forty-eight to seventy-two hours. A marked line of distinction between the second and third stage did not exist in any case. Nature seemed frequently to forget the budding stage, and at once to jump from the second into the fourth: the eruption continuing on the lower extremities after the measles in the face had commenced to disappear.

In most cases I found in the mouth, fauces, and especially on the tongue, more or less distinctly developed measles-spots. Frequently the eruption was succeeded by a moderate diarrhœa. Sydenham has noticed the fact, that the vomiting accompanying the appearance of the exanthem never continued afterwards. I have observed two cases in which repeated and violent vomiting continued for nearly twenty-four hours subsequent to the complete development of the eruption.

As regards my medicinal and dietetic treatment of measles, the remedies, their strength, and repetition varied according to the character, stage, violence of the disease, and constitution of the patient. The inflammatory cases were chiefly treated by *ACON.* and *PULS.*, the catarrhal rendered all medicines unnecessary. The dietetic treatment was nearly in all cases the same. The patients were kept in bed with a slight covering, and were allowed to drink only water or orgeat. In the first and second stage, they were allowed broth, in the third, when the appetite returned, bread made of meal, bread and rice soup, or some farinaceous dish, or a dish of fruit, or milk.

All my patients recovered; fifty on the 7th, eighteen on the 9th day; in five cases the recovery did not take place till the 10th, 11th, and 12th; in thirteen cases the mild erethic state disappeared in five days. In two cases the desquamation was interrupted by want of proper care, and by taking cold, and not completed till after a fortnight, owing to repeated slight attacks of fever. In the case of a girl of eighteen, the formation of the eruption was attended with violent perspiration, and a critical urine (turbid with a white sediment), and only very imperfectly on the face and throat. On the third day she recovered completely, without a trace of desquamation. *Morbilli abortivi*? In one case the measles left a croup, which was treated for ten days with *BELLADONNA*, and changed into a catarrhal cough.

I took charge of five patients in the stage of desquamation,

after they had been left to nature and domestic remedies. One of them was suffering with severe ophthalmia on both eyes, which was cured by *PULSATILLA* and *EUPHRASIA* in sixteen days; the other with aphthæ,* which was removed in a week by *MERCURY*; in the third and fourth a phthisical cough was generated, and this was not cured for several weeks. The fifth refers to a slender girl of twelve, and an exceedingly scrofulous disposition. In this case I apprehended tubercular phthisis after a difficult and interrupted desquamation.

Last year I had treated this patient for oppression of the chest and chronic herpes on the region of the patella, which I had succeeded in curing by the long continued use of *ARSENIC*. She now again complained of short breath, constant oppressions, and painful stitches in the chest, especially on taking a long inspiration, of constant, troublesome cough, with a slight, whitish, mucous expectoration. She felt uncommonly weak, was losing flesh, had a total loss of appetite, slept little, very uneasily, and had copious sweats towards morning. During the day there was a frequent alternation of chills over the back, and a flying heat, with a circumscribed flush on the cheeks. The prognosis appeared to me very dubious. In ten days she had perfectly recovered by the use of *PULSATILLA* of the 3d (morning and evening).

Dr. Bethmann has never noticed a secondary disease in any patient whom he had attended during the whole course of the exanthem. I was nearly as fortunate. With all this, however, I do not ask my allœopathic brethren to admit, that under the homœopathic treatment of measles, and proper care by the patient, secondary diseases are uncommon.

Two of my patients, one a girl of fourteen, the other of twelve, had the measles a second time, as their parents said. Both had had them at the age of four or five years, but less severe. Dr. Behr instances a case of secondary measles, in a child three years old, which was ushered in by croup three weeks after the complete crisis of the exanthem. I observed another similar case in a boy of ten, where the exanthem, after it had entirely disappeared from the skin for ten days, reappeared over the whole body, and ran into a violent ophthalmia. I did not believe, at that time, that there could be measles-fever without measles; but I have since changed my mind, in consequence of the following case. When in Vienna, I was called to see a child of eight years, and found him in a violent

* Flat ulcers, of the size of small peas, on the mucous membranes of the mouth.

fever, with hot, dry skin, and very rapid pulse; he drank a great deal; the tongue was clear, and very red; the palate, uvula, and tonsils, a little swollen, and very red; deglutition painful; added to this, great uneasiness, anxiety, dull headache, aversion to light. I diagnosed scarlatina, and prescribed BELLADONNA. But the second, third, and fourth days passed without a trace of an eruption becoming visible, whilst the symptoms in the throat abated very much; the fever, dry skin, and rapid pulse (130 to 140 beats), continued the same. The urine was red, without sediment. The nights were passed in restless slumber, with much delirium. I was at a loss to account for this condition of things. These symptoms, to which was added considerable bleeding at the nose (without affording relief), continued till the twelfth day, when the fever diminished, and traces of desquamation in the face became apparent. During the following days the desquamation extended over the whole body, and was so powerful that entire pieces of skin could be torn off. This desquamatory process had this peculiarity, that the formation of the scales continued for a fortnight, and that they were all the time diminishing in size.

The following cases I count amongst the most important of those I have treated during the epidemic. The first was complicated by serious pneumonic symptoms, the second by tracheitis, the third with inflammatory congestion of the brain, the fourth by croup.

1. A boy of twelve came into my hands on the sixth day of the disease, with the following symptoms:

Itching of the skin, the skin being covered with red spots, which were of a bright-red color, a little elevated, irregular, of the size of a large pin's head, frequently running one into another, disappearing on pressure with the finger, but rapidly returning (from the centre to the periphery). Some of these spots had little pimples containing transparent lymph; the skin was also covered with copious sweat; the face bloated, the eyelids swollen, the light painful to the eyes, frequent bleeding at the nose, having lasted constantly for an hour when I saw the patient; respiration short, hurried; frequent stitches in the chest; deep inspiration impeded; cough; short, frequent inspirations; violent, barking expirations, with slight, brownish expectoration, occasionally streaked with blood; pulse hard, quick, small; drowsiness, with desire to lie down.

Therapeutics: Acon. 3, every hour. No drink allowed except sugar-water.

Next day I found the eruption still fully developed, and the redness more vivid. The fever, and the difficulties in the

chest and breathing, continued, though in a less degree. Expectoration frequent, tenacious, brownish-yellow. ACONITE, once in two hours.

Two days later : More rest, little heat. Breathing normal, cough loose with a thick yellow expectoration. The exanthema leaving the face and neck. PULSATILLA 3d once in three hours. Diet, soup and stewed fruit.

Two days after the last visit I found the patient in the open air. He had slept well, had an excellent appetite, the cough was less frequent and without difficulty, the desquamation was nearly over.—No medicine.—A couple of days after, he went to school.

2. On the 16th of July a girl of twelve years was taken ill with the measles. No treatment (except home herb tea) had been resorted to till the 22d, when I was called.

I found the patient covered with measles-eruption ; skin burning hot ; pulse hard and rapid ; the greatest uneasiness ; breast hot ; short, oppressed respiration ; dry, metallic, barking, extremely difficult cough ; the region of the trachea was painful to the touch ; deglutition extremely painful ; violent thirst. Added to this, extraordinary aversion to the light, together with inflamed conjunctiva, and constant flow of tears. Ordered ACON. 1 every quarter of an hour ; warm dry cloths round the chest and throat.

Towards noon of the same day a striking improvement took place, and in the evening I considered her out of danger ; the measles went off in the regular way, and on the 26th the patient left her chamber.

3. A child, eighteen months old, of a scrofulous habit, was seized in a narrow, damp room, which was full of people, with the usual catarrhal premonitory symptoms of measles, on the first of July. On the third, towards evening, I was sent for, and found the patient half dosing, violent fever ; the skin was hot and dry ; the pulse small, soft, irregular ; the bloated face showed here and there evident measles-spots, the eyelids were swollen and adhered to one another.

BELLADONNA 3, every two hours in water ; no drink allowed but cold water.

The following night the child was very uneasy, tossing about in the bed, and frequently crying out loudly ; towards morning she became somewhat easier. I now noticed traces of the exanthema on the neck and hands.

The fourth day of the disease passed under the continued use of the BELLADONNA without bringing out the eruption any more. During the following night and in the forenoon of the

fifth day the exanthema disappeared several times from the skin for a quarter to half an hour at a time. The patient became deadly pale, breathed heavily and with difficulty, the paroxysms of cough threatened to suffocate her, the pulse was irregular—about 140 beats in a minute. I ordered the whole body to be wrapped up in warm cloths, and **BELLADONNA** every half hour.

In the afternoon about five o'clock I was informed that the child was lying in her death-struggle, and that I should probably not find it alive.

The change of symptoms certainly justified the worst prognosis. The skin was cool and covered with sweat, the face and whole body pale, the pulse thready, uncountable, breathing short, quick, gasping;—constant groaning and moaning, unremitting involuntary motions of the left hand, with which she frequently struck her face; spasms in the left foot; frequent gnashing of the teeth; the eyelids adhered, and the nostrils were stopped up with yellowish-brown matter.

ACONITE 3 every five minutes, in water; warm cloths over the whole body.

In half an hour the pulse improved and the warmth of the skin returned, the involuntary motions and the total insensibility continued. **ACONITE** was given throughout the night every half hour, and the warm cloths were constantly applied.

On the sixth day the exanthema reappeared perceptibly, the patient would lie still for five minutes at a time, was often sensible, and demanded drink. In the course of the afternoon the convulsive symptoms disappeared entirely, the pulse became fuller and slower.—**ACONITE** every hour.—The next night the patient slept quietly till midnight; on the morning of the 7th day the eruption came out fully over the whole body.—Three days afterwards she was well enough to go out.

4. On the 13th of June, in the evening, I was requested by a gentleman to send him some remedy for croup for his boy, four years old. The little fellow—weakly, of a consumptive mother, very backward in his growth—had been suffering for weeks. The father added, that the cough had been loose at the commencement, and more frequent and easier, but that since the previous day the paroxysms returned every half hour; that it made the patient nearly lose his life, threatening to suffocate him; these symptoms being attended with much loss of blood from the nose. Great heat, no appetite, much thirst, and headache.

I sent **BELLADONNA 3** to be taken in solution, a teaspoonful every three hours.

During the two following days the febrile symptoms abated in the morning, succeeded by violent exacerbation in the evening. *BELLADONNA* was continued. On the morning of the 16th after a night had been passed in dosing, crying and weeping, with half-hourly paroxysms of cough, the following group of symptoms presented itself:

Heat and dryness of the skin; pulse very quick; eyes shrinking from the light, painful and running; face bloated, with light-red spots like fleabites; great thirst. The cough appeared in milder and shorter paroxysms, still retaining, however, the characteristic marks of croup: rapid, sudden expirations, followed at first by a broken inspiration like the braying of an ass, and then a long wheezing inspiration.

ACON. three, once in two hours. Drink: Orgeat (almond-milk). In the evening of the same day: less heat; perspiration (all over the body); the measles-spots appearing likewise on the neck, the chest and hands; sopor, interrupted by paroxysms of cough which had become much milder, and which was several times accompanied by copious bleeding from the nose. *ACON.* every three hours. 17th. Patient slept a good deal during the night; fever slight; eruption spread all over the body; cough getting less frequent and milder. Same medicine. Water-gruel. 20th. The patient went into the open air. Sleep and appetite good; the desquamation nearly completed; the cough had assumed a catarrhal character, and disappeared within a short time without medicine.

May the specific art of curing claim any merit from the above cures of measles? Is any weight to be attached to the results obtained by me in the treatment of this epidemic? Was it to chance, or a peculiar mildness of the epidemic, coming to my aid, or was it to the excellence of the curative principle that we are to ascribe the *fact*, that I did not lose any of my patients, whilst at the same time under allœopathic treatment, according to official reports, many individuals died of suppressed measles, and many more of measles complicated with croup and other affections? If my opponents had had courage enough to leave their patients to nature, would their results have been as fortunate as mine?

I answer by a few prognostic opinions of the masters.

SCHÖNLEIN says: "The complication of measles with pneumonia is bad, with croup worse." Again: "Nervofebriile symptoms and the development of the exanthem by fits and starts, lead to a bad prognosis." *RAIMANN* says: Measles are apt to terminate fatally when complicated with

croup." P. FRANK says: "Vomiting continued after the eruption is a bad symptom." RICHTER says: "If children of consumptive parents are attacked with measles, the prognosis is doubtful."

CURSORY THOUGHTS.

BY G. HUMPHREY, M. D., OF PHILADELPHIA.

Is Animal Magnetism (of the blood) the foundation of Homœopathy?

1.—Electricity, Magnetism, and Galvanism—known only by their effects—are so subtle and universal in nature that they must be but conditions of *one universal cause*—an *ethereal fluid*—which governs not only the terrestrial system, but the whole celestial system.

This ethereal fluid, when in action with moisture or water, is termed electricity; when in action with iron, is termed magnetism; and when in action with acid and iron or any other metal, is galvanism.

The identity of these is proved by iron becoming magnetic by electricity or by galvanism.

2.—If blood contains iron—as is evident from various analyses of that fluid—iron must become magnetic in the animal system by communicating with the electricity breathed with the atmosphere, and probably from other sources; especially from the action of the stomach, the temperature of which was found by Dr. Beaumont to be from 100 to 102 degrees, Fahrenheit. Now it is known that iron loses its magnetism at 100°, therefore all iron substances containing magnetism or electricity become so far digested in the stomach as to lose their electricity, which is thus liberated and becomes the animal magnetism of the body.

Iron is heated more quickly by electricity than any other metal, and therefore will always be the most active principle of the blood.

3.—Electrical action and reaction is the cause of pulsation, which is sustained by the action of the lungs and the heart, and felt in the human pulse. Animal heat is electrical motion, which is always attended with heat.

4.—Of two substances in contact, the one that has the greatest attraction for oxygen acquires positive electricity, the other negative.—*Sir Humphrey Davy.*

Metals are positive with dry acids, negative with liquid acids.

If such be the connection between the matter of the blood and electrical influences, ought not some experiments to be instituted to prove whether medicines susceptible of electricity do not owe their efficacy to electrical action—the cause of physical sympathy—and when deranged of physical symptoms ?

1. What difference arises from administering iron magnetized or not magnetized ?
2. The effect of electricity on the patient when under the action of iron.
3. The effect of galvanism on patients when under the action of metals.
4. Do not oils resist metallic specifics from the fact that oils prevent electrical, galvanic, and magnetic action ?
5. Is not the effect of homœopathic remedies to be ascribed to administering substances in such small quantities as to introduce electric matter into the blood even by the smallest channels, when large doses are not digested or absorbed ?
6. What is the effect of nitre which resists electricity and galvanism ?
7. Why is electricity the antidote to plumbum, unless plumbum be capable of electric influences in the human system as well as out of it ?
8. What is the effect of manganese ?

OLD SCHOOL HOMŒOPATHY, NO. 2.

BY JEAN PIERRÉ, M. D.

1.—Mr. Howship, in his book on Morbid Anatomy, mentions the instance of a lady who was affected with diarrhœa adiposa, and parted with vast quantities of fat from the bowels ; she was cured upon the principle of similia similibus curantur, for she recovered after swallowing a pint of sweet oil. Dr. Elliotson, acting on this hint, gave his patient a quarter of a pint of olive oil, and the voiding of fat greatly diminished from that time, and soon ceased entirely. (See Watson's Practice of Physic, p. 727.) This is certainly the rudest and strangest example of homœopathic practice we have ever met with, and

shows that infinitesimal doses are not always necessary to a successful application of the principle, "*similia similibus.*"

2.—In the London Lancet for 1844, p. 729, we find two cases of dropsy attended with very scanty urine, cured by two to four grains per day of nitrate of urea. Mr. Kingdon states that he cannot well explain how the remedy acts, unless it be according to the homœopathic dogma, *similia similibus curantur*. He says, if we consider that urea is the chief constituent of the urine, and that in dropsies the urine is always [?] very sparingly secreted, and suppose that dropsical accumulations are prevented from leaving the serous cavities, &c., by the languid action of the kidneys, and assume that that languid action is cured by the administration of urea, whence the serous fluid is now drained off in consequence of the excited action of the kidneys, we might, he thinks, assign the action of the nitrate of urea to the homœopathic doctrine, *similia similibus curantur*. Mr. Kingdon must have queer notions of homœopathy; if urea be one of the principal constituents of the urine, that does not prove that it is homœopathic to diminished secretion of urine; it is far more probable that urea will produce increased flow of urine even in the healthy person, and hence that it is antipathic to scanty secretion of urine. Although anxious to advance every thing which can fairly be made to favor homœopathy, we do not think it right to take advantage even of voluntary but erroneous admissions of old school physicians.

3.—The peculiar power of *Digitalis* in rendering the pulse intermittent and irregular is well known; yet Pereira (see *Mat. Med.* vol. ii. p. 293) says: "In patients affected with an intermittent or otherwise irregular pulse, I have several times observed this medicine produce regularity of pulsation, a circumstance also noticed by Dr. Holland." The principal diseases of the valves of the heart are contraction and patency of the aortic valves, and contraction and patency of the mitral valves. The slighter degrees of contraction of the aortic valves have little or no effect upon the pulse, which will remain firm and full as long as the contraction is not so great as to prevent the left ventricle from emptying itself; aortic regurgitation produces a pre-eminently jerking pulse; the beat of the artery is short and quick, as if the blood were smartly jerked or shot under the finger, the vessel during the interval feeling unusually empty (*Hope*). Hence the homœopathist would conclude from the pulse alone that *Digitalis* is not appropriate in diseases of the aortic valves. But when the mitral valve is contracted, and also when it admits of free regurgitation, the pulse is, in

various degrees, small, weak, irregular, intermitting, and unequal, i. e. very similar to the kind of pulse produced by *Digitalis*. In contraction of the mitral valve but little blood flows from the left auricle into the left ventricle, and of course but little is thrown by each contraction of the ventricle into the aorta; hence the pulse is small and weak, and as the left ventricle is not stimulated by a full supply of blood to contract with suitable energy and in equal degrees, the pulse may also be intermitting and irregular. In regurgitation through the mitral valve, a portion of the blood which has already passed from the left auricle into the left ventricle, is again propelled back into the left auricle instead of being thrown into the aorta, hence the pulse is proportionably feeble and small; further, as the regurgitation disturbs the regularity of the supply of blood to the left ventricle, more or less of intermittence, irregularity, and inequality of the pulse are sooner or later the result (*Hope*). From the pulse alone, without any reference to physiological or pathological principles, the homœopathist would conclude that *Digitalis* ought to prove serviceable in diseases of the mitral valve. What does experience, and what do physiological principles teach in this matter? Corrigan was the first to allude to the injurious effects of *Digitalis* in patency admitting of regurgitation through the aortic valves, for the less frequently the heart beats, the greater will be the opportunity for regurgitation, and hence the prolonged employment of *Digitalis* so as to lessen the heart's action, cannot but be injurious when the aortic valves are not competent for their office. On the other hand, the most favorable results are found to follow the use of this drug in disease affecting the mitral valves, for the lengthened interval between the contractions of the heart permits the left ventricle to become more fully distended when there is contraction of the mitral valve, while it also lessens the frequency of the interruptions to the passage of the blood, and hence the pulse becomes fuller, stronger, and more regular; in patency of the mitral valve, *Digitalis* prevents the regurgitation from being so frequently repeated. (See *London Lancet*, 1844, p. 257.) It is evident from the above, that *Digitalis* does not relieve feebleness, irregularity and intermittence of the pulse, merely because it is capable of inducing a like state; and that the similarity of the symptoms of a drug to those of the disease is only then a safe and certain indication of the curative powers of the drug in that particular disease, when the physiological action of the drug and the physiological character of the disease correspond.

HOMŒOPATHIC CURES,

From the year 1840 to 1844, collected from the various Homœopathic publications by Dr. Kurtze of Dessau.

TRANSLATED BY CHARLES J. HEMPEL, M. D.

(Continued from No. VII. of the Examiner.)

APOPLEXY.

A female of seventy years, two of whose children had died insane, was affected with ulcers on the feet and vertigo, causing her to fall from the chair frequently. One year after an apoplectic fit, the following symptoms set in: her memory had been strikingly decreasing for several days in succession; on a morning the coffee-cup fell out of her hands, her head sank forward upon the chest, her features were distorted, her looks staring; she did not recognize those around her, and she muttered unintelligible sounds. Her breathing was easy, the skin rather cold, pulse moderately full, 60 beats in the minute. When urged to rise, she did so, but she fell back upon the chair immediately; she forgot to swallow what she had in her mouth, and did not swallow it until requested. (She was given a few doses of ether, ten drops at a dose.) *Anacardium I*, one drop every hour, and *Anacardium I*, 10 drops mixed with 100 drops of water, to smell. After the lapse of five hours she woke as from sleep, took her coffee, lifting the cup herself, and had recovered perfectly in a few hours. She continued to take *Anacardium*, by means of which a new attack, the precursory symptoms of which came on after the lapse of ten months, was prevented. (*Hygea.*)

A man of seventy-five years inclined to apoplectic fits from his birth. The precursory symptoms were generally removed by *Belladonna*. This time he was attacked with unusual apathy, partial loss of consciousness, a peculiar staring look, the right corner of the mouth being drawn up, pulse full, soft, undulating (the pulse of the left side being rather empty), respiration rather moaning. (*Belladonna 2*, one drop every three hours.) *Opium 2*, one drop, repeated from two to four hours, afterwards two doses a day. Opium cured a second attack afterwards. (*All. hom. Z.*)

The precursory symptoms of apoplexy in a drunkard of thirty six years were removed by the tincture of *Belladonna*; the eighteenth potency had no effect.

A female of fifty-five years had an apoplectic fit, and was quite cold, insensible, rāling, the eyes staring and the pupils being dilated. *Nux vom.* 3, one drop, was dropped into the patient's mouth, and was repeated in a quarter of an hour. Ten minutes after a general tetanic spasm set in, lasting for two hours, after which the breathing became easy, and a slight sweat broke out. *Opium* 6, one drop. An hour after the patient recognized those around him. He slept for several hours, and then spoke a few detached words. He recovered in three days. (*All. hom. Zeit.*)

PARALYSIS.

A female of sixty-nine years, living in poor circumstances, took cold; a few days after she was attacked with paralysis and insensibility of the right side; her voice was faltering, and she was at a loss to find the right expression. (Took *Nux vom.* 4 and *Cocc.* 3.) Œdema of the foot and hand. *Causticum* 30, one drop a day; the improvement commenced in eight days, the cure was completed in twenty. A female of seventy years was attacked with sudden paralysis of the right arm, the tongue was very much swollen; she was speechless, was unable to swallow, except what was introduced deep down into the pharynx. Five weeks after the attack the patient took *Causticum* 30, one dose every two days; in six weeks the patient was cured. Paralysis of the right half of the face, with insensibility, in the case of a man of sixty years, brought on by severe cold weather, and of a woman of sixty years brought on by the same cause, accompanied with wandering rheumatic pains in the head. (Venesection, vesicatories, strychnine, had already been resorted to.) Both took *Causticum* 30, one dose every two days; one was cured in ten days, the other in five weeks.

Causticum 30 had no effect in the case of a phlegmatic female of sixty-three years, stout, who was attacked with paralysis of the right side after taking cold, accompanied with sopor, vomiting of mucus, involuntary emission of urine, great failing of strength, aphthæ. (*Archiv.*)

A man of twenty years was attacked with paralysis and insensibility of the lower extremities, with retention of stool and urine, frequent numbness of the arms (probably in consequence of sexual excesses). (Was treated with the most active allœopathic drugs.) *Nux v.* 30, *Rhus* 30, one drop. The very first dose produced formication in the extremities, voluntary discharge

of stool and urine, and soon after sensation and mobility, so that he was in a few weeks able to walk on crutches. He never got any farther in his recovery. (*All. hom. Z.*)

A boy of seven years, when three years old, had been suddenly attacked with convulsions, after which the lower limbs became paralyzed. (He swallowed an endless quantity of al-lœopathic drugs, was treated with issues, moxæ, etc.) At this moment the following was the state of things: the upper part of the body was sound and vigorous, the lower extremities were thin, shrivelled and cool, diminished sensibility; he is not able to stand, he is able to move his toes when in the recumbent posture, but he is not able to draw up his lower limbs or to move them; there was a curvature of two and a half inches deep between the eighth dorsal and second sacral vertebra, all the other parts were in a normal condition. Took *Nux vom.* every three days, *Cocculus*, and then again *Nux*, continuing each remedy for a whole month in succession. He recovered sufficiently to be able to walk upon level ground, leaning only upon one crutch. (*All. hom. Z.*)

A man suffering with vertigo, loss of appetite, thirst, strained himself by lifting, after which he was attacked with stitching and drawing in the loins and back; this was followed by a sensation in the arms as of going to sleep, which increased shortly to a paralytic sensation, accompanied by fever, nausea, diarrhœa, desire to urinate and to go to stool. He was cured in three days by *Rhus 2*, and washing the parts with a solution of *Rhus*.

EPILEPSY.

A girl of fourteen years, who was otherwise healthy, and enjoyed a good constitution, having suffered with crusta lactea for some time past, had had epileptic spasms for the last three years every evening when going to bed, and sometimes after she was in bed; the spasms generally lasted from one-half to one hour and a half, and were preceded and followed by unusual faintness. In the day-time she was frequently attacked with violent vertigo. (Cold douche; *Ignatia I*; *Chamomilla I*.) The parents remarked that the fits were suppressed whenever the patient rode in a carriage, and that this suppression was proportionate to the length of the ride. I prescribed *Acidum nitri 2*, two doses a day, one drop at a dose. One dose was sufficient to cure the spasms. The vertigo disappeared gradually in a fortnight. (*Hygea*.)

A mendicant of fourteen years who had not yet menstruated, but was otherwise healthy, had been attacked with epileptic fits for three years past, sometimes three times in one day, sometimes again in eight days. After the attack she had headache. *Cuprum* 30, 24, 18, in frequent doses. The fits did not return, and have not returned yet, it being now fifteen months since she began the treatment. (*Archiv.*)

A female of twenty years had suffered with epileptic fits for five months past, almost every day, evening or night; previous to the fits she had been blind in the day-time. *Ignatia* 3, one drop, six doses, one dose every forty-eight hours. She had but a slight turn during all this time, and was cured entirely after repeating the medicine for three weeks. (*Archiv.*)

Uterine Epilepsy, *Platina* I (*Hygea.*)

CHOREA.

Chorea in three girls of six, nine, twelve years old, and a boy of twelve years, one of them being entirely speechless, and the remaining three stuttering violently. Cured by *Hyoscinus* 12, three doses, one dose every two days. (*Archiv.*)

A country-girl of fourteen years, of a small stature and delicate constitution, but otherwise healthy, having grown very rapidly for the last six months, had suffered for the last six months with slight chorea of the upper and lower limbs, tongue, etc. Took *Belladonna*, one half grain every two days. Cured after taking sixteen doses. (*Hygea.*)

A weakly girl of twelve years suffered with humid eruption of the head; it was removed within three weeks by drop-doses of the tincture of Sulphur, one dose a day. Ten weeks after this the girl became vehemently angry, in consequence of which she was attacked with chorea; sometimes single muscles or bundles of muscles being seized and distended so as to form a bulbous appearance; speech and deglutition were likewise impeded; when asleep the convulsions were slight and rare. (Took *Bell.* 3, *Stramonium* 3, *Ignatia* 3, every three hours; the old symptoms returned in three weeks.) *Agaricus* 6, one drop every four hours, afterwards twice a day. Improvement in eight days; recovery in four weeks. (*Hygea.*)

SPASMS.

A girl of four years suffered with the following paroxysm, which was most violent in the morning, next most violent at noon; it occurred most rarely in the evening, and only once or twice at night: she lies for hours upon the abdomen, the lower limbs draw up towards the back, one knee being buried in the bend of the other, performing pushing movements with the middle portion of the body from behind forward, and sometimes with the arms and trunk; in which case the facial muscles became spasmodically affected. (*Spong.*, *Merc.*, *Hyoscinus*, *Bell.*, *Ignat.*, *Cupr.*, *Calc.*, *Sulph.*) CAUSTICUM 30, effected the cure in a very short time. (*All. hom. Zeit.*)

A girl of twenty-one years, pale and cachectic, had been affected with spasms for a long time past; they occurred especially previous to the otherwise regular period or after mental emotions, and were preceded by tearing and stitching from the left shoulder to the elbow, which was especially violent at night and when at rest. The spasms sometimes occurred twice a day. First she was seized with constant yawning, followed by stitching in the throat, sensation as if the tongue were cut through with a knife, accompanied with painful tension in the mouth, and convulsions of all the facial muscles; after which she was attacked with spasmodic weeping and laughter, with suffocative constriction or distention of the throat, and lastly with spasm of the chest and dark-red face. (Had been treated allæopathically and homœopathically.) Took *Bovista* 18, twelve doses, one every four or six days. (*Archiv.*)

A farmer's wife of twenty-two years, who had lost a good deal of blood during her confinement, was attacked with the following symptoms ten hours after delivery: complete loss of consciousness, frequent and violent convulsions, eyes staring, pupils contracted, immovable, face bloated and red-blue, the face and the whole body burning-hot, stertorous breathing, pulse wiry and easily compressible. Took tincture of *Opium*, one drop, in four ounces of distilled water, half a table-spoonful every ten minutes. In a few hours a calm sleep set in, which lasted almost forty-eight hours, and was only interrupted by occasional waking when she took some drink. (*All. hom. Zeit.*)

NOTICE.

The General Secretary of the American Institute of Homœopathy has addressed the following circular to the profession. We trust that all those who can leave their practice for a day or two, will attend the Convention in a spirit of true devotion to our cause and charity towards one another :—

New-York, April 8th, 1846.

SIR :

You will please take notice that the American Institute of Homœopathia will hold its Third Anniversary Meeting on the second Wednesday of May next, at 10 o'clock, A. M., at Philadelphia, in the Hall of the Franklin Institute, in Seventh street, a few doors south of Market street.

A Preparatory Meeting, on the evening of the 12th, will be held at Dr. Jeane's, No. 175 Vine street, between 5th and 6th streets.

Yours, with respect,

EDWARD BAYARD,
Gen. Secretary.

Several interesting pamphlets on homœopathy have been published by Drs. Wheaton and Ellis, of Detroit, Mich., and Dr. Isaac Colby, of Boston. They furnish a lucid and succinct explanation of the homœopathic doctrine and practice.

**REASONS WHY HOMŒOPATHY SHOULD RECEIVE
AN IMPARTIAL INVESTIGATION FROM THE
MEDICAL PROFESSION AND THE PUBLIC.**

By B. F. BOWERS, M. D., 113 BLEECKER-STREET, NEW-YORK.

"Homines nulla re propius ad Deos accedunt, quam hominibus salutem dando."—Cic.

TRUTH must ultimately vanquish error and vindicate its divine origin. There is no truth relating to this life only, so important as that which teaches the means of securing "a sound mind in a sound body."

This consideration gives to medical subjects a dignity and importance not always conceded to them, and should secure a patient hearing and a fair examination to every honest attempt to improve the healing art. Such an examination is respectfully claimed for homœopathy.

The opponents of homœopathy have amused themselves and the public for many years, by their sometimes witty attacks upon it, and by the assurance that it was dying away and would soon be dead, remembered only to the shame and confusion of those who had been deluded by it. In spite of these confident predictions, and in the face of all opposition, it continues to live and flourish. It is extending more and more widely; is looked upon with more favor, and is every year more extensively embraced both by physicians and educated laymen. It has survived so many death-blows, has manifested so much strength and tenacity of life, that its existence now and for some time to come may be safely taken as a fixed fact. What then is the duty of the medical profession in relation to this subject? Its importance cannot be denied. The departure from the generally received theory and practice of the healing art is so wide, that the results of the general prevalence of homœopathy must be momentous for good or for evil. Either it is a pernicious innovation, a dangerous heresy, as is believed by its opposers, or, as asserted by its advocates, it is the great improvement in medical science, destined in its progress of perfection to produce the most beneficent results for the whole human race, and to last so long as the laws of nature endure.

The public have a right to expect from the medical profession an enlightened opinion of its merits, founded on thorough knowledge. The opinion of most grave and reverend seniors in the profession, even when given under the sanction of an

oath, that homœopathy is a delusion and homœopathic physicians knaves, when accompanied by the admission, under the same solemn sanction, that the deep studies and profound investigations upon which their opinion is founded, do not enable them to give the name of any author, nor even the size and general appearance of any work they may have looked into on the subject, may go very far towards satisfying the public as to their competency to give an opinion on the subject at all, while it does nothing towards settling the merits of the question.*

The most learned physicians being unable to explain the reason of the operation of the most common drugs—why a dose of salts will purge, for instance—learning their effects only by a careful observation of facts, all attempts to decide the questions involved in the homœopathic system by a priori reasoning must be vain. It claims to be built up by a careful induction from well established facts, a successful attempt to establish the practice of physic upon the sure foundation of science. If you would know of its truth, question nature by experiment. Nature reveals her laws to the humble inquirer after truth, who with childlike docility listens to her response; while the proud and self-conceited, who know too much to learn and have already decided what answer she shall give, are confirmed in their ignorance.

In every art or science it is necessary that the operator or artist be thoroughly acquainted with the instruments upon which he depends for the production of the desired effects. Drugs are the instruments, the means by which the physician expects to effect the desired changes in the state of his patient, and as it is well ascertained by their effects in cases of poisoning and when injudiciously administered, that many of them are very powerful poisons, it is of the first importance that the physician be well acquainted with their effects upon the human system before venturing to prescribe them as remedies for the sick.

The only certain method of learning the pure effects of

* This alludes to the evidence given in a suit tried in this city for the recovery of a bill for medical services rendered by a distinguished homœopathic physician. In this case the plea was set up that the patient had been treated homœopathically, that homœopathy was quackery, &c., &c., and therefore the physician was not entitled to compensation. A number of our eminent physicians came forward and testified against homœopathy, in the words of Judge Kent, "in no very measured terms." Judge Kent, however, instructed the jury to bring in a verdict for the plaintiff, and the doctor recovered, notwithstanding the gentlemanly (gentle Manley?) opposition.

drugs upon the human system is to administer them to persons in health, avoiding carefully every thing calculated to interfere with their operation and observing the result. By repeating these experiments with any given drug upon different individuals, its pure pathogenetic effects may be discovered, and by extending them to all the most important drugs, a pure *Materia Medica* may be obtained, constituting a mass of reliable facts, affording a scientific basis for their administration to the sick. The trial of drugs upon the healthy is of the utmost importance; for if they are given to the sick when their real operation is unknown, the effects of the drug are modified and mixed up with the symptoms of the disease in such a manner that it is impossible in this way even to learn their pure effects. It is from the reliance of physicians upon the insufficient method of learning the effects of drugs by administering them to the sick only, that their knowledge of the *Materia Medica* remains so imperfect.

Hahnemann and his coadjutors have made trials with some two hundred drugs, and ascertained more or less fully their pathogenetic effects upon the system in health. The symptoms observed in these trials have been published, and constitute the pure *Materia Medica* of the homœopathic school. Can any reasonable man believe that the intelligent physician does well to remain ignorant of this large amount of information, this mass of facts ascertained by experience, in relation to articles which he is daily administering to his patients, the excessive or injudicious use of which may be attended, and through carelessness or ignorance too frequently is attended by the most serious and even fatal consequences? The knowledge thus obtained cannot be otherwise than highly interesting to the physiologist. To the physician it would afford the means of judging correctly whether the symptoms occurring in a case under treatment were really symptoms of the original disease or whether he had produced drug-disease by the remedies given for its removal, and thus afford him important indications in regard to the size and repetition of the doses, enabling him to avoid the frequent error of keeping up a drug-disease after the original affection was removed, and thus giving occasion for the objection that "the remedy is worse than the disease." In this way it would make his practice more safe, and prevent his doing harm by pushing his remedies farther than was necessary, even were there no known principle by which he could avail himself of the facts previously obtained in his selection of the remedy appropriate to the case.

This knowledge of the effects of drugs, ascertained by tri-

als upon the healthy, is one essential characteristic feature in the homœopathic system—there can be no scientific homœopathic practice without it. The *Materia Medica* furnished by these trials is the manual to which the homœopathist must constantly recur, and in proportion to his acquaintance with it, other things being equal, will be his success in healing the sick. Had Hahnemann done nothing more than point out their importance, and lead the way in these investigations for ascertaining the real effects of drugs, he would deserve the gratitude of every one interested in the advancement of medical science. His indomitable energy and perseverance in pursuing the inquiries, his great skill and sagacity in conducting them, and above all his entire truthfulness in recording the results, are worthy of all praise and imitation. But Hahnemann went farther than this. Upon the knowledge of the pure effects of drugs thus obtained, he established the great homœopathic law, *similia similibus curantur*, as a general principle in the cure of disease. Up to this time the most successful medical practice was empirical. Accident or some fortunate circumstance had led to the use of certain remedies, and experience had sanctioned their use and confirmed their efficacy. But as there were conflicting theories and opinions, there was also conflicting experience, and it was only in those cases where the remedy happened to be homœopathic to the disease that any thing like unanimity prevailed in the treatment; as in the use of sulphur for the itch, bark for fever and ague, mercury for syphilis and affections of the liver, arsenic for cancers, &c. And even in the use of these so called specifics, through ignorance of the principles which should govern their exhibition, irreparable injury was frequently done to the patient.

But having ascertained that diseases are cured by those drugs which will produce similar symptoms in the healthy, the homœopathic physician has an established principle, a general law by which to select his remedies. That drug, the symptoms of which correspond to those of the disease, is in every case the appropriate remedy. There is nothing left to caprice, to fashion, to routine, nor to speculation and theory. It is reduced to science, and it is the business of the physician, by a thorough study of the individual case of disease presented for treatment, and a careful comparison of its symptoms with the symptoms of the drug, to know that the remedy he prescribes is the precise remedy homœopathically indicated, and that he knows is the true remedy.

It is very true, that although more than fifty years old, and consequently older than the prevalent medical theories, homœo-

pathy is yet in its infancy, and much is still wanting to its perfection. Its requirements task the highest talents, the soundest judgment, and the most consummate skill, and there must ever be room for diversity of opinion; yet being founded on facts, there are numerous cases constantly occurring, in which the homœopathic remedy is so clearly indicated as to produce entire unanimity among all intelligent homœopaths. The controversies and differences of opinion among doctors have become proverbial; when we find a general law, therefore, which leads to unanimity in so important a matter, it affords presumptive evidence of its truth. We do not deem it necessary to produce here the evidence in support of the truth of the law *similia similibus curantur*; but it is obvious that it can neither be established nor overthrown by mere assertion or denial. If true it must be supported by facts. Homœopaths believe it true, and give facts in its support. If the facts be true, they establish the law. Now merely to deny the facts is not sufficient. In a matter of so much importance, the evidence must be examined, the facts must be scrutinized, and their truth or falsehood demonstrated by actual experiment.

Thus far, it will be seen, we rest entirely upon facts ascertained and confirmed by experience, and this is homœopathy. He who takes as his guide in practice, the law, like cures like, whether he gives much or little medicine, large or small doses, is in principle a homœopathist, while he who rejects this law, rejects homœopathy. Those persons who confound homœopathy with infinitesimal doses overlook an obvious distinction.

What remedy shall be administered to procure the desired effect in any given case, is one question; the *dose*, or *how much* shall be given, is a distinct question, requiring separate consideration. Homœopathy has an important bearing upon both these questions, requiring that the remedy be carefully selected in conformity to the homœopathic law, and giving important intimations as to the dose. Indeed so naturally does the homœopathic law lead to small doses, that every physician in any serious case, when from his knowledge of the remedy he knew it to be strictly homœopathic to the disease, would be exceedingly cautious not to give too much, and in some cases most of them would absolutely be afraid to give any dose which they believed could produce a sensible impression upon the patient; like the physician, who, while treating a case of asthma with Ipecac., learned what he ought to have known before, that Ipecac. will produce asthma, and instantly prohibited its use, being afraid to give it to his patient in any dose. The intelligent physician of whatever school,

who had a patient in a dangerous situation from cholera, presenting symptoms strikingly similar to those which are produced by veratrum, if he must give him veratrum, would give it in very small doses; and the alloëopathic or anti-pathic school, when phosphorus is given for acute inflammation of the lungs, are not likely to object that the dose is too small.

It was by observing unpleasant or injurious aggravations of the disease from the operation of his remedies that Hahnemann was led to diminish the dose, hoping to learn by experience, some dose which should produce only slight and transient aggravation, and still suffice for the cure. This object he attained in a very satisfactory manner, by an ingenious and original method of diluting, or attenuating the drug to any desired extent; in which process he believed its remedial power was greatly developed. The development of medicinal power by trituration is certainly true with respect to some articles, mercury is a familiar example. Gold and silex also, in their crude state, are inert, but by trituration they become powerful remedies. Why may not the same thing be true of other substances; who shall establish the limits of the possible, or foretell how far this process may be carried?

When a substance has become so diluted and attenuated as to be no longer discoverable by the most powerful microscope, or the most delicate chemical test, it may still produce dangerous effects upon the animal organism, and even destroy life. Witness malaria and contagions, which probably owe their power of producing disease, in part, to their subtlety and divisibility; whereas, could they be brought into sensible masses, and retained by as strong cohesive attraction as that which holds a mass of silex, they might become as inert. The odor of many substances may be instantly recognized by the sense of smell, when chemical tests cannot discover them, and the air may be loaded with miasma destructive to life, when the chemist can detect nothing unusual. These facts show that the animal organism, even in its natural, healthy state, affords a much more delicate test for many substances, than any other known; and it would be folly to deny the fact of the agreeable impression made upon the olfactory nerves by the fragrance of a rose, because you cannot handle and weigh the subtle aroma which produces it, or to brave the fatal miasma, because chemistry can give no evidence of its existence. These subtle agents not only produce an effect upon the system, but they produce their peculiar specific effects upon the appropriate organs; so that in the case of odors, we distinguish one from another by the specific impression made upon the olfactory

nerves, and in the case of miasma and contagions, by the specific diseases which they produce, as cholera, fever and ague, yellow fever, scarlet fever, measles, small pox, whooping cough, &c. Certain predisposing causes may give the system a peculiar susceptibility to the impression of these morbid agents, and then their peculiar effects are readily produced. So with homœopathic remedies, they act specifically upon organs in a state of morbid sensibility from disease, and having therefore a morbid susceptibility to the action of the drug, so that a very small dose is sufficient to make the necessary impression and excite salutary reaction. Allœopathic drugs, on the contrary, act primarily upon the healthy organs, which can bear larger doses with comparative impunity; as the healthy skin may scarcely feel a degree of heat, which would be intolerably painful to a burn. A priori reasoning is so strong in favor of small doses, when the remedy is used homœopathically, that every one feels its force. But the proper dose is not to be decided by mere reasoning; here again the appeal is to experience. Every homœopathist will agree, that the dose must be large enough to produce the required effect; more than this is at least unnecessary, and may be injurious. What is a suitable dose must be left to the enlightened judgment and experience of the practitioner. Experience abundantly confirms the efficacy of infinitesimal doses. The appropriate effect in the removal of symptoms and the cure of disease, is so uniform a sequence of the exhibition of infinitesimal doses, when administered according to the homœopathic law, that the remedy and the cure, for all practical purposes, may be safely calculated upon as sustaining to each other the relation of cause and effect. The common objection, therefore, that the doses are so small that they cannot possibly have any effect, is good for nothing until the truth of this position is demonstrated by experience, showing the limits beyond which, if the dose be diminished, it loses all power. In the mean time, the physician who, from long experience of their efficacy, resorts to the little doses with increased confidence, and the patient who has again and again been promptly relieved by their use, will be slow to give them up on any merely theoretical grounds.

But with an inconsistency characteristic of error, it is also said, that the homœopathists are in the habit of giving the most powerful and concentrated poisons, in such doses as physicians of the other school would be afraid to use, and thus the surprising effects of homœopathic doses are accounted for. The direct answer to this objection is simply: the assertion is untrue. Whether publicly put forth with "pomp and circumstance,"

by those standing high in the profession, or privately retailed, in the ear of the timid invalid, by those of less note, it is untrue. But as a false witness may unintentionally, be instrumental in establishing the truth, so this assertion, untrue though it be, may subserve the interests of homœopathy. For either it is recklessly said, by those utterly ignorant of homœopathic practice, who thus expose their unprincipled opposition to what, for aught they know to the contrary, is important truth, or by those who have seen and known something of the practice, and thus unwillingly bear testimony to the efficiency of the homœopathic doses; but in either case, it carries with it an imputation upon the moral character of a large, intelligent and respectable body of physicians, which is false and calumnious. When one party objects that the doses are so powerful as to be really dangerous, even when administered by a skilful physician, while another party asserts that the doses are entirely inefficient, and amuse its hearers with the story of a child which devoured a whole box of homœopathic medicines without experiencing the slightest effect, it is charitable to infer that one party or the other, probably both, are talking about what they do not understand. A decent respect for public opinion, to say nothing of self-respect, would seem to require that their objections should be brought into a little more consistency; and until this is done, they may safely be left to destroy each other.

Another peculiarity of homœopathy, is, the careful attention paid to symptoms in the investigation and treatment of disease. This results from the views taken of disease, of what constitutes the proper object of cure, and from the principle upon which the remedy is applied. Diseases are produced by the influence of morbid agents acting primarily on the vital principle. The resulting disturbance of the vital principle is manifested by "abnormal sensations and actions, by *morbid symptoms*, which we call disease." *How* the vital principle produces disease, is one of the inscrutable mysteries of nature beyond the scope of human investigation. But as the disturbance of the vital principle is made known by the morbid symptoms, and can be made known in no other way, the totality of the symptoms must present the true form of the disease; "they constitute the true and only form of it which the mind is capable of conceiving; a careful and thorough investigation of the symptoms, therefore, is absolutely necessary to the forming of a correct idea of the disease. As the *ensemble* of the symptoms constitutes the true form of the disease and the proper object of investigation in the study of disease, their removal constitutes the only proper object of cure in the treatment of disease. For the

symptoms can only be removed by agents acting on the vital principle ; and when the vital principle, from the disturbance of which the morbid symptoms arise, is so acted upon as to cause the thorough and permanent removal of the *ensemble* of the symptoms, the organism is restored to its normal condition of health. But in order to remove the symptoms, a drug must be selected which excites similar symptoms in the healthy organism ; and this, manifestly, cannot be done, the true remedy cannot be known, until the symptoms of the disease are ascertained, and compared with the pathogenetic effects of the drug. All morbid symptoms, therefore, are important in the practice of homœopathy.

Symptoms overlooked or disregarded, as trivial and unimportant, by alloëopathic physicians, frequently constitute distinct characteristic features of the disease and afford important indications for the treatment. Of this description are, especially, the moral symptoms, or affections of the mind. The investigation and removal of the causes of disease are of course attended to, and every thing which is calculated to interfere with the favorable progress of the cure is guarded against by a more than usually strict regimen.

Thus it appears that homœopathy is eminently a matter of fact business. The pure effects of drugs are ascertained by trials, before they are used as remedies for the cure of the sick. The homœopathic law, like cures like, is an established fact, which had been announced, but never properly carried out in practice by others before Hahnemann. The efficacy of remedies, when properly administered, in very minute doses, is also a fact, demonstrated by experience. In the investigation and treatment of disease, all the facts of the case are sought out and examined.

As a system of doctrines, homœopathy is more complete and philosophical than any other extant ; as a system of rules for the practice of a difficult art it is far before all others. While it is the safest, it is the most efficacious mode of practice at present known. In the cure of disease it is as successful as any other method, even its enemies being judges ; in the opinion of its friends, who best know, it is vastly more successful. Where it is best known, it has the firmest friends and the highest standing. In Austria the government has issued an order for the establishment of a professorship of homœopathy in all the Medical Colleges throughout the empire. In Prussia the practice of homœopathy is sanctioned and protected by the laws. The last number of the Archives contains a letter from Dr. Nunez, a distinguished physician in Barcelona, Spain, to Dr. Bœnning-

hausen announcing the conversion to homœopathy of five professors of the Medical College at Madrid. Throughout Europe it is extending its benign influence and winning its way in the highest circles and among the most intelligent portions of society.

In the United States there are about 700 physicians practicing homœopathy with great success, besides many others who practice it, but whose names are not yet generally known as disciples, and others who are earnestly engaged in examining the subject. A National Homœopathic Institute has been formed, and censors appointed to examine candidates in homœopathy, who must be regularly educated in the allœopathic schools. A large proportion of the homœopathic physicians are men who have had experience in allœopathic practice before they adopted homœopathy. Yes, say some objectors, who would fain be considered gentlemen, the homœopathic doctors are men of no reputation, who could not succeed in obtaining business by the regular practice, and have taken up this humbug for the purpose of getting into business. Admitting for a moment the justness of this objection, and the inferiority of those physicians who have adopted homœopathy, how, most courteous objectors, can you explain the fact, that they are more successful in healing the sick than the distinguished allœopaths, their competitors, except by admitting the great superiority of the new system they have adopted, which more than compensates for their own inferiority? It is difficult to understand how, in an intelligent community, physicians of no reputation are to take practice out of the hands of men of established reputation, and retain it, unless they are more successful in curing their patients. If this objection were true, therefore, it would only go to show the great superiority of the principles which govern their practice; a superiority which enables obscure and confessedly inferior men to compete successfully with the magnates of allœopathy. But the objection, so far from being true, is a gross slander. Homœopathic physicians are, generally, men educated in the schools of allœopathy; men who have practised their profession as allœopaths with reputation and success equal to that of their brethren, and not a few have occupied important public stations, professorships, &c., and have enjoyed the respect and confidence of the public and the profession, until adding to their other attainments a knowledge of homœopathy, and giving the weight of their influence in its support, it has been thought expedient to assail their characters, as a means of disparaging the system they have adopted, and bringing both into public contempt. So far

has this spirit been indulged among us, that the Medical Society of the city of New-York, in order to manifest a suitable contempt for homœopathy and its immortal founder, after he had been for years an honorary member of this society, thought proper to expel him, as one wholly unfit, by his character and attainments, to be associated with respectable physicians; and did actually proceed to the consummation of this *manly** act, with only two dissenting voices.

Hahnemann died a few days before this took place; and as "coming events cast their shadows before," it was supposed by some that the foreshadowing of this death-blow to his system and his fame actually cut short his days, and hurried him to the grave in the eighty-eighth year of his age. The manly manner in which Hahnemann was consigned to oblivion by this act, cannot be generally known in Europe, for we find† John Forbes, M. D., F. R. S., one of the editors of the "Cyclopædia of Practical Medicine," editor of the "British and Foreign Medical Review," &c., &c., this very Anno Domini 1846, speaking of Hahnemann in this wise:—"No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man,—one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself.

"Hahnemann was undoubtedly a man of genius and a scholar; a man of indefatigable industry, and of undaunted energy. In the history of medicine his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice. Nor will the overthrow of his system, as a system, deprive him of his fame, so long as Paracelsus, and Stahl, and Silvius, and Boerhaave, and Brown, and the other one hundred heroes of theoretical renown, are remembered by their successors in the schools of medicine."

This, it should be remembered, is the testimony of an ad-

* The proceedings in this case were moved by Dr. Manley.

† Homœopathy, Allœopathy, and "Young Physic," by John Forbes, M. D., &c., &c., page 6.

versary, who may fairly be considered as under, rather than over estimating his merits.

Of the present state of homœopathy, and the character of homœopathic physicians, Dr. Forbes speaks thus :

“But homœopathy comes before us in a much more imposing aspect, and claims our attention on grounds which cannot be gainsaid. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world ; and claims the notice of mankind on the irresistible grounds of its superior power of curing diseases and preserving human life. And it comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conqueror, powerful, famous, and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England, or America, that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning ; many of them in large practice, and patronized especially by persons of high rank.

“New books on homœopathy issue in abundance from the press, and journals exclusively devoted to its cause are printed and widely circulated in Europe and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established, many of which publish reports blazoning its successes, not merely in warm phrases, but in the hard words and harder figures of statistical tables.” “The last triumph which homœopathy has achieved, is the conversion of the Professor of Pathology in the University of Edinburgh, from the old faith.

“As an established form of practical medicine, then, as a great fact in the history of our art, we must, nolentes volentes, consider homœopathy.”

The facts here presented will enable the public to form an opinion, as to the correctness of the assertion constantly repeated for the last few years, that homœopathy is on the decline ; has gone down in Germany and in Europe generally, and is struggling hard for a precarious existence among us, destined here as there to be of short duration. They will also enable those who have been deceived by the vituperation thrown upon Hahnemann and his disciples to see the gross imposition which has been practised upon them.

Homœopathists constantly appeal to experience, and rest the claims of homœopathy principally upon the fact of its great efficacy in the cure of diseases. The evidence on this point is abundant ; but for the present purpose it shall be taken from Dr. Forbes' book, the facts being such as he considers reliable,

and therefore not likely to be doubted by those who know him. "The Hospital of the Sisters of Charity in Vienna was opened in 1832. It is situated in a healthy suburb, and has thus advantages over the great general hospital of the same city. It contains at present upwards of fifty beds. In the beginning of 1835, the management of the hospital was committed to Dr. Fleischman, and since that period all the patients have been treated according to the homœopathic system exclusively. In the Introduction to the Study of Homœopathy, by Drs. Drysdale and Russel, there is a translation of a report of Dr. Fleischman, exhibiting a tabular view of the cases treated at this hospital during eight years—from the beginning of 1835 to the end of 1843. The total number of patients treated was 6551, and the following are the general results :

Remaining from 1834,	27
Admitted,	6524
Cured,	5980
Dismissed uncured,	112
Died,	407
Remaining,	50

The list includes all the usual diseases, acute and chronic, found in hospitals, and some surgical cases. The following extract shows the number and events of some of the more important and best marked diseases :

	Admit'd	Cured	Uncur.	Died.	Remain
Abscess of the brain,	3	"	"	"	"
Apoplexy,	9	4	2	3	"
Cancer of stomach and uterus,	5	"	2	3	"
Amenorrhœe and chlorosis,	90	89	"	"	1
Ascites,	14	10	1	3	"
Diarrhœa,	114	112	"	2	"
Dysentery,	44	42	"	2	"
Erysipelas of the face,	181	177	1	2	1
Fever, excluding typhus,	1036	1007	1	17	11
Typhus abdominalis,	819	669	2	140	8
Influenza,	52	51	"	1	"
Dyspeptic affections,	173	172	"	"	1
Gout, acute and chronic,	102	97	1	4	"
Headaches, various,	61	61	"	"	"
Articular inflammations,	211	203	"	2	6
Meningitis,	17	15	1	1	"
Bronchitis,	15	15	"	"	"
Ophthalmia,	51	30	1	"	"
Endocarditis,	29	29	"	"	"
Pericarditis,	2	2	"	"	"
Enteritis,	6	1	"	5	"

	Admitt'd.	Cured.	Uncur.	Died.	Remain
Pneumonia,	300	280	"	19	1
Peritonitis,	105	100	"	5	"
Pleuritis,	224	221	"	3.	"
Measles,	25	23	"	2	"
Phthisis,	98	"	27	71	"
Rheumatism, acute and chronic, .	188	188	"	"	"
Scarlatina,	35	31	"	2	2
Small-pox,	136	120	"	11	5
Tonsilitis,	300	299	"	"	1

"These tables substantiate this momentous fact, that all our ordinary curable diseases are cured in a fair proportion, under the homœopathic method of treatment; not merely do we see thus cured all the slighter diseases, whether acute or chronic, which most men of experience know to be readily susceptible of cure under every variety of treatment and under no treatment at all; but even all the severer and more dangerous diseases, which most physicians, of whatever school, have been accustomed to consider as not only needing the interposition of art to assist nature in bringing them to a favorable and speedy termination, but demanding the employment of prompt and strong measures to prevent a fatal issue in a considerable proportion of cases. And such is the nature of the premises, that there can hardly be any mistake as to the justness of the inference. Dr. Fleischman is a regular, well-educated physician, as capable of forming a true diagnosis as other practitioners, and he is considered by those who know him as a man of honor and respectability, and incapable of attesting a falsehood. We cannot, therefore, refuse to admit the accuracy of his statements as to matters of fact. No candid physician, looking at the original report, or at the small part of it which we have extracted, will hesitate to acknowledge that the results there set forth would have been considered by him as satisfactory, if they had occurred in his own practice. The amount of deaths in the fevers and eruptive diseases is certainly below the ordinary proportion, (page 53.) He adds, we have sufficient evidence to prove that many of the cases of pneumonia, at least, were severe cases. A few of these cases are reported in detail by Dr. Fleischman himself, and we have ourselves had the statement corroborated by the private testimony of a physician (not a homœopath) who attended Dr. F.'s wards for three months. This gentleman watched the course of several cases of pneumonia, and traced their progress, by the physical signs, through the different stages of congestion, hepatization, and re-

solution, up to a perfect cure, within a period of time which would have appeared short under the most energetic treatment of allœopathy." (page 55.)

Dr. Henderson* gives a detail of one hundred and twenty-two cases of disease treated homœopathically by himself, in dispensary and private practice. After commenting on these cases, Dr. Forbes says, "we do not hesitate to declare, that the amount of success obtained by Dr. Henderson in the treatment of his cases, would have been considered by ourselves as very satisfactory, had we been treating the same cases according to the rules of ordinary medicine, (page 76.) Dr. Forbes wishes formally to guard against being supposed to admit, "that the result of the homœopathic treatment *generally*, is, and will be, as successful as the result of the ordinary treatment generally."

"It is *possible* that this may be the case; but, as we have no certain evidence that it is so, it would be absurd on our part to assume that this is the fact. We wish to keep strictly within the record, which goes no further than this, that a certain definite number of cases of disease, treated homœopathically by these two gentlemen, appear to have had as successful results as if they had been treated allœopathically, or according to one or other of the prevailing modes of ordinary practice." (page 77.)

The number of cases treated so successfully by Doctors Fleischman and Henderson, it will be seen, amounts to 6673; and as there is no reason to suppose that their success has been greater than the average success of homœopathic treatment, it would seem to be highly probable "that the result of the homœopathic treatment *generally* is, and will be, as successful as the result of the ordinary treatment generally." It is believed that on a fair examination the results of the homœopathic practice will be found to be more successful than any other, and that whenever the allœopathists themselves have made direct cures, "the diseases have yielded, although without the knowledge of the physician, to a homœopathic remedy; that is to say, to a remedy in itself capable of exciting a morbid state similar to that whose removal it effected."

The efficacy of the homœopathic treatment has been strikingly manifested in the Protestant Half Orphan Asylum in this city. Dr. Clark Wright took charge of the medical treatment of the children affected with ophthalmia in this institu-

* An Inquiry into the Homœopathic Practice of Medicine. By W. Henderson, M. D., Professor of Medicine and General Pathology in the University of Edinburgh.—London and Edinburgh, 1845, 8vo. pp. 238.

tion on the 11th August 1842, and succeeded in the "cure of 107 cases of an inveterate eye disease, and of 137 cases of an equally intractable malady of the skin, both of which had been fruitlessly treated in the common practice by a distinguished practitioner of the city for a long time." The result of the treatment of the various diseases occurring during a period of sixteen months, ending Dec., 1843, was as follows:

Whole number of cases treated, 421; cured, 413; left the asylum, 5; under treatment, 1; died, 2. "The medical treatment in every instance was strictly homœopathic."

The following table, showing the mortality in this Asylum for the last ten years, is taken from Dr. Wright's report to the managers for the past year.

Report.	Year.	Number of inmates.	No. of deaths.	Ratio of deaths.
1	1836	74	1	
2	1837	114	7	
3	1838	120	2	
4	1839	120	1	
5	1840	115	3	
6	1841	153	6	
7	1842	162	2	
		858	22	1 to 39.
8	1843	184	2	
9	1844	168	2	
10	1845	175	0	
		527	4	1 to 132.

During the first seven years the inmates were under allœopathic treatment, and the deaths averaged one to thirty-nine. During the last three years the treatment has been exclusively homœopathic, and the deaths have averaged only one to one hundred and thirty-two. For the last eighteen months there has been no death. The children have generally continued free from ophthalmia and cutaneous diseases; but every child, on its first admission, is expected to have, and generally does have an attack of one or both of these complaints, which shows that the same causes which originally produced these affections are still operating, and that the exemption of the children from them for the last two years is entirely owing to medical treatment.

* See Homœopathic Examiner, Vol. III. p. 346.

The writings of homœopaths furnish a mass of facts showing the superior efficacy of their practice; yet Dr. Forbes says, "We can assert with the greatest positiveness, that, far as the evidence supplied by the documents now before us, or the evidence we have been able to gather from other published writings of the new school goes, there exists not a tittle of actual *proof* that homœopathy is true in this aspect:" that is, efficient as a means of curing diseases. The doctor must have a very large organ of hope when he can hope to satisfy the minds of most men of the justness of his conclusion, "that the curative powers of nature suffice to explain all the triumphs of homœopathy." Some of his allœopathic brethren may be slow to adopt his conclusion when they find he does not shrink from admitting and adopting the inferences which seemed necessarily to flow from it, viz: "1. That in a large proportion of the cases treated by allœopathic physicians, the disease is cured by nature and not by them. 2. That in a less, but still not a small proportion, the disease is cured by nature in spite of them; in other words, their interference opposing instead of assisting the cure. 3. That consequently, in a considerable proportion of diseases, it would fare as well or better with patients, in the actual condition of the medical art, as more generally practised, if all remedies—at least, all active remedies, especially drugs—were abandoned. We repeat our readiness to admit these inferences as just, and to abide by the consequences of their adoption. We believe they are true. We grieve sincerely to believe them to be so; but so believing, their rejection is no longer in our power; we must receive them as facts, until they are proved not to be so." And when he asks, "Who among us, in fact, of any considerable experience, and who has thought somewhat as well as prescribed, but is ready to admit that, in a large proportion of the cases he treats, whether his practice in individual instances be directed by precept and example, by theory, by observation, by experience, by habit, by accident, or by whatsoever principle of action—he has no positive proof, or rather no proof whatever, often indeed, very little probability that the remedies administered by him exert any beneficial influence over the disease?" And again says of the condition of physic at this moment: "Things have arrived at such a pitch, that they cannot be worse. They must mend or end." Who would expect him to admit all this and "*still adhere to allœopathy*," "while it inflicts on our patients some serious evils that homœopathy is free from, such as the swallowing of disagreeable and expensive drugs, and the frequently painful and almost always unpleasant effects

produced by them during their operation," "while in rejecting homœopathy we consider that we are discarding what is at once false and bad—useless to the sufferer and degrading to the physician."

After learning his opinion of allœopathy no one will be surprised that he is not satisfied with testing homœopathy as to its "*power relatively to that of allœopathy*," and that "as to the *absolute power* of homœopathy to cure diseases," "nothing will suffice but the *experimentum crucis* of a comparative trial, on the large scale, of *its* powers, on the one hand, and of *nature's* powers, on the other." It certainly would seem to be a very unsatisfactory way of testing the value of a system to judge of it relatively to things which "have arrived at such a pitch that they cannot be worse." Far better, as he proposes, try it against nothing, for if it is not worse than nothing it must be vastly better than that which has become so insufferably bad that it "cannot be worse," which cannot much longer be endured, and "must mend or end."

Dr. Forbes is a very eminent physician, and upon all subjects with which he is acquainted, his opinions are entitled to great weight. With allœopathy, both theoretically and practically he is acquainted, and has given his opinion of it with a boldness and candor for which some of his brethren will not thank him.

As to the merits of allœopathy, he is a competent witness, and it will not do for his allœopathic brethren to attempt to impeach their own witness.

But with respect to homœopathy, the case is quite different. His opinion either for or against it, is worth very little, because he really knows very little about it, nothing practically. As to the homœopathic theory, he admits it to be feasible, "At least, this is as good and rational a theory, as most of our orthodox medical theories." But as to its practical effects, what are reported as facts by men for whose character and ability he vouches, to him are not facts. No amount of testimony is sufficient to convince him of their truth, and as to satisfying himself by his own experience, that he will not do; he has already decided that it is "false and bad—useless to the sufferer and degrading to the physician." There is no telling how bad it may become, and he has at present the satisfaction of holding fast to something which has "come to such a pitch that it cannot be worse. It must mend or end."

Dr. Forbes is by no means singular in his want of confidence in the prevalent medical practice. It is a common remark that the most distinguished physicians, as they grow old-

er and more experienced, frequently lose their confidence in medicine, and adopt a very mild or expectant mode of treatment, discarding altogether the bold and energetic measures of their earlier practice. It certainly is calculated to throw doubt and discredit upon any system, when those who may be supposed to understand it best, are found to lose confidence in it, in proportion to their experience of its effects. This want of confidence in his own treatment is painful to the practitioner, and is very apt to be communicated, perhaps unconsciously, to the mind of the patient, producing a state of feeling unfavorable to the cure. Dr. Forbes says truly, "The conscientious homœopathist who believes he has selected the proper remedy, must possess a degree of confidence in the result of his medication, which an ordinary practitioner can be but rarely justified in feeling." It is not surprising, therefore, that many distinguished physicians have relinquished allœopathy, and adopted homœopathy; for surely the conscientious physician is under solemn obligation to pursue that mode of practice, in the results of which he has the greatest confidence. As before remarked, a great proportion of the homœopathic physicians, are converts from allœopathy, previously having been allœopathic practitioners, where there is no instance known of a physician having intelligently embraced homœopathy, and afterwards rejected it. On the contrary, his confidence in the result of his medication, when he has selected the proper remedy, is strengthened and confirmed by every day's experience. Not only his success, but his failures also frequently convince him of the truth of the principles which govern his practice; for when he is disappointed in the effect of the remedy given, it will often happen, on further examination, that he will discover both the true remedy, and the reason why the one previously given ought not to have had the desired effect. Patients treated homœopathically, being generally educated and intelligent, their testimony in favor of the practice is also entitled to great respect. They certainly know when they are relieved from pain and sickness, and they know whether the relief is obtained quickly, and without unpleasant effects from the treatment.

In relation to homœopathy, there are two great classes, two grand divisions, and only two; those who understand and adopt it, and those who do not understand and reject it. There is no third class of those who understand and yet oppose it. That there is a growing want of confidence in the prevalent medical practice, both in the public mind and in the profession, is apparent. The art of healing is very little better now, as it

is generally practised, than it was in the days of Hippocrates, more than 2000 years ago. Yet there have always been in the medical profession, men of undoubted talents and of indefatigable industry, men who were ready to peril their lives in the cause of science and humanity. When so little benefit has resulted from the immense labors of the cultivators of medical science, through so many generations, while other departments of knowledge have made such astonishing progress, it is natural to infer, that the intrinsic difficulties of the subject are insuperable, or that the proper method of encountering and overcoming them, has not yet been discovered and adopted. To ascertain the boundaries beyond which it is impossible to carry our investigations, to understand distinctly what may reasonably be sought for with good hope of success, and what in the nature of things must forever be unattainable, is an important part of human knowledge.

The alchemists, in their visionary and vain attempts to transmute the metals into gold, to form a panacea or universal remedy, to discover an alkahest, or universal menstruum, &c., did indeed acquire some knowledge of the properties of matter; but when profiting by the experience of past failures, and renouncing these transcendental aims and the authority of dictators, as honest inquirers after truth, they sought it in the true spirit of inductive philosophy through the diligent observation and study of facts, the only revelation of natural truth, then only did the alchemists become real chemists and advance chemistry to the front ranks of science.

So physicians, in devoting their time and talents to speculations upon the essence of life, the *nature* of disease, considering disease as a material thing infesting the organism, to be bodily ejected in the process of cure, to fruitless attempts to discover the proximate causes of disease, and to the fabrication one after another of theories founded only on speculative opinions, have mistaken the proper object of their profession, and the right means of attaining it; and it is only when renouncing this philosophy, falsely so called, putting a check upon the imagination, and exercising reason in ascertaining facts and the true relations of facts to each other, that they can become intelligent and successful ministers of nature in healing the sick.

In this manner, by studying the laws of nature in the phenomena by which they are revealed, homœopathists have endeavored "to come at length to something like an appreciation of the true powers and actions of remedies, of which, at present," says Dr. Forbes, "we are lamentably ignorant," to ob-

tain correct notions of disease by carefully ascertaining all that can be known about it ; to learn the relation of the remedy to the disease ; and here experience proves that the true remedy exerts itself in exciting actions analogous to those of the disease which it cures. This is a laborious and painstaking method of proceeding, and in the opinion of Dr. Forbes, "very injurious to medicine as a branch of science. Based, as it is, on mere extrinsic, secondary phenomena, or symptoms, and exclusively engaged in the search for and adaptation of specific remedies to such phenomena, we cannot but regard it as calculated to destroy all scientific progress in medicine, and to degrade the minds of those who practise it. Its direct tendency seems to be that of severing medicine from the sciences, and establishing it as a mere art, and thus converting physicians from philosophers to artisans." It has been said there is no royal road to knowledge, but verily there should be a royal college for giving instruction in "medicine as a branch of science," to secure "scientific progress in medicine," and raise up a body of real medical "philosophers" who should not degrade their minds by attending to "phenomena or symptoms," but reasoning from the unknown to the unknown should preserve the connection of medicine with the sciences, and practise physic in a very dignified way, as philosophers, without any knowledge of diseases or the art of healing.

We could wish, for the honor of the profession, for the sake of humanity, that physicians generally would investigate the subject of homœopathy in the true spirit of philosophical inquiry. There surely is such a thing as credible testimony, as reliable observation, as true experience, and it is possible for the intelligent physician to arrive at just conclusions as to the results of medical treatment, or there is no real foundation in the nature of things, at least it remains to be discovered if there be, upon which to establish medical science. Having been actively engaged in medical practice for twenty-seven years, I certainly feel competent generally to form an opinion, whether medication does or does not, in any degree, modify or change the condition of the patient, whether it does or not produce any appreciable effect, and to make a shrewd *guess* whether the effect is salutary or injurious ; and I believe there is no man in the profession, competent to form an opinion on the subject, who may not in a very short time satisfy himself of the efficiency of homœopathic treatment and of the great benefits to be derived from it. But in order to do so he must condescend to look at "phenomena or symptoms," and hold speculation and theory in submission to facts. If men of plain common sense, who have for

years maintained a respectable standing in the profession, and innumerable patients of the most intelligent class, can together be utterly mistaken and deceived, not once or twice, but daily and habitually, year after year, for years, to the end of their lives, in regard to this subject, believing that striking and important effects are observed and felt, when there are absolutely no effects whatever produced, then is the whole theory and practice of medicine a delusion, and the suffering sick must be universally consigned to the efforts of nature, without remedy. To falter and stumble at the doses is unwise. The most active agents in nature, light, heat, electricity, galvanism and magnetism, are all imponderable agents, known only by their effects. Matter acts only as it is acted upon, and there is absolutely no efficient cause in nature, but a spiritual cause. But if the small doses are the main objection, select the remedy carefully according to homœopathic law, and give as large doses as you dare give; if it produces no unpleasant effects, well; if it does produce unpleasant effects, give less and diminish the dose until this difficulty is obviated. Only make your prescriptions strictly homœopathic to the disease, and your experience will soon confirm the truth of the homœopathic principle.

In Europe, where the institutions and habits of the governments and people are opposed to innovation and change, homœopathy, by its intrinsic merits and importance, after a severe and painful struggle, has succeeded in establishing itself upon a legal basis, as an approved and authorized mode of practice, and is invited into the halls of science, and to official patronage, that its blessings may be more widely appreciated and diffused.

While this is going on in Europe, let no one believe, that in this country, where every thing is brought to the test of experience, and where, whatever is found upon trial to be practically good is sure to be approved and adopted in defiance of all philosophers, who maintain that it is theoretically "false and bad," and ought to be rejected, where the people, a peculiar people, are bent upon breaking away from the old established usages, and time-honored abuses of other times and countries, their watchword *progress*, their aim *improvement*; let no one believe that here homœopathy can be put down by ridicule, abuse or persecution, and finally condemned without trial.

ON ÆTHUSA CYNAPIUM.*

BY JEAN PIERRE, M. D.

This plant has received the common name of Fool's Parsley, on account of its resemblance to common parsley, and the unpleasant accidents which have occurred from mistaking the one plant for the other. As an umbelliferous plant it has a botanical alliance with *Conium Maculatum*, *Cicuta Virosa*, &c., &c. According to Christison it is more apt to cause convulsions than any other Hemlock. There are but few cases of poisoning with it on record; in Taylor's Medical Jurisprudence the following case is given: "A woman gave two of her children some soup, in which she had boiled the root of this plant mistaking it for parsley. They were both seized with severe pain in the abdomen, and the next morning one of them, a boy, aged eight years, was in a state of perfect unconsciousness, with his jaws spasmodically fixed; the abdomen was swollen, and there was vomiting of bloody mucus, with obstinate diarrhœa, the extremities were cold, and the whole body convulsed." Death in twenty-four hours, and the only post mortem appearances met with were redness of the lining membrane of the œsophagus and trachea, with slight congestion of the stomach and duodenum.

2d case: A child of six years. Death in six hours. It had cramps in the stomach which forced it to cry out aloud; respiration was short and painful; the abdomen swelled and soon took on a livid color.

3d case: From 7 oz. of the juice. Death in one hour. Loss of strength, dilatation of pupils, irregular, strong, and then weak action of the heart, then convulsions, followed by the stupor of death.

According to Noack, the principal pathological appearances are: Swelling of the face, great dilatation of the pupils, spasmodic closure of the jaws, blackness of the tongue, accumulation of brownish serous fluid in the stomach, absence of all internal inflammation, great accumulation of yellow bile in the gall bladder, staining of the duodenum, liver, part of the colon and omentum with yellow bile; all of the blood thin, black and venous; the brain congested; the liver much harder than common, and changed from its ordinary reddish brown, to a light yellow color.

* It is our intention to furnish a series of articles on the *Materia Medica*, and will follow the alphabetical order, as near as may be.

THERAPEUTICAL USES.

In the old school, Noack says that this plant has only been used in anodyne cataplasms, while the *Æthusa Meum* has been given in fever and ague, leucorrhœa, suppression of the menses and in asthma pituitosum.

Noack proposes it as homœopathic to mania, monomania, epilepsy, dysentery, cholera, typhus fever, and perhaps also in delirium tremens, and commencing paraplegia inferior. We intend to examine into the correctness of these recommendations, and to suggest its applicability to a few other diseases.

1. *In Epilepsy.*

It causes violent epileptic cramps, with turning in of the thumbs, redness of the face, convulsive movements of the eyes, which are turned down spasmodically, very great dilatation of the pupils, frothing at the mouth, clenching of the teeth, small, hard and quick pulse, with natural warmth of the body. From its marked action on the stomach, bowels, and liver, it would seem most homœopathic to the abdominal, or ganglionic epilepsy of Schoenlein. In this disease the patient first experiences from time to time a gnawing, contracting, burning or piercing pain in the region of the navel, corresponding to the superior or inferior mesenteric plexus of nerves; this pain may subside on the setting in of the feeling as if a vapor or hot flame passed over the part. This aura may ascend to the stomach, followed by a feeling of spasm there, and vomiting of an albuminous fluid; or it may extend from the stomach towards the right hypochondrium, and slight but transient symptoms of jaundice may ensue, viz., yellowness of the whites of the eyes, slight yellowness of the face, &c.; or it may extend to the brain and an actual paroxysm of epilepsy set in at once. It occurs most frequently between the seventh and eleventh years of life; it is four times more frequent in males than females; the paroxysms are most frequent at the full moon, after which they diminish, and towards the last quarter they are entirely absent. (SCHOENLEIN.) *Æthusa c.* causes burning about the navel and in the stomach, extending into the chest; vomiting of frothy whitish substances, cramps in the stomach, &c. Its marked action upon the liver is only rendered evident by post mortem examination; and hence we have another proof of the importance of Pathologico-anatomical studies to the ho-

mœopathist. It must also be homœopathic to the convulsions of children, arising from derangement of the stomach and bowels. This is perhaps a proper place to remark, that Belladonna is used by the homœopathists in convulsions of children far more frequently than it ought to be, according to the strict requisitions of the homœopathic law; for both Christison and Pereira agree that Belladonna very rarely produces convulsions, and when it does, they are very slight and transient.

2. In Cholera.

It causes most severe vomiting; vomiting of coagulated milk in children; of greenish mucus; of frothy, milk-white masses; violent vomiting, with frequent diarrhœa, and discharges upwards and downwards of greenish, slimy, and even of bloody matters. Diarrhœa of thin, bilious, light-yellow, or greenish matters, with violent urging and tenesmus. Bloody stools. It does not produce the rice water vomits, nor the serous diarrhœa of true cholera, but seems most homœopathic to cholera infantum; to bilious diarrhœa and dysentery; perhaps to bilious remittent fever, when the bilious diarrhœa sets in; in teething diarrhœas of children. It produces the *linea nasalis* in a marked degree, viz. a line and expression of great anxiety, extending from the wings of the nose to the angles of the mouth, and considered characteristic of severe abdominal affections. It is well known that children who have been run down by vomiting and purging, are apt to get convulsive twitches of the eyes, face and limbs, and so fall into the sub-comatose state which Gooch has so admirably described, under the name of the hydrocephaloid affection, and which many physicians still mistake for true hydrocephalus. The Æthusa would seem to be homœopathic to this state, for we have seen that it causes violent vomiting and purging, also convulsions and spasms with stupefaction and delirium, also drowsiness the whole day, almost amounting to coma, loss of consciousness, stupefaction, dulness of the head as if from intoxication, vertigo, with sleepiuness even while standing, &c. &c.

The greenish stools of children consist of bile, which has been altered in color by the addition of an acid; if any acid be added to normal light-yellow bile, the latter will quickly be changed into a grass-green fluid; as Æthusa causes vomiting of coagulated milk, and purging of bilious and greenish stools, it is homœopathic to the above affection.

3. *In Dysentery.*

It causes severe tenesmus and evacuation of blood.

4. *In Typhus Fever.*

It causes blackness of the tongue, and severe purging of light yellow bilious matters; these two symptoms probably led Noack to suggest its use in typhus fever. The stools in typhoid fever are for the most part loose and frequent, and either of a dark color and offensive, or else thin, yellow and ochrey, somewhat like pea-soup. We have no proof that Æthusa exerts any specific action upon Peyer's glands, which as is well known, are so frequently enlarged and ulcerated in typhoid fever, that this state of them has long been regarded as the pathologico-anatomical feature of the disease.

5. *In Mania, Monomania, and Delirium Tremens.*

It causes great anxiety, restlessness, and fearfulness; followed by pains in the head and abdomen. Anxious solicitude, fearful thoughts, ill-humor, peevishness, irritability, especially in the afternoon; the greater part of the pains in the head also set in in the afternoon. Irritable and earnest expression of countenance, with disinclination to talk, and attended with heat of the head. Timid despondency in the afternoon. Fixed ideas about a finished piece of clothing, during the day while awake, and continued in the dreams at night. Delirious raving; visions of cats, dogs, &c., mania, madness. It would seem homœopathic to hypochondria and mania connected with, or depending upon derangement of the liver, stomach and bowels.

6. *In Paraplegia Inferior.*

It causes great debility, lassitude and tiredness, especially of the legs; and attended with drowsiness; paralytic pain in the left shoulder; sudden lassitude of the forearms, while knitting; weakness of the right wrist; paralytic pain in the thighs while sitting, disappearing after motion; great lassitude of the legs. These are all the symptoms which point to a paralytic affection; but Æthusa is eminently a convulsive

remedy, and it is probable that they set in only after the occurrence of convulsions, hence it can only be homœopathic to that kind of paralysis, which succeeds convulsive or spasmodic affections.

7. *In Cirrhosis of the Liver.*

We propose it as homœopathic to the first stage of granular, or hob nail liver, because in one case of poisoning with it, the liver was found hard and yellow, and on account of its apparent specific action on the duodenum and liver; it causes congestion of the duodenum, and irritation, which may have extended along the ductus communis to the liver, thus causing the great accumulation of bile in the gall bladder, and the great overflow of bile sufficient to stain the whole liver, duodenum, and part of the colon and omentum with yellow bile, also the pain and tenderness in the region of the liver, and the bilious stool which it induces. According to Corrigan, the first stage of granular liver is marked by colic pains, generally felt about four or six hours after dinner, quick pulse, vomiting, constipation, or the stools, besides the usual feculent matter, are loaded with mucus, and sometimes tinged with blood. As the disease advances, the fits of colic occur more frequently, the vomiting becomes more intense, the skin dry, the pulse quicker, and the tongue red and smooth; in most cases there is pain at the top of the right shoulder, and in all a degree of jaundice, very slight indeed, and progressing gradually, but sufficiently distinct if the conjunctiva be examined after pulling down the lower eyelid; there is also some slight pain in the region of the liver and duodenum. Corrigan thinks these symptoms depend upon a certain degree of duodenitis, and it is well known since the time of Broussais, how frequently this disease extends along the biliary ducts, causing jaundice and ultimately disease of the liver. Colchicum also deserves attention in duodenitis and the first stage of granular liver.

Characteristic Symptoms.

1. *Rending and piercing pains.* It causes rending and piercing pains in the muscles; in the head, especially in the temples, mostly in the afternoon; in the ears; in the zygoma; in the gums; in the epigastrium extending up the œsophagus; in the lumbar and hypochondriac regions; in the nape; in the elbow, hand and finger-joints; in the thighs, knees and feet.

2. *Burning.* It causes ascension of heat into the head, with increased warmth of the body, redness of the face, and cessation of preceding vertigo; heat of the scalp with burning of the face; burning in the eyes, as if from smoke; sensation as if hot air streamed out of the left ear, alternating with piercing pain in the left hypochondrium; burning, first in the nose, then on the outside of the epigastrium; burning in the stomach, extending into the chest; piercing in the left hypochondrium with burning and pressing, followed by piercing under the left breast, and inclination to weep; rolling as if from boiling water, in the region of the umbilicus; piercing in the middle of the sternum, followed by burning and anxiety, as if one were about to die; glowing burning under the left breast; burning in the sacral region; burning in the left loin, as if from a hot needle.

3. *Headache* in the forehead, as if the brain were pressed into it with great force from above and behind. The headaches generally occur in the afternoon. It produces congestion of the brain and its sinuses.

4. Sensation of swelling of the head, face and hands, while in the free air, relieved by going into a warm room.

POISONING BY OPIUM.

[A lady has extracted the following case of poisoning by *Opium* from the recent work "Lives of the Queens of England, by Agnes Strickland," for the Examiner.]

"Our queen," says father Cyprian, "was not destined to see the end of the year 1669. Ever since her return from her last sojourn in London, she had labored under complicated maladies, which caused her perpetual insomnolence, and intense suffering. From time to time the baths of Bourbon softened these pains, but could not cure them. Their paroxysms came nearer and nearer, until they defied relief. Yet the queen did not give way to sadness, she exhaled not her internal agonies by plaints, by tears, or bad temper, like ordinary women. With the blood of the great Henry she had inherited his high courage, excepting when sometimes the sharp pains she endured

became apparent on her fine features ; but she often said 'that piteous complainings did no good in illness,' and 'she did not wish to imitate ladies and damsels who cried, and wept, and lamented for a little pain in the head, or a cut finger.' Her daughter, the duchess of Orleans, and the duke her husband, took the most lively interest in her health, and were unremitting in their attendance on her person. At their united entreaty, she permitted the most able medical men in France to hold a consultation on her case ; and M. Valot, the first physician of Louis XIV, M. Esprit, first physician to the duke of Orleans, and M. Juclin, to the duchess, all met at the château of Colombe, where M. D'Aquin, physician to our queen, introduced them into the chamber of her majesty. She explained to them her symptoms with great clearness, and desired her physician in ordinary 'to tell them the remedies he had applied for the shooting pains which deprived her of rest.' Then M. Valot said, 'that by the grace of God, nothing very serious ailed her ; that her malady was inconvenient, but not dangerous ; and that to the prescription of M. D'Aquin, he should add but three grains, which would give her majesty sleep and cure her disorder.'

"When the queen heard him talk of grains, she immediately suspected that he meant to prescribe opium, and she said positively that she would not take them, 'for she knew by experience how noxious it was to her, and how ill it made her ; besides, her famous physician in England, Dr. Mayerne, had warned her against taking any great dose of the kind.'

Her repugnance was, however, overruled by the united arguments of M. Valot and his medical brethren, all but the physician of the duchess of Orleans, on whom the opinion of Mayerne made some impression ; nevertheless, the result of the fatal consultation was, that the queen was to take the grains at eleven o'clock that night. In the intermediate time she went to supper as usual, for she was by no means confined to her bed, or even to her chamber, though much troubled with a pulmonary complaint and harassing cough. She was however better than usual that day ; she conversed pleasantly, and even laughed several times at supper, which she ate with more appetite than usual. When she went to bed she immediately fell into a sweet sleep." Nothing can be more absurd than to wake a patient for the purpose of administering a sleeping potion, yet such was the case ; "the lady who slept in her majesty's chamber roused her at the hour indicated, and gave her the prescription. A few minutes after the queen again sunk to sleep, and her attendant left her for repose, with the intention of awa-

kening her by day-break, to give her a draught, as directed by Dr. Valot."

"Accordingly, the lady approached her bed-side in the morning, and asked her majesty how she had passed the night? There was no reply. She spoke again louder; still no answer. Alarmed, she touched the queen, she moved not; she shook her and made violent efforts to rouse her, but in vain, for she never awoke in this world. The affrighted lady leaned down to her royal mistress, and fancied she heard low murmurs, sighs, and a labored respiration, upon which she flew to arouse the valet de chambre, to seek for medical and spiritual aid, to fetch priests and physicians. "We came first," continues the sorrowful father Cyprian; "the doctors soon followed; they felt her pulse, and asked her many questions regarding her state: and we spoke to her of contrition for sin, of the love of God, and confidence in his mercy, and we entreated her to make some sign that she heard us; but alas, a mortal silence was our only reply."

"The physicians affirmed that she still breathed, and was even sensible, but that a dull vapor, mounting to the brain prevented all speech, that it would soon dissipate, and that she would manifest consciousness and speak. 'I believed them at first,' continues the Père; 'but seeing that her awful quietude still continued, I sent in haste for monsieur le curé of Colombe, and the sacrament of extreme unction being performed, she received the host without any difficulty or the least convulsion of conscience, and soon after her slight respiration ceased, and she rendered her soul to God, undisturbed by a struggle."

DRUG-DISEASES, NO. 4.

BY JEAN PIERRÉ, M. D.

Ipecac-Asthma.

In the Boston Medical and Surgical Journal for Oct. 25, 1843, we learn that Dr. Uriah Turner had had repeated and severe attacks of asthma, without suspecting the cause; the paroxysms usually came on suddenly, preceded by tickling in the nostrils and sneezing, and lasted from three days to three weeks, during all which time he was unable to lie down.

During the paroxysms, an habitual dyspepsia was usually very much mitigated. By mere accident he was led to trace these asthmatic attacks to the influence of Ipecac, he having never heard or read of any thing to guide his investigations. He once accidentally broke a large paper of powdered Ipecac, and after the usual preliminaries of sneezing, &c., he soon found himself laboring under an unusually severe paroxysm of asthma. The truth then flashed across his mind, and he soon established the fact by actual and painful experiments. But so new and singular was the matter, that a long period elapsed before he could convince himself that a single grain, even, floating in the atmosphere of an ordinary room was capable of inducing a violent paroxysm of asthma, continuing for weeks, preventing him from lying down all that time, reducing his strength as rapidly as a severe fever, and only terminating by cough and free expectoration. A bit of paper in which a Dover's powder had been wrapped, or stepping into a physician's office, or even, coming in contact with a physician's clothing, often brought on a paroxysm severe enough to arrest him in the midst of his business. At first he did not dream that any other form than the dry powder would affect his breathing, and once took an infusion of the root, but soon found himself sadly mistaken; for it caused a simultaneous struggle to breathe, cough and vomit, while neither was performed fully. The whole of the muscles of the chest and abdomen seemed in a state of irregular spasm; every effort to vomit being interrupted by an attempt to cough. Notwithstanding that a cold March wind was blowing, it became absolutely necessary to throw open the windows, and support him by one of them in an erect position for nearly an hour, in order to prevent immediate suffocation. Then the attack passed off almost instantaneously, but at the same time that the breathing became free and natural, a burning heat was diffused over the whole surface of the body, which, on examination, was found to proceed from a kind of erysipelatous eruption covering every portion, similar to what is seen after exposing the naked skin to the burning sun. The patches of eruption were circular, and varied from the size of a sixpence to that of the palm of the hand; they were considerably elevated, with thick and rounded edges, and of a fiery red color, *urticaria tuberosa*. On two occasions Dr. Turner took a single laxative pill, without being aware that each of them contained one grain of Ipecac, yet in both instances, after an interval of eight or ten hours, a severe paroxysm of asthma set in and lasted several days. Two of the attacks, which were of unusual sever-

ity, were attended not with the ordinary wheezing, but with a sort of tetanic convulsion of the respiratory muscles producing a state not unlike what is called "holding the breath," only interrupted at long intervals with slight sighs or catches for breath, barely sufficient to sustain life. Dr. Turner also found *Lobelia* to produce like effects. He knows of four similar cases; two in wives of physicians, and two in physicians; they all believe that they have never suffered asthma from any other cause than *Ipecac*, either inhaled or taken as an emetic, the latter producing the most violent effects on the lungs.

In the *Western Journal of Medicine* we find an article entitled "SINGULAR EFFECTS OF IPECAC," reported to the Medical Society of Tennessee, by Felix Robertson, M. D., of Nashville.

While putting up a dose of powdered *Ipecac*, Dr. R. was suddenly seized with a violent attack of asthma, attended with the most distressing dyspnoea and oppression at the præcordia, and lasting for five or six days. This kind of attack was repeated several times before he became confident that they were brought on by breathing *Ipecac*; but this at last he became convinced of. He once took an emetic of wine of *Ipecac*, and from the moment he swallowed it, he felt in the throat and stomach a sensation wholly indescribable, but so overpowering that in the most distracting agony he leaped out of bed and rolled over the floor from side to side. This distress slowly subsided and soon settled into one of his worst attacks of asthma. The attacks generally commenced with a feeling of irritation in the nose, rapidly extending to the air-tubes and all their ramifications. Stepping into an apothecary's shop shortly after the article had been handled, would surely bring on an attack. He was once induced to put his tongue to some liquid that was believed to be wine of *Ipecac*, believing that he might taste it without injury; but in an instant the peculiar burning sensation was felt in the mouth, and rapidly extended to the fauces and down the throat and bronchi, and for two hours he suffered greatly with considerable dyspnoea. In some of his attacks he observed very curious sequelæ, for when the expectoration became free, and mucus was formed in great quantities, a morning cough would set in shortly after rising, and mouthfuls would be thrown up, which any person at first sight would have pronounced to be masses of small, nearly transparent worms—but on closer examination were found to be thickened mucus which had collected in the minute capillary bronchial tubes during sleep, and was actually ejected in the form of real casts of these tubes. These would be thrown up in such

quantities that it surprised him how sufficient air could have passed through the lungs for the purposes of life.

In Pereira's *Materia Medica* we read (see page 452, vol. ii.) that if the powder of Ipecac be inhaled, it irritates the respiratory passages, and in some persons brings on difficulty of breathing similar to an attack of spasmodic asthma. Mr. Roberts, surgeon at Dudley, is affected in this way; he says:

"If I remain in a room where the preparation of Ipecac is going on, for instance the making of Dover's powder, I am sure to have a regular attack of asthma. In a few seconds dyspnoea comes on in a violent degree, attended with wheezing and great weight and anxiety about the præcordia; the attacks generally last about an hour, but I obtain no relief until a copious expectoration takes place, which is invariably the case."

In some cases the mere odor of the root seems sufficient to excite difficulty of breathing, with a feeling of suffocation.

There is one case recorded of poisoning by the incautious inhalation of the dust of Ipecac. The patient, a druggist's assistant, was suffering with catarrh and cough, and inhaled the dust of the root, in the process of powdering it, during three hours. Vomiting came on, followed by tightness of the chest; in an hour after, he complained of a sense of suffocation and constriction of the trachea and throat; his face was pale and death-like. In five hours after, a fresh attack came on, with the most imminent danger of suffocation; he was able to leave the house in two days, but suffered for several days with difficulty of breathing.

The most remarkable effects of Ipecac seem to be produced upon the eighth pair of nerves. How singular it is, says Marshall Hall, that Ipecac taken into the bronchi should excite asthma, and taken into the stomach should induce vomiting.

The writer of this article is acquainted with two persons in whom exposure to the influence of Ipecac will invariably bring on an attack of asthma; the one, a wholesale druggist, has forbidden any Ipecac to be brought down upon the first floor of his store; but whenever his clerks wish to get rid of him, they merely open a large drawer in which Ipecac was once kept, but which is now empty, having also been pretty well dusted out; in a short time the premonitions of an attack will set in; his hat is seized, a curse is flung at Ipecac, and he is off for the day. The other, also a person connected with the drug business, will suffer in like manner if he enters a store within half or one hour after Ipecac has been handled.

In Watson's *Practice of Physic*, page 643, we read: "There are many persons who never fail to become asthmatic if they

inhale certain effluvia. Particles of Ipecac floating in the atmosphere, or its mere odor, are insupportable to many; they are thrown into a paroxysm of dyspnoea if they enter a laboratory where that drug is under preparation. There is a laboratory man at St. Bartholomew's Hospital who is possessed of this peculiar and inopportune susceptibility; he is obliged to fly the place whenever Ipecac is about. Most persons, probably, who have had much experience in druggists' shops, are acquainted with similar examples; so that the influence of Ipecac in exciting fits of difficult breathing, resembling asthma, is undoubted, and common to *many* constitutions. We might as well speak of Ipecac-asthma, as of Hay-asthma, which is precisely an analogous affection."

It is evident that Ipecac excites asthma specifically.

In one instance the paroxysm of asthma subsided on the outbreak of tuberculous urticaria. In Watson's Practice of Physic we read that "Dr. W. has observed nettle-rash to occur in connection with sudden and violent paroxysms of dyspnoea, resembling asthma fits, so that he could not help suspecting that the mucous membrane of the respiratory passages was irritated after the same fashion with the external skin." We lately had a case of obstinate, dry, almost incessant cough, attended with occasional outbreaks of nettle-rash, which, however, whether in or out, seemed to exert no particular influence upon the cough; however, after using a number of remedies, for several weeks, without any permanent good effect, I finally gave Copaiba and Senega, both of which are known to have caused nettle-rash; the cough and eruption ceased within two days after.

Although we have thus shown from old school authorities that Ipecac produces asthma, still this drug is a favorite remedy with some of them against this very disease. DIERBACH (see Mat. Med. vol. 1, p. 179,) says it is frequently used in spasmodic affections of the respiratory organs, especially in asthmatic affections, hooping cough, &c. PEREIRA (see Materia Med. vol. 2, p. 453,) says: "Its specific power over the pulmonary organs and stomach, leads us to prefer it in maladies of these parts, especially in those affections in which the nerves appear to be more than ordinarily involved, as spasmodic asthma and hooping cough. In asthma, Dr. AKENSIDE has shown that "it proves equally serviceable even when it fails to occasion vomiting and merely produces nausea." SOBERNHEIM (see Materia Med. vol. 1, p. 97,) advises it as an antispasmodic, in divided doses, say $\frac{1}{4}$ to $\frac{1}{6}$ of a grain, every two hours, in the spasmodic stage of hooping cough, and in mucous and spasmodic asthma; and quotes Bang, Percival and Heim, as ad-

vising and approving such practice. Still Sobernheim tells us, on page 96, "If Ipecac be given in doses of four to six grains, it causes shuddering, yawning, discomfort, nausea, eructations, inclination to vomit, uneasiness in the abdomen, with slight colic pains about the navel, oppression of the chest, tickling in the windpipe, and a short dry cough." Ipecac is also counted as an expectorant, yet Pereira tells us that "it specifically affects the bronchial membrane, in some morbid conditions of which it promotes expectoration, while in other states attended with a profuse secretion of phlegm, it exerts a beneficial influence, and often contributes to the restoration of the part to its normal condition." This is not speaking out in the plainest language which might be employed, but we suppose it means that Ipecac then diminishes expectoration. Perhaps the relief ensues in the same way that Pereira says it does in asthma; "the benefit," he says, "procured by the use of Ipecac, arises, not from the mere expectorating and nauseating operation alone of this remedy, but from its influence *otherwise!* over the eighth pair of nerves." What does "otherwise" mean here? We, for one, are anxious to prove, if it can be done fairly, that homœopathic remedies always cure by exerting an alterative effect, but it seems to us that if Ipecac relieves asthma "otherwise," it must be in virtue either of its homœopathic or else of its depressing and antispasmodic action. The fact is, that Ipecac, in an immense majority of instances, exerts a depressing or antispasmodic action upon almost every organ except the stomach, in which it arouses a spasmodic action; just as Opium induces a diminution of every secretion, viz., saliva, gastric and intestinal fluids, bile, urine, &c., except perspiration, which it increases in a marked degree. Occasionally and in some constitutions Ipecac brings on spasmodic action in the lungs, as well as the stomach, just as opium occasionally produces increased flow of intestinal fluids, and diarrhœa. Hence, in the majority of instances, and in most constitutions, Ipecac may exert a depressing and antispasmodic action upon the lungs and air tubes, even in those already suffering with asthma.

However this may be, Sobernheim advises Ipecac in the spasmodic vomiting of pregnant women; in cramps of the stomach. Vogt says, in actual cramps of the stomach, in spasmodic vomiting, spasmodic dysmenorrhœa, spasmodic retention of bile and urine, it commonly affords very appreciable beneficial effects. Vogt also advises it in spasmodic hæmoptysis, although he tells us, on a page or two before, that it sometimes causes irritation of the bronchi, hoarseness, cough, spitting of blood, oppression of the chest, &c., while in animals

that have been killed with it, the air tubes are almost always found inflamed, and the lungs over-filled with blood. It would be extremely difficult to disprove the homœopathicity of some of these cures.

THE WESTERN LANCET ON HOMŒOPATHY.

The February number of the Western Lancet contains a very foolish article on homœopathy, redundant with the usual stuff about the *negative* action of the homœopathic drugs, identity of drug-diseases and natural diseases, etc. etc. We deem it convenient to reprint the article with a few remarks in reply.

From the Western Lancet.

“*Why does Homœopathy succeed?*”—Considered abstractly, as we learn it from their own books, all physicians *know*, that homœopathy amounts to nothing more than a *negative* mode of treatment. No one who has the slightest acquaintance with the laws that govern the human system, and the effects of medicines, can for a moment believe, that *infinitesimal* doses of medicines, such as properly belong to the homœopathic system, can, *under any circumstances*, exert the slightest influence in the cure of disease.

Medicines exert on *disease* what is called their *therapeutic* action; and they also manifest certain effects when administered to *healthy* persons, called their *physiological* influence. Now it is sufficiently obvious, that all medicines capable of producing a *therapeutical* action, will also manifest certain physiological effects, when given to an individual entirely healthy; and it necessarily follows from this fact, that all those agents which fail to exert a physiological influence, whether from inert properties, or insufficient quantities, the same medicine, in the same doses, will exercise no control whatever over disease.

Now to apply these principles to homœopathy. The advocates of that system *pretend* to give medicines in exceedingly minute doses—technically, *infinitesimal* doses—such as the millionth, billionth, trillionth, or quadrillionth part of a grain; and if they adhere to their *system*, they do give medicines in

exceedingly minute doses, which every sensible person must see, amounts to giving *nothing*—a *negative* treatment.

Now, as the result of our own experiments, and the declarations of others, these medicines—the minute doses—taken into the healthy system, produce no effect whatever. The little globules may be eaten *ad libitum* without the slightest effect. It follows, therefore, without any possible doubt, that the same articles will exercise no control over diseases; and that when they are relied on, the patient is deprived of all medical aid.

But it will no doubt be remarked, that patients treated by homœopathic practitioners do recover. This we readily admit; and that question brings up the point we wish particularly to notice.

A secret has recently been divulged by Dr. Schubert, and published in a German Medical Journal, the respectability of which is at once a guaranty of its truth, which places Hahnemann and his mode of practice in their true positions. Dr. Schubert was intimately acquainted with Hahnemann, and was placed fully in possession of the homœopathist's views. Dr. Schubert remarks: "I have heard Hahnemann declare that he *looked with contempt on medical practice*, and he thought a patient would be none the worse if left to himself." Again, Hahnemann said, "I give *medicines* very seldom, although I always prescribe *small powders*! I do this for the sake of keeping up in the patient's mind, the firm belief that each powder contains a particular dose of some medicine!" Dr. S. also states, that Hahnemann *always promised a cure*; and this was done to secure the *unlimited confidence* of his patients; he then dosed them with *sugar of milk*, and restricted their diet. Hahnemann's system consisted, therefore, in inspiring his patients with *unlimited confidence*, the administration of *sugar of milk*, and a *strictly regulated diet*, leaving the cure to nature. And out of this simple, and in some instances efficacious course, has sprung the singularly absurd system of homœopathy.

We very freely concede, and all enlightened practitioners act upon the principle, that many diseases are so slight—so easily controlled—consisting of limited functional derangement, that *abstinence*, or restricted diet, will be sufficient to prepare the way for nature to correct the diseased action. But while we readily admit this principle, it by no means follows that *all* diseases, those of an active and threatening aspect, can be thus controlled; and, indeed, it is abundantly obvious,

that medicines must always be proportioned to the violence of the disease and the ability of the patient to sustain their actions.

But there is another, and a less enviable light, in which this system must be viewed. Many of the homœopathic practitioners of this country have acquired some little knowledge of medical science, sufficient at least to convince them that *no medicine and dieting* are sufficient to cure active or violent diseases; and, accordingly, they are constantly in the habit of resorting to the *common modes of treatment* with the view of supplying a defect which they are conscious exists in their system.

It may be argued by some, that this is all well enough; that in some cases one system may succeed, and in other cases another. Such arguments might be available, with some degree of plausibility, in relation to other systems; but when applied to homœopathy it wholly fails. That system is based on peculiar principles, totally different from the common mode and principles of practice; it assumes, in the first place, that a medicine to be capable of curing a disease, must be such as would *cause the same disease* in a healthy person; and in the second place, it assumes, that *infinitesimal doses alone* are appropriate to the cure of disease.

Now, here are principles totally at variance with those received by regular physicians; and it necessarily follows, that if homœopathy is applicable to *one* case it is applicable to *all*; and if it is inapplicable to one disease, *as a system*, it is adverse to all. We have no hesitation in saying, therefore, that he who pretends to practice both systems—that is, what is known as allopathy and homœopathy—alleging that either may be used at times, is guilty of wilful and premeditated dishonesty.

Finally, in answer to the question, “Why does homœopathy succeed?” we present two answers.

First, being a negative system, that is, equivalent to no medicine when the system is fully carried out; it may, in conjunction with strict dietetic regimen, succeed in slight cases; but such cases do not require the aid of a “Doctor,” with his infinitesimal doses and false principles to cure them; the common sense of any individual is adequate to manage such attacks.

Secondly, so-called homœopathy succeeds, sometimes, by virtue of a resort to our *common medicines*, administered in the *ordinary doses*, and so far as they are capable of doing so, are given upon the same principles that we administer remedies.

In conclusion, then, we have only to state, that the public

have the comfortable assurance, that when they apply to a homœopath, they are either taking no medicine at all, or that they are receiving such medicine as every physician gives. And they can also console themselves with the reflection, that the medicine is given in a random and uncertain manner, in consequence of the general ignorance of that class of practitioners.

In this article Doctor L. W. Lawson, the Professor of General and Pathological Anatomy and Physiology, in Transylvania University, labors under a few serious mistakes.

First Mistake : He assumes that no drug or portion of a drug has any curative power unless it is capable of producing *evident* disturbances in the animal economy : "all those agents which fail to exert a physiological influence, whether from inert properties, or insufficient quantities, the same medicine, in the same doses, will exercise no control whatever over disease."

The Professor evidently assumes that the susceptibility of the organism in a state of health and a state of disease remains the same. But the Professor knows very well that in certain states of the brain the slightest noise, a mere whisper, may drive one mad with pain ; that in certain conditions of the teeth a little cold air may excite the most furious pain in the teeth ; and in general that the very agents which in the normal condition of the system excite the most pleasurable sensations, may, in its abnormal conditions, occasion the most exquisite pain. What right, then, has Dr. Lawson to draw inferences from the quantity of a drug which is required to establish its physiological action on the body when in a state of health, relative to the quantity and quality of that same drug to establish its curative action in a state of disease ? Is not the very object of that action different in a state of health and in a state of disease ? Is not the former state *subverted* by drugs, and is not the latter state removed by them and made to yield to a state of health ? We have no space here to enter upon an explanation of the mode in which homœopathic drugs exercise their curative action ; all we would wish Dr. Lawson to understand is, that health and disease are two different states, and that the same drug must and will act differently in either. And then, has Dr. Lawson ever *seen*, *weighed* or *measured* the physiological action of the billionth part of a grain of corrosive sublimate in the organism ? No, he has not ; but is this a reason why he should deny it ? If health and disease are states which are totally different from

one another, may not that small portion of corrosive sublimate have an excessive action in the one, and no apparent action whatsoever in the other?

Second Mistake: The old balderdash about imagination, diet and sugar of milk being the only curative agents of the homœopathists. Do homœopathists cure the cholera, or any other disease of infants, by imagination? Or, suppose you are called to a typhus patient in a state of collapse, with hippocratic countenance, bloody discharges from the anus and mouth, involuntary putrid stools, and you rouse him up again by a dose of Arsenic, do you act upon his imagination, or do you produce that effect by diet?

Third Mistake: Homœopathists, in order to cure, frequently use the common medicines of allœopathic practice in the ordinary doses: "So-called homœopathy succeeds, sometimes, by virtue of a resort to our common medicines, administered in the ordinary doses, and so far as they are capable of doing so, are given upon the same principles as we administer remedies."

We have nothing to say in reply to this charge, except that the accusation is villanously and maliciously false.

In conclusion, we would request Dr. Lawson not to talk about things of which he knows nothing, to remember the old proverb, "Ne sutor ultra crepidam," and especially to study *with great care* the work of his distinguished colleague, the Professor of Medicine and General Pathology in the University of Edinburgh, entitled, "*An Inquiry into the Homœopathic Practice of Medicine*." By W. Henderson, M. D., Professor of Medicine and General Pathology in the University of Edinburgh."

Carlisle. (Cumberland Co., Pa.) April 7, 1846.

DRS. GRAY AND HEMPEL—

As the discovery of the high potencies opens a new field for our science, some of our too scrupulous friends may be induced to try them; no follower of Hahnemann and his principles, ought to judge of them before he has tried them fairly.

1. A young lady (æ. twenty-four,) of a very delicate constitution, complained of great weakness. Constant pain in the heart, by times stitches through the heart and left shoulder-blade,

the palpitation is felt very sensibly by the patient, the pulsation of the heart irregular, intermittent and too slow; sometimes a fluttering of the heart, and if this fluttering is worse, she feels very weak and fainty, and is obliged to lie down. Pulse too slow and irregularly intermittent. Burning between the shoulders, and various pains in the back at different times, complains of great weakness, principally in the back after walking. Hands and feet cold, hands often numb, sometimes the whole arm numb so that she is obliged to rub them. Sleep is unrefreshing. She feels best some time after rising in the morning, and begins to feel worse by 10 or 11 o'clock, A. M., till she goes to bed again in the evening. No appetite. The palpitation and pain in the heart and the intermitting pulse, are of very long standing, (ten years,) she has taken no medicine for a considerable time. I administered *Natrum mur.* 300^{oo} a single dose. The next day after taking it, the pulse became more accelerated and less intermitting; on the third day she felt stronger in general, and the improvement became more perceptible every following day, and at present, a month after she took the remedy, the pulse is nearly normal, all the pains are gone, and the strength is still improving.

2. A gentleman, æt. thirty-five, who had been syphilitic at various times, and had always taken large doses of mercury, with the exception of the last time about five years ago, when a homœopathic physician attended him, called on me eight days after he had contracted the disease. I found a small ulcer on the edge of the preputium, a great deal of inflammation around it—he complained of much itching in it. I gave him one dose of *Merc. viv.* 200^{oo}. In a week after he took the remedy, I examined him again, and found that the ulcer, the inflammation and itching had completely disappeared, and nothing has returned for now three months.

3. I have treated *three* cases of scarlet fever exclusively with high potencies. *Belladonna* 400 was the principal remedy, and served as well to bring out the eruption, as it was beneficial during the stadium efflorescentiæ. In one case, I gave on the second and third day after the appearance of the rash, one dose of *Aconite* 300 in the evening, as the pulse was then above 160. In another case, I gave on the third day, when the angina was accompanied with great flow of saliva, one dose of *Merc. vivus* 200, which remedy produced a very favorable change in a few hours, so that I was able to continue the *Bellad.* 400. In the third case the patient received the sixth day, a few doses of *Lachesis* 800. The fifth day every one of these patients was able to sit up, and was left without any

further medicine. On the ninth day no after-disease made its appearance. I repeated the doses every two or eight hours, guided by the severity of the fever. The cases were quite severe. Belladonna 400 had a more salutary effect than I have ever seen before of the same remedy, when used in the 1st up to the 30th potency.

I might communicate a great many more cases, but I leave that task to more able writers than I am, and only hope that the profession generally will make further trials with the high potencies.

Most respectfully yours,

ADOLPHUS LIPPE.

HOMŒOPATHIC CURES,

From the year 1840 to 1844, collected from the various Homœopathic publications by Dr. Kurtze of Dessau.

TRANSLATED BY CHARLES J. HEMPEL, M. D.

(Continued from No. VIII. of the Examiner.)

An officer of fifty-five years, of a choleric temperament, vigorous, free from care, and leading an active, well-regulated life, had suffered for many years past with sleeplessness. Even after having exerted himself ever so much he was unable to sleep, and felt no other desire except that of resting himself; after lying down he was attacked with horripilations, coldness of the lower extremities up to the hips, lasting the whole night, and accompanied with painfulness and stiffness of the limbs, coldness of the penis, and relaxation of the scrotum which was blue-red. Covers, friction, stamping effected no change; on the contrary, the arms were likewise forced into continual, quick, irregular movements. Towards morning a slight sweat set in, accompanied with an unrefreshing sleep for one hour and a half, during which the head lay very low. The sleep was not disturbed by dreams. When waking, the whole head felt heavy, the occiput and even the hairs were painfully sensitive when touched; there was a general faintness; all these symptoms disappearing after a cold ablution, and neither the body nor the mind being affected by the disease, except the memory. Took *Ignatia*, one fourth of a grain every two hours. Complete recovery after taking four grains. (*Hygea.*)

PROSOPALGIA.

Griesselich relates two cases of prosopalgia, (one of them characterized by darting with great sensitiveness of the eye, the other by a horrid burning, tearing, with violent congestions to the head,) which were cured by means of the apparatus of Neff, applying the cylinder once or twice a day, and for ten or fifteen minutes each time, to the spot where the pain terminated; the application of the cylinder always produced a primary aggravation of the symptoms. (*Hygea.*)

A plethoric man of fifty-eight years, had been attacked with prosopalgia for ten years past every summer, the pain increasing with the heat. The pain darted from the left supraorbital region upwards and from the zygoma inward, resembling electric shocks. (Had used every kind of treatment.) The attack had returned for the last four weeks every day, at irregular intervals, increasing in violence; the face was red, the eyes injected. *Sepia* 24. The pain increased for the first two days, disappeared on the fourth, and did not return till after the lapse of a year. Again *Sepia*. Has been perfectly well for four years past. (*Mosthaff.*)

An influenza which attacked principally the frontal cavities, was followed by a violent pain in the left supraorbital region, with lachrymation and turgescence of the veins of the eye. The attack came on every day, and lasted from four until eleven in the morning. (*Nux vom.*) Took *Ignatia* 2, two drops, two doses a day. Was cured in three days. Three other cases were cured in a similar manner. (*Hygea.*)

A man had been attacked with influenza, after which he had been suffering with the following symptoms for three weeks past, every day, from seven in the morning until seven in the evening: violent stitches from the right frontal eminence toward the root of the nose; the whole right side of the face felt numb and pithy; nose sore; voice hoarse. *Causticum* 30; the symptoms disappeared permanently on the second day. (*Mosthaff.*)

PAROTITIS.

Epidemic parotitis during the mild month of February, 1843, affecting mostly children from two to twelve years.

Bellad. 3, even when the swelling had been neglected, and had become hard and painful. (*Hygea.*)

A vigorous girl of thirty years, menstruating regularly, and suffering with leucorrhœa after the menses, had for two years past been affected with hard swelling of the parotid gland, of the size of a goose-egg, and with a glandular swelling in the axilla and over the clavicle, of the size of a nut. After eating meat she had a feeling of repletion in the stomach and bitter taste; stool hard, once every two or three days; after becoming heated, she feels fainting. *Sulphur* 30, three pellets, in water, ten drops a day, for a whole year, when all the symptoms disappeared. (*All. hom. Zeit.*)

OPHTHALMIA.

Euphrasia is useful in every case of ophthalmia, not only in rheumatic catarrhal ophthalmia, but also in chronic, scrofulous, arthritic, impetiginous ophthalmia. The twelfth potency has a better effect than the tincture; but the curative powers of the drug are most energetically brought to bear upon the inflammation, by drinking every morning an infusion of a teaspoonful of the herb and flowers, with four ounces of hot water; the infusion should stand over night. (*All. hom. Zeit.*)

Catarrhal ophthalmia. Drop a few drops of the tincture of *Euphrasia* upon a linen rag, and cause the vapor thereof to rise against the eye. (*Hygea.*)

A boy of fourteen years, had been suffering with the following symptoms for four months past: redness of the sclerotica; injected state of the eye; photophobia, especially in the evening; he hurt moreover his left eye by pushing a corn-blade into it. *Euphrasia* I, ten drops in three ounces of water, two tablespoonfuls a day. Great improvement after the lapse of four days. Tincture of *Euphrasia*, ten drops in three ounces of water, one tablespoonful every two days, and fomenting the parts externally. Complete recovery in six days. (*Hygea.*)

Traumatic chemosis with opacity of the cornea. *Tincture of Arnica*, ten drops in two ounces of water, and two drachms of spirits of wine, to be used as a fomentation three or four times a day. (*Arch.*)

A female of thirty years had been suffering, for ten weeks past, with the following symptoms: Excessive pain of the right ball of the eye, making contact almost intolerable; redness and injected state of the sclerotica; dimness of the cornea; the iris, which was generally blue, had become red; rigidity of the pupil when changing the light; indistinctness of the margin; the lens seems covered with smoke; great sensitiveness to the light; burning tearing round about the eye, especially in the night and morning; red pimples on the nose and cheeks, which increase when the eye improves, and diminish with an increase of the ophthalmic affection. *Rhus* 5, one drop, four doses. Considerable improvement after the lapse of twelve days; *Rhus* I, one drop, every three days; speedy recovery. (*Hygea*.)

A woman of sixty-four years, (who had formerly been employed with washing straw-bonnets and bleaching them with sulphur,) was attacked with arthritis a few years ago, the traces of which were yet visible in the finger-joints; she was now affected with the following symptoms: the conjunctiva was injected with veins running from the periphery towards the cornea, where they terminate all of a sudden, or else form arches, anastomosing with other veins; close around the cornea, which was covered with dust, might be seen the bluish arthritic ring; the pupils were contracted, a flocculent exsudation was perceived across the left pupil. The iris was puffed up here and there; no irradiations being visible; the lids become readily agglutinated in the night by a sort of white froth; the light is excessively painful; sees fiery shine; the power of sight is very much weakened, especially on the left eye; violent burning with stinging and prickling; exacerbating in the commencement of the night, and abating only towards morning; boring and pressing in the margin of the orbit, with violent heat in the head; pain when moving the ball of the eye, which felt as if too large for the orbits. (*Bellad.* 6, *Nux vom.*) *Spigelia* 6, every two days, relieved the pain, redness, photophobia considerably for a time, but then the improvement stopped; took *Sulphur* 3, one grain, every three days. Complete recovery in three weeks. (*A. h. Z.*)

Sulphur 2, (alternating it in the beginning with *Aconite* 2) cured a chronic chemosis with ulcers of the cornea, in a man of forty-seven years; years ago this man had been affected with itch, which had been removed by an ointment. (*Elwert*.)

An excellent remedy in ophthalmia neonatorum, unless occasioned by hereditary syphilis, is *Sulphur* 1, 2; it cured eleven acute cases in from four to six days, the more chronic cases in from ten to fourteen days. *A. h. Z.*

Staphisagria 30, rendered excellent service in one case of protracted arthritic iritis, the patient being an old man; in another case it did not do any thing. (*Arch.*)

A washerwoman of sixty years, had been affected with hemicrania for a long time past; for the last eight days she had been attacked with the following symptoms: continual lancinations in the eye, extending towards the eyebrow; the lids are swollen, erysipelatous; the conjunctiva is dark-red, a sort of fleshy growth around the cornea, the left eye is affected with profuse mucous running; the iris is inflamed and browner than usual; the pupil is round and contracted; violent photophobia; fever in the afternoon; much thirst; frequent sweats in the night, which give her no relief; scanty and red urine. (*Bell., Spigel. 30, Cocc. 12.*) *Arsen.* 30, every twenty-four hours; the pains are much less, the abnormal growths in the conjunctiva, and the blenorrhœa were likewise much diminished. Relapse after a cold. (*Phosphorus* 30, for ten days, *Staphis.*) The iris pressed more and more towards the forepart of the eye, threatening keratocele, the cornea was exceedingly dim, the conjunctiva thick, puffed and suppurating, *Lycop.* 30, one drop, every forty-eight hours; five doses removed the whole affection almost entirely; *Euphrasia* internally and externally completed the cure. (*Arch.*)

A vigorous man of fifty years, had been affected with itch years ago; it had been removed by ointment. Ever since then he was attacked every year for a long time, with violent itching impetigo on both forearms, except last year, when he had two apoplectic fits and arthritic pains in the limbs, in the place of the impetigo. He was now affected with tearing in the forehead and vertex, with violent pains especially in the night, darting deep out of the right eye; the iris, which was generally blue, was brown-greenish, the pupil staring, a white ring around the cornea; the conjunctiva is inflamed, puffed; the lids are swollen and inflamed; great photophobia; hot lachrymation; fever inconsiderable, but profuse sweat in the night, which affords no relief. (*Leeches, vesicatories; Acon. Bellad.*) Had then bad smell from the mouth, papescent taste, spitting, tenesmus. *Merc. sol.* 4, one drop, morning and evening, several

days. Considerable improvement. *Sulphur* 6, one drop, every two days, followed by *Sepia* 30, effected a complete cure. (*Arch.*)

SCROFULOUS OPHTHALMIA.

Corrosive sublimate, half a grain in five scruples of distilled water, two drops a day, did much good in about fifty cases of recent erethic scrofulous ophthalmia, (swollen lids, inflamed glands and conjunctiva, ulcers on the cornea, pus in the anterior chamber, blenorrhœa, photophobia; eruption upon the head.) An evident improvement set in on the third or fourth day; the cure was completed in one week. (*Hygea.*)

Scrofulous ophthalmia with violent photophobia, where *Bell.*, *Con.*, *Calc.*, etc., did but little when used internally, were almost always cured in a few days by the tincture of *Bellad.*, a few drops in two or three ounces of water, to be applied in the night by means of compresses, (giving from two to six drops of *Bellad.* internally.) (*Hygea.*)

Scrofulous ophthalmia in a child of one and a half years standing, (in spite of allopathic treatment;) violent photophobia; redness and puffiness of the conjunctiva; frequent and burning acrid lachrymation; the cheeks and nose are covered with scurf; feverish pulse. *Tincture of Sulphur*. Improvement commenced in twenty four hours, cure completed in three days. (*Hygea.*)

Tietze relates sixteen cases of ophthalmia, the greatest portion of them affecting scrofulous children and full-grown men. The remedies employed (one dose every six or eight days) were *Bell.* 30, *Sulphur* 2, in most cases *Calc. c.* 30, and in some *Lycopodium* 30; in a few cases *Arsenic*, *Conium*, *Psorin* 30. Stapf calls *Psorin* invaluable, and frequently indispensable in scrofulous ophthalmia. (*Arch.*)

Calc. c. has been found very useful in scrofulous ophthalmia; one case which was characterized by obstinate photophobia (of many months standing,) swelling of the lids, was cured by *Conium* L, speedily and permanently. (*Hygea.*)

(To be Continued.)

NOTICES

Dr. Bowers' pamphlet, entitled: "Reasons why Homœopathy should receive an impartial investigation from the medical profession and the public," has been published separately, and is for sale by W. Radde, 322 Broadway.

The third volume of Hahnemann's *Materia Medica* has left the press, and is for sale by W. Radde, 322 Broadway. Price, \$1 50.

Just published and for sale by William Radde, 322 Broadway, *Homœopathic Practice of Medicine*. By William Henderson, M. D., Professor of Medicine and General Pathology, and lately one of the professors of Clinical Medicine in the University of Edinburgh. 50 cts.

Homœopathy, Allopathy, and Young Physic, contained in the number of the *Review* for January, 1846. By John Forbes, M. D., F. R. S., editor of the "*British and Foreign Medical Review*." 18½ cts.

Letter to John Forbes, M. D., F. R. S., editor of the "*British and Foreign Medical Review*," on his article entitled *Homœopathy, Allopathy, and Young Physic*, contained in the number of the *Review* for January, 1846. By William Henderson, M. D., Professor of Pathology in the University of Edinburgh. Extracted from the *British Journal of Homœopathy* for April, 1846. Price 18½ cts. These three works together in one octavo volume, bound, \$1.

The Homœopathic Domestic Physician. By Charles J. Hempel, M. D. Bound, 50 cts.

The American Journal of Homœopathy, edited by Drs. Kirby and Snow, and published by Isaac J. Oliver, corner of Ann and Nassau Streets, New-York.

The first two numbers of this journal have been published. This journal is intended to be a popular semi-monthly publication on the subject of Homœopathy, and will, no doubt, be highly useful to our cause. The following is the prospectus:

The New-York Journal of Homœopathy will be published for the present, once in two weeks at One Dollar a year. As soon as its circulation will warrant it, it will be published every week at the same price.

Our main object is to effect a reform in the practice of the healing art; a reform based upon a known law of cure—a true and single principle in the administration of remedies. While we invite the investigation of the physician to a principle in Therapeutics, by which he can prescribe with certainty and success, we shall endeavor to satisfy his patients that they may safely yield to him their entire confidence and support.

We trust that physicians will feel an interest in sustaining this Journal by their subscriptions, as well as by contributing to its columns.

We are confident of the support of those among general readers who feel an interest in the principles of medicine, or who have become converts to the practice of homœopathy.

Persons to whom this number is sent are invited to signify their reception of it by remitting a dollar, and to such it will be regularly forwarded.

THE NEW-YORK HOMCEOPATHIC DISPENSARY.

This institution was established by Drs. S. R. Kirby, P. P. Wells, and James M. Quin, in September, 1845, and the first patient was received on the 1st of October following. The Dispensary was open for one hour daily, and the three physicians attended each day. This daily attendance was found to be a considerable tax on the time of gentlemen engaged in the daily practice of their profession, and, to obviate this difficulty, as well as to bring greater interest to bear, four other medical gentlemen were associated with the founders of the institution, while Dr. Wells, whose residence in Brooklyn presented an insurmountable obstacle to his attendance at the Dispensary, retired. Two gentlemen are in attendance each day, so that each physician is required to devote only two hours a week to the duties of the Dispensary. This arrangement at once lightens the duties and ensures punctual attendance, which is of the utmost importance. After the commencement of the undertaking a circular was addressed to the laity, asking their support and setting forth the terms of subscription, and a circular to the physicians throughout the Union. During the winter months, and before the increase in the number of physicians, the attendance of the physicians was irregular and uncertain, and for a month, none at all. Under all these disadvantageous circumstances, however, the number of patients admitted to the 1st of May was one hundred and one, and among the diseases treated, were the following; viz., syphilis, phthisis pulmonalis, ascites, catarrhus bronchialis and pulmonalis, laryngitis, cystitis, herpes, tinea, polypus aurium, megrim, chorea, onychia, cephalalgia, otorrhea purulenta, traumatic iritis, neuralgia faciei, leucorrhœa, dysmenorrhœa, metrorrhagia, angina tonsillaris, enteralgia, dyspepsia, asthma, ascarides, pertussis, icterus, ophthalmia acute and chronic, influenza, rheumatismus vagus, enuresis nocturna, gastralgia, &c. A full report of the transactions of the Dispensary will, in due season, be laid before the public and the profession.

The following gentlemen are in attendance on the days opposite their respective names, viz:—

Monday and Thursday,	-	Drs. Barlow and Kirby.
Tuesday and Friday,	-	" Cook and Snow.
Wednesday and Saturday,	-	" Bowers and Quin.

This is the first institution of the kind established in the United States, and deserves to be encouraged and aided by the

friends of our cause. We shall be glad to record the progress of the institution, and beg the gentlemen under whose superintendence it now flourishes, to accept our best wishes.

We have received the following letter from Dr. Holt, which we lay before our readers :

LOWELL, Mass., May 6th, 1846.

Dear Sir : Having an opportunity I send you a line by a friend. I well remember the kindness of yourself and associates in the cause of Homœopathy while pursuing my investigations on the subject. I have been six months in practice in Lowell, and am making a good beginning. Homœopathy is not advanced as much in New England as in your State, still there is a waking up to the subject. I can safely say I have been much more successful than in my former Allopathic practice. I have succeeded well, and have had most of the acute diseases which we meet in this climate to treat. I have had some articles in the Boston Journal in answer to objections to the practice. Dr. Smith is very willing to publish on both sides of the question. Dr. Forbes's article is making a sensation in this region, and there is a growing interest both for and against Homœopathy in and out of the profession. Dr. Cooke's article on Scarlatina is a good one, and Dr. Bowers's essay in the last *Examiner* is a capital thing, and such as should be read by *all the people*. I think the next five years are to give Homœopathy a prominence which we have not anticipated.

Yours, with great esteem,

DANIEL HOLT.

OLD SCHOOL HOMŒOPATHY, NO. 3.

BY JEAN PIERRE, M. D.

1. *On the treatment of Habitual Constipation by Alum.*

In the 12th No. of Braithwaite's Retrospect, page 82, we find an article with the above title from the pen of J. Aldridge, M. D., based upon the views of Barbier, "who," it is said, "if due allowance be made for his Broussaisan tendency, is the most

enlightened inquirer in the department of therapeutics." Barbier says: "The impression of Alum on the organs causes a sudden shortening of their fibres; its contact with the stomach occasions sometimes a disagreeable and painful sensation at the epigastrium. When taken in a large dose, it produces even nausea, vomiting, *colic!* and alvine evacuations. In other persons, Alum gives rise to *obstinate constipation!* especially when given in small doses." Hence small doses only, are homœopathic to constipation, while large doses are irritant and antipathic. "Whenever the molecules of Alum are taken up by absorption, and carried through the body, they confer on all the organic apparatus their strengthening? (astringent) power, they determine a development of tonicity? in all the tissues."

"These views of Barbier," says Aldridge, "appear to be confirmed by the pathological nature of the conditions under which Alum has been found serviceable. Passive or asthenic hyperæmias and secretions connected with a want of tone, or deficient vital contractility, appear to be the common attributes of all the lesions for whose removal it is accustomed to be employed; and its utility under such circumstances, seems to point out, that its physiological? [pathological] action consists in developing a more exalted tone in the various tissues." [An astringent is not necessarily a tonic action.] "But one of the best proved, and most remarkable examples of its curative efficiency, may by some be considered as an exception to this rule. Of the utility of *large* doses of Alum in lead colic, [but Alum causes colic,] there cannot be a doubt. Since the time it was first proposed in the treatment of this disease by Kapeler, the most extensive and trustworthy evidence has accumulated in its favor. I [Aldridge] have myself given from $\frac{1}{4}$ oz. to 6 drachms of Alum in the course of a day, without producing nausea or vomiting, and exciting epigastric pains; on the contrary, it calmed the colic pains, caused alvine evacuations, and promoted the secretion of urine." [Strange effects for an astringent to produce, and Aldridge accordingly asks] "what is the pathological condition in lead colic, when the use of an astringent is found to produce such effects? I [Aldridge] believe that lead colic depends upon a paralyzed condition of the spinal and ganglionic systems of nerves. This is an old doctrine, but not less accordant with the phenomena. The influence of lead in producing paralysis, is well exemplified in its effects on the upper extremities; and that the constipation which attends painters' colic depends upon paralysis is shown? by its yielding to strong purgatives and powerful stimulants. The severe twisting pains that accompany lead colic do not offer a

counter argument, since Dr. Osborne has ingeniously [but how truly] demonstrated that neuralgia is more frequently the result of a passive than of an active nervous affection. If the pathology of painters' colic be admitted to consist in a feeble or paralyzed innervation, there can be but little difficulty in understanding why a tonic such as Alum should prove beneficial in its treatment. Just as Quinine and Iron cure neuralgia, does Alum, by restoring the natural energy of innervation, relieve lead colic."

The facts of the case are, that one astringent, viz., Alum, overcomes the action of another astringent, viz., lead; that Alum which causes colic, relieves the lead colic, that Alum, which causes constipation when given in small doses, and purging when given in large doses, overcomes the lead constipation when given in large doses. The first of these facts requires no farther proof. In support of the 2d fact we advance the following additional testimony: EBERLE (see *Mat. Med.*) says it is one of the most effectual remedies we possess in lead colic, and quotes Richter, who speaks in the most exalted terms of its effects in this painful and often intractable complaint, and adds, the testimony of a great many eminent writers might be adduced in favor of its virtues in this respect; dose, 15 grains every 2 or 3 hours, with or without opium. SOBERNHEIM (see *Mat. Med.*) says Grashius, Gendrin, Sunderlin, and Remer advise it in lead colic, while Kopp recommends it in habitual colic. NOACK says it is advised, especially in the chronic form of lead colic by Quarrin, Schlegel, Zinken, Gebel, Goetze, and Montanciex. DIERBACH (see *Mat. Med.*) advises it in flatulent colic, and thinks it may prove useful in lead colic, on account of the free sulphuric acid it contains. VOGT (see *Mat. Med.*) says Grashius and others advise it in lead colic, in combination with opium, and thinks it only acts chemically upon the lead in the bowels, and that hence the sulphate of soda is much to be preferred. PEREIRA (see *Mat. Med.*) says, in the treatment of lead colic, Alum has been found more useful than any other agent or class of remedies. It was first used in this disease by a Dutch physician, Grashius, in 1752, and was afterwards administered in 15 cases by Dr. Percival with great success. Its efficacy has been fully established by Kapeler, physician to the Hospital St. Antoine, in Paris, and Gendrin, and by Dr. Copland, as well as other distinguished authorities. It allays vomiting, abates flatulence, mitigates pain, [but it causes pain,] opens the bowels more certainly than any other remedy, and frequently succeeds in this when other powerful drugs have failed." It should be given in full doses, as from a scru-

ple to 2 drachms, dissolved in some demulcent fluid, such as gum water, every 3 or 4 hours." The *modus operandi* of Alum in lead colic is not very clear. The benefit has been ascribed by some to the chemical action of the sulphuric acid contained in Alum on the lead supposed to be contained in the bowels; but on the other hand, the presence of lead in the bowels or evacuations has not been demonstrated. Dr. Copland is disposed to ascribe the benefit of Alum in lead colic, to its exciting the action of the partially paralyzed muscular coat of the bowels and thereby enabling them to expel their contents. Those physicians who believe that it is the sulphuric acid contained in the sulphate of Alumina which helps in lead colic, ought to give dilute sulphuric acid instead of Alum in this disease. We deny the right of Drs. Copland and Aldridge to assume that the spasmodic twisting of the bowels in lead colic depends upon paralysis of the intestines. If lead produces paralysis of the arms, that does not prove that it causes paralysis of the bowels; many drugs act almost exactly opposite on the ganglionic nerves to their effect upon the spinal nerves; the muscles of the arms when paralyzed by lead, are not spasmodically contracted and painful, but are flabby, powerless, and painless. Hence this hypothetical attempt to prove that Alum cures lead colic antipathically falls to the ground. We proceed now to prove that large doses of Alum act very differently from small ones. Pereira says: "The immediate topical effect of a solution of Alum is that of an astringent, viz., corrugation of fibres and contraction of small vessels, by virtue of which it checks exhalation or secretion and produces paleness of parts by diminishing the diameters of the small blood-vessels. When taken internally it causes dryness of the mouth and throat, checks the secretions of the bowels and thereby diminishes the frequency and increases the consistency of the stools, i. e. it causes constipation, as was observed by Wibmer in his experiments made on himself with Alum, in three-grain doses, several times a day. But when Alum is taken in larger quantities, the constriction is soon followed by irritation, and the paleness by preternatural redness; in large doses it excites nausea, vomiting, griping and purging. Vogt says, in small doses, Alum renders the stools less frequent and more dry; in large doses, viz. from $\frac{1}{2}$ to 1 drachm, it irritates and causes more active secretion and increased stools. Cullen says, and what is extraordinary, he has known large doses of Alum operate as a purgative. Hence we assume that Alum cures lead constipation and lead colic homœopathically when it is given in small doses. The question now arises, Will

Alum cure lead colic, when administered in small doses? We answer in the affirmative, for we distinctly recollect reading in the London Lancet, about a year ago, the detail of several cases treated and cured with $\frac{1}{4}$ grain doses of Alum. But now the questions also arise, If the cure of lead colic and constipation with large doses of Alum depends upon their cathartic action, why do not the ordinary purgatives also cure, and why does Alum prove "more useful than any other agent or class of remedies?" The deponent knoweth not. Lead and Alum are very different things, but we do not think that their action differs so widely that one may be assumed to be an astringent tonic, and the other an astringent paralyzer. If this were the case, then Iron ought to form a far better remedy against lead colic and constipation than Alum.

But to return to Dr. Aldridge's article. In habitual constipation Dr. A. found that purgatives, though serviceable at first, still the necessity for their use increased each time that they were employed, whilst the benefit produced, gradually diminished in amount. Looking upon habitual constipation, as a disease essentially consisting in a semi-paralytic state of the ganglionic nervous system, its analogy to his views of lead colic seemed very evident to him; and in connection with this analogy, the medicine that was found useful in the one disease, naturally suggested itself as likely to prove beneficial in the other. Accordingly Dr. A. was led to exhibit Alum in comparatively large doses, in cases of habitual constipation when accompanied by the symptoms which collectively have received the name of Mimososis acutus, and found its administration to be followed by advantages which could not be hoped for from the use of ordinary purgatives. He says it may appear paradoxical to give an astringent in cases characterized by constipation, but in the treatment of every disease, he assumes that the selection of a drug should be determined both by the symptoms and the pathological state upon which they depend.

Mimososis acutus was first accurately described by Marshall Hall, though in reality a very common disease. It usually occurs between the ages of 30 and 50, and is more frequent in women than men, owing to their more sedentary habits. The patient usually has a dusky complexion, or, more exactly speaking, the skin always presents a dirty appearance, and the face is frequently coated with a greasy looking perspiration. The breath is foul, the gums spongy and apt to bleed, the tongue broad, flat, flabby, indented at the margins by the pressure of the teeth, and coated with a slimy or muco-purulent exsudation. The bowels are usually constipated, yet the patient

may tell you that he has alvine evacuations daily, and still the colon will be found in a state of distention from fecal accumulation, for the abdomen is swollen and feels unequal to the hand, while the course of the ascending and transverse colon are found more resistant to pressure than the other parts; in these situations there is also, at times, some tenderness, and even pain. The patient almost constantly complains of headache, says he is very nervous, subject to tremors and sudden flushes of heat on excitement, as well as to palpitation of the heart and epigastric throbbings.

Ferrum and China are homœopathic to constipation of robust, plethoric and florid persons, and also to that which attends febrile and perhaps inflammatory diseases.

Calcarea, Alumina and Plumbum, are homœopathic to constipation of cachectic, chlorotic, and exsanguinated persons.

Opium produces a diminution of all the secretions except that of the skin, hence it is homœopathic to constipation from diminished secretion of bile and intestinal fluids; also to that which arises in consequence of profuse perspiration.

Opium, Conium and Plumbum, are homœopathic to constipation from unusual sluggishness of peristaltic action, or a sub-paralytic state of the muscular fibres of the bowels.

Nux vomica is homœopathic to constipation depending upon a contracted and-spasmodic state of the colon.

Bryonia, Mercurius, Sulphur, Veratrum, &c., are purgatives, and hence are only homœopathic to that variety of constipation which occurs in consequence of diarrhœa or frequent purgings. The reason why purgatives will not overcome chronic constipation, may be owing to the fact that they are merely irritant of the mucous membrane of the bowels, and do not act specifically upon the muscular coat.

The objections advanced in this article do not arise from mere captiousness, but from a desire to examine fairly any and every objection which may be raised against the apparent or actual homœopathicity of a given drug; to draw the attention of the homœopathic school from the mere symptomatology of drugs and diseases, to profounder views of their physiological and pathological actions. Every beginning is rude, hence we hope that more worthy laborers will soon be found in the field.

ON AGNUS CASTUS

BY JEAN PIERRE, M. D.

Hooper says that this plant is called *Agnus* on account of the down on its surface, which bears some resemblance to that on a lamb's skin; and *Castus*, because the chaste matrons at the feast of Ceres, strewed it upon their beds in order to repress carnal desires. It bears the German name of Keuschlamm, i. e., chaste,—or chastity-tree. The seeds, which are the medicinal part, have, when fresh, a fragrant smell, and an acrid aromatic taste, and formerly had such a celebrity for their anaphroditic property, that they were used by the monks in order to repress lust, whence they received the common name of Monk's pepper; after a while they fell into disrepute, because some ascribed very opposite virtues to them.

According to Noack and Trinks it has been used by old school physicians in nervous weakness. Spasmodic affections of hypochondriacal men. Hysterical affections with excessive lasciviousness in women. Depression and exaltation of the sexual powers. Suppression of the menses. Tumefaction of the uterus. Deficient secretion of milk in nursing women. Urethrorrhœa. Enlargement of the testes. Leucorrhœa. Coma. Ulcers of the mouth and tongue. Induration of the spleen. Dropsy. Incarcerated flatus. Excoriations and rhagades about the anus. After-effects of dislocations.

Noack and Trinks propose it as homœopathic to: Hypochondriacal melancholy; Melancholia anoa?; Melancholia tædium vitæ; Hemisrania; Chronic diarrhœa; Impotence; Gleet with absence of desire and power, and with swelling of the testes; Suppression of the menses; Deficiency of milk; Coma; Pruritus podicis; Excoriations about the anus; Effects of dislocations; Arthritic nodes; Rheumatic inflammatory swelling of the joints. We intend to examine rigidly whether these recommendations are borne out by the known pathogenesis of this plant, for two reasons; viz. first, because a remedy ought not to be recommended as homœopathic to a given disease unless there is abundant proof that it is so, for these false recommendations only lead to disappointment in the treatment of the sick; second, because it will be seen that the *Agnus castus* is recommended as homœopathic to diseases in which it has long ago been found useful by old school physicians. In Jahr's Manual it is recommended as homœopathic to ulcers of the mouth and gums, but there is no proof that it causes any

thing of the kind ; also in swelling and induration of the spleen, and in ascites, without there being the least shadow of proof of its homœopathicity to these diseases. Jahr has led many a homœopathist astray in recommending *Agnus castus* against affections to which it is not at all homœopathic. Noack and Trinks too are not quite blameless.

1. *In hypochondriacal melancholy ;*

“ *Melancholia anoa ;*

“ *Melancholia tedium vitæ.* (Noack.)

It causes great mental dejection with fear of approaching death ; despair and melancholic undervaluing of one's self, with the wish to be dead ; melancholic hypochondriacal humor, with dissatisfaction with one's self and contemptuous undervaluing of every thing ; thoughtlessness and inability to work ; difficult comprehension of what has been read or heard ; great mental anxiety with excessive weakness, and feeling as if diarrhœa were about to set in ; excessive mental distraction while reading, &c. It is said that its use may be entered upon with the greatest hope of success, in purely hysterical and hypochondriacal affections, bordering upon fixed melancholy, not depending upon any material cause, but rather upon a misdirection of the mental powers, and occurring in old maids, widows or widowers, &c., &c. Very frequently these affections are attended with the same painful sensations which the *Agnus* is so apt to cause.

2. *In Hemicrania.* (Noack.)

It causes headache in the vertex, as after being in a gloomy room ; contracting headache over the temples while reading ; aching, rending and piercing in the temples, or forehead, or temporal bones, or over one eye, increased by motion ; pain as if from a blow on the temples.

3. *In Chronic Diarrhœa.* (Noack.)

It causes soft diarrhœic stools with dull pains in the abdomen ; difficult discharge of not hard stools.

4. *In Impotence.* (Noack.)

Its primary action would seem to bring about a diminution

of sexual power and inclination ; in this respect it resembles CONIUM, CAMPHOR, &c., and differs from STRAMONIUM, PHOSPHOR., CANTHARIDES, &c.

5. *In Gleet.* (Noack.)

Especially when there is debility of the parts, and swelling of the testes. But there is no proof whatever that there is enlargement of the testes ; this indication has been purloined from the old school ; as it is not homœopathic to this state of things, it would be folly to expect benefit from the use of infinitesimal doses against it. It is homœopathic, however, to gleet, as it causes a flow of mucus from the urethra, from slight causes ; a kind of yellow urethrorrhœa ; discharge of prostatic fluid when straining at stool.

6 *In Suppression of Menses and the Milk.* (Noack.)

It is said to cause suppression with bearing-down pains ; also deficiency of milk, leucorrhœa, and sterility. It is highly probable that in many it may produce all these effects.

7. *In Coma.* (Noack.)

It causes sleepiness with confusion of the head ; restless, dreamy sleep, with starting up in a fright. It is to be supposed that it is most suitable in the drowsiness and hydrocephaloid state, which arises from exhaustion, rather than from congestion.

8. *In Pruritus podicis, and Excoriations about the Rectum.*

It causes gnawing itching in the perinæum ; fine, sharp stitches about the rectum. These are scanty proofs for these recommendations, and it was used long before in these same affections by old school physicians.

9. *In after-effects of Dislocations.* (Noack.)

It causes piercing-rending pains in the joints ; pains, as if from dislocation of the joint, especially in the shoulder-joint ; paralytic pain in the wrist-joint, only felt when turning the hand ; gouty, rending pain, with swelling of the finger joints ; piercing, aching, rending, and luxation-pain in the hip-joint, with lassitude and tiredness of the limbs, increased by every mo-

tion ; piercing, drawing, and dislocating pain in the knee-joint, increased by motion ; weakness of the ankles, with predisposition to sprain them, when walking on pavements. From these marked effects upon the joints, Noack also advises it in arthritic nodes, and rheumatic inflammatory swelling of the joints, but it only has caused swelling of one finger-joint. It is also recommended by the old school in the after-effects of dislocations.

Characteristic Symptoms.

1. Gnawing, or piercing itching in various parts, returning frequently. It causes gnawing-itching, or biting-piercing in the scalp, especially in the evening ; also upon the forehead and eyebrows ; burning-biting, and gnawing-itching in the eyes, on the lids, and about the brows ; gnawing-itching of the tip of the nose, upon the cheeks, below the eyes, and about the chin ; itching and scratching in the throat, with irritation to cough ; gnawing-itching about the perinæum, genitalia, and about the arm-pits.

2. Smell like that of herrings or musk before the nose.

3. Sensation as if all the viscera were sinking downwards, attended with nausea.

The spirit of the action of this drug may be expressed by stating that it produces a state which counterfeits marvellously that which obtains in old age, marked by dulness of the intellect, weakness of the memory and hearing, blear-eyedness, trembling and feebleness of the limbs, decay of the sexual appetite and power, suppression of the menses and of the secretion of milk, and prevalence of urinary and arthritic complaints ; it is also homœopathic to that premature old age which arises in young persons from abuse of the sexual powers, marked by melancholy, apathy, mental distraction, self-contempt, general weakness, frequent loss of prostatic fluid, &c., &c.

CHARACTERISTICS AND PHYSIOGRAPHY OF CROUP AND ITS VARIETIES.

ARRANGED BY A NUMBER OF HOMŒOPATHIC PHYSICIANS IN PRESS-
BURGH, AND TRANSLATED BY CH. J. HEMPEL, M. D.

I.

CHARACTERISTICS OF CROUP AND ITS VARIETIES.

Croup.

PAROXYSMS of suffocative cough, characterized by a deep, hollow, hoarse, rough, crowing and barking sound :

By slow, short, unequal, whizzing, wheezing, rattling, sawing inspirations and hurried expirations, or by a complete want of breath, threatening suffocation :

By mucous, purulent or membranous expectoration, or by an absence of expectoration :

By an irritation in the larynx or in the upper part of the trachea preceding the paroxysm.

1. *Bromine-Croup.*

Formation of pseudo-membrane in the larynx and trachea.
Spasm in the larynx occasioning suffocation.

Cough with croup-sound, hoarse, wheezing, fatiguing, not permitting one to utter a word ; accompanied with sneezing ; with violent suffocative fits.

Respiration characterized by mucous rattling ; wheezing ; alternately slow and suffocative, and hurried and superficial ; labored ; painful ; oppressed ; gasping for air.

Heat in the face.

Increased secretion of urine.

Pulse rather hard ; slow at first, afterwards accelerated.

2. *Hepar-Croup.*

Violent fits of cough as if one would suffocate or vomit ; deep ; occasioned by tightness of breathing ; husky ; accompanied with painful soreness of the chest at every turn of cough ; violent ; the air rushing violently against the larynx, which causes a pain in that part ; scraping ; scratching ; with mucous expectoration ; the cough being occasioned by titilla-

tion in the throat, or by a scraping in the trachea; increased unto vomiting by a deep inspiration.

Weakness of the organs of speech and chest, preventing her from talking aloud.

Short breathing.

Pressure in the throat, occasioning a constrictive feeling, as if he should suffocate.

Urine pale, clear while being emitted, afterwards becoming turbid and thick, depositing a white sediment; or flocculent, turbid while being emitted; dark-yellow; burning during emission.

Great, unconquerable drowsiness.

Profuse sweat, day and night; viscid, profuse night-sweat; sweat before midnight.

Sad; apprehensive; inclining to weep.

3. *Spongia-Croup.*

Hollow cough; with expectoration; with pain in the chest and trachea; roughness of the throat; (night-cough with weeping expression.)

Breathing aggravated, as from a plug in the throat; slow; quick; panting.

Larynx painful, as if from pressure, worse when touched; scratching-burning and constrictive sensation in the larynx.

Painful feeling of swelling in the cervical glands near the larynx and trachea.

Stinging in the throat and sensation in the outer parts of the neck, as if something were pressing out, morning and evening.

Painful tension, on the left side of and near the apple of Adam, when turning the head to the right side.

The eyes are sunken.

The urine deposits a thick, grayish-white sediment.

General morning-sweat.

Pulse quick and hard.

Drowsiness.

Lassitude of the whole body.

Out of humor; every thing puts him out of humor, even talking and answering questions. (*Attomyr.*)

II.

PHYSIOGRAPHY OF CROUP AND ITS VARIETIES.

Croup.

(Angina, or Cynanche membranacea, strangulatoria, suffocatoria, stridula, exsudativa. Orthopnoea cynanchica. Laryngitis, or tracheitis infantum membranosa, humida, exsudativa. Angina polyposa. Cynanche trachealis. (Rusch.) Suffocatio stridula. (Home.) Angina strepitosa. (Ghisi.) Angina exsudatoria laryngea. (Hufeland.)

The invasion of croup is generally preceded by a few lighter catarrhal symptoms, but it may also take place all of sudden, without any precursory symptoms being present. They generally start from their sleep at night with a feeling of anguish, and they seem on the point of being suffocated by a violent paroxysm of cough; the patients fall back into their sleep as soon as the paroxysm is terminated.

The cough is shrill, violent, short, barking, afterwards it becomes crowing, hollow or rough, as when one coughs into an empty pot, or into a metallic tube; it is generally dry. Every turn of cough is followed by a dry, whizzing, slow, sonorous inspiration; the expirations between the paroxysms are easier than the inspirations, but hurried. Afterwards the cough becomes dull, and is heard only at a short distance. The wheezing in the bronchi is heard during every inspiration between the paroxysms of cough, which either come on spontaneously, or are excited by talking, drinking, etc. Sometimes the cough is accompanied with an ineffectual endeavor to bring something up from the air-passages. Expectoration is generally wanting. In the later periods of croup the patients sometimes throw up fragments of mucous or cheesy matter (sometimes mixed with blood), and lastly pieces of the artificial membrane of various sizes, sometimes corresponding in shape to the internal surface of the larynx and trachea.

The patients are hoarse even during the interval of the paroxysms. The voice is altered; it resembles the crowing of a young cock, the barking of a dog, or the braying of an ass; it is alternately hollow and deep, or shrill and wheezing, or lisping; sometimes the voice seems double, suddenly changing from the rough and deep, to the crowing and piercing tone. Afterwards

the voice is lost altogether ; the child wants to weep or talk, but is not able.

The larynx and the upper part of the trachea are painful even without being touched, but especially when touched ; and sometimes they are visibly swollen. The slightest pressure, which is made upon the larynx with the finger, excites the cough.

The breathing is very unequal, now short, now long and deep ; the expirations are generally short, the inspirations are long and whizzing ; at last the breathing becomes snoring, sawing, and can be heard even at a considerable distance. At every inspiration the larynx suddenly descends towards the sternum, the epigastrium being drawn inward and upward by the labored motions of the diaphragm ; during an expiration, on the contrary, the larynx is raised towards the lower jaw, the cartilages of the ribs and the sternum are violently drawn backward and the shoulders raised upward ; the children raise themselves into the sitting posture, look around with anxiety, desire to leave the bed, grasp at the larynx, stretch the tongue, throwing their heads back and extending their necks forward ; the countenance, carotids and jugular veins swell up ; the heart and the carotids beat violently ; the red, half-opened eyes retreat into the orbits, the nostrils are widely open, and the face, chest, and rest of the body are covered with cold sweat. The face is collapsed, pale-bluish or gray. When the paroxysm continues longer, the children pull out their hair, strike those around, cling to every thing near them with great force, run with their heads against the wall. This difficulty of breathing increases in paroxysms, especially on the right side, and while sleeping. After the termination of the paroxysm the children sink back upon their beds pale, blue, exhausted, and apparently in a state of slumber.

CONSENSUAL AFFECTIONS.

The anterior part of the neck and the sublingual glands are sometimes swollen.

Bleeding at the nose.

Bluish lips. The tongue is dry, and afterwards lined with a blackish coating.

Thirst.

The cough is sometimes accompanied by vomiting.

At the commencement the bowels are confined ; this condition is followed by involuntary, black, fetid evacuations.

Portions of the artificial membrane are frequently discharged by the anus.

The urine is watery and clear, afterwards depositing a sediment of white mucus. The urine tinges the chamber (smells of sulphur), is sometimes red and yellow, sometimes turbid.

Fever, exacerbating in the evening. Pulse frequent, becomes irregular gradually, intermittent, scarcely perceptible.

ADDITIONS.

1. *Pathological Anatomy.*

The mucous membrane of the larynx, trachea and bronchi, sometimes also that of the fauces and palate, is lined with coagulable lymph, forming either coherent tubes corresponding in shape to those organs and their ramifications, or adhering to the mucous membrane of those parts in irregular patches. In 78 cases out of 171, according to Hussenot, the artificial membrane did not extend below the trachea; in 42 cases the bronchi were affected; in 30 cases the larynx and trachea were lined with the membrane (the bronchi not being mentioned); in 21 cases no coagulable lymph was discovered. The longer the disease, the more tenacious and thicker the membrane, and the farther it extends downwards; when the child dies on the 7th or 8th day, the membrane, according to Heim, generally reaches as far as the bronchi, and it is moreover of such a consistence that it can be taken out entire. The membrane is generally thickest on the posterior wall of the larynx. The color of the coagula is yellowish-white, grayish, greenish, faint-yellow, dirty. It adheres to the mucous membrane more or less firmly. Behind the membrane a grayish, more or less tenacious, and frequently a mere watery mucus collects gradually, effecting the detachment of the pseudo-membrane.

Sometimes the air-passages are simply filled with a more or less considerable quantity of purulent, homogeneous mucus, which is sometimes mixed with thin, membranous flocks, ranging in point of consistence from the liquid state to that of a cream-like thickness, forming a layer on the mucous membrane, and representing the first degree of the artificial membrane. The mucous membrane behind the layer is more or less reddened; the redness being sometimes dark brown, but more frequently bright, now spread over a large space, now scattered over the mucous membrane; sometimes the redness extends over the whole surface of the air-passages from the larynx down to the last bronchial ramification, covering even the

fauces, œsophagus, buccal, nasal and frontal cavities. However, the redness may be wanting. Heine, Schönlein and Ambore have observed several cases which have established an inverse proportion between the intensity of the redness and the extent of the membrane. The redness generally disappears after the disease has lasted some time. The mucous bags are sometimes found enlarged, rarely excoriated, the tissue of the mucous membrane is puffed, swollen, rarely softened into a jelly, or it is brittle, friable; the cellular tissue is generally filled with serum, has been transformed into a sort of jelly, and is even infiltrated with pus.

The lungs are generally filled with blood, sometimes hepaticized or even in the state of splenetization, emphysematous, œdematous; the pleura and the pericardium are red; an effusion of serum frequently takes place into the pleura and pericardium; the brain is filled with extravasated blood, and frequently contains a large quantity of serum.

2. *Pathological Chemistry.*

The chemical analysis of the false membrane has always led to the same results. It is indissoluble in water, becomes soft, and in a strong solution of the nitrate of potash it assumes the consistence of transparent mucus; it is perfectly soluble in hot or cold alkaline solutions, likewise in the principal acids; the ashes contain phosphate of lime and carbonate of soda, and it reacts like albumen.

3. *Ætiology.*

Children from two to seven years are most frequently attacked with croup, full-grown persons very seldom. Boys have been more frequently attacked than girls, and among the boys those who have a strong constitution, or who are poorly clad and fed, are more liable than boys of a weak frame, or who live in good circumstances.

Croup is more frequent in a damp and cold than in a hot and dry season; it is especially frequent at the commencement of spring and in the latter half of autumn. Croup is sometimes found associated as a secondary symptom with an acute exanthema, especially the measles. The measles-croup generally disappears with the breaking out of the eruption; but it is not always without danger, and Heim has in three instances seen the tubular artificial membrane, as in ordinary croup. According to P. Frank, children who recover from measles, are

liable to the invasion of croup. Croup is much less frequent, in company with scarlet-fever, rubeolá and variola ; Albers saw only one case of croup accompanying putrid variola. Aphthæ, according to some, may affect the air-passages, leading to the formation of the membrane.

4. *Course, duration, and termination.*

Croup sometimes runs through its course in three to four, sometimes in nine to ten, very seldom in fifteen to twenty days.

It terminates

1. In recovery. The artificial membrane is thrown off either by retching, vomiting, or hawking, or it is swallowed (by small children especially), and, in this case, is found among the excrements, or it is absorbed, or the membrane may unite into one with the subjacent mucous membrane of the larynx and trachea. The formation and discharge of the membrane are sometimes repeated.

When the cough becomes milder, a thick mucus is discharged. The nose becomes moist, runs, sometimes bleeds. Sometimes a quantity of mucus is secreted. The skin is covered with sweat, sometimes a red, rash-like eruption makes its appearance. The voice continues altered for some time, and the larynx is so sore, that the slightest cause brings back catarrh and croup.

2. In phthisis of the larynx or trachea, or in other chronic forms ; sometimes inflammation of the lungs.

3. In death : (a) by suffocation, brought on by violent spasms of the rima glottidis, or by obstruction of the air-passages by means of the artificial membrane ; (b) by asphyxia (id est : cessation of the oxydation of the venous blood), occasioned by exhaustion or paralysis of the organs of respiration ; (c) by apoplexy.

5. *Locality.*

Croup is more frequent in the North than in the South. It is more apt to occur in the vicinity of seas and lakes. According to Schœnlein, croup occurs very seldom on the shores of the Mediterranean. It is very rare on high mountains and plateaus (mountain-plains).

Croup is especially fond of damp, marshy regions, deep valleys, especially of the shady portion of such valleys at the foot of steep mountains. Crawford has observed that croup

became extremely rare in the marshy regions of Scotland after the marshes had been drained; whereas it was very frequent in those regions previous to the draining.

Croup is said to be endemic in North America. In former times it has been more frequent in Great Britain and Sweden than in Germany, and occurs more frequently in the latter country now than it did before.

6. *Literature.*

Canstatt, special pathology and therapeutics.

Meiszer, encyclopedia of the medical sciences.

Schmalz, medico-chirurgical diagnosis, in tables.

Schœnlein, special pathology and therapeutics.

Dreiszig, manual of diagnosis, and others. (Hausmann.)

From the following groups of symptoms, it will be seen that our *Materia Medica* is as yet very poor in croup-symptoms. Except *Bromine*, no other remedy has the symptoms of true membranous croup, not even Hepar or Spongia.*

I. BROMINE-CROUP.

1. (In animals.)

Howl with a very hoarse voice.

Exsudative character of the inflammation of the mucous membrane of the larynx and trachea, and incipient formation of the pseudo-membrane.

Spasmodic closing of the epiglottis, bringing on violent, suffocative symptoms.

Short and hacking cough.

Hoarse, whizzing cough.

Dry, croupy cough.

Obstinate cough, accompanied with sneezing and generally characterized by a croup-sound.

Frequent, short and hacking cough, and violent fits of suffocation from time to time.

Rattling of mucus during respiration.

Difficult breathing.

Violent dyspnœa.

* The specifics for croup, so far as known, are: Bromine, the Bichromate of Potash, and Caustic Ammonia. H.

Deep, slow inspiration, with wheezing sound.

Difficult respiration, now slow and suffocative, now accelerated and superficial.

(Death takes place amidst violent convulsions, or from inflammation, or paralysis of the lungs, in a state of great debility, characterized by symptoms of suffocation.)

POST-MORTEM EXAMINATION.

Inflammation of the organs of respiration. Quantity of sanguineous froth in the larynx and trachea. *Inflammation of the larynx and trachea, and their ramifications*, characterized partly by light, reddish stripes, partly by a blacking-redness, partly by a reddish coloration. *Considerable inflammation of the larynx and trachea, with exsudation of coagulable lymph, obstructing almost entirely the air-passages.* (Pigeon.)

2.) (In men.)

Cough, with symptoms of suffocation.

Fatiguing cough which does not permit one to utter a word.

Violent oppression of the chest, and tight breathing.

Oppressive breathing and gasping for air.

Difficult, painful breathing.

CONSENSUAL AFFECTIONS.

Bleeding from the nose (giving relief).

Pale complexion. Heat in the face. Thirst.

Increased secretion of urine.

Full, and rather hard pulse, first slow, afterwards accelerated. (Noack and Trinks.)

Note. This proving of Bromine has been copied from the two prize-essays of Drs. Hoering and Heimerdinger, published in Tubingen (Wirtemberg). If these provings of Bromine upon men and animals be correct—and there is no reason why their correctness should be doubted—Bromine will occupy the first rank among the remedies which we use against croup. It is to be wondered that the many thousand cases of poisoning which are recorded in our works on toxicology, do not exhibit any croup-symptoms. Recently croup has been seen brought on by the vapor of chlorine. Guersent says, in reference to that fact (see Encyclopedia of the Med. Sciences): “As regards

the vapor of chlorine, Bretonnean has not hesitated to try it in croup, notwithstanding a young chemist came near being suffocated from the vapor of chlorine during an explosion of that gas; but he has abandoned the use of that gas, inasmuch as it causes inflammation of the lungs." The large doses he employed, compelled him to abandon its use. Albers relates two instances of suffocation consequent upon the inhalation of the vapor of chlorine, accompanied with croup-symptoms and expulsion by the mouth of pseudo-membranous substances. (See Canstatt's Special Pathology and Therapeutics.)

Homœopathic physicians have recently used Iodine in the treatment of croup. Hahnemann has recommended *Spongia marina* as a specific against croup. Sea-water has been found to contain Iodine, Bromine and Chlorine. *Spongia* is said to derive its curative virtues in croup from the Iodine it contains. Ragazzini has discovered Bromine in sea-sponge. (See the treatise: *Scoperta del Bromo nella Spugna Marina, Padova, 1834*—Discovery of Bromine in Sea-sponge.) How far do these various facts bear upon one another?—They suggest some further hypotheses. Inasmuch as the *Spongia* contains Bromine, it is doubtful whether the efficacy of *Spongia* in croup depends upon the Iodine rather than the Bromine. Again: inasmuch as croup occurs very frequently in the neighborhood of the sea, it might be important to ascertain whether the effluvia of the sea excite the disease, and whether the Bromine, Iodine or Chlorine is the most active principle in those effluvia, or whether all three united constitute one indivisible exciting cause. (Attomyr.)

2. BICHROMATE OF POTASH-CROUP.

To avoid an unnecessary repetition we refer our readers to the highly interesting essay on the use of the bichromate of potash in croup, in the 8th number of the *Examiner, New Series*.

3. CAUSTIC AMMONIA-CROUP.

Deep, weak voice; fatiguing, interrupted speech.

Increased secretion of mucus in the bronchi.

Violent cough, with copious expectoration of mucus, especially after drinking.

Difficult, rattling, labored breathing; stertorous breathing. Suffocative fits. Spasm of the chest.

POST-MORTEM EXAMINATION.

(*In men*): Considerable redness of the Schneiderian membrane, lined with an albuminous layer.—Considerable redness of the velum pendulum palati, its arches, and of the whole of the mucous membrane lining the posterior portion of the buccal cavity.—The uvula is dried up and covered with a mucous layer.—The lower surface of the epiglottis and the entrance to the rima glottidis are very red and covered with a pseudo-membrane.—Great redness of the whole of the trachea and bronchi, these parts being covered here and there with membranous layers. (Noack and Trinks.)

4. HEPAR-CROUP.

Violent fits of cough, from time to time, as if the patient should suffocate or vomit. (S. Hahnemann.)

Deep, dry cough, occasioned by tightness of breathing during inspirations, with soreness in the chest at every turn of cough, the soreness being felt from below upward. (S. H.)

Subdued cough, occasioned by tightness of breathing. (S. H.)

Violent, deep cough, a few turns of it, the vibrations being painfully felt in the larynx, and occasioning retching. (S. H.)

Scraping cough. (S. H.)

Cough, with expectoration of mucus, the whole day, occasioned by a scraping irritation in the trachea, but especially in the upper part of the throat. (Fr. Hahnemann.)

Cough, day and night. (S. H.)

Cough, which is increased by a deep inspiration to such an extent that it results in vomiting. (S. H.)

Weakness of the organs of speech and chest, making it impossible for her to talk loud. (S. H.)

Shortness of breath. (S. H.)

Violent pressure in the throat, making her feel as if the throat were completely constricted, and as if she would suffocate. (S. H.)

Frequent deep inspirations, as one makes after running. (S. H.)

CONSENSUAL AFFECTIONS.

Sadness of mind, for many hours; she had to weep violently. (S. H.)

Desponding, sad, apprehensive. (S. H.)

Bleeding at the nose, two days in succession. Bleeding from the nose, after singing. (S. H.)

Excessive thirst, from morning till evening. (Fr. H.)

Pale, clear urine, while being emitted; it becomes turbid and thick when standing, and deposits a white sediment.—Flocculent, turbid urine, depositing a white sediment even while emitting it.—Dark-yellow urine, burning during emission.—Brown-red urine. (S. H.)

Swelling of the right hand.—Swelling of the fingers of both hands, with stiffness during the recumbent posture. (S. H.)

Drowsy and weary, in the evening; he fell asleep while sitting. (S. H.)

Profuse sweat, day and night. (Fr. H.)—Viscid, profuse sweat at night. (S. H.)

ADDITIONS.

1. *Clinical Remarks.*

HEPAR $\frac{1}{10000}$ of a grain, one dose.

Coryza and catarrhal symptoms at the commencement of croup. Afterwards the boy prefers the sitting to the recumbent posture, because the latter occasions anxiety; he tosses about while slumbering. The breathing is snoring, hoarse, wheezing, frequently so short and anxious that the child starts up, being raised by a violent, dry, hoarse cough, inducing vomiting, grasps at the larynx, and commences to cry, being tortured by excessive anguish, and the face being bright-red; the eyes protruding, and the head bending frequently backward. The paroxysms cease for a few minutes, to return with redoubled violence.—Desires frequently to drink.—A good deal of heat and sweat. Hurried speech.—Quick and hard pulse, —Very dark urine; frequent emission of urine. (*Archive V.* 1, p. 195.)

HEPAR I. has been repeated with advantage in a few hours, in case the first dose did not afford any relief. (*Archive XI.* 3, p. 72.)

HEPAR $\frac{1}{10000}$ of a grain, followed in 16 hours by $\frac{1}{4}$ of a drop of SPONGIA, and afterwards another dose of HEPAR.—The child slumbers, is almost in a state of sopor, with the head bent backward.—The chest heaves violently during the loud inspirations, and even the scapulæ were moved with violence.—The boy raises himself at short intervals, grasps with

great anguish at the nearest things, to lean against them and facilitate the breathing.—This is succeeded by a few violent fits of dry cough, with a rough barking-whizzing sound.—The heat is very considerable, the thirst likewise (the cough being renewed after every drinking).—The pulse is generally hard, but sometimes soft or intermittent.—The urine looks red as fire; bowels constipated.—The face is sometimes dark-red, bluish.—The carotids swell and beat violently, and the head is covered with cold sweat.—The boy grasps at his throat almost after every turn of cough, crying; a red spot of the size of a half cent is seen in the region of the larynx.—Occasional retching, especially after the cough, and even vomiting.—The boy recovered in three days. (*Archive* VI. 1, p. 67.)

HEPAR and SPONGIA have been given alternately in croup, and for a croupy cough; this alternation seemed to shorten the course of the disease. (*A. h. Z.* III. 26.)

HEPAR, preceded by ACONITE.—The child wakes with a barking, hoarse cough, which increases in violence.—Respiration hurried and short.—Grasps frequently at his throat, where a considerable rattling is heard at every inspiration.—Red countenance.—Quick pulse. The head is tossed about constantly, and deglutition is evidently painful.—The remaining catarrhal cough yielded to CHAMOMILLA. (*Jahrb. d. hom. Heilanst.*)

Dr. Gross has found HEPAR sufficient in almost every case of croup, without either ACONITE or SPONGIA. In bad cases he administered three or four doses of HEPAR a day. (*Arch.* XV. p. 101).

Hahnemann indicates SPONGIA as a principal remedy in croup (see preface to SPONGIA); adding “that the simultaneous use of HEPAR will seldom be found necessary.”

5. *Spongia-Croup.*

Hoarseness. (S. H.)

Difficult breathing, as if the throat were stopped up with a plug, and as if the larynx were too constricted to let the air pass through. (Lehm.)

Painful pressure over the thyroid cartilages, increased by contact (immediately, Hornburg.)

Painful pressure in the region of the larynx while singing (after 6 hours, Hartmann.)

Scraping burning and constriction of the larynx. (Lehm.)

Hollow cough, with some expectoration, day and night. (Fr. H.)

Pain in the chest and trachea, with roughness of the throat, when coughing. (S. H.)

Dry cough (after $\frac{1}{4}$ hour). (S. H.)

Slow, deep inspirations as when one is exhausted, for several minutes. (a. $\frac{1}{2}$ h.) (S. H.)

Hurried, panting breathing, after a dance. (S. H.)

CONSENSUAL AFFECTIONS.

The eyes are sunken. (S. H.)

Pale countenance. (S. H.)

Violent and long-continued bleeding from the nose after blowing it slightly, after dinner. (after 3 d. Haynel.)

Pain as if the cervical glands near the larynx and trachea were swollen. (after 3 h. S. H.)

Pricking in the throat, especially after a meal, and sensation in the outer parts of the neck, as if something were pressing out, morning and evening. (S. H.)

Painful tension in the left side of the neck, near the apple of Adam, when turning the head to the right side. (after 1 $\frac{1}{2}$ h. Wislec.)

The urine deposits a thick, grayish-white sediment. (S. H.)

Swelling of the hands; she was unable to bend her fingers. (S. H.)

He was covered with sweat all over, early in the morning when waking. (after 25 h.)

Quick, full pulse. (after $\frac{1}{4}$ h.)

His forehead feels burning-hot, without any heat being perceptible to the hand, with a quick, hard pulse, for half an hour. (after $\frac{1}{4}$ h.)

Headache, loss of appetite, drowsiness, general lassitude, ill humor; every thing was repulsive to her.

Out of humor, disinclination to answer.

ADDITIONS.

1. *Clinical Remarks.*

SPONGIA, giving **ACONITE** in the first place. Wakes from his sleep with a violent, rough, hollow-sounding cough. Hoarse voice. Respiration hurried, but little oppressed, very rattling.—High fever; hot and dry skin. (*Archiv.* VI. 2, p. 65.)

SPONGIA X^{oo}, giving **ACONITE VIII^o** the day previous. Suppression of the coryza upon waking, with hollow, barking, dry croupy cough.—Short paroxysms of rattling in the trachea

during an inspiration.—Hot skin.—Frequent stretching and yawning.—Distortion of the face when coughing, complains of pain below the larynx.—The cough is most frequent in the forenoon.—Weeping mood.—Pulse rather hard and accelerated. (*Ann. I. 214.*)

SPONGIA X, one dose; preceded by ACONITE VIII^o. Speedy recovery. The child sits erect in the bed.—The face is bluish and bloated.—Expression of anguish in the face.—Labored, rattling respiration, working with the chest and distorting the facial muscles; the eyes are protruded and the head is bent backward.—The cough is wheezing and barking; the patient clings to the nearest object, grasping at the larynx where a pain is experienced, accompanied with sweat of anguish. Quick pulse.—Great heat and continuous thirst.—Frequent involuntary discharge of stool and urine when coughing. (*Ann. II. 220.*)

SPONGIA X^{oooo}, one dose; preceded by ACONITE VIII^{oo}. Improvement commenced an hour after; a relapse likewise yielded to a dose of SPONGIA. (*Ann. III. 151.*)

SPONGIA X^{oo}, one dose, preceded by ACONITE VIII^{oo}.—Glowing febrile heat; red countenance.—Dry skin; violent thirst.—Constipation.—Hoarse, rough, deep, barking cough, which the child endeavors to suppress.—Breathing somewhat rattling and wheezing.—Startings during sleep, and anxious breathing.—Boring of the head into the pillow during the recumbent posture. (*Ann. IV. 37.*)

SPONGIA X^{oo}; giving ACONITE VIII^{oo} eight hours previous. Glowing hot skin; redness of countenance. Headache and delirium.—Violent, hoarse, hollow, barking cough, with violent pain in the larynx.—Rough, hoarse voice.—Rattling, wheezing breathing. (*Ann. IV. 38.*)

SPONGIA X^{oooo}, repeated towards evening; preceded by ACONITE X^{oooo}. Considerable heat and frequent suffocative fits with cough.—Hoarse, rough voice.—Wheezing respiration, which is audible at a great distance.—The region of the larynx is painful.—He started in bed, as if he would suffocate.—Boring of the head into the pillow.—Desponding, inclining to weep, apathic.—The remaining symptoms yielded to HEPAR $\frac{1}{4}$ grain. (*Pr. Com. I. 196.*)

FIRST APPENDIX.

The following drugs correspond more or less to the symptoms of croup:

ARSENIC.

Dryness of the larynx. (S. H.)

Trembling voice. (Guilbert.)

Unequal voice, now strong, now feeble. (Kaiser.)

Rough voice, hoarseness. (S. H.)

Roughness and hoarseness of the throat early in the morning. (S. H.)

Constant titillation in the trachea, inducing cough, even between the acts of inspiration. (S. H.)

* Cough, occasioned by a constrictive sensation in the upper part of the trachea, as is caused by the vapor of sulphur. (S. H.)

* Cough which is frequently quite dry and short, occasioned by a suffocative sensation in the larynx as is caused by the vapor of sulphur. (S. H.)

Short and hacking cough, without expectoration, occasioned by a titillation in the trachea. (Langhammer.)

* *Cough, especially after drinking.* (S. H.)

* He is waked up by cough in the night; violent turns, almost causing suffocation, and bringing on swelling of the neck. (S. H.)

Dry, fatiguing cough. (Stark.)

The breathing is short and difficult.

Difficult breathing, with great anguish. (Tachenius.)

Anxious, moaning respiration. (Guilbert.)

Frequent shortness of breathing, causing pressure and anxiety in any position of the body. (S. H.)

Violent oppression of breathing.

Long-lasting asthma.

Asthma which returns frequently.

He loses his breath in the evening, when getting into bed ever so carefully, and a fine sounding, as if elicited from a fine musical string, is heard in the constricted trachea. (S. H.)

She imagines at every moment that she will suffocate, feeling at the same time so weak that she is not able to take a deep inspiration. (Wahle.)

* *Sudden catarrh at night, threatening suffocation.* (Majault.)

Suffocative catarrh.

The internal membrane of the trachea in those animals which had been poisoned with arsenic, has sometimes been found inflamed. (Orfila.)

* Asterisks (*) show that the symptom has been cured by the drug under whose head it is mentioned, and the cipher (°) indicates that the symptom which follows it has disappeared under the use of the medicine, without having as yet been observed as a pathogenetic symptom.

IODINE.

- * The larynx is painful. (Vogel.)
- * Pain in the larynx and expectoration of indurated mucus. (Hartlaub.)
- * Pressure in the region of the larynx, as far as the fauces, as if those parts were swollen. (Jörg.)
- * Aching and pricking pain in the region of the larynx and the sublingual glands, several attacks on one day. (Jörg.)
- * Pressure in the throat, inducing frequent hawking up of a quantity of tenacious mucus. (Hartlaub.)
- * Contraction and heat in the throat. (Hartl.)
- * Sore feeling in the throat and chest, while in bed, with wheezing in the throat and drawing pains in the lungs, which is felt regularly with the beats of the heart. (Hartl.)
- * Inflammation of the trachea.
- Roughness of the trachea the whole day.
- Hoarseness. (Comdet.)
- Hoarseness early in the morning.
- Hoarseness for more than two weeks. (Hartl.)
- The voice becomes deeper, and finally quite deep. (S. H.)
- Sensation as if something were lodged in the larynx which he can bring up by hawking, the whole day and evening.
- Intolerable titillation in the larynx, which can only be arrested by hawking and coughing, with accumulation of water in the mouth, early in the morning when in bed. (Gff.)
- Expectoration of tenacious mucus, with pressure in the throat, as if something were lodged in it which he imagines he can swallow, early in the morning. (Hlb.)
- Violent titillation in the throat, inducing a desire to cough. (S.)
- Dry cough. (Matthey.)
- Violent oppression of breathing. (Gölis.)
- Asthma* with pain during a deep inspiration; stronger, quicker beating of the heart, and smaller, more frequent pulse. (Jörg.)
- * *Asthma* and arrest of breathing in the throat for a fortnight. (Hlb.)
- Loss of breath. (Gärdner.)
- Want of breath. (Neumann.)
- Suffocative catarrh. (Orfila.)

ADDITIONS.

Dr. Koch has employed IODINE in alternation with ACONITE, in thirteen croup patients, without losing a single patient.

(See Hygea XIV.) Dr. Koch assures that all those cases were true croup. It is not certain whether Iodine accomplishes those happy results, inasmuch as a second drug, which is likewise frequently given in croup with great success, was used as frequently as the IODINE. Dr. Koch refers to the pharmacodynamical repertory of the Hygea, where he found symptoms which were very analogous to croup symptoms. We have not been able to find out that passage. The matter is of very great importance, and it would be well if the experience adduced by Dr. Koch were either speedily confirmed or contradicted. The Iodine symptoms which we have enumerated above, here and there point distinctly to croup; but they contain none of the truly characteristic features of croup, nor does any of the vaunted homœopathic remedies for croup.* IODINE is more-over an ingredient of SPONGIA, which has been heretofore our best specific for croup. In a patient affected with laryngostenosis, Iodine excited the most fearful suffocative fits, and a tone such as characterized the most violent forms of croup.

SECOND APPENDIX.

Remedies which are somewhat related to croup, but which will probably never be elevated to the rank of specifics for that disease.

ACONITUM.

Hoarseness in the morning. (a. 8 h.) (S. H.)

Short and hacking cough, occasioned by a titillation in the upper part of the trachea (immediately. S. H.)

Cough after drinking. (S. H.)

Although accustomed to smoking, yet he is not able to smoke without hawking and coughing (short and hacking

* We take this opportunity of referring our readers to an article on croup, written by Dr. John Peters, of this city, who writes under the name of Jean Pierre, and published in the fifth number of the Examiner. That article gave great offence to a portion of the homœopathic brotherhood, because Dr. Peters maintained, in a manner which we admit to have been somewhat flighty, that none of our remedies for croup were truly homœopathic to that disease, and that the true specifics for membranous croup were BROMINE and CAUSTIC AMMONIA. This paragraph shows that he has the most distinguished disciples of Hahnemann, such as Atomyr, and others, to back him in his position. Indeed, none but the uninformed can hesitate to recognize BROMINE, AMMONIUM CAUSTICUM, and KALI BICHROMATICUM, as the true specifics for genuine membranous croup. H.

cough), either owing to smoke getting into the trachea or the larynx having become too sensitive. (a. 6 h.) (S. H.)

Short cough, occasioned by a titillation in the larynx, after midnight, every half hour; the cough became the more violent the more she attempted to suppress it. (S. H.)

Short breathing, during sleep, after midnight. (S. H.)

Stertorous, loud breathing, with open mouth.

Asthma with strong, loud breathing. (S. H.)

Morbid condition (paroxysms of paralysis?) of the epiglottis; food and beverage easily get into the trachea when swallowing, causing suffocation and cough. (S. H.)

Anguish, arresting respiration, with warm sweat on the forehead. (S. H.)

Asthma. (Richard.)

Fits of anguish, with danger of suffocation. (Roedder.)

Clinical Remarks.

Croup, first stage: Violent chilliness, followed by violent heat. The boy is speechless, or his speech is exceedingly labored, with a crowing voice. Points to the larynx, where he seemed to feel a pain. Wants to cough, but is not able. The face is red and puffed, the eyes glisten. Sweat on the forehead; pulse full and strong. Violent thirst. Frequent emission of urine. Small pimples break out on the left side of the face. The face is alternately red and pale. The breathing is evidently impeded. Restlessness and delirium. *Annals* II. p. 223.

Two doses at an interval of five hours.

Cough with a barking, hoarse sound. Red face. Great oppression of the chest, and heat, with danger of suffocation. (*Jahrbuch D. hom. Heilanstalt*, I. p. 171.)

ACONITE may always be commenced with in the inflammatory stage; it favors the action of the drugs which have to be exhibited after it. (*Rueckert's Hom. Therap.* p. 273.)

From Jahr's New Repertory.

°Spasmodic, rough, crowing cough, also when accompanied with danger of suffocation, and constriction of the throat.

°*Angina Membranacea*, inflammatory stage, especially as long as the nervous and vascular systems are very much excited, with burning heat, thirst, *short cough and quick, accelerated breathing.*

°*Anxious, labored, sighing, hurried, and superficial breathing.*

° Sort of Asthma Millari, with violent night-cough, characterized by a hoarse, crowing sound, danger of suffocation and constriction of the trachea. (Attomyr.)

BELLADONNA.

Rough, hoarse voice. (S. H.)

Hoarseness. (Vicat.)

(Hollow and scraping cough. S. H.)

The child became still, previous to a fit of cough, and she cried immediately before the cough commenced. (S. H.)

Noise and rattling in the bronchi. (Rau.)

Oppression of the chest. (Schmucker.)

Difficult breathing. (Rau.)

Violent, short, frequent, anxious inspirations. (Grimm.)

Now he breathed, now he seemed to have breathed his last ; these paroxysms returned four times in a quarter of an hour. (Camerarius.)

Oppression of the chest, in the evening when in bed ; this oppression cannot be relieved by voluntary cough ; he had great difficulty in taking an inspiration, as if prevented by the mucus in the trachea ; at the same time he felt a burning in the chest. (after 60 h.) (S. H.)

From Jahr's Repertory of Symptoms.

° Great painfulness of the larynx, with danger of suffocation when touching or turning the neck, coughing, talking and taking an inspiration.

° *Spasmodic constriction of the throat.*

° Barking cough. (Attomyr.)

BRYONIA.

Some hoarseness and impure sound of the voice, when walking in the open air. (S. H.)

A kind of hoarseness, accompanied with inclination to sweat. (S. H.)

Rough and hoarse voice. (after four hours. Herrmann.)

Hoarseness, for twenty-one days. (Fr. H.)

Dry cough with hawking ; single spasmodic, violent shocks against the upper part of the larynx, which feels as if it were lined with a dry, tenacious mucus ; the cough is excited even by the smoke of tobacco. (S. H.)

Scraping, painful cough in the throat, with hawking, as if

occasioned by roughness of the larynx, in the evening after lying down in the bed. (S. H.)

Irritation inducing cough; sensation as if mucus were lodged in the trachea; after having been hawking for some time, he experiences a pain in the larynx, consisting in pressure and soreness; this pain increases by talking and smoking. (after four hours. Herrmann.)

When entering the room from the open air, he experiences a sensation in the trachea as if filled with smoke, inducing cough; he feels as if he could not breathe a sufficient quantity of air. (after two hours. Herrmann.)

Dry cough with hawking, causing a shock in the upper part of the trachea. (S. H.)

Pricking in the throat when coughing. (S. H.)

The fit of cough is immediately preceded by a frequent gasping for air, being sudden, spasmodic inspirations, as if the child could not get a full breath, and were thus prevented from coughing; it is a sort of suffocative fit, followed by cough, especially after midnight. (S. H.)

Impeded respiration. (S. H.)

Asthma. (after one hour. S. H.)

From Jahr's Repertory

* *Hoarse and rough voice.* (Atto myr.)

CARBO ANIMALIS. :

Hoarseness, worse in the evening. (S. H.)

Pain in the trachea, as after a good deal of coughing. (S. H.)

Roughness and hoarseness in the throat, early in the morning after rising, with dry cough.

Hoarseness in the daytime, followed by loss of voice in the night; she wakes cold, with swelling of the pit of the stomach, violent cough, difficult expectoration and arrest of breathing with sweat of anguish; she was not able to take a full breath. (S. H.)

Cough, with constriction of the throat and spasm in the chest. (S. H.)

Cough, arresting the breathing. (S. H.)

Suffocative cough, in the evening, an hour after going to sleep. (S. H.)

Rattling and whizzing in the chest, for hours, in the evening when in bed. (S. H.)

Panting breathing, with oppression of the chest. (S. H.)

Asthma after a meal.

Sudden oppression of the chest, when she attempted to take a deep inspiration.

Sensation as if the breath remained in the chest.

Suffocative constriction of the chest, early in the morning when in bed; she imagines she will die; she experiences stitches in the heart from talking, and when moving her arms she feels as if heart and chest would tear. (S. H.)

Anxiety in the chest, early in the morning. (S. H.)

Violent compression in the chest, with arrest of breathing when sitting. (Hartlaub.) (Attomyr.)

CAUSTICUM.

Feeling of tightness and want of air in the throat, with puffiness of the left side of the throat; he is obliged to untie his cravat.

Frequent paroxysms of suffocation during an inspiration, as if some one constricted the trachea, causing a momentary arrest of breathing, when sitting. (Hartmann.)

Sudden arrest of breathing in the open air (while hunting), the heart beating very fast; he was unable to keep himself erect, but had to kneel down, being covered with sweat all over; the breathing was very short, the blood rose to the head, the face becoming blue-red, as if he were on the point of having an apoplectic fit; this lasted an hour (fourth day). (S. H.)

Arrest of breathing, while talking, *she had to gasp for air suddenly*. (S. H.)

Dry cough, consisting in five or six turns, accompanied with a feeling of soreness in the interior of the trachea, along a narrow space from below upwards; every turn of cough occasions a pain in that space, and almost arrests the breathing. (S. H.)

The voice becomes obstructed several mornings, as if a plug were lodged in the larynx, which he ought to throw off. (S. H.)

The muscles of the larynx refuse to act; in spite of all his efforts, he is unable to utter a loud word. (S. H.)

Hoarseness for many days; she was unable to utter a loud word. (S. H.) (Attomyr.)

CHAMOMILLA.

Whizzing, wheezing, slight rattling in the trachea when taking an inspiration. (S. H.)

Hoarseness occasioned by tenacious mucus, lodged in the

larynx ; it can only be got off by considerable hawking. (a. & h.) (S. H.)

Catarrhal hoarseness of the trachea, with dryness of the eyelids. (a. 1—8 h. S. H.)

Hoarseness and cough, occasioned by a slightly rattling mucus in the upper part of the trachea ; the place where the mucus had been detached feels sore. (after two hours. S. H.)

Oppression of the chest. (S. H.)

Constriction of the upper part of the chest, which feels sore when coughing. (after four hours, S. H.)

Asthma, resembling a suffocative catarrh (as if his throat were constricted) in the region of the pit of the stomach, with a constant desire for cough. (after $\frac{1}{4}$ hour. S. H.)

Paroxysm of cough about midnight, during which something ascends in her throat as if she would suffocate. (S. H.)

Short, panting breathing. (Stapf.)

Short, deep breathing, with considerable heaving of the chest. (Stapf.)

Clinical Remarks.

CHAMOMILLA helped in a case where ACONITE and SPONGIA had done no good. It brought on sweat, and effected the expulsion of a large quantity of mucus by cough. (All. hom. Zeit. II. p. 64.)

From Jahr's Repertory.

* *Hoarseness*, occasioned by tenacious, firmly adhering mucus in the larynx.

* *Catarrhal hoarseness.*

o *Angina membranacea.*

* *Cough with hoarseness and rattling of mucus in the throat.*

o *Livergrown children.* (Attomyr.)

CHINA.

His larynx is affected in such a manner as causes the voice to have a deeper and impure sound, when talking or singing. (after two hours. S. H.)

Mucus in the larynx, which he is hawking up all the time, and which makes the voice hollow and hoarse. (Stapf.)

Hoarse, rough voice. (Anton.)

Stitches and sensation of roughness in the larynx.

Whizzing and wheezing in the trachea when inspiring air. (after two hours. S. H.)

His chest feels oppressed at night; whizzing, wheezing, and rattling in the trachea; however, the tenacious mucus does not oblige him to cough. (after five hours. S. H.)

A sort of suffocative fit, as if the larynx were filled with mucus, especially towards evening, and at night when waking. (after eight hours. S. H.)

Difficult, labored, painful inspirations and hurried expirations. (S. H.)

Suffocative cough of seven or eight minutes, at night, at two and again at four o'clock, (a sort of whooping-cough.) She cries withal, but not till she has had a few turns of cough. (S. H.)

Painful pressure in the chest, and sore feeling in the larynx, occasioned by the cough. (S. H.)

A sort of drawing in the trachea, below the larynx, followed by cough occasioning a shock in that part.

Asthma. (Baglivi.)

Oppression of the chest. (Franz.)

Asthma, with difficult, sometimes rattling expirations (especially when walking) and roughness in the chest. (after four hours.) (Hartmann.)

Arrest of breathing, for half an hour. (Thompson.)

Suffocative breathing. (Thompson.)

Fatal oppression of the chest.¹ (Kocker.) (Attomyr.)

CINA.

Heavy, loud breathing. (after $\frac{1}{4}$ hour. S. H.)

Short breathing, as if he had a quantity of mucus in the chest, without being obliged to hawk. (after 6 h. Langhammer.)

The child's breathing is very short, with loud rattling in the chest. (Stapf.)

Loud wheezing in the trachea, during an inspiration, not audible during an expiration. (after 12 h. Langhammer.)

Fits of violent cough, from time to time. (S. H.)

Previous to coughing, the child raises herself very suddenly, stares all around; the whole body looks rigid; she is without consciousness, as if she were going to have an epileptic fit; after this paroxysm the cough breaks out. (S. H.)

After coughing the child moans (ough! ough!) a noisy gurgling is heard, from above downward; she is anxious,

¹ In consequence of the China having been administered during the chilly stage of an intermittent fever.

gasps for air, and becomes quite pale in her face; in paroxysms lasting two minutes. (S. H.) (Attomyr.)

COCCULUS.

Smoky feeling in the trachea, constricting it and arresting the breathing; it continually excites cough. (S. H.)

Asthma and heavy breathing. (Hornb.)

Irritation in the posterior wall of the larynx, exciting cough in the evening when in bed; every paroxysm of cough consisting in two turns. (S. H.)

Irritation in the upper parts of the larynx, inducing cough. (S. H.)

A tenacious mucus adheres to the larynx and obliges him to hawk. (S. H.)

Wheezing, suffocative, snoring breathing, especially the inspirations; alternating with slow expirations which are sometimes arrested altogether, and the face is puffed up as in apoplexy. (S. H.) (Attomyr.)

CONIUM.

Suffocative fit, as if the throat were stopped up with mucus.

Hoarseness. (S. H.)

Dry cough with hoarseness. (S. H.)

The breathing, especially the inspiration, is very heavy, as if the chest did not expand sufficiently. (after four hours. Franz.)

Difficult breathing and violent pain in the chest.

Short, panting breathing. (Stoerck.) (Attomyr.)

CUPRUM.

Cough, arresting the breathing. (after consciousness had returned.) (S. H.)

Cough, with interrupted, almost suppressed respiration. (Voigtel.)

Dry cough, without interruption, not permitting him to breathe. (immediately.) (Pelargus.)

Very quick breathing, with rattling in the bronchi, as if they were full of mucus. (S. H.)

Asthma. (Pelargus.)

Paroxysms of spasmodic asthma; the chest feels contracted, the breathing is labored, unto suffocation; when these spasms were about to subside, a spasmodic vomiting set in, after which the paroxysms subsided for half an hour. (S. H.)

Continual hoarseness, not permitting him to utter a word, with inclination to lie down. (S. H.)
 Spasm in the throat, hindering speech. (Orfila.)

ADDITION.

Large doses of the Sulphate of Copper have been administered in the last stage of croup, for the purpose of inducing the expulsion of the artificial membrane and preventing suffocation; this has frequently succeeded. (Attomyr.)

DROSERÁ.

Asthma, especially when talking, even at every word which was uttered; the throat became contracted; he did not feel the asthma when walking. (S. H.)

Titillation in the larynx, inducing a short and hacking cough, with sensation as if a soft body were lodged in the larynx, with fine prickings in that organ, extending to the right side of the fauces. (after four days. Gutmann.)

Clinical Remarks.

DROSERÁ (and when the fever is violent, MERCURY) is frequently useful when, after the disappearance of the membranous angina, a chronic form remains, which sometimes returns at regular periods, characterized by a spasmodic cough and a scraping in the bronchi; when this condition is neglected, it may pass into spasms and hydrocephalus. *All. hom. Zeit.* I. p. 147.

From Jahr's Repertory.

- * Hoarseness and deep base-voice.
- o Barking cough. (Attomyr.)

IPECACUANHA.

Suffocative cough, the child becoming stiff, and the face becoming blue. (after ten hours. S. H.)

Cough, arresting the breathing unto suffocation. (S. H.)

Cough originating in a contractive, titillating sensation, extending from the upper part of the larynx to the lower extremity of the bronchi. (after four, six, seven hours. S. H.)

Dry cough, caused by a titillation in the upper part of the larynx. (after two, three, five hours. S. H.)

Rattling in the bronchi, when taking an inspiration. (S. H.)

Asthma. (S. H.)

Asthma for several hours. (S. H.)

Asthma in the evening. (S. H.)

Spasmodic breathing with violent contraction in the throat and chest, characterized by a peculiar sort of panting sound; (in the case of a female, the symptom being occasioned by the vapor of a powder in a distant room, and lasting a fortnight.) (Scott.)

Sudden attacks of troublesome asthma, accompanied with a panting sound in the bronchi. (Scott.)

Constriction of the chest, with shortness of breathing and panting; while standing at the open window she had to gasp for air, with pale countenance, scarcely perceptible pulse and danger of suffocation, from evening until 9 o'clock in the morning. (Scott.)

The asthma returns in 24 hours, from 10 o'clock in the evening until 10 o'clock in the morning, for 8 days. (Scott.)

Suffocative fit for two or three days. (Scott.) (Otto Stapf.)

LEDUM.

Oppressed, painful breathing. (S. H.)

He was unable all day to take a full breath. (S. H.)

Asthmatic constriction of the chest, aggravated by motion and walking. (S. H.)

Titillation in the trachea, followed by sudden, oppressed breathing, as if she were near suffocating. (S. H.)

Hoarse and scraping feeling (in the trachea) in the chest. (after 48 h. S. H.) (Atto myr.)

MOSCHUS.

Sudden sensation in the upper part of the throat, as if the breathing were arrested; the sensation was almost as if one inhales the vapor of sulphur. (Gross.)

Sensation in the throat as if the vapor of sulphur had got into it, with constriction of the trachea; from the smell. (immediately.) (Stapf.)

Suffocative constriction of the chest. (Fr. Hoffmann.)

Oppressed breathing; she is obliged to take deep breath. (Stapf.)

Compression of the chest. (Tralles.)

Pressure in the chest, making it impossible for him to lie down; he imagined he would suffocate and gasped for air. (after 12 h.) (from triturating the drug.) (Hromoda.)

A sort of spasm of the lungs, commencing with an irritation inducing cough, increasing gradually and driving one to despair. (in the first 23 h.) (It had passed off after the lapse of five minutes.)

NOTE: For this last named symptom I have employed *Moschus* on one single occasion, in the case of a boy of 6 years, who was engaged in his death-struggle; inasmuch as I did not expect any thing of that remedy under the existing circumstances, I left the boy in a quarter of an hour. The father told me afterwards that half an hour after I had left, the boy had improved perceptibly, and that the improvement had continued for two hours; after this lapse of time another feeble paroxysm had occurred, terminating in death. A second dose might perhaps have saved the boy's life. (Hromoda.)

NATRUM MURIATICUM.

Scraping sensation in the larynx, the voice becomes rough. (after 20 h. S. H.)

Violent hoarseness. (the first day. S. H.)

Considerable hoarseness early in the morning. (S. H.)

Rough, hoarse, short and hacking cough. (S. H.)

Cough making the boy quite breathless, day and night. (S. H.)

When coughing, a feeling of soreness is frequently felt in the larynx and trachea. (S. H.)

Asthma. (S. H.)

Painful oppression of the chest, every day, a sort of pressure; when raising the trunk after having sat crooked. (S. H.)

The chest is oppressed as if constricted, accompanied with burning in the hands. (5, 8 days. S. H.) (Attomyr.)

NITRI ACIDUM.

Excessive fluent coryza, with great hoarseness and cough, and stitches in the throat at every turn of cough. (a. 12 d. S. H.)

Pricking pain in the region of the larynx. (S. H.)

Pricking in the throat (larynx), when talking a long while. (S. H.)

Sharp, scraping sensation in the trachea. (S. H.) (a. 9 d.)

The throat feels rough like a grating iron, not when swallowing, but when taking an inspiration; with oppression of the chest and fluent coryza. (S. H.)

Hoarseness. (after a few h. and after two days. S. H.)

Hoarseness, hindering speech. (S. H.)

Cough, with titillation, and soreness in the throat. (S. H.)

Cough, occasioned by a constrictive sensation in the throat, especially at night when sleeping. (S. H.)

Dry, barking cough, especially in the evening. (S. H.)

Rough, dry cough before midnight. (S. H.)

Cough at night, almost without interruption, with concussion of the whole body, the breathing being frequently arrested, as in whooping-cough; accompanied with stitches in the chest, sore throat and fever. (S. H.)

At night he coughs much more than in the daytime, he is only able to sleep towards morning; also in the daytime is the cough much more violent when lying down and going to sleep. (S. H.)

Loss of breath, palpitation of the heart, and anxiety when going up-stairs. (S. H.)

Sudden want of breath and palpitation of the heart when walking slowly. (S. H.)

Shortness of breathing! (first hour. S. H.)

Tightness of breathing, early in the morning, so violent that she was scarcely able to breathe. (a. 30 days. S. H.)

Oppression of the chest, she was not able to breathe. (a. 22 d. S. H.)

Short, anxious, labored breathing. (S. H.)

Panting breathing. (S. H.)

Wheezing and slight rattling in the chest, when breathing. (S. H.)

From Jahr's Repertory.

* Barking cough, especially in the evening. (Attomyr.)

OPIUM.

Hoarseness, as if the trachea were filled with mucus. (S. H.)

Hoarseness. (Young.)

Hoarseness, the mouth being very dry, and the tongue white. (Grimm.)

Excessive hoarseness. (Young.)

Hollow, very dry cough (immediately after taking the drug); it passes off soon. (S. H.)

Violent, dry cough, succeeded by yawning, and a sudden, loud cry. (after 36 h. S. H.)

His face becomes suddenly blue, he attempts to cough, but the breathing is arrested (suffocative catarrh); afterwards deep sleep, with cold sweat all over the body. (a. 30 h.)

Cough when swallowing. (de la Croix.)

He coughs up frothy mucus. (Matthæi.)

Difficult, tight breathing, especially at night. (S. H.)

Now single deep inspirations, now arrest of breathing for minutes. (S. H.)

Slow breathing. (S. H.)

Hurried breathing. (Büchner.)

Quick, oppressed, anxious breathing. (Grimm.)

Accelerated, labored breathing. (Murray.)

The breathing becomes shorter and shorter. (Sauvages.)

Labored breathing. (Tralles.)

Short fits of anxiety, with short, oppressed breathing, and tremor of the arms and hands. (Cubitz.)

Difficult respiration and anxiety. (Hamberger.)

Anxiety, and contraction and constriction of the chest, (Matthæi.)

Constriction of the chest, as if it were stiff; labored breathing. (Young.)

Spasmodic asthma. (Young.)

Oppressed and labored breathing, and anxiety about the heart. (Fr. Hoffmann.)

Impeded respiration, asthma. (Stütz.)

PHOSPHORUS.

Roughness in the larynx and trachea, with frequent short and hacking cough, and hawking.

Roughness in the throat, for four days, the weather being damp.

Hoarseness, early in the morning.

Hoarseness, the larynx feels as if lined with fur, he is unable to utter a loud word. (S. H.)

Hoarse, husky voice, for several days. (S. H.)

Cough, especially violent when taking either a cold or warm drink. (S. H.)

Hollow, generally dry cough, with oppression in the pit of the stomach, hindering sleep all night.

Hollow cough, generally early in the morning when in bed, and also at night, hindering sleep.

Panting cough, with husky feeling in the chest, and expectoration of mucus. (after 8 days. S. H.)

When coughing, sensation in the throat as if a piece of flesh would come out.

Difficulty of breathing, in the evening when in bed. (S. H.)

His breathing is loud and rattling. (S. H.)

Oppressed, short breathing. (S. H.)

Shortness of breath and vertigo. (S. H.)

ADDITION.

Dr. Marenzeller has recommended the PHOSPHORUS in croup. Dr. Liedbeck, of Upsala, has cured a croup-cough in his son with PHOSPHORUS. These are all the cures of croup-cough which PHOSPHORUS is known to have effected. But it has never cured a case of genuine croup; the case which is cited in the fifteenth volume of the Archive, p. 100, proves nothing for the efficacy of PHOSPHORUS in croup, inasmuch as PHOSPHORUS, SPONGIA, and HEPAR were given every half hour in alternation. (Weizweiler.)

SAMBUCUS.

Slumbering with the eyes and mouth half open; on awaking he was unable to get his breath, he had to sit up, in which case the breathing was extremely hurried, with wheezing in the chest, as if he would suffocate; he beat about with his hands, head and hand being bloated and bluish; he was hot, without thirst; he wept when the paroxysm came on; he had no cough during all this time, especially from midnight until 4 o'clock in the morning.¹ (S. H.)

SANGUINARIA CANADENSIS

Is very efficacious in Croup. (Bute.) Archive 17, 3. p. 187. New Archive II. 2. (Attomyr.)

SPIGELIA.

A sort of suffocative cough, as if occasioned by a quantity of water flowing into the wind-pipe.

Sudden, violent cough occasioned by water having got into the wind-pipe.

¹A sort of Asthma Millari. (S. H.)

Dry, violent, hollow cough, occasioned by an irritation in the trachea, especially when bending forward; the cough arrests the breathing. (S. H.)

Stitch in the chest, which feels contracted in consequence, this hinders breathing. (S. H.) (Attomyr.)

SULPHUR.

Roughness in the throat. (S. H.)

Very rough throat. (a. 16 d. S. H.)

Occasional drawing and dryness in the larynx.

Hoarseness and complete aphonia. (a. 24 h.)

Hoarseness, early in the morning. (Fr. H.)

He hawks up pieces of hard mucus, resembling starch.

The larynx feels swollen. (S. H.)

When coughing, a painful shock is felt in the larynx.

Titillation in the larynx; talking excites the cough.

He wants to cough, but he is not able; his eyes see black. (S. H.)

Cough occasioned by roughness in the larynx. (S. H.)

Cough with rattling in the trachea and hoarseness.

Arrest of breathing in paroxysms, partly when moving about and walking, partly when sitting or lying down; he is obliged to take a deep inspiration, after which the asthma disappears immediately. (S. H.)

Asthma. (S. H.)

Excessive asthma, convulsions and death. (after four days.) (Morgagni.)

Frequent arrest of breathing, unto suffocation, in the day time. (S. H.)

Arrest of breathing, even when talking. (S. H.)

Sudden want of breathing at night when in bed, when turning to the left side; going off when sitting up. (S. H.)

Frequent arrest of breathing while sleeping; she had to be waked in order to prevent her from suffocating. (S. H.)

Suffocative fit at night while sleeping, but without pain. (S. H.)

After having scarcely fallen asleep at night, the breathing became arrested; she was near suffocating, started up with a loud scream, and was unable to regain her breath; toward morning her heart beat very violently, after which a profuse sweat broke out all over. (S. H.) (Hausmann.)

TARTARUS EMETICUS.

At the commencement of a paroxysm of cough, she gasps for air several times, before she gets strength enough to cough. (S. H.)

Her breathing became arrested at three o'clock in the morning; she had to sit up to get breath; she felt relieved as soon as cough and expectoration had set in. (S. H.)

He threatens to suffocate in the evening when in bed, as if the larynx became constricted; he is unable to get breath; he has to sit up all night. (S. H.)

Unusual tightness of the chest. (fourth day. Ruckert.)

The child has a coughing spell after a meal, and is obliged to vomit up mucus and the ingesta. (S. H.)

The child coughs, when getting angry.

Violent titillation in the trachea, inducing a short cough. (Stapf.)

ADDITIONS.

1. *Clinical Remarks.* Dr. Griesselich (see Hygea II.) has treated several cases of croup with large doses of tartar emetic, exciting vomiting, other allœopathic drugs being used at the same time. Experience of that sort, however, proves nothing in favor of the specific relation of tartar emetic to croup.

From Jahr's Repertory.

- The larynx is painful to the touch.
- Angina membranacea, after or in alternation with HEPAR SULPHURIS, a quantity of mucus remaining in the throat after the removal of the more dangerous symptoms.
- Hoarseness.
- * *Catarrh with a good deal of mucus rattling in the air-passages.*
- * *Cough with vomiting of the ingesta.*
- * *Cough with suffocative arrest of breathing, like whooping-cough.*

2. *Pathological Anatomy.*

The larynx is dotted with large pustules which are sunk in the centre.—The trachea has a similar appearance. (Noack and Trinks.) (Cservinka.)

VERATRUM.

Paroxysms of constriction of the heart, suffocative fits, with protruded eyes. (after half an hour. S. H.)

Spasmodic constriction of the larynx, with contraction of the pupil. (S. H.)

Arrest of breathing. (S. H.)

The breathing is almost entirely extinct, imperceptible. (S. H.)

Asthma; he is not able to take a sufficient quantity of breath on account of the trachea being narrowed by tenacious, firm mucus. (after four and a half hours. Franz.)

Excessively labored and troublesome breathing. (Benivenius.)

Their breathing was so oppressed that they came near suffocating. (Scholz.)

Constriction of the throat. (Muralto.)

Suffocative constriction of the throat. (Reimann.)

Pain in the left side when coughing, with weakness and difficulty of breathing. (Greding.)

Deep, hollow cough in the evening, three or four turns at a time, which seemed to come out of the abdomen. (Becher.)

Hot, dry cough at night. (Greding.)

Cough and a good deal of expectoration, with blueness of countenance and involuntary emission of urine. (Greding.)

Titillation in the lower parts of the bronchial tubes, inducing cough, without expectoration. (after twenty-four hours. S. H.)

Dry and hacking cough, occasioned by a titillation in the lowest region of the sternum. (immediately. S. H.) (Attomyr.)

NOTICES.

The first volume of the "*Transactions of the American Institute of Homœopathy*," has left the press, and is for sale by C. L. Rademacher, Philadelphia, 39 North Fourth street, and Wm. Radde, 322 Broadway, New-York.

It is scarcely necessary to recommend this volume to the profession, inasmuch as every physician knows the importance of being acquainted with the symptoms of any new remedy which may have been proved by careful observers, and the volume before us contains the symptoms of some very remarkable drugs which will prove of great value in practice.

The provers are practitioners of acknowledged talent. Some of the symptoms obtained, are entirely characteristic. We would recommend to those who are willing to subject themselves to the inconvenience of proving, the propriety of proving the remedies contained in this volume of the transactions over again, using the same doses, for two reasons, first, to see whether the symptoms obtained, some of which have been obtained from very small doses, will be confirmed by new provings, and secondly, whether new symptoms can be elicited, which scarcely admits of a doubt. The following is a list of the drugs contained in this volume: Benzoic acid; Fucoric acid; Oxalic acid; Elaterium; Eupatorium perfoliatum; *Kalmia latifolia*; *Lobelia inflata*; *Lobelia cardinalis*; *Podophyllum peltatum*; *Sanguinaria Canadensis*; *Triosteum perfoliatum*

Homœopathia Revealed, by ALEXIS EUSTAPHIEVE, Esq., printed and published by D. Fanshaw, 575 Broadway.

This work is intended to explain the principles and practice of homœopathy in a very popular manner. The author discourses with characteristic eloquence, and his work amply repays the trouble of perusing it.

The fourth and last volume of Hahnemann's *Materia Medica Pura* is in press, and will be for sale shortly.

In course of preparation: Jahr's New Repertory, the first volume of which will leave the press on the first of September next, and the second on the first of October following. All the omissions in the Repertory will be corrected with great care, by Ch. J. Hempel, M. D. These two volumes contain 1400 closely printed pages, and correspond to the first volume of the old Manual by the same author.

Also: An alphabetical Index of all the symptoms contained in our *Materia Medica*, by means of which the practitioner will be enabled to discover any symptom with the same facility as we now find the words in a dictionary, together with all the remedies referring to that symptom. This index will be made with the greatest care, so that not even the most insignificant symptom shall be omitted.

In our next number, which will close the first year, we shall publish a list of those practitioners who have sent in their names. We again request our friends to enable us to make the list as complete as possible.

(From the American Journal of Homœopathy.)

THIRD ANNIVERSARY MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHIA,

AT PHILADELPHIA, ON WEDNESDAY, MAY 13, 1846.

THE meeting was fully attended. Members were present from all the Northern, and from many Western and Southern States—from Maine, Missouri, and Virginia.

The utmost harmony and good feeling prevailed; there was evident an exalted spirit of confidence, energy, and zeal actuating the minds and influencing the conduct of those present; and the accounts given of the rapid advancement of the Homœopathic doctrine, and the Homœopathic practice throughout the country, were truly gratifying and satisfactory. In truth, its progress and success may challenge comparison with that of any science or any reformation in any age of the world. Much important information was received, many measures were adopted that are destined to tell upon the interest and prosperity of the Institute, and of true art in medicine. Subjects were introduced that gave rise to highly interesting and eloquent discussions, and the Institute adjourned with strengthened hopes, elevated purposes, and increased zeal in the promotion of true science in the healing art, and the happiness and prosperity of the human race, so far as the laws of health and life are concerned.

Dr. S. R. Kirby, of New-York, was elected President, and Drs. Edward Bayard and R. A. Snow, also of New-York, were elected Secretaries.

The "Central Bureau" for the reformation and augmentation of the *Materia Medica* made a report, which was in a printed volume, entitled "Vol. I. of the Transactions of the American Institute of Homœopathy." This work is noticed in another column of this Journal.

Dr. Simon F. Havens, of Utica, N. Y., Daniel Holt, M. D., of Lowell, Mass., and Oscar Sceitz, M. D., were admitted to membership of the Institute. The Northampton Society, in Pennsylvania, pronounced the death of its late President, Eberhard Freytag, M. D., and Dr. McMannus, of Baltimore, moved appropriate resolutions, which were adopted.

A new Constitution and By-Laws were reported by Dr. Williamson, of Philadelphia, from the committee on that subject, and adopted.

Letters were received from Drs. W. E. Payne, of Bath, Maine, Wm. Price, of Cincinnati, and D. S. Smith, of Chicago, Ill.

Dr. Payne, after expressing his regret at being prevented from attending the meeting of the Institute, goes on to say, "As late as the year 1840, there was no resident practitioner of homœopathy in Maine. Previous to this time I had thought but little about it, except to regard it as one of the '*thousand and one humbugs*' of the day. My attention, however, being called to it more particularly at this period, I commenced an investigation of the subject which resulted in a conviction of its truth; and without entering into a detail of my progress or transition from the Allopathic practice to the Homœopathic, as I should be glad to do, if I had time, I will say that I publicly renounced the allopathic method of practice, and determined to stand or fall by the results of a practice according to the law *similia similibus curantur*."

* * * * *

"Since that time, seven others have embraced it, making at this time eight regularly educated physicians in full practice. I have to add that its prospects never appeared brighter, or more promising of universal triumph than at the present moment. That homœopathy will eventually triumph, both in the estimation of the public and over diseases, I have not a doubt. But whether its progress is to be *right* onward or not, will depend wholly upon the spirit of those who have embraced this great truth, and have courage enough to carry it forth into the world. A union of purpose among homœopathic physicians—a determined energy, and unmitigated industry, will ensure to our beloved science a more rapidly brilliant success than has ever marked the cause of any science."

* * * * *

Dr. Eliphalet Clark, of Portland, Maine, moved the following resolutions, which, after much interesting discussion, were unanimously adopted, viz:—

Whereas, the leading object of the American Institute of Homœopathia is the augmentation and improvement of the *Materia Medica*; therefore,

1. *Resolved*, That this Institute recommend the formation of local Homœopathic Medical Societies on the basis of the American Institute of Homœopathia.

2. *Resolved*, That each local society be recommended to appoint a bureau for the augmentation and improvement of the *Materia Medica*, whose duty it shall be to send on to the Central Bureau information in relation to the following topics:

i. The effects which may be observed from the trial of new remedies, whether in health or disease; stating the precise lo-

calities of the symptoms ; the times of the day at which they occur, with all the attending circumstances and conditions.

ii. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with the particulars of each case.

ii. Symptoms of remedies which have been most frequently confirmed in practice ; also any remarkable coincidence in popular practice, and especially in cases of poisoning.

3. *Resolved*, That it is expected that each local society will report itself annually to the Institute.

4. *Resolved*, That each member of the Institute be earnestly desired to make trial of drugs upon himself.

The chairman appointed Walter Williamson, M. D., of Philadelphia, F. R. McManus, M. D., of Baltimore, James M. Quin, M. D., of New-York, Eliphalet Clark, M. D., of Portland, Maine, and Samul Gregg, M. D., of Boston, a Standing Committee on the election of members.

The General Secretary was authorized to grant certificates of membership to members at any time during the year, on receiving one dollar for the same. The following gentlemen constitute the "Central Bureau" for the coming year. Constantine Hering, M. D., Jacob Jeans, M. D., Charles Neidhard, M. D., Walter Williamson, M. D., and James Kitchen, M. D., all of Philadelphia.

Dr. Jacob Jeans reported an address to physicians in the United States, which was unanimously adopted and ordered to be published with the proceedings.

Edward Bayard, M. D., of New-York, was appointed by the chairman to deliver an address to the Institute, on the evening of the 1st day of the next Annual Session of the Institute, which is to be held in Boston, Mass., on the second Wednesday in June, 1847.

HOMCEOPATHY VERSUS ALLOPATHY.

IN the eighth number of the New-York Medical and Surgical Reporter, we find the following

Case of foreign body in the larynx for four months, by J. Weldon Fell, M. D.

August 7th, 1845.—Was called to-day to see Mrs. S., aged 47 ; heard from her the following : At dinner, January 17th,

1844, she swallowed something, which, at first, caused symptoms of immediate suffocation, succeeded by violent coughing. She believing there was a foreign body in her throat, sent for a physician, and he, without an examination, ridiculed the idea, and prescribed for the cough. On the fourth day, she expectorated a quantity of offensive matter, streaked with blood. She still referred all her distress to the larynx, but the Doctor now told her she had incipient phthisis, and prescribed counter-irritation to the chest, with expectorants internally;—the cough still continued, together with the expectoration, until the 17th of May, 1844, when, during a violent spasm of coughing, a quantity of matter, and a solid substance, were expectorated. The solid proved to be a portion of beef-bone, that had been lodged in the larynx, for four months to a day. As the cough and expectoration still continued, a consultation was now held, the doctors agreeing that it was phthisis, and continuing the same treatment as before, the patient all the while telling them it was her throat and not her chest that was diseased. The treatment, however, was continued seventeen months, without the least reference to the larynx, without any benefit. Today, I found her with a cough, and expectorating a mucopurulent fluid. She strangles when swallowing fluids; has difficulty in conversing; throat dry; the larynx very much enlarged, perhaps one-third larger than natural, and to sun up in her own words, “the valve will not close the windpipe.”

I prescribed issues upon each side of the larynx, and the application of the *Argenti nitras* internally. This plan of treatment was followed with much benefit for two months, at which time, the *Arg. nit.* was discontinued, and the issues dried up. She can now walk a mile without difficulty, and converse all day without any exertion. The larynx is very much reduced in size, but she still has some cough and expectoration. I propose to repeat the issues.

The following case of Dr. Schellhammer, a Hungarian surgeon, which we extract from Atto-my's letters on Homœopathy, shows the superiority of the homœopathic treatment in similar affections.

Mrs. Seif, 76 years of age, injured her œsophagus by swallowing a splinter of bone; the left side of the throat became painful and swollen soon after the splinter had been swallowed. A physician was immediately sent for, but in spite of all his exertions the pain and swelling increased to such an extent that, six days after the injury had been received, the patient was unable to swallow a single drop of liquid. For three more

days the patient used emollient poultices ; but after the lapse of that period, the admission of air to the larynx had become extremely difficult, and the patient was on the point of suffocating. The doctor gave up all hope to save his patient's life. Schellhammer was now called in. He found, together with the above-mentioned symptoms, the neck of the patient twice as big as in the normal condition, œdematous, stiff, hard ; the patient suffered great anguish, was speechless, the eyes protruding considerably, and the skin being burning-hot. Schellhammer ordered a solution of *CICUTA* (the potency is not mentioned) to be applied to the lips and mouth of the patient. Two hours after the first application was made, the patient ate a plateful of soup, and in twenty hours, the pain, swelling, etc., had completely disappeared. It is now four years since the accident occurred, and the patient has remained well ever since, in spite of her age.

In the same number of the Reporter, we find the following case of traumatic tetanus successfully treated with **STRYCHNINE**, by the same Dr. Fell :

Dear Doctor—I send you another case of traumatic tetanus treated by Strychnine. Mrs. J., of Thompson-street, stuck a needle into her hand, a part of which remained ; the piece was removed in a few days, but not until the arm, however, had become much swollen, and the glands in the axilla much enlarged. I found her with the characteristic spasms, lock-jaw, etc., on November 15th. I at once gave the Strychnine in doses of $\frac{1}{4}$ of a grain every two hours, and, as soon as it produced its peculiar effect, the tetanic spasms ceased. The jaws gradually relaxed until the fifth day, when the Strychnine was discontinued, and the patient quite well.

NOTE.—Dr. Fell is perhaps not aware that *Nux vomica* is a homœopathic specific for tetanus. If he will take the trouble to consult any work on toxicology, he will find that *Nux vomica* produces tetanic spasms in a healthy person. In a recent case of traumatic tetanus, the homœopathic physician would begin the treatment with *ARNICA MONTANA*, or perhaps alternate it with *NUX*, but not in $\frac{1}{4}$ of a grain doses ; the millionth or decillionth portion of a grain would be found sufficient to effect a cure. Why do not allœopathic physicians who cure tetanus with **STRYCHNINE**, give Homœopathy credit for the discovery of this specific for that formidable disease? Is it because they begin to feel their beggarly poverty in curative

means so much that they are compelled to resort to the expediency of purloining from the homœopathic *Materia Medica* the means of effecting a cure, especially in diseases which have been, up to this moment, incurable in allœopathic hands, in spite of pounds of opium and barrelsful of port-wine, or is it because they prefer being guided in the discovery of therapeutic agents by coarse and disgusting empiricism ?

THE TWO-HUNDREDTH AND TWO-THOUSANDTH POTENCIES

ELICIT the universal approbation of the Hahnemannian portion of our school. The German Periodicals are filled with reports of brilliant cases of cure by means of those potencies, some of which we take pleasure in communicating to our readers.

Cases by Dr. C. A. Tietze of Ebersbach.

Many homœopathic physicians of modern times have deviated from Hahnemann's principles ; some have commenced again where he did, others have effected a monstrous combination of allœopathic and homœopathic proceedings. I have never been able to prevail upon myself to follow their example, and am more and more convinced that their defection from the true Hahnemannian principles of cure, and their occasional resort to venesection, leeching, etc., result in their ignorance of the homœopathic *Materia Medica*, and of the proper use of our curative agents. This remark does not apply to those who make occasional use of the lower potencies. The proper use of the tinctures and lower preparations is perfectly consistent with true homœopathicity. I have used the second trituration of sulphur in some acute diseases, for instance in ophthalmia, because I knew from experience that this preparation of sulphur acts more mildly than a higher potency of that drug, even the third. I have always been able to obtain the desired effect of most drugs in the 30th or 15th potency, provided they were truly homœopathic to the affection for which they were prescribed. A few pellets or a portion of a drop were generally found sufficient. On the other hand, I have treated diseases with the higher potencies, where I have been obliged to resort to lower preparations to obtain good results. This has espe-

cially been the case in the so-called nervous fevers. For the last three months I have treated seventeen typhus-patients, some of whom affected with a fully developed typhus abdominalis, without losing a single patient; the remedies used being **BELLADONNA**, **ARSENIC**, and **PHOSPHORUS**. I exhibited these drugs in the 3d, 6th, and 8th potency, one or three drops in three ounces of water, giving a tablespoonful every hour, or every two, four, six, twelve hours, according to circumstances. I confess that I felt loth to adopt this method; although I constantly prescribed in conformity with our principle of similitude, yet the magnitude of the dose seemed to me to savor somewhat of allœopathy, and I consoled myself with the hope that I should live to see the day when Homœopathy should be as distinct from Allœopathy in form as it is in principle.

My expectations have not been deceived. The recent discoveries of Dr. Gross show us the means of dispensing with massive doses, and of effecting our cures in a safer and prompter manner than we have ever been able to do heretofore. Although scarcely willing to believe that the results obtained by Dr. Gross with the highest potencies, would be confirmed, yet I determined to try them in my own practice, and lay some of my cases before your readers.

1. Mrs. Salm, a robust country-woman, of forty years, menstruated eight days after the regular period, on the 20th of December, 1844, with violent pains in the small of the back. Nevertheless she helped to work in the barn that same afternoon. In the evening she was attacked with violent cutting in the abdomen and stitching pain in the region of the right crural ring, obliging her to walk crooked. Finally, she was attacked with nausea, and had not been to stool that day, contrary to her habit. I suspected an incarcerated crural hernia, but her husband, who called on me at 11 o'clock in the night, was unable to give me any information in that respect. I gave **Nux vom.** 200, three pellets. Previous to taking the drug she had vomited. She fell asleep soon after taking the drug, and perspired a good deal during sleep. Next morning she got up without any pain and very lively, and continued her work in the barn without having a relapse. I was afterwards informed by the patient's husband that she had had a small crural hernia at that same place twenty years ago, and had suffered much pain at that time. She had felt that same pain again last night. Two days after I gave the patient another dose of **Nux 200**, to prevent a relapse, if possible; none has taken place so far.

2. A strong young man, R*****, while much heated and perspiring freely, exposed himself to a draft of cold air. He

felt sick that same evening. Next morning he was attacked with chills, followed by violent heat and unusual redness of the face. He had violent pain in the head and small of the back, and such a violent stinging pain in the throat, when swallowing, that he was scarcely able to swallow a few drops of milk. The pulse was full, hard and accelerated. In the evening of the 20th of December, 1844, I gave him ACONITE 200, three pellets, and next morning, BELLAD. 400, three pellets. In the afternoon of that day the man left his bed, the fever had disappeared entirely, and the pain in the throat was scarcely perceptible, although the patient had not been able to resist the temptation of smoking. In the morning of the 22d, the patient returned to his usual work.

3. Miss R****, 17 years old, brunette, slender, had been unwell for several days past. To-day she complained of great lassitude, and her limbs felt bruised all over. She fainted when she was about to go to her work. After having been brought to bed, she was attacked with violent heat, sweat, and excessive vertigo, so that she was not able to sit up. The pulse was frequent, irritated, and hard. This train of symptoms was very much like the precursory symptoms of the typhus, which was prevalent in this part of the country. I prescribed two doses of BELLADONNA 400, morning and evening, at an interval of twelve hours. This was on the 18th of December. The girl left her bed on the 20th, but had to lie down again on account of a recurrence of the vertigo. The febrile symptoms had disappeared entirely. I gave a third dose of BELLAD. 800. The vertigo, however, remained the same. On the 22d she took SULPHUR 400, and on the 23d the girl resumed her usual occupations.

4. Fanny, four years old. For the last two days has been suffering with headache, pain in the small of the back, general heat, unusually red face, frequent, hard pulse; the deglutition of food is very painful to her, the pain, however had disappeared again. Extremely inclined to cry. She moans all the time and does not want to be touched. She complains especially of pain in the left lower limb, from the hip-joint down to the foot. She likes to have this limb held fast, probably in order to be prevented from moving it; the least motion of that limb makes her cry. Her sleep is very restless. On the evening of the 18th of Dec. 1844, she took ACONITE 30, ten pellets in water, four doses during the night. At 9 o'clock in the morning the pain had wandered from the left to the right limb. The other symptoms had remained the same. Towards noon, 19th of December, she took BRYONIA 200, three pellets. On the 20th

the patient was able to sit up in her bed without scarcely any pain. The fever had completely disappeared. On the 21st, she ran about the room cheerful as ever, and has not complained again since.

5. Mrs. B., who had been delivered 6 days ago, nursed her infant herself. For two days past her nipples had become sore and cracked. Two years ago when nursing her last child, she was attacked with a similar affection, and used a great many external applications for it in vain. She complained of nothing else besides, except costiveness. On the 30th of December, 1844, she took *LYCOPodium* 200, three pellets. This brought on an evacuation of the bowels every day, and on the second of January, 1845, the nipples were entirely restored, and have remained so ever since.

6. Isidor, son of the above mentioned lady, two years old, a good-natured, cheerful child, brought up with care, but reasonably so, was attacked with violent fever, in consequence of having caught cold in very stormy weather. The body was glowing-hot; the skin dry; the face was unusually red; wants to lie down all the time contrary to his habit, and to be carried about; nothing interests him. On the 30th December, 1844, he took *ACONITE* 200, three pellets. Next day he was as well as ever, and remained so.

7. Mrs. M. had been suffering with violent headache for two days past; vertigo; nausea, when raising herself from her couch; frequent chills; pale countenance; when swallowing, her throat is so painful that she is unable to get down any thing solid. The tonsils are somewhat swollen; they, together with the uvula and the *velum pendulum palati*, exhibit an inflammatory redness. She took *Belladonna* 400, and in two days she had recovered perfect health.

8. Mrs. B., being in her eighth month of pregnancy, 20 years old, of a short but robust figure, sanguin-choleric, was attacked with violent rheumatic pains in the left shoulder-joint. These pains suddenly disappeared, and she was attacked with violent chilliness succeeded by heat and violent stitches in the right side of the chest, preventing her from breathing, and exposing her to the danger of suffocation. This was accompanied by a rare, short and hacking suffocative cough, which made the pain intolerable. The whole body was cold, the lips were blue, the pulse hard and frequent. On the 2d of January, 1845, she took *BRYONIA* 200. On the fifth she only complained of a violent racking cough, which, in two days, yielded entirely to *Nux vom.* 200.

9. Miss W. . . . ; 20 years old, blond, robust, unmarried,

suffers with cutting pain in the bowels at every appearance of the menses. These had returned yesterday, and the pains were so violent that the girl moaned all the time. A fortnight ago she had a fright, in consequence of which she had been suffering with constant pressure upon the bladder; she has to emit urine constantly, but she passes only a few drops with most violent contractive pains in the bladder and urethra. For a few days past her bowels have been confined. On the 6th of January, 1845, she took *COCCULUS* 200. The colic disappeared entirely in a few minutes. The symptoms of the bladder remained unchanged. I therefore gave *CANTHARIDES* 200, on the 7th no improvement. On the 8th, took *SULPHUR* 800. In a couple of hours the difficulty of the bladder ceased entirely.

10. Mrs. G. . . . , a vigorous robust woman, was attacked, three years ago, with a violent, humid, burning, miliary eruption in the face, on the pudendum, and the internal surface of the thighs, shortly previous to her confinement. She took *CALC. CARB.* 30, but without any avail. The eruption disappeared gradually during her confinement after having inconvenienced her a good deal. The woman was again on the point of being confined, and the eruption had again made its appearance. She is inclined to be constipated. On the 16th of Dec., 1844, she took *SULPHUR* 400. The eruption disappeared in a few days entirely, and has not re-appeared since.

11. Mrs. R. . . . , 20 years old, was remarkable for her beautiful matchless teeth. For a couple of weeks past the gums of the anterior incisors had become inflamed, they bled readily, receded from the teeth, in some places seemed to have disappeared entirely, which made the teeth appear elongated and quite loose. The margin of the gums exhibited a dirty, greenish-looking band, which was likewise visible along the lower part of the teeth. On the 13th of January, I gave her *MERC. SOL. HAHNEM.* The improvement was already very striking next day, and on the 19th every trace of the disease had disappeared.

12. Mr. L. took cold, in consequence of which he was attacked with vomiting and diarrhœa, and violent writhing and cutting pains in the abdomen. Every fifteen minutes he had a watery discharge. Took *DULCAMARA* 200, on the evening of the 15th of January. Had one more discharge, after which they ceased entirely together with the cutting; he had a good night's rest, and next morning he was perfectly restored.

13. Miss J , seventeen years old, had been attacked, a few days ago, with a violently itching eruption on one side

of the arm, and especially in the elbow-joint, consisting in small vesicles of the size of a millet-grain, which contained a watery fluid and burnt violently after scratching. Several days previous, a travelling journeyman had been in the room, who had evident symptoms of itch. The girl had sat in his place as soon as he left the room, and might, perhaps, have become affected in that way. Took SULPHUR 400 on the 24th of December, 1844. Next morning the whole forearm was found red and inflamed, probably from scratching it during sleep, and the burning pain was extremely violent. I allowed the SULPHUR to act undisturbed. On the 30th of December, a boy of fourteen years was likewise attacked with itch-pustules on the wrist-joints and between the fingers. Took SULPHUR 400. On the first of January, 1845, the burning pain and the inflammation of the forearm had abated in the case of the girl. The eruption, however, had not diminished. No new pustules had made their appearance. She took another dose of Sulphur 400.—Third of January. The father of these two children had likewise perceived several itching vesicles on the hands and wrist-joint since yesterday; they appeared to be itch-vesicles. Took SULPHUR 400.—6th of January. The three patients are very well. In the case of the girl, the eruption had almost healed, and in the other patients the itching and burning had entirely disappeared.—19th of January. Eruption, itching and burning have disappeared without a trace. Was that itch? I can scarcely imagine that it was. I have never cured the itch so fast.

14. Mary B., robust, blond, twenty years of age, was attacked with itch six or seven years ago; I treated her at that time, and cured her in some weeks by means of a solution of SULPHUR. She did not perceive any eruption since then, and was well all the time. Some time ago she had been hired as a servant-girl by a family, and slept in the same bed with another girl, who had the itch, as was found afterwards. Mary was shortly attacked with a violently itching eruption covering almost the whole of the anterior surface of the trunk, but being most violent in the præcordial region and in the region of the sternum. On the arms there is scarcely any thing. The eruption consists in vesicles of the size of a millet-grain, which, when scratched open, emit a watery humor, and afterwards cause a violent burning. The itching is most violent at night, after she has become warm in the bed. She is otherwise quite well. Took SULPHUR 400 on the 19th of January 1845.—26th of January. The eruption has healed for the most part, and no new vesicles make their appearance; the

itching and burning have almost ceased. Took **SULPHUR 800**.—2d of February. The eruption on the abdomen has disappeared entirely; a few vesicles are left on the left hand, between the fingers, which however are likewise healed; they had come out after the second dose of **SULPHUR**, and had now ceased to itch. She was dismissed with the request to call again, if any new vesicles should make their appearance, but she returned yet.

15. **W . . .**, a man of forty-two years, of a vigorous constitution, and generally very healthy, had been suffering with a sort of nervous fever for the last eight days. His physician had given him up. The patient sent for me, although I resided at a great distance, and was not able to see him face to face. The messenger described the symptoms as follows: The face is very red; the whole body feels hot, the heat being occasionally interrupted by chills. Vertigo when sitting up. Hardness of hearing. Subsultus tendinum and continual spasmodic twitching of the limbs. Constant delirium. He sleeps a good deal, almost constantly; when roused, he sleeps, again immediately. The symptoms are worst from midnight until daybreak; during all this time he is in constant delirium. In his rational moments he complains of a violent lancinating pain in the head. Diarrhœa watery, white, frequently recurring. I felt disposed to pronounce the case helpless, especially inasmuch as I was not able to see the patient. On the 9th of January he took **OPIMUM 200**, in the forenoon, and in the evening of the same day **Arsenic 400**; another dose of **Arsenic** on the morning of the 10th. Had the next report on the 11th of January. The face was less red. The general heat had abated. Thirst less violent. The headache had ceased. Had been somewhat delirious last night, but less than before. The sleep has become natural, the patient sleeping a good deal. Speech is yet indistinct. The diarrhœa has ceased for the last thirty-six hours, has not had any evacuation since. The second dose of **Arsenic** was followed by violent delirium, which continued for six hours, the patient jumping up, being determined to run away, he became quite angry when contradicted, and would not even yield to mild persuasion. After this paroxysm, the patient became quiet, a general sweat broke out, and the improvement commenced.—14th of January. At times yet he had flushes of heat to the face, with redness of the face. The delirium has ceased entirely. After midnight the patient is restless, and woke frequently. Sleeps again at daybreak. No stool. Vertigo when sitting up. Occasional headache. Dullness of hearing. Tongue dry, and brown in

the middle. Took *Nux vom.* 200 in the evening.—17th of January. The tongue is almost quite clean. Had a copious, natural evacuation yesterday. The flushes of heat had ceased entirely. Sleep quite natural, but was somewhat disturbed in the morning with cough. The face has become pale. Has some appetite for food.—21st of January. Wants to eat a good deal, leaves his bed. Some cough, which is generally dry. A natural evacuation every day. Took *CARBO VEG.* 200. This was the last medicine; none other required.

I should say that this case is a striking proof of the efficacy of the highest potencies, and of the fact that they are capable of producing aggravations, as was the case in this instance with the second dose of *ARSENIC.* This case shows moreover that it is not necessary to repeat a dose of the highest potencies as often as we do the lower.

16 A clergyman, 40 years old, of a robust constitution, had been affected for some time past with a humid herpes in the left knee-joint, of the size of a dollar. The skin became rough, cracked, and secreted a viscid humor, tinging the linen yellow, after which a scaly scurf formed; when this scurf was detached, humor was again secreted. Took *SULPHUR* 2 on the 19th of August, *SULPHUR* 3 on the 23d, *SULPHUR* 12 on the 29th. On the 15th of September, the herpes had increased considerably, and became worse from day to day. On the 17th, 21st, and 29th of September, took a drop of *CALC. CARB.*, first tritur.—8th of November. The herpes now covers the whole bend of the knee. A similar eruption has made its appearance in the bend of the right knee, of the size of a two-shilling piece.—On the 1st, 15th, and 20th of November, took *LYCOP.* 15 and 30 in alternation.—15th of December. The herpes keeps increasing; when moving the legs, the scales and scurf become detached, which produces pain in the legs. The patient now took *LYCOP.* 200, two pellets in an ounce of dilute alcohol, taking 5 drops of the solution every day.—21st of February. The last of the solution had been taken ten days ago, and the herpes has disappeared almost entirely.

This case shows that certain drugs which produce no effect in the lower potencies, acquire great curative virtues, when carried to the higher degrees of power.

Dr. Tietzer, of Kænigsberg, to Dr. Gross.

Although I treat about three thousand patients a year on an average, yet for a number of years past, I have practised Homœopathy in the true Hahnemanian style, and I have

reason to be satisfied with the results of my practice. Formerly I was in the habit of administering the lower potencies at short intervals in acute cases, and the higher potencies in chronic cases at longer intervals. For some time past, however, I have used the highest potencies prepared by Mr. Jenichen, and I confess that I should not like to do without them in the practice of our art. My experience in regard to the highest potencies is, that, when well chosen, they ought never to be repeated, either in *acute* or *chronic* cases, without an intermediate remedy; they are so powerful that one single dose, provided the remedy is truly homœopathic, is sufficient to cure any disease which is at all curable. Latterly I have cured within three days a case of cerebral typhus in a child, with two doses of BELLADONNA 200, interposing one dose of NUX 500. My niece, a child of five years, had frequently suffered with a so-called gastric fever, which generally set in with a violent heat. The disease was generally subdued in eight days with several doses of ACONITE and BRYONIA. This time I prescribed a single dose of ACONITE 200, and the whole disease was cured in twenty-four hours. A case of rheumatic pleurisy was cured with one single dose of BRYONIA 300, a case of rheumatic fever likewise with one single dose of BRYONIA 300. A case of pleuropneumonia, which would not yield to the usual homœopathic remedies, was cured by a single dose of SULPHUR 900, one pellet. Only be in no hurry to give another dose. I should have to occupy a very great space, if I would enumerate here the many chronic and acute cases which I have cured with the highest potencies. One remarkable case, however, I will relate. A man was attacked with volvulus, or, as some called it, intussusceptio; miserere set in, the bowels having been confined for many days in succession; an inflammation of the bowels ensued. The patient was treated by three physicians in succession, had forty leeches applied to the abdomen, besides applications of ice, and many other contrivances by which the condition of the patient was made much worse. I was called after the patient had been abandoned by his medical advisers; I found the abdomen considerably distended; on the right side towards the inguinal region, and in the region of the bladder, a considerable hardness was felt, as if a large lump had been lying there. The whole of the abdomen, and especially the place which I have designated, was very painful, the fever was violent, and evacuations having a cadaverous smell, had set in (these are generally the precursors of death). The emission of urine was very scanty, and the urine was burning. I omit mentioning the other symptoms. Most

physicians would certainly have pronounced the present case incurable. ACON. and ARSENIC (highest potencies) produced a powerful reaction, but without doing any good. A dose of NUX VOM. 400 produced a complete revolution in the abdomen, which, within twelve hours, became soft and painless, as in the healthy state. A couple of days after this, my patient committed an error in diet, which brought on violent vomiting and hiccough. These symptoms yielded likewise to the highest potencies. The patient is yet under treatment; I shall report the final result as soon as the treatment shall be concluded. I have seen a number of exacerbations produced by the highest potencies, especially when the remedy was not entirely homœopathic to the disease. But whenever the exacerbation set in when the remedy was truly homœopathic, the cure was sure to follow.

You suppose that the higher potencies of ARSENIC beyond 200 always act mildly; some time ago I gave ARSENICUM 2000 to a man who was affected with an ulcer on the foot, and suffered a good deal of burning pain; after he took the ARSENIC the burning pains became more violent than they ever had been before; this exacerbation continued for five days, and was moreover characterized by a hard swelling of the foot, which the man had never seen before. After the lapse of three weeks, the ulcer, swelling and pains had completely disappeared. This patient had frequently taken ARSENIC before, for the same complaint, but without any success.

CASES

*Reported by DR. WATZKE for the *Österreichische Zeitschrift für Homœopathie.**

1. QUINTAN FEVER AND AGUE.

INTERMITTENT fevers with quintan type are pathological rareties. According to Hippocrates, this is a symptomatic affection, and sometimes accompanies consumption. (Marcellus Donatus relates a case of that kind.) Galenus denied the existence of the disease entirely; probably because he had no humors to derive it from. Many modern physicians deny the existence of the affection because they have never seen it, which is a very foolish ground for denial according to Bursarius. Senac, Von Swieten, Stoll, Joseph Frank, and others,

consider it a tertian fever, one of the paroxysms of which had been suppressed.

Tulpius saw a case of quintan intermittent which lasted eighteen months; Gorræus, Ebel, and Chenau mention a case of double quintan, Reussner one of treble quintan. (See Baumgarten—Cruisus's Periodology. Halle, 1836, §§ 192 and 337.)

Among the thousand and more cases of intermittent fever which I have treated for the last eight years in the foggy and marshy region in the neighborhood of Klagenfurth, I have observed only one case of quintan; and even this case is probably symptomatic, as may be inferred from the following report:

Mary, two years old, of a weak constitution, born and reared in filth and misery, was put under my charge on the 22d of March, 1836. She had been suffering with diarrhœa for the last three weeks; she had some fifteen or eighteen discharges of bloody mucus in the course of a day. The rectum protruded during every evacuation, but receded again spontaneously. The evacuations seemed to cause the child a good deal of pain. She cried a good deal. She had very little appetite, but a good deal of thirst. The patient looked very badly, was very weak and emaciated.

Took **CORROSIVE SUBLIMATE**, fourth attenuation, every three hours. Considerable improvement on the 23d. The diarrhœa had stopped entirely on the 26th. The appetite had become good; she looked better. But in the meanwhile the child had caught cold, and had been attacked with a dry cough, which deprived her of sleep at night. Gave **BELLADONNA**.

Ten days after this, the mother reported as follows: the cough had become loose, and the patient had been improving all the while; but yesterday, the fourth of April, she had had a violent febrile paroxysm. At ten o'clock in the forenoon she had been attacked with heat all over the body, except the feet, which had remained strikingly cold; the child had complained of pain in the head and limbs, had fallen asleep afterwards, from which sleep she had been occasionally roused by cough, and had desired to drink; toward evening, the heat had disappeared, and a pretty profuse sweat had made its appearance.

Prescribed **PULSATILLA**, 2d attenuation, every three hours.

No fever on the 5th, 6th and 7th. The patient was weak, but otherwise well; she had an appetite, her bowels were regular, and she slept well at night, except when the sleep was occasionally disturbed with cough. On the eighth of April, the scene of the fourth occurred again; then there was another in-

termission of three days, and another paroxysm on the 12th and 16th. After the last paroxysm, the patient took *VERATRUM* 3, morning and evening.

No new paroxysm made its appearance; the catarrhal cough ceased gradually, and the patient recovered perfect health.

2. LEPRA GRÆCORUM; LEPRA TYRIA.¹

Therese, wife of a master chimney-sweep, sixty years old, of a weakly constitution, was affected with this disease, which is at present exceedingly rare in Europe. In the month of August, 1834, a few days after this woman, who was exceedingly fond of work, even so as to exert herself beyond her strength, had been tearing out the weeds in her garden, and while heated and covered with sweat had been washing her feet in stagnant water, she discovered white, thin, rough patches, consisting in shining scales loosely laid upon one another, breaking out on her knees and elbows. Inasmuch as her general health did not seem to be affected by this eruption, the patient did not heed it. Some time after, a violent itching was experienced in the hollow of the hand and the bottom of the foot; a similar eruption as on the knees and elbows was perceived in the hand and bottom of the foot; especially on the heel, the skin became very thick, cracked and painful when treading.

The patient considered the eruption an ordinary herpes, bathed her feet frequently, and washed the affected parts with yew-tea. Toward the latter part of September the eruption, which was characterized by an intolerable biting, itching and burning, appeared on the arms, *tibiæ*, legs, chest and abdomen. At this period I was called in.

The patient had not been able to leave her bed for several days past, and was very much debilitated. She complained of occasional chilliness with flushes of heat, dulness of head and vertigo when sitting up; the pain in the skin deprived her of sleep, disturbing the little she had; her appetite was poor; stool occurred every three or four days. She had been visited by all sorts of diseases in her life-time: when a child she had had the itch, which had been removed with an ointment; afterwards she had a bilious fever and an inflammation of the lungs.

¹ So called from a species of serpents, called *Tyrus*, which deposit their skin frequently, but not from the city of *Tyrus* as stated by *Kraus*, on account of serpents and *Tyriasis* being frequent there.

She had given birth to fifteen children, and during her last pregnancy she had been attacked with anasarca.

Persuaded that a regular anti-psoric treatment was necessary in this case, I gave her the 30th potency of the alcoholic preparation of Sulphur. She was directed to live on soup, fruit, light aliments made of flour, and to drink water sweetened with sugar.

The exanthem came out more and more, and very rapidly ; in a short time it had spread over every part of the body, not even excepting the face and hairy scalp. The eruption came out in the following manner : while a portion of the part affected, say of the extremities, was yet perfectly sound, it appeared on the chest, neck, in the face, etc.

The first breaking out of the eruption in sound parts occurred in something like this fashion :

Small, irregular, brown-red spots, with white little scales in the centre, first made their appearance, being scarcely raised over the skin. Whilst the spots surrounded with a red border, which was not swollen, were spreading in such a manner that the respective circumferences of the nearest spots touched each other, the scales increased at the same time both in size and thickness, and gradually covered the united spots with several layers of the above described white shining lamellæ. A surface of skin covered with this eruption, looked as if it had been covered with more or less thick layers of a dirty-gray silver-foil. The nails of the fingers and toes lost their natural shape, lengthy furrows were formed in them, and the extremities, which were two or three lines thick, became turned over like the talons of a bird of prey. The internal surface of the skin of the fingers, especially at their tips which were extremely sensitive, exhibited numerous stiff folds, as is the case in cholera patients.

Whilst the disease was spreading over other sound parts, those which had been affected previously, began to scale off. The skin might be easily peeled off in patches of several inches long, and $\frac{1}{4}$ to 1 line in thickness. The places underneath were, however, not clear, but were found covered again with shining, white scales or as if dotted with delicate flakes of snow ; parts of those places had an excoriated appearance, and became cracked, a humor oozing out from the cracks so formed.

The appearance of the patient, covered as she was with fine leaden-gray scales on cheeks, forehead, chin, nose and ears, to which the red eyes offered a strange contrast, was so terrifying to unaccustomed eyes, that her own daughter, who lived at a

distance, and had come on a visit to her mother, fell down at her bedside with a cry of horror.

Towards the middle of November the whole skin was covered with the eruption, not *a single spot* having remained free. The general health remained the same until the termination of the eruption. Now and then the patient experienced febrile motions, especially towards evening; itching and burning of the skin, mostly at night; great stiffness and want of mobility of the limbs; emaciation; indifference to food and drink; constipation. When the eruption affected the ears, the patient was deaf a whole week, and while the eruption was coming out on the chest and abdomen, she complained for a few days of a violent burning in the bowels, great oppression of breathing and inexpressible anguish. There was no great pain any where, except two deep rhagades across the thighs.

The general scaling off of the eruption took place amidst an increase of the febrile motions in the evening; the urine deposited a sediment, the skin remained dry. The skin either became detached, as mentioned above, in large patches, or else in small scales, with which the bed was found covered every morning. The first general and principal deposition of the skin, was terminated in three or four weeks. The patient had a better appetite, slept better, the mobility of the limbs increased, and she was able to spend a few hours a day out of her bed. About the end of March, 1835, the skin had resumed its former clearness, after a general deposition of scabs and flour-dust had been repeated several times; the nails resumed their natural shape much later; the scaling off of the scalp was accompanied by a frequent falling off of the hair.

I do not deem it necessary to give a detailed account of the treatment; suffice it to say that the patient took Sulphur, Graphites, Dulcamara, Arsenic, Magnesia carbonica and Psorin at different intervals, the same remedies being resorted to again, according as circumstances seemed to require. —If some one should be tempted to remark that the length of the treatment does not say much in favor of the good effects of my remedies, I confess that I have made that ingenious observation likewise, and that I have even gone so far as to believe that neither of the remedies used, was a true specific for that remarkable affection. But, would it, on the other hand, be difficult to imagine, that the patient would have succumbed to the magnitude and violence of her disease, without my treatment, or that she would *certainly* have been ruined by washings with sulphuretted potash or caustic ammonia, by fomentations with muriatic acid, by mercurial purgatives, anti-

monial emetics, sublimate-ointments, or by the use of Fowler's solution ?¹ And would it appear inconsistent on my part, if I should treat the next similar case in a similar manner, and be satisfied with the success obtained ?²

3. APHTHÆ.

Ophthalmia and Hernia of the Brain.

Joseph E., twelve days old, was brought to me on the 26th of July, 1836, in the following miserable condition :

In the region of the anterior fontanelle an oblong, soft, doughy swelling of the size of a hen's egg was perceptible, rising and descending during an inspiration and expiration, or when the boy cried. There is neither pulsation nor fluctuation ; the scalp over the tumor is normal ; the edges of the skull can be distinctly felt along the base of the tumor ; it was a case of encephalocele simplex. The mother did not know whether the tumor had existed immediately after the birth of the child, which had been somewhat difficult, or whether it had come on afterwards. The mother had given birth to several very healthy children.

¹ Such stuff is actually proposed against the *Lepra Græcorum* in the pocket-manual of diseases of the skin, arranged agreeably to the system of Willan-Batemann, by Dr. Calman, Leipzig, 1837.

² In April, 1836, the same patient was affected with herpes zoster, commencing at the xyphoid cartilage, and extending transversely over the right side of the thorax, as far as the spine ; it was accompanied by violent pains, and found its chief remedy in Arsenic. In March 1838, she was attacked with a most violent Fothergill-prosopalgia in consequence of a cold, which was completely cured by *BELLADONNA* in eight days. Towards the end of July, the patient applied to me again for help against a recent or rather very old affection. To my astonishment, I saw again the old lepra as it appeared after the principal general scaling off of the skin in 1834. The exanthem had broken out a few weeks after the prosopalgia had been cured. It was now spread over almost every part of the body, healing in some places, however, while it was breaking out in others. The lamellæ were much thinner and smaller this time, and the eruption was deposited in scabs. The patient suffered but little, except an itching and smarting after the deposition of the scabs. Her sleep and appetite were good, she was pretty strong, and was merely prevented by the stiffness and sensitiveness of the tips of the fingers from attending to her domestic affairs. If she applied for help so late, it was probably because she thought as little as I did myself of the services which I had rendered her in 1834. I now put her on the exclusive use of *RUUS ROX.* I, first every morning and evening, afterwards every evening only. The course of the disease was extremely mild ; but it took several months before the skin resumed its former clearness.

The face was pale and sunken ; the eyelids swollen ; the margins of the lids were thickened and partially agglutinated ; the conjunctiva was red, puckered ; the cornea had lost its lustre ; photophobia ; frequent discharge of a thick, purulent fluid, in fact, a case of blepharophthalmia neonatorum, probably resulting from the action of a glaring light and the irritation produced by dust and wind, to which the child had been exposed immediately after its birth on a journey.

The internal skin of the lips and cheeks, tongue and palate, was covered with irregular, superficial flat ulcers, resembling the flocks of curdled milk ; these ulcers are placed close to one another, and become frequently confluent ; accompanied with copious secretion of saliva—aphthæ in the second stage, the stage of the formation of crusts.

The child is not put to the breast, but is nursed with a sort of pap made of manna, which he had refused to take for some days past. He is quite emaciated, does not sleep, and screams and moans all the time.

I told the mother that I could not do any thing for the child, but, in order to give her some consolation, I gave the child a few powders of MERC. VIV. 6, a powder to be taken night and morning. Moreover, I directed the boy to be fed with dilute tepid milk.

After the lapse of four days, the child was brought back to me. The tumor had remained the same ; the eyes were much better ; the ulcers had become transformed into yellow-brown crusts ; the boy had slept occasionally a couple of hours. The Mercurius was continued.

Second of August. The eyes are nearly restored, the crusts have dropped off. The patient sleeps a good deal, lies in a sort of stupor, one eye being opened and the other closed. The same treatment.

The improvement had progressed wonderfully until the 8th. The eyes were perfectly restored, the ulcers had healed, sleep and appetite were good, the appearance of the child was much improved. The tumor had remained the same.

Continued the Mercury, morning and evening.

On the 26th, the mother showed her infant to me again. He was perfectly well except the hernia, which seemed, however, to have diminished somewhat. It disappeared entirely after a few doses of BELLADONNA 6, contrary to my expectation, in six days.

4. EPILEPSY.

There is, perhaps, no disease which, as regards treatment,

deceives both the physician and patient more easily than epilepsy. I have treated epileptic patients who had fits every week or month, regularly, and who, while using my remedies and afterwards, remained free from an attack for six, and even twelve months, and yet they were not cured. The paroxysm finally returned, or was brought on again by the same cause which had occasioned the first outbreak of the disease. In the treatment of epilepsy, the physician can scarcely ever be too cautious, especially when he has no opportunity of watching his patient constantly. In the following case the cure has been permanent.

Therese R., a girl of sixteen years, full-grown, of a blooming appearance, who had not yet menstruated, had the first epileptic fit a month ago; it was brought on by fright caused by the report of a gun. The paroxysm has returned since, every morning at three o'clock. It commences with contortion of the eyes and face, tossing the head to and fro; this is followed by violent convulsions of the extremities, twisting of the trunk; the body is jerked from side to side; the thumbs are clenched; the heart beats violently; the breathing is moaning and labored; the face becomes dark-red; blood-tinged froth makes its appearance at the mouth (the patient frequently bites her tongue). After the convulsion has lasted a quarter of an hour, a copious sweat breaks out all over the body; the patient becomes calm and falls into a deep sleep, snoring violently; she wakes in about half an hour, complaining of painfulness of the whole body, and weariness of all her limbs.

In the daytime the patient attends to her business. Sleep, appetite and stool are natural. Previous to her present illness she had been affected with fever and ague for seven weeks, which she suppressed by Quinine. Ever since then she had felt weak, languid, had heavy feet, pains in the limbs, and frequent palpitation of the heart.

Can the suppression of intermittent fever by Quinine, be considered as a predisposing cause of epilepsy?

I gave the patient three doses of BELLADONNA 1, to take a dose every other evening.

The paroxysm ceased after the first dose, without ever returning.

The menses made their appearance a few months after the cure.

5. CHLOROSIS.

(a.) Catharine R., sixteen years old, who had not yet menstruated, had been affected uninterruptedly with the following symptoms for the last three years, in consequence of a treatment she had undergone for intermittent fever:

Aching in the forehead, with pressure in the direction of the eyes, as if they would be pressed out of their sockets (see Stapf's additions to the *Materia Medica Pura*: SABINA, 6, 8, 16, 18, 19, 31, 32, 48), most violent in the morning when rising, better in the open air (comp. SABINA 52 and 359); cachectic appearance, with blue margins around the eyes, especially in the morning (SAB. 49 and 50); toothache, which is most violent at night when in bed, relieved by walking about, aggravated by eating (SAB. 75, 77, 83, 84); turns of nausea, and inclination to vomit, whenever the patient gets among a crowd of men, for instance at church (SAB. 116, 120, 126); frequent burning at the pit of the stomach (SAB. 33), with drawing, grunting, writhing and pricking in the abdomen, continuing for hours (SAB. 142 to 149); pressing towards the genital organs (SAB. 146); shortness of breathing (SAB. 222 and 223); palpitation of the heart (SAB. 237 and 240), when making a somewhat unusual physical effort, going up stairs, etc.; painful pressure in the chest (SAB. 229 and 232); heaviness of the feet, with painfulness of the legs when walking (SAB. 313, 358); drawing and tearing in the limbs, especially in the night (SAB. 356 and 360); sudden exhaustion; great drowsiness and laziness (SAB. 357, 361, 366). (*Chlorosis primaria amenorrhoeica.*)

(b.) Anna L., seventeen years old, of a robust constitution, had her first menses when thirteen years old; they returned regularly every month, until a year and a half ago, when they ceased, in consequence of immoderate dancing. Ever since then the patient had been suffering with violent vertigo, especially in the morning, and when exerting herself, she inclined to fall, her sight became obscured (SAB. 1-5), she suffered with an aching pain in the forehead (SAB. 6), whizzing in the ears, greenish-yellow acrid leucorrhœa (SAB. 202-204), shortness of breathing, palpitation of the heart, great inclination to sweat (SAB. 392), heaviness and painful weariness of the limbs. The patient had a leuco-phlegmatic appearance; cheek and forehead were covered with blotches; she had a great desire for acids and burnt coffee. (*Chlorosis secundaria menostatica.*)

For the former of these cases I employed for two months,

but in vain, PULSATILLA, SEPIA, KALI, FERRUM, SILICEA, for the latter case, PULSATILLA for three weeks, without any perceptible success. I then prescribed one drop of the OIL OF SABINA mixed with one drachm of sugar of milk, to take every morning as much of the mixture as would cover the point of a knife.

The menses appeared while this remedy was used, and both patients recovered speedily and permanently.

In the preceding cases I have referred to the numbers of the symptoms of SABINA, both for the sake of the friends and the opponents of our system. I wish to guard myself against the reproach of having proceeded irrationally and according to allœopathic views. Stapf considers a delay and diminution of the menses produced by SABINA (symptoms 209 and 210), as a curative effect. But are not menoschesis and oligomenorrhœa morbid phenomena? All good practitioners have admitted from the earliest times, that it is a fruitless, or at least a pernicious endeavor to promote the delaying or scanty menses of chlorotic individuals by violent means. Nevertheless, I am of opinion that, inasmuch as chlorosis originates especially in a retarded or deficient development and growth of the sexual system (Richter),¹ it becomes necessary, in selecting a specific for that affection, to consider, above all things, its well-tryed, certain, and vigorous action upon the organs of generation. The anti-chlorotic chief remedies of our opponents, viz.: iron and the various preparations of that metal (all of which belong legitimately to the Homœopathic *Materia Medica*), undoubtedly owe their reputation to the marked and specific influence which they possess over the genital organs. Chlorosis does

¹ Röch inquires into the cause of this deficient or retarded development of the sexual system, upon which most of the theories about the essence of chlorosis are based. He thinks the cause is a deficient plasticity of the blood, which has not kept pace with the growth of the inmost vital powers. From the abundance of mucus in the blood, and the deficiency of fibrin, he accounts in the easiest manner for all the symptoms of chlorosis: the slowness of all the vital functions, the discoloration of the skin, the deficiency of animal heat, the weakness and laxness of the muscles, the insufficient innervation and consequent deficiency of the regulating functions of the nervous power, the diminution of taste and smell, the luminous vibrations before the eyes, the humming in the ears, fainting, palpitation of the heart, etc. (Schmidt's *Annals*, 1838.) But might not some one else inquire into the cause of the deficient plasticity of the blood? Naumann pretends to discover that cause in the diminished influence of the nervous system upon the first processes of assimilation. A third now might inquire into the cause of that diminished influence, and so on ad infinitum.

not disappear because the menses make their appearance, but the menses appear because the chlorosis is cured.

(c.) Mary S., twenty years old, had been suffering for the last eighteen months. The illness commenced with weakness and weariness in the limbs, diminished appetite, painful menstruation, and a short and hacking cough.

The present symptoms are, aching pain and *heat in the head*, especially a few days previous to the appearance of the menses; pale countenance with blue margins around the eyes; want of appetite; bitter taste in the mouth; frequent, violent, empty eructations; feeling in the abdominal integuments, as if ulcerated, and colicky sticking-cutting pains in the bowels, with pressing toward the genitals when the menses appeared; the menses are too long and too profuse; they are followed by some leucorrhœal discharge and great debility and weariness; pain in the chest; pleurisy, especially when coughing; the cough is alternately violent, mild, dry, or accompanied with expectoration; long-continued attacks of palpitation in the heart, after every exertion; heaviness of the feet; emaciation; weeping mood. (*Chlorosis dysmenorrhœica.*)

BELLADONNA 3, every third evening, removed the pain, and the patient recovered entirely after having used the drug for two months.

(d.) Miss Mary, of a robust constitution and phlegmatic temperament, having formerly enjoyed constantly good health, had been complaining for a few months past, without any known cause, of dulness and heaviness of the head, want of appetite, tension and bloatedness of the abdomen, sticking pain in the side when walking, difficult short respiration, pressure at the chest, frequent palpitation of the heart, even when not making any effort. The feet were swollen up to the knees; the swelling is soft, and leaves a pit upon pressure with the finger. The patient walks with great trouble, and feels extremely faint and debilitated. The menses are scanty and pale; some leucorrhœa; the patient, who was naturally cheerful and good-humored, has a weeping mood; her blooming complexion has disappeared; her countenance looks pale and bloated. (*Chlorosis secundaria cum hydrope passivo in individuo phlegmatico.*)

This patient was restored within nine or ten weeks by the alternate use of FERRUM and HELLEBORUS NIGR. I, and lastly, CHINA 3.

(e.) Miss Anna, twenty-one years old, of a weakly constitution, had enjoyed good health until her sixteenth year. Her first catamenia were accompanied with intolerable headache.

Repeated applications of leeches resulted in a frequent recurrence of the headache, and in bringing on chlorosis, with which the patient had been suffering ever since. For the last five years she had been using mineral baths and water, mountain-air, etc., all to no purpose. Her present symptoms were as follows :

Heat and pressing pain in the head, especially the forehead, aggravated by motion, most violent in the forenoon ; frequent tearing pains in the hollow teeth, with tearing in the ears, swelling of the cheeks, accumulation of water in the mouth, which is most easily brought on by a cold, and is most violent after eating or drinking, or at night ; little appetite ; desire to eat confectionaries ; aversion to meat ; much thirst ; tongue coated yellow-white ; bad taste in the mouth ; pressure at the stomach after a meal ; sensitiveness and tension in the pit of the stomach ; irregular, scanty menses ; they are preceded and followed for a few days by a yellowish, painless, leucorrhœa ; painful pressure in the chest, palpitation of the heart, whenever she makes an unusual physical effort ; heaviness of the limbs ; continual cold feet ; unrefreshing sleep, disturbed with headache and toothache, heat, and a feeling of anguish ; emaciation ; laziness ; weakness ; peevish, vacillating mood. The patient feels better in the winter than in summer. (*Chlorosis medicinalis.*)

The treatment of this case has suggested a good rule to me. The exciting cause of the disease (depletion), and the existing characteristic symptoms, authorized me to expect good effects of CHINA. I exhibited this drug in daily doses. The symptoms diminished, but did not disappear. I now resorted to FERRUM, PULS., COCCUL., HEP., IGNAT., NUX. v., and other drugs ; but neither of them produced any sensible effect. Remark- ing that CHINA, which was occasionally interposed, procured a momentary but not permanent relief, I finally concluded, after having lost two entire months with the above-named drugs, that the continued use of China would effect the cure. I now exhibited China 3 in daily doses, and afterwards gave it every second, and lastly every fourth day. The cure was completed in three months. For three years past the health of the patient has not been disturbed, except a rheumatic toothache which had been brought on by a cold.

Now what rule does this case suggest? It is this: that nothing should be expected of a drug which it is not capable of accomplishing. The development and extinction of the affections of the vegetative system are very slow ; speedy cures of such affections are exceptions to the rule. If a remedy be specifically

indicated, continue it for weeks and months without hesitation, and do not suffer the confidence you have reposed in your remedy to be shaken by occasional aggravations of the symptoms, remembering that the recovery from affections of the vegetative sphere seldom proceeds in a straight line.

6. ACUTE HYDROCEPHALUS.

Mary, two years old, of a very delicate, weakly constitution, and a prematurely developed intellect, fell sick on the 24th of May, 1837. She was very much out of humor the whole day, ate almost nothing, and vomited twice a greenish mucus with great exertions. Next night she was very restless. The patient complained of some heat, slumbered a little every fifteen minutes, and afterwards waked with a cry and weeping. On the 25th the appetite was wanting entirely; there was a frequent alternation of heat and coldness during the day; the vomiting did not return; the night was the same as the former.

On the morning of the 26th, the patient vomited again four times in short succession. Towards nine o'clock she had a sort of convulsive paroxysm; she started, clenched her fists, made convulsive motions with her hands and feet, moaned and lamented. This paroxysm induced the parents to send for me. I arrived about half an hour after the paroxysm, and found the patient in a state of slumber, with a moist skin, short and accelerated breathing, quick, full, and equal pulse. She had vomited a tenacious, greenish, fetid mucus. A few hours previous she had had a discharge of mucus from the bowels. The parents could not tell what might have brought on the disease. A few months ago the patient had suffered with an ordinary eruption of the scalp, which had been removed by rubbing it with grease. Shortly after, a hard tumor had been forming, under the right lower jaw, which had suppurated. She had been well ever since.

I thought there was less danger than there was, and prescribed *CHAMOMILLA* I, in water, to take a teaspoonful every two hours; water as a beverage.

The night following was passed without any sleep. The patient threw herself about in the bed, moaning, crying, and screaming; had dry, burning heat; desired constantly to drink, but did not speak a word. She wetted the bed, which had not been the case for a long time past.

27th.—I called again at eight o'clock in the morning. I discovered restlessness, tossing about, alternating with quiet sopor,

heat, thirst; the pulse was not quite regular, pretty full, and accelerated, upwards of one hundred and fifty beats a minute; the head felt very hot; the carotids beat violently; the complexion changed frequently; the eyes were half closed; she grated her teeth every time she had taken some drink; frequent twitchings of the fingers, which became rigid a few minutes after, and were stretched apart from one another; the lower extremities were frequently drawn spasmodically towards the abdomen; the abdomen was soft and sunken; from time to time the patient uttered a plaintive, piercing cry; the consciousness had become disturbed; she did not seem to recognize any body.

The probable *causa occasionalis* of the disease, the course it had gone through so far, the present symptoms of the disease, left no doubt that it was a case of hydrocephalus produced by metastasis. Gave ACONITE I, every hour.

Towards eleven o'clock a violent sweat made its appearance, which continued until four o'clock in the afternoon, with a diminution of all the symptoms. During the interval, the patient had taken soup several times, and had been occasionally conscious of herself. After four o'clock, the former symptoms returned again, and continued through the night.

On the morning of the 28th, the patient was a little more quiet than on the preceding day. The pulse was slower and more regular, 130 beats a minute. She had frequently emitted a large quantity of urine. Toward noon,—after great irritation characterized by frequent cries, rolling of the eyes, violent convulsions of the hands, which were frequently carried to the head with the fingers stretched and stiff, rigidity and closing of the legs—a profuse sweat of several hours set in again, with occasional quiet slumber and return of consciousness. Considering the sweat and the flow of urine as favorable critical phenomena, I directed the Aconite to be continued.

During the whole of the next night, the patient lay in a sort of stupor; the eyes were closed entirely; the eyelids were glued to one another with a yellowish crust; the left eye was half opened with a staring look and dilated pupil; she desired no more drink, but she opened her mouth as soon as the lips were touched with the spoon and drank with great avidity; with her right hand she frequently made a rotating convulsive motion.

On the 29th the same critical symptoms of improvement set in and decided me to continue the use of Aconite. Pulse 120.

In the afternoon I was sent for in the country, and did not

return till ten o'clock at night. I had been eagerly expected. Ever since two o'clock in the afternoon the child had had violent paroxysms of spasms; piercing cries; grinding of the teeth; sudden stretching of the arms with clenched fists; the feet at times closed, at times drawn up to the abdomen and stiff; sometimes foam at the mouth. The paroxysms only lasted a few minutes, but recurred every fifteen minutes. I found the pulse accelerated, the head glowing hot, sweating considerably, the right eye with the agglutinated eyelids sunken, looking smaller in size, the left eye staring, the cornea dim and turbid, the iris relaxed, immovable, the lips parched, teeth dry, shining. The patient takes her drink (water), which is given to her occasionally in a coffee-spoon, and swallows it, although with great trouble. The emission of urine had been very scanty since noon.

Ordered *BELLADONNA* 3, in water, every hour.

On the 30th, at three o'clock in the morning, I was sent for, with the report that the patient was breathing her last. The spasms became more frequent and violent; between the paroxysms she continually rotated the right hand, moving it toward the face; continual violent trembling of the left hand; cadaverous appearance, strange, transfigured expression of countenance; the eyes sunken, surrounded with bluish margins; the right eye being continually closed, the left half open; the cornea without any lustre; the iris looked like a narrow circle, it was insensible to the light, and completely paralyzed; the eyes looked like those of a dying person; the breathing was intermittent, sighing, sometimes rattling; I expected every moment to see her breathe her last; the pulse was irregular, wiry, countless, with occasional fuller and slower beats; upon the abdomen and chest, bluish, irregular patches were discovered here and there; deep stupor; complete insensibility.

All these symptoms pointed to the existence of a profuse effusion. Gave *DIGITALIS* and *VERATRUM* 1, in alternation every ten minutes. Or ought I to have trusted under these circumstances in the efficacy of vesicatories, ice-cap, bathing the shaved head with cold water, or in zinc, calomel, and the like?

Shortly after four o'clock the patient became somewhat calmer, the pulse more regular; I counted 160 beats; the skin of the body was dry, the head and face were covered with sweat. The other symptoms remained the same, and the condition of things continued to be despairing.

Towards seven o'clock, Mrs. M., a faithful friend of the family and a blind opponent of homœopathy, together with a

few other ladies, came to offer her condolence, inasmuch as the poor little thing was already half dead. One of them went for the holy water, which unfortunately was not to be found in the house; the other placed a burning candle in the child's hand; the third crossed herself and pronounced a devout prayer for the salvation of the poor soul; the fourth related the case of her own child which had died last year of a similar cerebral disease, the fifth, casting a reproachful look upon the annihilated homœopathist, asked the mother whether every thing had been done for the child? Mrs. M. was trying to persuade the father in the adjoining room not to suffer the child to be sacrificed in this manner, and to send for a regular physician.

In the course of the forenoon the convulsions became a little less frequent (every $\frac{1}{3}$, $\frac{1}{2}$, $\frac{2}{3}$ hour), the pulse less rapid, the breathing was more regular, and sweat broke out over the whole body; all this gave a faint ray of hope. Digitalis and Veratrum were continued in alternation every half hour; from time to time a teaspoonful of soup was given to the patient.

About noon the spasms ceased altogether, but the stupor and the loss of consciousness, the rotations and the movements upward and downward of the right hand continued, and were interrupted only by a few dry, shrill turns of cough, ineffectual efforts to vomit, moaning, cries and tossing. The crust which made the eyelids adhere to one another, was softened and removed by a sponge dipped into warm water. On separating the eyelids the globe of the eye was found sunk in, the cornea was dim and looked as if pasted over with a viscid fluid, the iris was as dilated and the look as staring and lifeless as of the left eye. The eye closed again as soon as the fingers were removed from the lids. Towards midnight the patient suddenly desired to drink, and uttered a few unintelligible words. During the remainder of the night the above described symptoms remained the same, except that, towards daybreak, the involuntary movements of the arm had gradually ceased; the pulse descended to 120,¹ the transfigured expression of the countenance gradually yielded to the natural features. The above named remedies were given every hour.

At half past seven in the morning the patient fell into a

¹ It is well known that, during the period of effusion, the pulse is at first very slow; it is only accelerated momentarily when the child is waked from its slumber by violent delirium or headache (Golis), and does not become frequent until death approaches. (In one case Whytt counted 280 beats in a minute. see Sobernheim Diag. p. 60.) My patient had a very quick pulse during the whole course of the disease, an anomaly which I am unable to account for.

calm sleep which continued the whole day and the whole night without scarcely any interruption until the first of June, eleven o'clock in the morning; the breathing during all this time was easy, and her whole body was covered with warm sweat. When waking, she was extremely ill-humored, screamed when looked at or spoken to; she was not yet able to open her right eye; the cornea of the left was clear, the iris was still very much dilated *and almost insensible*. She took some soup, and desired bread and other things, which, when given, she held in her hand without using them. She continued to wet her bed, but the urine was scanty; she had not had any stool for the last four days. I prescribed DIGITALIS 1, every three hours.

The patient enjoyed again a quiet sleep from nine o'clock in the evening until two o'clock after midnight; on the second of June the patient slept likewise from eleven in the forenoon until four in the afternoon, and through the whole of the next night. On waking in the morning, 3d of June and the eleventh day of her illness, she asked, for the first since her illness, to use the chamber, and passed a large quantity of clear urine which had but little color; she showed some interest for her playthings, and she was glad to see her sisters and brothers; the right eye, which she now opened again, appeared still a good deal smaller than the left; the pupils were yet somewhat dilated. She ate some soup and stewed apples with appetite. She was evidently recovering. Digitalis was continued morning and evening.

On the 5th of June, the 13th day of her illness, the patient was carried into the garden to enjoy the uncommonly fine weather. On the 8th I dismissed her cured.

A NEW REMEDY FOR SEA-SICKNESS.

Dr. D. Chase, of Palmyra, N. Y., has favored us with the following:

I have found that Petroleum is the best specific for sea-sickness. It has become quite a celebrated remedy among those who travel on the lakes. As soon as the nausea, swimming of the head, etc., set in, the patient takes three or four pellets 6 upon the tongue, and the symptoms disappear almost instantaneously, without ever returning. I know that numbers have been relieved by Petroleum, and that it has so far failed only in one instance.

HOMŒOPATHIC CURES

From the year 1840 to 1844, collected from the various Homœopathic publications, by Dr. Kurtze of Dessau.

TRANSLATED BY CHARLES J. HEMPEL, M. D.

(Continued from No IX. of the Examiner.)

Old, scrofulous inflammations of the Meibomian glands, have been cured by HEPAR SULP., administered internally and externally. The lids are to be touched with an ointment of two drachms of grease, with from two to four grains of Hepar s., twice a day. (*Hygea.*)

A child of six years, delicate, and of a lax constitution, and who had been frequently affected with scrofulous glands, was attacked with ophthalmia, which had been treated for a long time with Mercury and Antimony. The present symptoms were: Swelling of the lids, with increased redness; redness of the eyes; violent photophobia; violent burning. Hepar s. 30, three pellets, every four to six days. Cured in two months. (*Archiv.*)

A scrofulous boy of seven years had whooping-cough, which was succeeded by the following symptoms: Swelling and pain of the eye; photophobia; secretion of an acrid fluid from the eye; the conjunctiva looked like a mass of raw flesh surrounding the cornea, which had been dimmed with purulent exsudations, looking like so much wool. Sulphur, tincture, two drops a day, was given for eight days. A violent tinea broke out with fever; the purulent effusions in and behind the cornea had now become very evident. Took HEPAR s., half a grain, daily for six days in succession, followed by an intermission of six days; the pain, the swelling of the conjunctiva, and the secretion of mucus having almost entirely disappeared, the tincture of Euphrasia was given for a fortnight, three drops a day. A dimness of the cornea remained, which did not hinder reading. (*All. hom. Zeit.* XXIII. 353.)

A child of two years, exceedingly scrofulous, had been affected with a discharge from the ears for years; this had stopped nine weeks ago, the stoppage of the discharge being succeeded by violent photophobia, profuse lachrymation, and a discharge of purulent mucus; itching soreness around the eyes, with crusts; swelling and redness of the nose, with discharge of an acrid, watery mucus. CONIUM 30, two pellets, and ARSENICUM 30, one pellet, in alternation, cured the child in a fortnight.

DOCTOR HERING,

Our distinguished friend and indefatigable colaborer in the great cause of Homœopathy has lately returned from Europe. He will reside and practice in Philadelphia, where he is esteemed by all homœopathic practitioners as their most enlightened friend and adviser. Dr. Hering has prepared during his stay in Germany a vast quantity of matter for the press, which, when published, will prove highly useful to the practitioner. We pray that he may live yet many years as one of our most able and brilliant champions.

NOTICES.

The fourth volume of the *Materia Medica Pura* has been published, and is for sale by William Radde, 322 Broadway.

We had intended to publish a tolerably complete list of the names of the homœopathic physicians practising in this country, but the list is by no means complete. We beg our friends to continue sending in their names, and we shall publish them in due time.

AMBRA GRISEA.

BY JEAN PIERRE, M. D.

By some the Grey Amber is supposed to be a tallow-like product from the gall bladder of the whale; according to Pereira it is procured from the sperm whale, and seems to be the indurated fæces (perhaps somewhat altered by disease) of the animal. Mr. Beale collected some of the semi-fluid fæces, and found that the dried mass had all the properties of Ambergris. It has a pleasant musk-like odor, which is supposed to be derived from the squid, or *sepia moschata*, on which the whale feeds; in support of this opinion it must be mentioned that the horny beaks of this animal are found imbedded in the masses of Ambergris. (See Mat. Med., vol. 2, p. 800.) Swediaur was the first to trace its origin to the sperm whale; Lecluse was the first to suggest that it might be hardened and altered fæces; Home, the first to hint that it might be a hardened and altered secretion from the liver of the whale, or a kind of gall-stone; Oken supposed that it was an indurated bile-resin, which opinion is strengthened by the chemical analysis of Pelletier and Caventon; while J. J. Virey conjectured that it was a species of adipocere arising from the decomposition of dead *sepia* octopodia, and the other kinds of *sepia* which emit an amber or musk-like odor; and bases his opinion on the fact that the beaks and bones of these cuttle-fish are found in ambergris; but as these are also the most common food of the whale, it may have a double origin, one from the fæces of the whale, and the other from the spontaneous decomposition of dead cuttle-fish.

When genuine, Ambergris has a peculiarly pleasant odor, not easily described or imitated, and which is exceedingly diffusive, especially in solution, so that a very minute quantity is perceptible even when mixed with other perfumes; a grain or two rubbed down with sugar and added to a hogshead of claret is very perceptible in the wine, and gives it a flavor, by some considered as an improvement. (Brande.)

Boswell noticed, after taking thirty grains, quickness of the pulse, increase of muscular power, and of sight and hearing; also greater activity of the mind, and of the sexual power. It was formerly much celebrated as a stimulant and anti-spasmodic, supposed to produce excitation and strengthening of the whole nervous system, and even to prolong life. In the East it has long been used as an aphrodisiacum; hence its action

may be the opposite in this respect of that of *Agnus castus*, *Conium*, *Camphor*, &c. According to Noack and F. Hofstetter, *Ambra* is said to exert a remarkably specific action upon the organ of hearing; and as curative effects, old school physicians have noticed increase of muscular power, relief from intellectual weakness and mental depression, increased power of seeing and hearing, and increase of the sexual power and fluids. Its action has been compared by old school physicians to that of *Musk*, *Castor*, *Coffee*, *Valerian*, &c., &c. It also had an ancient reputation for causing the reappearance of suppressed eruptions, such as itch and herpes. On account of its stimulating properties *Chaumeton* and *Coloquet* were led to give it in typhus fever.

Musk, according to *Pereira* is an irritant to the stomach, a stimulant to the brain and vascular system, and afterwards proves narcotic; for it causes eructation, sense of weight in the stomach, decrease or increase of appetite, gastralgia, nausea, vomiting and diarrhœa; also frequency and fullness of the pulse, heaviness of the head, vertigo, headache, predisposition to epistaxis; and occasionally it brings on the menses; these effects are followed by disposition to sleep, heaviness of the whole body, and lastly long and deep sleep. In large doses it may bring on faintness, trembling of the limbs, and even convulsions. Yet it is regarded by old school physicians as a most powerful anti-spasmodic and nervine.

VALERIAN causes headache, mental excitement, flashes of light before the eyes, scintillations, giddiness, restlessness, agitation and cold spasmodic movements; in some, it causes great agitation and heaviness of spirits; accelerates the pulse, and augments the heat of the body. It intoxicates cats, who are very fond of it, rolling themselves over the ground in outrageous playfulness, being violently agitated. Yet it is used to soothe the nervous excitement, and as an anti-spasmodic. (*Pereira*.)

With the aid of these hints as to the action of *Ambergris*, we proceed to examine according to what laws or principles it cures the diseases in which it is recommended by old and new school authorities.

1. *In Hysteria.*

According to Noack and Trinks, it is recommended both by old and new school physicians in this disease. If we admit *Schoenlein's* assumption that all agreeable smells are disagreeable to hysterical subjects, who, as a rule, delight in the smell

of burnt hair, horn, horsehoof, feathers, &c., then Ambra cannot be appropriate in this disease, for it has a most pleasant odor. However this may be, Hysteria is generally marked by the presence of an irritable state of the uterine system, and an extremely exaggerated sensibility of the whole nervous system, both ganglionic, causing more or less increased action of the heart and vascular system (hysterical palpitations, and pulsations of the large arteries, as of the Aorta, &c.); of the motor side of the spinal marrow, causing hysterical epilepsy, convulsions, spasms of the throat, and larynx, &c., &c.; of the sensitive side of the spinal marrow, causing neuralgic pains, &c.; and of the brain. Now we have already seen that Ambra exerts a specific action upon the sexual organs, and according to Watson, nine cases out of ten, in females, the exciting cause of Hysteria is connected with the sexual functions; but Ambra does not seem to produce that exaggerated degree of morbid sensibility and mobility which characterizes the highest hysterical state; hence, while it may be homœopathic and curative to lesser degrees of hysteria, it may not prove so to the greater.

2. In *Hypochondria*. (NOACK.)

It is also recommended by both schools in this affection; from the old school experiments with Ambra, both upon the healthy and sick, it would seem to be decidedly antipathic to melancholy and hypochondria; however, in Hahnemann's experiments it was found to produce anxiety, dejection, tearfulness, hopeless disheartenment, &c., while not a word is said of its enlivening effects. M. Michea defines hypochondriasis to be "an exaggeration of the instinct of self-preservation, or of the love of life," and we do not see that Ambra produces such an effect. According to Brachet, disorders of the liver and spleen, one or both, have been regarded for centuries as the peccant causes of this disease—and Ambra produces a jaundiced appearance of the face, bitter eructations, vomiting of bile, aching in the region of the liver, profuse discharge of soft, light-brown, bilious stools, with piles and other signs of liver complaint.

3. In *Syncope*.

It is also recommended in both schools in this affection, and according to Hahnemann produces great nervous weakness, lassitude, and tiredness, with painful soreness of all the limbs, heaviness of the body, relaxation of the muscles to the

point of falling, giving away of the knees, weakness of the ankles and feet, great weakness, with quickness of the circulation, trembling of the whole body, especially of the legs, vertigo with feeling of weakness in the stomach, which forces one to lie down, &c. It is probable that these are only secondary effects occurring after previous nervous excitement; for we have seen that Boswell found it to produce quickness of the pulse, increase of muscular and mental power, &c., while Hahnemann admits that it causes anxious restlessness in all the limbs, great excitement after speaking, with trembling of the whole body and sleeplessness, irritable state of mind, with excitement and restlessness, and excessive loquacity, also sleeplessness, frequent awaking from sleep, with persistent restlessness of the whole body, starting up in affright from sleep, restless sleep with vexatious and anxious dreams, and talking in one's sleep, vivid, restless dreams as soon as one falls asleep; restless sleep from coldness of the body and twitching of the limbs; sleeplessness from nervous excitement, forcing one to sit up in bed, &c. Hence we conclude that it is only homœopathic to syncope and nervous weakness, which occurs after great nervous excitement; it is but fair to add that the odor of it has caused syncope in nervous females. It will be seen that it deserves particular attention on the part of the homœopaths in nervous sleeplessness and restlessness.

4. *In Apoplexy and Paralysis.*

Here it is also recommended by both schools. According to Hahnemann, it produces numbness of the whole body, especially of the limbs, congestion to the head, ready falling asleep of the arms, with numbness of them; frequent falling asleep of the left arm, paralysis and falling asleep of the hands, sensation of falling asleep of the legs, with unsteadiness of gait, heaviness of the legs and relaxation of them, &c. There is no proof whatever that it causes apoplexy. As it is a mild remedy, we conjecture that it will prove more serviceable in hysterical paralysis than in the severer forms; one would scarcely suppose that palsy, even perfect hemiplegia or paraplegia, could be stimulated by hysteria; yet this is certainly the case, and, as Watson truly remarks, they are most difficult and perplexing cases to manage. The patient is unable to stand or walk, simply because she thinks she is unable; the instant she makes a fair effort to use her limbs again, she can and does use them.

5. *In Convulsions.*

Here it is advised by old school physicians only, although we should judge it to be far more homœopathic to convulsions than to paralysis. It causes jerks and cramps in the muscles, especially at night, twitching of the under lip, spasmodic hic-cough, cramps in the stomach, violent cramps in the bowels, spasmodic cough, spasmodic asthma, palpitation of the heart, twitching of the arms, cramps in the feet and calves of the legs.

6. *In great Nervous and Mental Weakness.*

Here it is advised by both schools, and we should decide it to be antipathic in all cases, except in those which follow in consequence of great physical or mental efforts, or of a generally highly excited, restless, nervous state. Reference to the third paragraph will render this more clear. As early as the time of Pierre d'Abano it was thought to exert a specific exciting action upon the brain.

7. *In Nervous Vertigo, especially old persons.* (NOACK.)

It is said to cause vertigo, while walking in the free air; vertigo with excessive weakness in the head, also with a feeling of weakness in the stomach, which forces one to lie down; sensation of weakness and coldness in the head. Noack also states that it is most homœopathic to diseases of old persons, and those with a dry, meagre, bilious constitution. We take the liberty of dissenting from this, and of assuming that it is most homœopathic to affections of young, highly excitable, restless, fidgety, nervous persons, with a marked bilious diathesis.¹

8. *In Nervous Headaches.*

It causes aching in the forehead, vertex, and occiput, with heat in the head, burning in the eyes, and paleness of the face; also aching in the forehead, with fear of becoming demented; extremely acute, rending pain in the upper half of the brain; congestion to the head, from slight excitement; nervous tenderness of the scalp.

9. *Amblyopia Amaurotica.* (NOACK.)

Here we should also decide it to be antipathic, except in

¹ It corresponds to either class of patients. H.

those cases of foglike dimness and darkness before the eyes, which follow in consequence of a previous irritable state of these organs.

10. *In Nervous Deafness.* (НОАКК.)

It is said to cause diminution of hearing and deafness, with roaring and whistling sounds in the ears; but the experiment of Boswell would go to prove that it is antipathic to this state of things: we have already seen that old school physicians think that Ambra exerts a remarkably specific curative action upon the organs of hearing.

11. *In Epistaxis.*

Judging from the effects of musk in this respect, and from the fact that Ambra stimulates and causes congestion to the head, we are inclined to admit that it is homœopathic to this affection; it is said to be particularly suitable in cases of bleeding from the nose which occur early in the morning. It also causes bleeding of the teeth, hæmaturia, menorrhagia.

12. *In aching Liver Pains.*

It causes aching pain in the region of the liver. We have already referred to the action of Ambra on the liver, in the second paragraph.

13. *In Flatulent Affections.*

It causes frequent empty, sour or bitter eructations; distention of the abdomen after every meal; incarcerated flatus; flatulent colic after midnight.

14. *In Excitement of the Sexual Organs.*

Here it is undoubtedly homœopathic. It is also advised by old school physicians in chlorosis, and as it causes the menses to occur too early, and at other than the regular periods, this indication is correct according to their law.

15. *In Leucorrhœa.*

It is said to cause a thick, slimy leucorrhœa. It seems to exert a specific action on some of the mucous membranes; thus it causes an accumulation of much greyish mucus in the throat, with retching and vomiting while hawking it up; hawking up of mucus early in the morning; roughness and

hoarseness in the throat, with a rough, deep voice, and much thick mucus in the trachea ; cough and coryza, with a whitish salty discharge.

16. *In bad consequences of suppressed Catarrh.*

It causes dryness and stoppage of the nose, with soreness of it ; dry catarrh. It was advised by Cloquet in chronic catarrh.

17. *Dry paroxysmal Spasmodic Cough, resembling Whooping Cough.*

It causes tickling and scraping in the throat, exciting cough ; night-cough from violent irritation in the throat ; pain under the left ribs, while coughing, as if something were torn loose ; violent, dry, deep cough, with hoarseness and much eructation ; violent spasmodic paroxysms of cough, like a kind of whooping cough ; sibilant rhonchus in the chest. It may prove serviceable in the coughs of hysterical persons ; according to Watson, among the hysteric affections of the air-passages there is a peculiar cough, which every physician ought to be acquainted with ; it is loud, harsh, dry, and more like a bark than a cough ; sometimes it is incessant, and sometimes it occurs in paroxysms, which are, perhaps, more annoying to bear than to suffer.

18. *Asthmatic Affections, especially of scrofulous children.*
(NOACK.)

In hysteric asthma it is thought by some to be the most homœopathic remedy ; if it produces any scrofulous-like affections, they are confined to the mucous membranes, upon which we have seen ambra exerts a peculiar action ; as bronchitis, acute or chronic, is at the bottom of a certain proportion of cases of asthma. Ambra may prove homœopathic to this variety. It causes oppression of the chest, with much uneasiness, preventing deep inspiration and yawning ; oppression in the chest and in the back, between the shoulders, &c.

19. *In Palpitation of the Heart.*

Here it is recommended in both schools, especially by Fr. Hoffmann, and had a reputation as early as the time of Rhages, for a specific action upon the heart. It causes palpitation of the heart, while walking in the free air, and attended with paleness of the face ; violent palpitation, with pressing in the chest,

as if a lump lay there ; aching pain in the region of the heart ; anxiety about the heart, with obstruction of the breath, and fleeting heat of the skin.

20. *In Offensive Breath.*

Here it is recommended in the old school, probably on account of its pleasant odor ; but it is said to cause a greyish yellow coating of the tongue, foul breath, sensation as if the stomach were foul, with acrid risings, ascending as high as the throat.

21. *In Weakness of Digestion and Nervous Dyspepsia.*

Here it is recommended in the old school, especially by Riveri and Cloquet. It is said to cause dryness of the mouth, without thirst ; aphthæ ; sourish taste in the mouth, as after drinking milk ; nausea and vomiting of bile ; frequent empty, sour or bitter eructations ; heart-burn ; foul stomach ; qualmishness and feeling of weakness in the stomach, forcing one to lie down ; spasms, aching and piercing in the stomach ; aching and burning in the epigastrium ; distention of the abdomen, every time after eating and drinking. It is evident that Ambra acts more as an irritant than a sedative agent upon the stomach, and hence may relieve weak digestion antipathically.

22. *In Impotence.*

Here it is only recommended in the old school, and is decidedly antipathic.

23. *Rheumatic and Arthritic Affections.*

Here it is proposed by Noack. It causes rheumatic pain in the right side of the chest ; piercing pain in the chest, extending to the back ; violent sharp stitches in the sacral region, increased by the slightest motion ; painful tightness of the lumbar muscles ; rheumatic aching and drawing in the nape and back ; rending and aching-drawing pains, and dislocation-pain in the shoulder-joints, elbows, forearms and hands ; drawing and rending in the fingers ; distortion of the fingers ; rending in the legs ; dislocation-pain about the knee ; drawing, rending, and itching about the knees, ankles and toes ; stiffness of the feet ; stitches of pain in the balls of the great toe, &c.

CHARACTERISTIC SYMPTOMS.

a. *Itching in various parts of the body.*—It causes insup-

portable itching about the eyes ; crawling and itching in the ears ; crawling and itching in the face ; biting and itching in the mouth ; biting, scraping, and itching in the palate and throat ; biting, piercing, and itching about the arms and rectum ; burning, tickling, and itching in the urethra ; itching, rending, and ulcer pains in the glans ; burning and itching in the neighborhood of the seminal vesicles ; violent itching, burning and soreness of the vulva ; itching, swelling, and soreness, of the labiæ ; itching, tickling, and scraping in the throat, exciting cough ; itching herpes between the fingers ; itching and burning in the toes and soles of the feet. It must not be forgotten that Ambra once had an old school reputation, causing the reappearance of suppressed itch and herpes ; it seems to us that it would be very likely to produce this effect. According to Ruttner, *itching* may arise from a dynamic irritation of the extremities of the nerves or from violent congestion towards the surface, and Ambra causes commotion of the blood, quickened circulation, heat in the whole of the face and body, congestion to the head, hot dry lips, heat and dryness of the mouth, &c. ; itching from this cause is particularly apt to occur in the spring of the year, in young and plethoric persons ; or from some disturbance in the secretion and excretion of urine : Ambra renders the urine light yellow, brownish or curdy ; also muddy as soon as it is passed, and quickly depositing a brownish sediment ; or reddish clouds and sediment in the urine, which has a penetrating odor ; diminished secretion of acrid urine, &c. Albus noticed an habitual and very annoying itching of the surface in young men who had a predisposition to tracheal and pulmonary consumption ; the marked action of Ambra on the larynx and trachea must not be overlooked. Itching, crawling and a feeling as if a spider-web were upon the face, is regarded by some as a diagnostic of latent gout ; it will have been noticed that Ambra produces these sensations in a marked degree, and also that NОACK has recommended it in arthritic affections. See paragraph 23.

b. *Burning in various parts of the body.*—It causes headache, with heat in the head, burning in the eyes, and paleness of the face ; aching, biting and burning of the eyes and eyelids, with lachrymation, as if from dust in the eyes ; hot lips ; painful burning vesicles in the mouth ; heartburn ; aching and burning in the stomach and epigastrium ; burning in the urethra and neighborhood of the seminal vesicles ; burning in the vagina ; rawness and burning in the chest ; itching and burning in the soles of the feet. Burning pains may arise from simple increase of sensibility of a part, or from congestion, or

actual inflammation, especially of an erysipelatous nature; they also attend hæmorrhoidal congestions, infarctions in the venous system, and chronic inflammations of the coats of the veins. (Kattner.) Ambra also occasions the opposite sensation, viz., that of coldness, especially in the head, and unilateral sensation of coldness in the abdomen. According to Kattner, a circumscribed sensation of coldness in the occiput, as if it were touched with cold water or air, occurs in hypochondriacal and hysterical subjects, especially before aggravations of their troubles, also before attacks of hemicrania, and in malignant nervous fevers. The same sensation may occur in the vertex of hypochondriacal and hysterical subjects, and also in aged persons just before they die of marasmus senilis. A feeling of coldness along the sutures occurs in some nervous fevers, and is particularly apt to occur along the sagittal suture in influenza. A feeling of coldness in the abdomen may occur before the outbreak of violent spasmodic affections, as of epilepsy, or in hypochondriacal and hysterical affections; a peculiar feeling of coldness, as if from the flowing or dropping of water, in the neighborhood of the liver, at times attends the passage of gall-stones.

A CASE OF CROUP TREATED SUCCESSFULLY WITH IODINE.

BY WM. E. PAYNE, M. D., BATH, (ME.)

It is a duty devolving on every member of the new medical school to extend, as far as he is capable of doing, the benefits of homœopathy to his fellow-men. And in order to do this to the fullest extent, his labors must be not only patient and unmitigated with those whom Divine Providence has placed under his care, but whatever facts he may have gathered from practice, either in relation to any known remedial agent, or any agent not generally known, or in relation to the application of any remedy to disease, either new or corroborative of cases not sufficiently well attested, he ought to communicate such facts to his brethren, that they may obtain a firm and enduring basis, and become available to mankind in the most general way. He who withholds his experience either from motives of avarice, or from mental indolence, does not appreciate the responsibility of his position, and can have but little

perception of his duties towards others. There is scarcely a homœopathic physician, who has been in practice for three years, if he has been attentive and observing, (and no other can succeed long,) but might communicate something that would be of incalculable importance to some member of the great family of man. The timely use of his experience, or a practical hint, might save to some dependent and destitute family the services, and perhaps the life of a parent or guardian, or some one on whom not only the physical but the spiritual well-being of others are immediately dependent. A physician may extend, very much, his sphere of usefulness, by thus casting his mite into the treasury of experience. Many a sad and desponding heart may be made happy by such efforts. When we recollect with what anxious solicitude we have turned to the annals of chemical homœopathy for aid in some most trying case, we can more fully appreciate the necessity of making a faithful record of our practice, and of giving to the world those cases which have perplexed us most, for the benefit of others.

Many diseases are almost daily developing, about the treatment of which, it may with truth be said, we know but little. It has not yet been decided with any degree of certainty that we possess remedies to meet them; or at least the homœopathic profession is not yet generally aware of the fact; and he who possesses such knowledge should speedily give it to the world. That class of diseases denominated Pneumonia requires much more investigation, and the remedies that have been recommended as specific in the various stages of these diseases, require a more severe scrutiny, and their relation to those diseases more accurately studied, to enable us to decide with any degree of certainty whether we can, or not, meet every curable stage. My experience of the efficiency of remedies in the stage of *hepatization*, has not been sufficiently successful to enable me to pronounce with a certainty that we have any remedies to meet this stage of the disease. *Acon. Bell. Bry. and Phos.* I can say, with a tolerable degree of certainty, have been entirely successful with me in various diseases belonging to this group, in the period of vascular engorgement, and even in the inflammatory stage, when the crepitous rattle was so well marked as not to be mistaken. But in the period of *hepatization*, when *broncophony* was prominent, except in cases of small extent, I cannot give testimony very favorable to any drug I have yet tried. I have used *Phos. Sulph. Emet tart.* and *Lach.* without any apparent good result, and indeed I am not prepared to say that I have used them successfully in any case where it was absolutely

certain, from physical signs, that *hepatization* existed to a considerable extent. To expedite the progress of the science, and enable all practitioners to extend its benefits to mankind, it is absolutely necessary that these doubtful points should receive the attention of every practitioner of our school.

A point of vast importance to be considered by the homœopath is the family relation of diseases, and a corresponding family relation of drugs, involving a general principle which is as necessary to the physician as the compass is to the mariner. The same order is observed in the relation of diseases, that characterizes the relation of every thing else. There is a kind of order, even in disorder, that can never be violated, for there is nothing but what is an integral part of a whole; and the attractive power, by which single things become members of one vast body, is the aggregate of kindred qualities. Thus all diseases really constitute one grand family, or body, of which perverted life is the progenitor, in contradistinction to a healthy action of the organism which is the effect of the inflowing of pure life. Now all diseases, as constituting this grand family, bear a most general resemblance to each other, from characteristics possessed by them in common, just as all human beings possess in common distinctive qualities, which give to them a resemblance so marked as never to be mistaken. To this grand family of diseases corresponds a grand family of objects established in the external world, in each of the three kingdoms of nature, which objects are poisonous in their character, i. e., poisonous in relation to the healthy organism; for between these objects and the healthy organism there is no correspondence. But a correspondence is established between these and the organism when it is under the influence of disease. These external objects we call medicines or drugs. A like correspondence between all wholesome and nutrient forms and the organism in a state of health, as is evident from the fact that these nutrient forms contribute to the sustentation of the organism in a state of health; but in a diseased condition they are rejected as things foreign to the wants of the system, and a relation or correspondence between the organism and drugs is established, as those things which the organism most requires to sustain it during the assaults of diseases. These general distinctions must ever remain, for they are founded in the very laws of our being; and they can never run into each other so as to lose their identity. In a less and less general way are diseases grouped, until they come down to single families or groups, in which a still greater similarity obtains, just as in single families a greater resemblance in particulars gives to the

members of this family a more marked resemblance in both body and mind. Now each group or family of diseases is in itself as much a whole, and as independent of the general body, as single families are distinct and independent of communities and countries, and no more so. Single diseases of each group have a like individuality and dependence. Diseases belonging to a certain family or group approximate each other in identity of character, consequently in similarity of symptoms; their exponents, just as single medicines of a group or family to which these diseases correspond, approach each other in interior characteristics. To illustrate the idea, we will take the group or family of diseases to which our allopathic brethren have affixed the appellative *Croup*. In this group or family is embraced the whole range from the *Cynanche trachealis spasmodica* of the old school, to the most inveterate form of membranous inflammation. Though this range of diseases is embraced in one group or family, each disease is distinct in its character, and can never run into another, even of the same group or family, however intense may be its action, or whatever may be its termination, and can never require the use of but a single remedy, that to which it corresponds, to remove it from the organism. It is true, there is scarcely an individual who has been sick for a length of time, (likewise those cases of the most recent origin,) that can be restored to health by the use of a single remedy;—and for this reason, the organism of man is so much under the predisposing influence of disease, that no one disease can be established without calling forth others; or, in other words, exciting old predispositions. This strong tendency to implicate the whole physical organism may be illustrated by the strong tendency produced by the cherishing of one evil, to implicate the whole constitution of the mind, which evil is, in fact, to the mind as much disease as any disturbance of the natural functions is disease to the body. The one is representative of the other. Thus, the love of theft cannot be long cherished, and carried out into act, without exciting the whole train of kindred propensities—false witness, adultery, murder, etc. If the first disease is not removed by specific treatment the whole mind becomes sick, and spiritual death is the result. The whole functional operations of the body may be illustrated by corresponding operations of the mind, and *vice versa*.

This fact, of one disease calling forth another, shows us the necessity of alternating remedies, or following the use of one remedy by that of another, even to many; and I think we cannot explain the fact of the necessity of resorting to various remedies for the purpose of restoring to health one individual,

in any other way. We have in fact two or more diseases, or a *tendency* to a *development* of two or more, to *combat*. After some member of the whole organism has been for a time invaded by disease, we often see a very different group of symptoms developed, and the first group manifested becomes wholly or nearly quiescent. In this case another disease has been developed, the violence of which is so much greater than that manifested by the former group that it necessarily becomes the object of our greatest solicitude. By examining the course of almost any disease, I think we may see this idea confirmed. Take measles for an example. In the course of this disease it is not unfrequent to see an active inflammation of the parenchyma of the lungs developing itself, which becomes so dangerous, that the specific for measles must be abandoned for some remedy belonging to the group or family corresponding to the group of inflammatory diseases of the lungs; and this selection must be made according to the correspondency of the quality of the drug to the peculiarity of the disease. An indiscriminate selection from the group of remedies having the power of developing an inflammatory condition of the parenchyma of the lungs, would be playing a hazardous game: the drug must exactly correspond to the particular disease; it must be the true and exact representation of the disease; then it acts according to the universal law of spiritual attraction which unites *like* spiritual principles, for every thing in the world of nature depends for its existence upon a spiritual principle within—a life without which it could not act—it would not be anything. We shall often see, in cultivating an acquaintance with a certain family or group of diseases, a resemblance between two diseases so strongly marked that nothing but an intimate acquaintance will enable us to distinguish the one from the other. Indeed, the resemblance between some diseases of the same family or group seems to be as strikingly marked as that oftentimes existing between twin brothers. This is also the case with drugs. Two substances belonging to the same family or group bear so strong a resemblance to each other in their effects, that it is with difficulty we can recognize the difference; and nothing but a thorough acquaintance will enable us to make out the distinction. An ignorance of the true qualities of drugs is the reason why allopathic physicians can see no difference in the pathogenesis of many remedies contained in the *Materia Medica Pura*.

When the true relation of diseases one to another is understood, and also the corresponding relation of drugs, we shall hear less said about the substitution of one drug for another.

Every drug will then be estimated according to its true value, and it will not be required to perform what it was never designed to do. This idea of the substitution of one drug for another, which has been hinted at by some of our most distinguished homœopaths, (Stapf, Atomyr, &c.) is one which will be most disastrous in its consequences, if it gain much credence.¹ It strikes at the very foundation of the science—it is allopathy in all but the dose and the name. But of this I have not much fear; its bad results can be only ephemeral. There are minds engaged in this great work of reform, which have a sufficiently clear perception of the spirit of homœopathy to protect it from an adulteration so base.

That *Iodine* can in any way become a substitute for *Spongia* in croup, or in any other disease, is impossible. So far as *Spongia* contains *Iodine*, just so far the symptoms produced by the two drugs will be alike, and no farther, unless there are other properties common to both. But inasmuch as one contains properties which the other does not, in so much will their effects diverge and make them distinct drugs, and consequently homœopathic to distinct diseases, yet to diseases which may belong to the same family. A *Spongia croup* can never look like *Iodine croup*, except in those general features which give to the two diseases a family relation; it is true, it may be a family relation as strongly marked as that oftentimes existing between twin offsprings, yet they are distinct, and the one can never occupy the position of the other. These observations extend to every object and principle in the universe of both mind and matter.

There are certain features characteristic of diseases, which may be said to give them a community relation; such, for example, as diseases of the lungs, or of those organs more immediately concerned in the functions of respiration, voice, &c. All these diseases are characterized by more or less cough, disturbance of respiration, altered condition of the voice, &c. To this community of diseases corresponds a community of drugs which have the power of developing, in the human organism, similar diseases in all their varieties. A family of diseases is embraced by this community, yet it is a group wherein a more particular resemblance obtains. Under the name croup, is embraced such a family. In the character of the cough, respiration, &c., an almost exact resemblance obtains, and the locality is the same. But this group is only seen to be made up of

¹ Where and when have Stapf, Atomyr, &c. made themselves guilty of such a folly? H.

distinct diseases when we critically compare individual cases. To these diseases corresponds another class of remedies which have a like power of developing similar conditions. In this group or family may be enumerated *Bromine*, *Kali Bichromicum*, and perhaps *Ammonium Causticum*; *Spongia*, *Iodine*, *Hepar Sulphuris*, and perhaps *Aconite*; *Bell. Moschus*, *Sambucus*, and perhaps others. Time and observation can only determine this to our minds. I am not satisfied that *Arsenicum* or *Phosphorus* are embraced in this group, though they are embraced in the more general group corresponding to the diseases of the organs of respiration, voice, &c.

Besides the testimony of Drs. Koch and Tietze in favor of *Iodine* in croup, I have the successful treatment of one case to add, which renders it certain, to my mind, that *Iodine* is homœopathic to one disease belonging to the croup family. I do not think the effect of *Iodine* in the cases reported by Dr. Tietze, and introduced into the second No. of the Examiner (New Series), sufficiently well marked to enable us to decide with certainty that *Iodine* had much to do with terminating some of them; and I think far too much importance is attached to *Iodine* by the Doctor, or he is disposed to give it a far greater range in the treatment of croup than it can possibly compass.

The case in which IODINE proved to me its efficiency, occurred on the 23d of April, and terminated on the 28th. It was a male child a year and a half old. Except in one or two instances of short duration, the child had been healthy; with the further exception (which I had almost forgotten to mention) of a scabby eruption behind the ears. Previous to the invasion of the disease, for a time, a hoarseness was observed when the child cried, or made an extra effort of the voice. On the evening of the 23d of April, it was suddenly seized with a hoarse, rough, and barking cough, and exceedingly difficult and suffocative respiration, so much so, that it caused great alarm with the parents. A messenger was despatched for me in great haste; but when I arrived the paroxysm had somewhat abated. I found the breathing hard and sawing, and the cough, though not frequent, shrill and barking. The temperature of the skin was raised but little, if any, above the natural standard, but the pulse was small and frequent. There was a loss of appetite, tongue coated, skin moist, and nose dry. *Spongia VI.* was given, which, according to the report of the mother on the following morning, produced good results. The breathing was more quiet during the night, and the child rested quite well. The following day the hard and sawing respiration con-

tinued, with occasional exacerbations ; but the child ran about the nursery floor, and, except when the exacerbations were upon him, appeared cheerful. The skin continued very moist, and the pulse quick and feeble. Spongia was continued with apparent good effect when given during a paroxysm. The second night was passed with less quiet than the first, for the disease had evidently made some headway, though no paroxysm had yet appeared so bad as the first. Spongia was replaced by Hep. Sulph. 13, and afterwards by Hep. Sulph. 2, with no apparent good effect. Then Hep. and Spong. alternately, but the disease went on. The child was constantly bathed in perspiration ; the skin was cool, and the pulse frequent and small. Cough continued about as above described in frequency and character, and the breathing was nearly the same. This state of things continued till the fourth day, on which I left *Iodine 2*, to be given if another exacerbation occurred between that time and my next visit. In the evening the father came for me in great haste, as his child was much worse ; but the mother immediately gave the *Iodine* according to my directions, and in a very few moments after the dose of Iod. the hard breathing began to abate, so that, when I arrived, the paroxysm was much less severe—the child slept ; and during my stay at the bed-side (probably an hour) the breathing assumed almost its natural character. No more medicine was given during the night, and the child slept well and quietly. On the following day the croup-breathing again began to manifest itself, but yielded to a second dose of Iod. 2, and a repetition of once or twice more relieved the organism entirely of its troublesome if not dangerous visitor.

In this case, the effect of Iodine was so strongly marked that it could not be well doubted. Indeed, if we doubt the genuineness of results following so closely the administration of a drug, when others have failed to produce them, we may well distrust our ability to observe, and enshroud every phenomenon in the mantle of skepticism.

It may be noted that Spongia obviously exerted a degree of influence over the above case, but it was not sufficient to enable the healthy dynamic powers of the organism to reinstate those principles of life which had been crippled by the invading force. I suppose that this melioration of the symptoms was the result of these principles of the Spongia which were alike common to Iodine. But Spongia could not affect the object, for it was, as a whole, an entirely separate and distinct power. It does not correspond to the disease only so far as it possessed principles common to Iodine, and therefore could not be ho-

mœopathic to a disease distinctly and fully represented by Iodine. The same distinction and independent relation must be observed with respect to the three first named remedies (as well as all others) in membranous croup, viz.: *Bromine*, *Kali Bichromicum* and *Caustic Ammonia*. That kind of tracheal membranous inflammation represented by *Bromine* can never be reached by *Bichromate of Potash* or *Caustic Ammonia*. Neither can a membranous croup to which *Bromine* or *Caustic Ammonia* are homœopathic be cured by *Bichromate of Potash*; and so of *Caustic Ammonia*. If all cases of membranous croup were alike, one drug would suffice to meet them, unless the exciting of other predispositions to disease required the alternate or successive use of other remedies. This distinction must be constantly borne in mind if we can arrive at any thing like precision in the application of drugs to diseases.

DIABETES.

COMPILED FROM VARIOUS GERMAN AUTHORS, BY A. C. BECKER.

THE first symptom in this disease is a frequent desire to urinate, particularly at night, so much so as to materially interfere with rest. The quantity of urine passed is gradually increasing, and far exceeding the amount of liquid taken into the stomach. As the disease gains ground, the character of the urine changes; it assumes a greenish color, and a degree of opacity, has a mucous sediment, is wanting in the ammoniac odor, and has a stale, flat taste, becoming ultimately sweetish.

Besides these physical changes, a chemical alteration takes place in the constituents of the urine. In the first stage albumen is formed in an increasing quantity, until it quite disappears, and makes room for the second stage, in which saccharine matter is deposited, sometimes even as much as 3j in a pound of urine. As this goes on increasing, urea and uric acid decrease, and ultimately quite disappear. This fact is denied by some chemists, probably because in making their tests they have mixed the urine voided at different times, without considering that the urine passed in the daytime not unfrequently contains urea and uric acid, and that both are foreign to the urine passed at night, which contains sugar only. In propor-

tion to the alteration of the ingredients of the urine, the general secretions decrease, and a drawing pressing pain in the renal region towards the bladder is superadded. The skin becomes brittle, rigid, dries up, and permits of no perspiration. The mouth, fauces, and trachea feel dry, the bowels become sluggish. At first the appetite is normal; it then decreases gradually, and in the same ratio the thirst increases. The latter seems to be unquenchable, especially at night, and the more the patients urinate the greater becomes the craving after liquids. Another frequent symptom is a burning sensation from the œsophagus upwards as far as the fauces. Very great emaciation supervenes, added to excessive debility and weakness. Frequently all this is accompanied by a loss of teeth.

Diabetes is not unfrequently mistaken for Tabes, and the great distinguishing mark between them is the quantity of urine. It is true, that an increased secretion of the latter is to be found also in several other diseases, such as hypochondria in men, hysterics in women, in the stage of resolution in hydrops, &c., &c. It is then called *Diabetes insipidus*, to distinguish it from the *Diabetes mellitus*. But the two have nothing in common, except the increased excretion of urine. This feature in the former is only transient, not permanent, as in the latter; again, in the former the urine has not the same greenish color, and contains no albumen or sugar. Increased urine in hydrops ought hardly to be mistaken for diabetes: the difference is too glaring.

Diabetes is exceedingly rare in women, and according to some authors to be met with *only* in men, very seldom before puberty, chiefly between thirty and forty.

As to the causes of this disease they are various. Irritations acting for more or less time directly or indirectly on the kidneys, for instance an abuse of diuretic drinks, like gin, beer, &c.; of young, acid, and strong wines; cold, damp dwellings, much vegetable food, abuse of the genital organs, calculus in the kidneys and ureters, organic diseases of the liver, ascarides, sudden suppression of cutaneous secretions, or exanthematous diseases.

Its course is sometimes tedious and protracted for years. In the commencement intermissions occur, and both quantity and quality of the urine reassume the normal state. This happens especially in the summer; but all the symptoms return with increased violence at the commencement of cold and damp winter weather. In some cases the course has been more rapid, terminating fatally in a few weeks.

The prognosis is very unfavorable. At first something may

be hoped for from medicinal agents; but when the formation of saccharine matter has commenced, the patient has very little prospect for recovery; for, though the diabetes may be partially conquered, it is generally but to make room for phthisis. Its fatal termination without the latter, is by colliquative stools, convulsions, fainting fits, paralysis of some organs, delirium, and hectic fever, which exhaust the little remains of strength.

The opinions in the old school on the best mode of treatment are very much divided, some advocating the rule of powerful astringents, others antiphlogistics and cathartics; the majority, however, at present throwing overboard all medicinal agents, and confining themselves to a regulation of the diet. This last point is very strictly attended to likewise by our school; only the most digestible articles of food are permitted, animal food preferred (excepting milk, which is apt to turn sour in the stomach). Vegetables, particularly potatoes, and all pastry and fruits are to be prohibited. As to liquids, all those are to be avoided which act directly on the kidneys, such as beer, gin, &c,

The remedies we employ chiefly are *Merc. sol.*, *Veratrum*, and *Kali carb.*, besides which the following deserve attention: *Squills*, *Carbo veg.*, *Causticum*, *Ledum*, and *Natrum muriat.*

Merc. sol. is indicated when there is a constant desire to urinate, night and day, swollen moist prepuce and glans penis, both of them painful; drawing, squeezing sensation in the testicles, a cutting, tearing pain in the left kidney, painful swelling of the gums, white coated tongue, constant dryness in the mouth, a bad fetid breath, constant hunger, insatiable thirst, burning, acrid, scraping eructations, burning pain in the epigastric region, wakefulness, owing to the desire to urinate; slow, languid pulse, sunken countenance, general weakness and debility, swelling of glands, &c.

Veratrum: Great alteration of the countenance, as of a dead person; swelling of the gums, looseness of the teeth, sticky dryness of the mouth and fauces, which cannot be removed by any liquids, great nausea and thirst, painful hunger, drawing pain in the umbilical region, excessive flow of urine, even involuntary, soreness of prepuce, extreme general prostration and weakness, especially of the extremities, trembling of the whole body, inclination to faint, weak, almost imperceptible pulse.

Kali carb: Jerking pains in both renal regions, especially on sitting down, and protracted; dull stitches in the left; frequent and violent desire to urinate, especially troublesome at night, the urine of a pale green color; burning sensation in the urethra during evacuations; sharp drawing pains through the penis; pains on motion in the inguinal region; feeling of cold

in the intestines, as if water were being dropped upon them ; burning heat in the stomach, languor, swollen and ulcerated gums, dry mouth, foetid breath, violent thirst, especially in the evening and at night, very pale and sunken countenance, sunken eyes, irritable surly state of mind, easily alarmed, uneasiness and wakefulness, great prostration, feeling of emptiness in the whole body, drawing pains in the back, frequently proceeding from the sacrum.

Acidum muriaticum is preferable to all other remedies in cases where there is an entire absence of thirst, and where the urine has a milky appearance ; also in cases of drunkards, where it has proved very efficacious.¹

PATHOLOGY OF TYPHUS.

TRANSLATED FROM SCHONLEIN, BY A. C. BECKER.

THE word "typhus" is to be found amongst the earliest Greek writers, and denotes "*an individual struck by lightning.*" According to Hippocrates, every disease accompanied by sopor and coma is typhus. Latterly the term *Febris nervosa* has been substituted for it, but very little new light has been thrown on the nature of the disease. According to Galen, its character is idiopathic, a general disease, located every where and nowhere, a real Proteus, a purely dynamic disease ; and this theory is advocated by most of the modern pathologists. It has satisfactorily been proved, however, that in the so-called nervous fevers, decided characteristic changes take place in the organism, and they are the following :

1. The bodies of those who die of typhus, retain their animal heat an unusually long time after death, do not present the usual rigidity and stiffness, but putrefy very quickly, and show early discoloration. The internal organs show the following alterations : the membraneous coats of the central parts of the nervous system are overloaded with blood, and remarkably reddened. The redness is dark, merging on to the blue. It is this fact which has given rise to the assumption, that typhus was nothing but encephalitis of a sensitive character, originating with Marcus, who defended it against Horn and Hecker in 1810. The diagnosis of venous, passive, or active congestions, as they are seen subsequent to inflammation, has been accurately settled, however, by Friedreich. The spinal marrow

¹ See the article on Bright's disease in No. 7 of the Ex.

and ganglions are very much altered in their consistency; in cerebral typhus they are softened, particularly in the commissure system (Corpus callosum, Sept. pellucidum, &c.). They are soft, but retain their normal color and fibrous structure. In ganglial typhus, the ganglions are swollen, enlarged, not softened, but hardened, so much so as even to resemble cartilage. The blood is strikingly fluid, without any or with only a mucous coagulum, very dark colored, nearly black. The muscular system presents a great change. All the muscles, particularly the abdominal and thoracic, have lost their bright-red color, look dirty-brown, flabby, and can easily be torn, almost as much so as in cases of poisoning by narcotics. The changes in the vascular system are very remarkable; the inner membranes are reddened, especially near the heart, the lining membrane of which sometimes presents the same change of color, in some cases the veins, in others the arteries, occasionally both; if the former, the color is of a cherry-brown red, if the latter, brownish, even violet. This redness cannot be wiped or rubbed off, but yields to acids. It is confined to the lining membrane, and does not extend even to the next. It extends from the centre to such a point where the artery branches off (bifurcation). The reversed appearance is presented in inflammation of the arteries. This reddening of the internal coats of the vascular system has given rise to the supposition that typhus is vascular inflammation and identical with phlebitis. This is a glaring error, and the diagnosis very easy, since in vascular inflammation the redness proceeds from the periphery towards the main branches and ends there; whereas in typhus it proceeds from the main branches towards the periphery, and stops at the bifurcations. Again, in the latter we see no alteration in the arteries, whilst we notice in the former greater rigidity of the coats, and increased lumen.

The respiratory mucous membranes present a decided change, being brownish-red, and becoming darker as you proceed deeper. Excrescences, a complete exanthema are found on the mucous membranes of the chylopoietic viscera and vessels, which run through certain circular changes, and thus we find various evolutions in the various dissections. Cerebral typhus affects the mucous membranes of the respiratory organs; but the ganglial typhus acts on the chylopoietic. Death terminates typhus in various forms:

1. If previous to the ninth day, by neuralgic apoplexy; in cerebral typhus by cerebral apoplexy, in ganglionic typhus by ganglionic apoplexy.
2. If about the fourteenth or fifteenth day, by exhaustion of

vital power for producing the crisis, which is often colliquative.

3. If later, by consecutive diseases, such as hectic fever, or phthisis, and by apoplexy if pus is found in the ear and finds its way into the brain.

ILEOTYPHUS ARSENICALIS AND TYPHUS ABDOMINALIS.

BY DR. HAUSMANN.

THE question might be asked, What might have you to group the following symptoms of Arsenic into one coherent image of disease? I answer: The simplest perception of a natural law. As the process of crystallization frequently results only in the formation of a single angle, leaving the remaining portion of the mineral an irregular, ill-shaped mass, but being sufficient to reveal to the mineralogist the true shape of the whole crystal: so does Arsenic frequently produce only a few symptoms of ileotyphus, which, however, are a sufficient indication for the accomplished diagnostician of the whole disease. Nature protects the mineralogist from the accusation of establishing speculative vagaries in the place of natural facts, by exhibiting the same mineral elsewhere in the shape of a perfectly formed crystal, distinguished from any other crystal by characteristic properties. In a similar manner does nature protect the physician from reproaches like these: "Thou hast violently and arbitrarily separated the form of the arsenic-disease exhibited in the ileum, from the totality of the arsenic-symptoms; there exists no such separation of the symptoms of Arsenic in nature."

I shall endeavor to show that that separation exists in nature as I have indicated it. In his essays and observations on medical jurisprudence (Third Collection, No. 19), Pyl mentions the following case of poisoning with Arsenic, the subject being a female. The abdomen was distended, the face and both sides bluish-green, with a cadaverous smell. The omentum and the mesenterium were very much inflamed; *at a distance of half a yard from the ileo-cæcal valve, in the ileum, was discovered an oblong round spot corroded and sphacelated*; sphacelated spots were seen here and there in the lesser intestines. The stomach contained a number of grit-shaped parti-

cles (Arsenic) in a brown liquid; the walls of the stomach were covered all over with whitish vesicles, of the size of peas or lentils; a number of sphacelated spots were likewise discovered on those walls; the same in the duodenum. The greatest portion of the liver, and the entire spleen were sphacelated and had a green color; the diaphragm likewise; the right ventricle contained a small quantity of coagulated blood, the left was empty.

If Pyl had been educated in the presently ruling pathologico-anatomical school in Vienna, he would not have failed to designate the respective phenomena and parts by the current technical terms, and, by so doing, would have become more impressive and acceptable to those who will only listen to facts on condition that they should be related in the usual language; they would have been more ready to admit that Arsenic is capable of realizing in the ileum a typhus similar to the typhus abdominalis. This fact could only be denied by competent observers on this ground, that in the case mentioned by Pyl, no mention is made of the perforation of the oblong-round spot which the characteristic reddish-grey so-called typhous matter realizes previous to the interstitial distention of the coats and the commencement of mortification, and which is succeeded by meteorism. I make the following quotation, for their benefit, from a case of poisoning by Arsenic of a clerk: "Near the pyloric orifice were seen several brown spots of an irregular roundish form, and sizes varying from that of a dime to that of a dollar; in these spots the coats appeared to be puffed up (*aufgelockert*), without, however, being more easily separated here than in any other part of the stomach." (Orfila, Dupuytren, Petit, Archives Générales de Médecine, Février, 1823.) It is true these spots were not discovered in the colon, but near the pyloric orifice. But it is in this very region that the typhous *plaques*¹ are sometimes discovered. In cases of poisoning by Arsenic, this is more frequently the case than under other circumstances, for this reason, that in such cases the greatest irritation exists in the region of the pyloric orifice, Those spots are not, indeed, perfectly developed typhous plaques, but they have transgressed the congestive stage, and hence they are sufficiently characteristic to justify the opinion that they would have become similar to the typhous plaques, if the process of degeneration which had commenced in those spots, had been permitted to continue.

¹ So called by Cruveilhier, generally known as the glands of Peyer.
H.

CONSIDERING THE ILEOTYPHUS ARSENICALIS FROM
THE ANATOMICAL POINT OF VIEW.

In those places where the typhous plaques form in the typhus abdominalis, are found similar spots in the ileotyphus arsenicalis; these spots are sometimes reddish,¹ sometimes considerably thickened or enlarged,² sometimes transformed into gangrenous scales, sometimes ulcerated and even perforated;³ the natural typhous plaques run through all those stages.

In the ileotyphus arsenicalis the venous blood accumulates in the vessels of the ileum and those of the mesenterium,⁴ the spleen swells; the tissue of that organ becomes tearable; the blood contained in it is blackish and has a tardy flow, which makes it resemble a putrid, papescent, and even decomposable substance.⁵ (The same phenomena occur in typhus abdominalis.) From the splenic vessels, as far as the finest ramifications of vessels in the mucous membrane of the cul de sac of the stomach, the venous blood becomes congested.⁶ (The

¹ Red spots were perceived on the inner surface of the jejunum or ileum. (Murray, Edinburgh Med. and Surg. Journal, Vol. VII. p. 92.)

² A considerable thickening was discovered in the smaller intestines here and there. (Horn's Archiv. 1823. II. p. 403.)

³ At the distance of half a yard from the valvula ilei, in the ileum, was discovered an oblong round spot corroded and sphacelated; sphacelated spots were likewise discovered in the remaining portion of the lesser intestines. (Pyl, Third Collect. No. 19.) The German term for enlarged, is "gewulstet." Wulst means an ill-shaped mass, a pad-shaped protrusion, a morbid growth, excrescence, thickening.

⁴ The smallest vessels of the lesser intestines were filled with black blood. (Alberti, Systema Jurisprudentiæ Medic. Hal. 1736. Tom. IV. page 259, Cas. 9.) The vessels of the intestines are very much distended with blood. (Archives Générales de Méd. Février, 1823. Orfila, Dupuytren, Petit.) The veins of the abdomen are constantly distended with black, more or less grumous blood. (Dissertatio Inauguralis de effectibus Arsenici in varios organismos, auctore Georg. Fried. Jæger, Tubingæ, 1803.) The vessels of the intestines were turgid with blood. (Laborde in the Journal de Med. Vol. XX.)

⁵ The spleen was congested with blood. (Murray, Edinb. Med. and Surg. Journal. Vol. VII. p. 92.) The liver and spleen were very much surcharged with blood. (Journal de Médecine, Chirurgie and Pharmacie, par Messrs. Corvisart, Leroux and Boyer, Tom. IV. Ann. 10, p. 15.) The spleen was entirely sphacelated. (Pyl's Collection of Cases concerning Med. Jurisprudence, p. 1. No. 5.) The spleen was very much enlarged and friable; the liver enlarged and clay-colored; the gall-bladder was turgescient and yellow-colored. (Knappe and Hecker, Annals of Med. Jurisprudence, 1806. Vol. I. p. 143.)

⁶ On the outer surface of the stomach was perceived an innumerable quantity of small vessels, filled with blood. (Journal de Méd. par

same takes place in the typhus abdominalis.) The posterior and inferior parts of the lungs are so much filled with blood that they become turgescient like the spleen (splenitized), and even inflamed, and consequently hard as liver (hepatized).¹ (The same in typhus abdominalis.) The heart becomes flaccid, the blood in the heart and in all the vessels becomes black, and has a tardy flow.² (Likewise in typhus abdominalis.) Bodies which had died with ileotyphus arsenicalis, lose the animal heat very slowly; in many places of the anterior surface they exhibit blue-green spots and stripes; the posterior surface of the same, the lips, sexual organs, limbs, are blue; the contraction of the facial muscles gives the face an expression of impudence; the mouth is tightly closed; the muscles are rigid; the joints stiff.³ (By similar symptoms, the

Corvisart, Leroux et Boyer. Vol. IV. Ann. 10, p. 15.) The blood-vessels at the bottom of the stomach were distended, the spleen was firmly united to those vessels. (Pyl's Collect. I. No. 5.) On opening the œsophagus and the stomach, the vessels of those parts were found distended with blood and varicose. (Observ. rapportée par Laborde, Journal de Méd., Vol. XX.)

¹ Two-thirds of the lungs, and especially posteriorly, were turgescient with blood. The parenchyma of the pieces which were cut off, was found firm, and rather hard, emitting air from a multitude of small points, by the least pressure, without any air-vesicles making their appearance, twenty-six hours after death. [Journal de Méd. Chirurgie et Pharmacie, par Corvisart, Leroux and Boyer. Vol. IV. Ann. 10. p. 15.]

² The heart is not contracted, but generally enlarged, and the right ventricle especially contains a more or less considerable quantity of blood. (Jæger, Dissertatio de effectibus Arsenici.) The right ventricle was filled with a fluid blackish blood; the other ventricle was empty. (Gerand de Beauvais. Bulletin de la Société Méd. d'Emulation. Dec., 1821.) The two ventricles contained very black blood, the left auricle containing a little more than the other. (Journal de Méd. Chir. et Pharm., par Corvisart, Leroux et Boyer. Vol. IV. Ann. 10, p. 15.) The heart was flaccid. (Knappe and Hecker, Ann. of Med. Jurisprudence 1806. Vol. I., p. 143.) The heart is always more flaccid than in the natural condition. (Smith.) The heart and the veins were filled with a black grumous blood. (Wepfer, Hist. Cicut. Aquat. 1735.) The blood was all over blackish and thick. (Alberti, System. Jurisp. Med. Tom. IV. p. 259. Cas. 9.) The blood contained in the vessels is fluid, that in the ventricles coagulated. (Campbell, Tentamen Medicum Inaugurale de Venenis Mineralibus. Edinb. 1813. The heart was flaccid, and contained a little black decomposed blood. (Pyl's Collect. I. No. 5.)

³ Contraction of the facial muscles, unyielding stiffness of the limbs, more or less dark-violet color of the feet, legs, loins, and back, pale countenance, violet lips, warmth of body, which is yet very striking, even twenty-six hours after death. (Jour. de Méd. Chir. et Pharm., par Corvisart, Leroux et Boyer. Vol. IV. Ann. 10, p. 15.) The posterior

first attendant in the dead-room of the Vienna hospital, who is well-known to a number of physicians, recognizes typhus abdominalis even before the post-mortem examination has taken place.)

The seminiferous tubes have never been examined heretofore in the bodies of those who had been poisoned with Arsenic. It is only since 1824 that those tubes have been examined in the dead room of the Vienna Hospital, in subjects who had died of typhus abdominalis. When will they be likewise examined in the bodies of those who had been poisoned with Arsenic? The tubes of either class of subjects will sometimes be found swollen, cohering less firmly with one another, and greyish-red, especially when the patients had died with a gradually developed¹ ileotyphus arsenicalis. The mesenteric glands will be found similarly transformed; they ought to form a readily-found string of swollen, greyish-red, roundish bodies, extending in an oblique direction from the cœcum towards the lumbar plexus.

CONSIDERING THE ILEOTYPHUS ARSENICALIS FROM THE PHYSIOLOGICAL POINT OF VIEW.²

1. *Phenomena in the Intestinal Canal.*

a. Period of Formation. In this period the functions of the intestinal canal are modified as follows: Formation of a peculiar catarrh, the mucus which is secreted in the throat having a taste as of blood. Rising of a greenish bitter mucus into the mouth, or at least bitter taste in the mouth after a meal; this taste is felt even without having eaten any thing. Disappearance of the desire for food, and in the beginning, also, for drink; the desire for drink returns, however, as a violent thirst, after diarrhœa (?) has set in, together with a violent internal and ex-

surface of the corpse from the head to the feet was livid, blue-green spots and stripes were seen upon the chest and abdomen; the penis and scrotum were swollen and red-blue. (Murray. Edinb. Med. and Surg. Journal. Vol. VII. p. 92.) The face was puffed, the posterior surface of the body, especially the lips, nails, glans penis, and scrotum were quite blue, the limbs were stiff and spasmodically contracted, the mouth firmly closed, the abdomen fallen in. (Pyl, Collect. V. No. 18.) The whole corpse is stiff; the fingers and toes are strongly contracted. (Archives Générales de Méd. Février, 1823.)

¹ Perhaps chronic. Editor of the Oesterr. Zeitsch.

² Compare Hahnemann's Chronic Diseases, Vol. V., translated by Chas. J. Hempel, M. D., and published and for sale by W. Raddé, 322 Broadway.

ternal heat ; in the daytime the patient frequently drinks cold water every ten minutes ; in the night the thirst subsides again (on the contrary the diarrhœa sets in at night and ceases in the daytime ; the heat continues the same day and night). Nausea and an inclination to vomit set in, characterized by this, that they border on faintishness, or, at least, compel the patient to lie down. The patient frequently vomits bile and mucus. (The diarrhœa sets in when the vomiting ceases.)

The patient experiences pains in the abdomen, characterized by the locality (in the region of the enlarged spleen ; in the region of the cœcum and the lesser intestines, which have descended lower down on account of their being inflamed ; in the region of the mesenteric glands, which extend in the right abdominal cavity like a string, in an oblique direction, from the cœcum to the lumbar plexus), by the period when they make their appearance (in the evening shortly after lying down, or in the morning), by the phenomena which either precede, follow, or accompany those pains, and in general by their whole nature and character. I would direct especial attention to,

1. The phenomena which are perceived in the pit of the stomach ; burning in and around the pit, inexpressible anguish, especially at night—symptoms which denote a swelling and interstitial distention¹ of the solar plexus, taking place in the typhus arsenicalis, as well as in the typhus abdominalis.

2. The pain in the right hypochondriac and adjoining lumbar region, sometimes extending thence into the right loin and side of the scrotum, resembling a colica renalis, except that the urine is unchanged. It seems to me that that pain corresponds to the string of the mesenteric glands from the cœcum to the lumbar plexus. It is well known that these glands swell considerably in the typhus abdominalis, and become, just as much as the glands of Peyer, places of deposit of the morbid product.

In the commencement the bowels are bound ; afterwards diarrhœa sets in (at night), alternating at first with constipation (the constipation recurs in the day time). The diarrhœa is generally preceded by twitching of the intestines, cutting (pinching) burning, rumbling ; it is followed by palpitation of the heart, and by tremulous weakness, which forces one to lie down. The first part of the diarrhœa consists in a dark-green fœcal matter ; next comes dark-green mucus, lastly mucus, with a quantity of albumen in the form of slimy, thin, hacked

¹ The German term is "auflockern," which means to increase the volume of a substance by increasing the size of the intervals or interstices existing between the parts or atoms composing the substance. H.

discharges. The discharges frequently excite a burning in the anus.

There occur many cases of abdominal typhus which exhibit during the period of formation similar changes in the functions of the intestinal canal.

b. Period of Completion.

The changes which take place in the functions of the intestinal system in ileotyphus arsenicalis, during the period of completion, are still more striking. The secretions of the mucous membrane of the mouth are so much changed that a blackish deposit makes its appearance around the mouth, on the outside, together with a brown band of shrivelled, almost burnt-looking epidermis, extending through the middle of the vermilion-border of the lower lip. The tongue is dry; in the commencement that dryness is yet felt, as well as a woody, dry taste: the patient is panting for drink (he drinks frequently, but little at a time), but soon after the tongue becomes insensible; it is then as if burnt to death, and the taste has gone entirely. The thirst is suffocating, burning; drinking does no longer refresh the patient. The appetite is wanting entirely; the patient has such an aversion to food that he is unable to think of it without feeling nauseated; the smell of boiled meat is especially intolerable. There is a constant desire for sour and alcoholic drinks. Meteorism sets in. The abdominal muscles lose their power. Rumbling and grunting in the abdomen. The stools become involuntary, they consist in tenacious, dirty-yellow, or greenish, dark-brown matter, which smells like putrid ulcers. The meteorism increases after every stool.

The same phenomena in the functions of the intestinal canal are perceived in typhus abdominalis.

c. Period of Recovery.

When recovering from the ileotyphus abdominalis, as well as from the typhus abdominalis, one is scarcely able to satisfy one's hunger; an internal chilliness is constantly experienced in the epigastric region; one is scarcely able to cover one's self sufficiently, although the place is warm to the touch. This last symptom is undoubtedly to be traced to the peculiar condition of the solar plexus, into which it is placed after the previous swelling and interstitial distention, and which frequently borders on flaccidity, and even atrophy. (This condi-

tion of the solar plexus in typhus abdominalis has first been demonstrated in the University of Wurzburg.)

Appendix to the Phenomena in the Intestinal Canal.

PHENOMENA OF THE SEXUAL ORGANS.¹

At the time when the ileotyphus arsenicalis has run through its course, the sexual organs of the male frequently become suddenly gangrened; in the female, leucorrhœa makes its appearance. (The mucus is yellowish and thick, and corrodes the parts it touches.) Both those symptoms have been noticed in typhus abdominalis.

Ileotyphus arsenicalis is followed by lasciviousness. This is likewise quite common after abdominal typhus.

2. *Phenomena in the Respiratory Organs.*

Ileotyphus arsenicalis is characterized by dryness of the nasal cavity and of the larynx, with tremulous voice, and by a quite peculiar inflammation of the lungs, which is similar to the one that is sometimes noticed in the course of the typhus abdominalis. In the commencement a very tenacious mucus is secreted in the chest, which it is difficult to throw off. When thrown off, the lumps of mucus are mingled with streaks of blood, and a desire to vomit follows the throwing off of the mucus. The tension in the chest is especially felt when sitting. Interiorly the patient soon perceives a feeling of great heat or burning, which extends as far as below the diaphragm, and frequently as far as the pit of the stomach, where a pressure is in that case experienced. (The connection between these symptoms and the abdominal sufferings is evident.)

Appendix to the Phenomena in the Respiratory Organs.

PHENOMENA IN THE URINARY ORGANS.²

In the ileotyphus arsenicalis the urine is at first almost colorless. After the lapse of five days it becomes turbid, afterwards greenish dark-brown in some cases, as if the maunure of

¹ The intestinal canal is to the individual what the sexual system is to the species.

² The office of the urinary organs is a continuation of the respiratory functions.

a cow had been stirred up in water, and could no more be separated from the liquid. In the last stage of typhus abdominalis (at the period when the morbid products which are formed in the mucous membrane of the ileum ought to be removed from the system) the urine becomes turbid. The above-mentioned greenish dark-brown color ought perhaps to be attributed to a peculiar catarrh of the bladder, which has likewise been observed in typhus abdominalis as a secondary symptom. (Rokytansky's secondary typhous process in the mucous membrane of the bladder. *Pathol. Anat.*, vol. 3, p. 254.) That process is moreover accompanied by the following phenomena, which are never wanting, although the process may not be developed. At first there is a desire to urinate, the pressure coming from the fundus of the bladder, and being accompanied with burning. This is followed by retention of urine as if the bladder were paralyzed. The sphincter vesicæ is similarly affected. As soon as it begins to be affected, but little urine is passed, and the urine burns at first; this is followed by entire retention of urine, in spite of the desire to pass it; lastly involuntary micturition sets in. During micturition a burning is frequently felt in the urethra. After urinating, a feeling of great weakness and tremor is felt in the epigastrium.

3. *Phenomena in the Vascular System.*

In the first stage of the ileotyphus arsenicalis, after several shiverings over the whole body, and at least one violent chill, a dry anxious internal and external heat (as from drinking wine) sets in, with an unquenchable thirst; this thirst generally appears after the diarrhœa, excites a frequent desire to drink, but little at a time, and sometimes ceases at night. The heat is accompanied with a sensation as if the blood were coursing through the veins too rapidly and too hot. The pulse is quick, rather hard, tight, not full. The spleen begins to swell. The nose bleeds.

In the stage of completion sweat breaks out with excessive thirst, inducing a constant desire to drink. The sweat becomes cold and clammy, the limbs are cold. The pulse is quick, small, weak, unequal, intermittent. The blood is decomposed to such a degree that it transudes with the greatest ease through the tissue of the vessels and through other tissues, tinging the skin; and especially the white of the eye becomes yellowish, and the saliva and the urine bloody, is mixed with the fæces, and becomes diffused through the tissue of the skin in the shape of blue spots, petechiæ, etc.

The same, or at least extremely similar phenomena are seen in typhus abdominalis.

4. *Phenomena in the animal system.*

a. WAKING, SIGHT, HEARING, TACT.

In the ileotyphus arsenicalis a stupefying headache sets in, especially in the forehead (even after the lapse of two hours). It is relieved by applying cold water to the head; but it increases still more after the cold application is removed. The patient feels as if he had received a blow on the forehead. His head feels confused, and is especially heavy when standing or sitting; he has to lie down. In the open air the heaviness of the head disappears at first (even after sixteen hours), but returns immediately when entering the room again. An internal uneasiness and a stupefaction of the head set in, as if one had done a business in too great a hurry and excitement (after two days). The patient feels giddy in the sitting posture. The head begins to reel. The memory decreases, and is finally lost entirely. The mind becomes dull; he is unable to think. Intellect and sense, both external and internal, disappear; the patient does not see any thing; he does not talk, he utters at most a few unintelligible sounds, he does not hear or understand any thing; and when one screams into his ears, he looks at those around him like one who is just waking from a very deep sleep. From time to time he is delirious, sees nothing but multitudes of worms and scarabæi crawl about his bed, from which he endeavors to escape, and of which he throws away handfuls constantly. His features become disturbed, as if he were dissatisfied.

His sight becomes weak, he stares.

There is a rushing noise before his ears as of a near waterfall. In some instances the hearing was entirely lost for a time.

An intolerable burning is felt in the skin. At the very commencement (after one hour), the patient feels as if the bulbs of the hairs were in motion. The hairs are painful when touched, and fall off entirely after the ileotyphus arsenicalis passes off. The epidermis scales off over the whole body. The nails become discolored and exfoliate. The teeth fall out.

b. SLEEPING AND DREAMING.

Sleep undergoes very peculiar modifications in the ileotyphus arsenicalis. It occasions a most urging desire for sleep,

and nevertheless prevents it, in the morning by an involuntary activity of the mind, at night by a spasmodic starting of the whole body, by great anxiety and restlessness, by a burning sensation in all the veins, by anxious and frightful dreams. The objects of the dreams are thunder-storms, fires, black water, darkness.

C. MOTION AND REST. (*Strength.*)

The organs of motion lose all their strength in the ileotyphus arsenicalis. An uncommon debility sets in, obliging the patient to lie down. The strength of the hands and feet is gone; they tremble (after twelve hours). The feet are heavy. The patient is scarcely able to walk across the room without falling. He is unable to support himself when rising; he falls as soon as he leaves the bed, owing to debility and vertigo. This vanishing of strength takes place very rapidly; it has frequently resulted in immediate death. In spite of that weakness there is an excessive restlessness in all the organs of motion; the patient has no rest any where; turns constantly from side to side; desires to be carried from one bed to another, from one place to another. The muscles and tendons are affected with subsultus. There is convulsive grinding of the teeth.

All these phenomena in the animal system are likewise seen in typhus abdominalis. In some instances, patients who were attacked with typhus abdominalis, have been seen to fall down in the street suddenly, and to die without a struggle, without fever or pain, in a similar manner as Professor Gehlen died after having inspired arsenuretted hydrogen.

Final Result.

Ileotyphus arsenicalis and typhus abdominalis are strikingly similar both anatomically and physiologically.

Experience.

Arsenic, which occasions the ileotyphus arsenicalis, cures typhus abdominalis. In the homœopathic hospital of Gumpendorf in Vienna, one hundred and sixty-seven patients were attacked with that disease in 1841, and treated with small doses of Arsenic. One hundred and fifty-six recovered.

The beautiful parallel which Dr. Hausmann has here drawn between the ileotyphus arsenicalis, and the typhus abdominalis,

shows conclusively that Arsenic is a great specific in the latter disease. Some time ago Dr. Taylor had a case of typhus abdominalis in this city, where a few pellets of Arsenic were administered in water for the following symptoms: Hippocratic countenance; cracked and blackish lips: blackish-brown, parched tongue; excessive sordes on the teeth; dark-brown, readily bleeding gums; painful and difficult vomiting of small quantities of a blackish-looking substance, apparently blood; tenderness of the abdomen, meteorism; involuntary, greenish, dark-brown, putrid stools, having a very offensive smell, and being mixed with blood; collapse of pulse, etc. The Arsenic was administered in spoonful doses every half hour; three or four hours after the patient came up again, and was dismissed cured, after the lapse of a fortnight.

Nevertheless, in spite of those striking indications of the necessity of administering Arsenic in analogous cases of typhus abdominalis, Dr. Wurmb, one of the editors of the *Cesterr Zeitschrift*, opposes its use entirely in that disease, maintaining that it has no effect. The article of Dr. Hausmann was written in reply to a previous article by Dr. Wurmb, against the use of Arsenic in typhus abdominalis. Dr. Fleischmann adds the following to Dr. Hausmann's article:

"In two successive numbers of our Journal, our readers have seen two essays on the use of Arsenic in typhus abdominalis which are in direct opposition to one another. Whereas, Dr. Hausmann claims a perfectly specific virtue for Arsenic in typhus abdominalis, Dr. Wurmb denies that Arsenic has any power at all in that disease. Arsenic is indeed no absolute specific, I have never said that it was; but in most cases it does much more than any other remedy, and more than Dr. Wurmb is willing to allow. My friend Wurmb admits that he has seen a number of typhus patients *getting well* under the use of Arsenic, but he says that he did not cure them. However beautiful and reasonable the distinction between curing a patient and letting him get well, may be, inasmuch as it preserves on the one hand a praiseworthy modesty, and on the other hand protects us from an excessive and conceited confidence in our remedies; nevertheless it is difficult, and even impossible, to make such a distinction at the sick-bed. If we mean to consider only those patients *cured* whose illness we cut off, as it were, we should cure scarcely one in a hundred, admitting in that case that it is at all possible to cut off a disease; and even in this one-hundredth case it would be difficult to show that the disease had been cut off, considering that we very often see a man attacked with an acute fever which we

expect will be followed by some violent disease, whereas the patient is entirely well on the day following, without any aid on the part of a physician. But even if I were willing to admit the distinction in question, I should be obliged to assert that I have cured more typhus patients with Arsenic than with any other drug. The non-homœopathicity of Arsenic in typhus cannot be inferred from the fact that an Arsenic poisoning has never been confounded with a case of typhus, for this reason, that we might as well infer its non-homœopathicity in dysentery, from the fact that a case of poisoning with Arsenic has never been confounded with dysentery, or its non-homœopathicity in cancer of the lips, from the fact that an ulcer produced by Arsenic has never been confounded with a cancerous affection, where Dr. Wurmb is however willing to admit the great curative powers of Arsenic.

The pathologico-anatomical symptoms contra-indicate Arsenic still less in typhus abdominalis. It is true, the symptoms revealed by a post-mortem examination ought not to be our principal guides in the selection of a remedial agent; for not only are they generally occasioned by large doses, and we know that large doses of many drugs produce quite different symptoms from small doses—Mercury, for instance, when taken in doses large enough to destroy life, does not occasion any ulcer, and yet mercurial ulcers are well known—but, if pathologico-anatomical symptoms were to be our chief guides in selecting a drug, what would we do with most of our vegetable, and even many of our metallic agents, of whose pathologico-anatomical effects we know nothing? Still, if those effects are known, we may avail ourselves of them in practice, and there is scarcely any other drug whose pathologico-anatomical symptoms correspond so exactly to the pathologico-anatomical symptoms of typhus abdominalis, as Arsenic. I might spin out this argument a little longer; but why should I? My friend Wurmb did not wish to offend me, nor would I wish to offend him; but both of us deemed it our duty to express our views in regard to the efficacy of such a great remedy as Arsenic in a well defined disease, each according to his own experience.”¹

¹ Considering that the organic transformation upon which the cure of a disease of the blood, like typhus, depends, cannot probably be effected suddenly, but only gradually; that it is impossible to cut off suddenly a perfectly developed typhus—or does any one know a method, or means by which that result can be accomplished?—considering, moreover, that the gradual transformation of the blood, which we know to be effected by Arsenic in typhus, ought to be considered a direct and

A FEW CASES OF CURE BY MEANS OF THE HIGHEST POTENCIES.

BY DR. HEMPEL.

Angor Nocturnus.

A LADY had been subject for some days past to the following paroxysm: She woke at about two o'clock in the night with an excessive anguish and pain in the pit of the stomach,

positive cure; leaving out of consideration the doubted similarity between the pathologico-anatomical symptoms of a person who died of poisoning by Arsenic, and one who died of typhus abdominalis, although on account of the evident similarity existing between the symptoms of an Arsenic disease, and of typhus abdominalis, the pathological similarity might be expected to exist in chronic cases, at least; whereas it exists in acute cases in a much higher degree than between any other drugs used in typhus—the absence of that pathological similarity would only be a negative, but no positive counter indication. Considering merely the symptoms agreeably to the principle *similia similibus*, Arsenic will be found specifically indicated in typhus when the following conditions occur:

a. Debilitated, exhausted individuals (especially children and old people).

b. When the typhus has a slow course.

c. When the disease is characterized by a sudden loss of strength, with excessive emaciation, obstinate constipation, falling in of the abdomen, parchment-like dryness of the skin, and a measles-shaped exanthema.

Bland delirium, complete loss of consciousness; a state of rest, as if the patient were paralyzed, which is frequently interrupted by piercing cries, or by a convulsive tossing about; a violent thirst, the patient drinking but little at a time; a dry, woody, stiff tongue; difficult deglutition; rough, hoarse, crowing voice; anxious, painful, hurried breathing; short, dry, hacking cough, with vomituration; sudden fits of suffocative cough; frequent, ineffectual retching; an apathetic, staring look; a distorted, disfigured, shrivelled, sunken-in countenance, betraying anguish and deep-seated pain, may be considered farther indications for the selection of our drug.

Two of my children, one three, the other six years old, were attacked with typhus abdominalis in 1844, the disease being characterized by the symptoms above named; both of them recovered by the almost exclusive use of small doses of Arsenic, and enjoy at this moment the most excellent health.

Arsenic is no universal specific against typhus, no more than Cinchona against intermittent fever, or Mercury against syphilis, or any other drug against any other family of diseases. "*In universalibus latet error.*"—BACON.

which was followed by a most painful forcing up of small quantities of mucus; she rolled herself over the floor, and was nearly deprived of consciousness. In the afternoon she took, every four hours, a tablespoonful of a solution of two pellets of the 200th potency of *Ipecacuanha*; the paroxysms have not returned since.

Toothache.

A lady was affected with the following sort of toothache: The tooth (an incisor) felt elongated, loose, was excessively sensitive to the touch, with sensation as if it were being raised out of its socket; the upper part of the root was excessively painful. Took two pellets of *Mezereum* 200, and was cured in a few hours. The pain had lasted for some days.

Congestive Headache.

A lady, in the critical age, was affected with the following headache: Sensation as if the brain were lifted out at the top of the head; icy coldness of the extremities; the pain was so severe that it deprived her almost of consciousness. Took *Aconite* 200, two pellets dissolved in water, a teaspoonful every fifteen minutes. After the second teaspoonful the patient fell into a sound sleep, from which she woke without the headache.

Burning Pricking in the region of the Stomach.

A lady had suffered a good deal of grief, which brought on a sensation of weakness and weariness in the epigastrium with burning pricking, and a sensation in the joints and the internal body as if they were being distended. These symptoms were accompanied with a burning pricking in the throat, a similar pricking at the tip of the tongue; some of these symptoms were of many years' standing. They were cured by several doses of the 200th potency of *Ignatia*.

There were other symptoms accompanying the above named, such as palpitation of the heart, wakefulness, buzzing in the ears, coldness about the ankles, a sensation in the sides of the neck as if the neck had been in a forced position, cold spots about the left shoulder, short and hacking morning-cough with raising of mucus, swimming in the head, occasional attacks of heaviness in the sinciput, a feeling of weakness in the upper eyelids; these symptoms were cured by the third trituration of *Ambra*.

Induration of the Mamma.

A lady had been affected with the following symptoms for fifteen years past: Heat, great pain, and shootings in the right mamma, with extreme tenderness and sensitiveness to the touch. Took *Belladonna* 200, two pellets in water, every four hours; the symptoms had disappeared entirely on the third day.

That same mamma exhibited a tumor of the size of a hen's egg, which had been pronounced cancerous by physicians of this city, and was likewise of fifteen years' standing. She had made up her mind that she would die with that affection. The tumor was sensitive to the touch, but there was no discoloration; the skin was not puckered, nor was it involved in the tumor. I gave her a drop of *Conium* 30, in a tumblerful of water, a tablespoonful every four hours; the tumor had disappeared entirely on the third day.

There remained a smaller tumor in the lower part of the mamma, which yielded to *Carbo animalis* 200 in a few days.

Congestive Headache.

Sensation as if the forehead would fall out on stooping; excessively rapid and strong beating of the carotids; the face is hot and flushed; the eyes look congested; excessive sensitiveness to noise; painfulness of the scalp; burning heat and pricking of the skin; nausea; sensation as of a cold stone oppressing the stomach; great debility after the attack. The attack came on every three or four days. The case was of forty-five years' standing, and had been treated by a number of our most distinguished physicians, without the least benefit to the patient. Every known system had been practised in this case, including the Thompsonian.

I gave the patient the 200th potency of *Aconite*. The patient has now been under treatment for that headache for three weeks, and the effect of the drug has been remarkable so far; the burning and pricking of the skin, which were constant both during and between the attacks, have disappeared entirely, and in their places an agreeable and permanent moisture has set in; the cold load at the stomach has likewise disappeared; the paroxysms occur much more rarely, last only half as long when they do occur, and are not followed by any debility. I think the patient has a fair chance to get entirely well.

Syphilitic Ophthalmia.

The eye was excessively painful, burning; it looked yellow; the conjunctiva was standing out here and there; the eye was opaque, and seemed filled with a yellow fluid. Cured in two days by two doses of Nitric acid 200.

Catarrhal Ophthalmia.

A case of four months' standing. Pain in the eyes; sensitiveness to light; suppuration in the canthi; injected state of the blood-vessels of the conjunctiva, especially on the sides of the eyes; redness of the lower surfaces of the eyelids; the patient was scarcely able to use the eyes. Cured in four days by Phosphorus 800.

Nausea.

The nausea was felt along the whole tract of the œsophagus; it had existed for several years, sometimes two or three months without interruption; the patient sometimes felt so sick that she had to lie in bed the whole day; it was occasionally accompanied with buzzing in the ears. Cured in five minutes by *Aconite* 200.

Constipation.

A female who had been affected with spinal irritation for several years past, suffered with constipation to such an extent that she had not had a regular motion of the bowels for a whole year; every few days she took magnesia, which relieved the bowels. I prescribed *Sulphur* 2000 in water. After the first tablespoonful a copious diarrhœa set in, which terminated on the third day; the bowels have been perfectly regular ever since; it is now six months.

Headache.

Pressure in both parietal bones from within outwards, as if the skull would split along the sagittal suture; the headache had lasted six days, and was cured in one hour by smelling of *Mercurius sol.* 200.

A similar attack was relieved instantaneously by smelling of the 12th trituration of *Mercurius sol.*

Affection of the Liver.

Excessive pain in the right side, prickings as of a number of needles; the patient was unable to turn, or to take a deep

inspiration; swelling of the region of the liver; painfulness of that region to the touch; excessive thirst; every thing the patient put into her mouth, tasted like vinegar. Took *Calcearea* 2000 and 1000. Cured entirely in two days.

Affection of the Lungs and Pleura.

Was called to a child that suffered with the following symptoms: High fever, stitches at the base of the lungs, stitches in the side, asthmatic breathing, pain to the touch in the region of those stitches; had been constipated for three days past, and had coughed a good deal for about a week. Gave *Aconite* 200 and *Belladonna* 800 in alternation, and *Bryonia* 200 on the morning following. Was entirely well on the third day; a little hacking cough remained, which yielded to *Nux vomica* in a few days.

Chronic Cholera.

A gentleman had been affected for some years past with the following symptoms: Sudden attacks of diarrhœa in the night, sometimes as many as 20 or 30 discharges of black matter in one hour; accompanied with vomiting of a similar substance; lately the attacks had come on every fortnight, and left him much debilitated. Took *Arsenic* 2000 and 200. The paroxysms have not occurred since: it is now eight months.

A fortnight ago the patient had a slight return of the disease, which he thought had been brought on by eating too large a quantity of mushrooms at supper; he took again *Arsenic*, and has felt perfectly well so far.

Hemorrhage from the Urethra.

A lady was attacked with this disease; she frequently passed a whole pint of blood from the urethra, with excessive burning and cutting in the urethra and pain in the small of the back and the region of the kidneys; the patient suffered occasionally with very painful ulcers breaking out on the inner surface of the cheeks. The skin in the palms of the hands was very hard in some places, and, on being pricked, a watery fluid oozed out from behind it. In her childhood the patient had had the itch, which had been removed by an ointment. The hemorrhage from the urethra had occurred off and on for about two months, and debilitated her very much.

I gave *Sepia* 200 in water. The hemorrhage disappeared entirely in three days, together with the ulcers, and the patient

has frequently assured me that she has never felt so well for years as she did since she took "that powder."

Chronic Diarrhœa.

A child had been affected with summer complaint during the whole of last summer, for which he took ninety powders of opium and rhubarb, without any effect. The diarrhœa continued not only during the summer, but also last winter and spring; the child had moreover been poisoned with opium; he had attacks of perfect rage, during which he beat, kicked and bit his mother and brother; the countenance had an expression of fear and anguish, the look was staring, the boy started as in affright, he saw frightful visions; the fingers were clenched except the thumbs, the skin was burning. These paroxysms occurred every fortnight, and sometimes every week. The boy had a naturally mild temper and a very robust constitution; but he now looked pale, livid, emaciated, and he was very dull and dissatisfied.

I gave the child one single dose of *Phosphorus* 200, which stopped the diarrhœa at once. For the convulsions I prescribed several powders of *Belladonna* 30, but without any apparent effect, except that the next paroxysm came on at a longer interval; immediately after that paroxysm I gave *Belladonna* 200; the paroxysms have not returned since; it is now three months.

Pain in the Small of the Back.

A lady suffered with an excruciating pain in the small of the back after every confinement; the back felt as if broken and as if the vertebræ were cracking and gliding down the sides of one another. The pain generally lasted for months. I attended her in her last confinement, and gave *Sulphur* 800 for the pain in the back, which had come on again most violently with the expulsive pains. The pain diminished after she had taken the first tablespoonful of the solution, and disappeared entirely in a couple of days.

Neuralgia in the Pes Anserinus.

The pain, which had lasted for a whole week, was excessive; the patient scratched her face, and tossed about the bed in a state of frenzy. *Spigelia* 1000 cured the pain instantaneously. A few months after, the pain returned again very slightly for an hour, but disappeared again without taking any medicine.

Neuralgia in the Small of the Back.

When walking or rising from a seat, the back felt as if it would break. Gave *Carbo animalis* 300, which removed the pain in half an hour.

Neuralgia in the Eye.

Sensation as if the eye were pushed out of the socket from behind forward; very painful. Gave *Senega* 200; cured in fifteen minutes. The pain had lasted two days.

HOMŒOPATHIC CURES,

From the year 1840 to 1844, collected from the various Homœopathic publications, by Dr. Kurtze, of Dessau.

TRANSLATED BY CHARLES J. HEMPEL, M. D.

(Continued from No. XI. of the Examiner.)

A thick-set child of four years had frequently been affected with ophthalmia. The present symptoms were: Redness of the globe, injected state of the conjunctiva, vesicles around the margin of the cornea, violent photophobia. (Took *Conium* and *Arsenicum*.) *Rhus* 30, three pellets, effected a speedy cure; relapse after ten days; gave *Rhus*, after which *Sulphur* 5, six pellets. Again cured. Relapse after five days; cured by *Rhus*. Another relapse after ten days; cured by *Arsenic*: no relapse has taken place for the last five years.

A child of six years being covered with the cicatrices of ulcers, exhibited the following symptoms for the last seven months: violent photophobia; dimness of the cornea; redness of the sclerotica; swelling and redness of the lids; secretion of mucus and tears; acrid discharge from the nose; pustules in the face; want of appetite. *Conium* every three and six days. Cured in a fortnight.

Child of five years; for a long time past had been affected with photophobia without redness; lachrymation; eruption in the face; soreness about the anus, secreting an acrid serum. Took *Conium* 4, five pellets, and in five days *Sulphur* 10, five pellets. After the lapse of a month the eyes were cured, but not the anus. Took *Merc. sol.* 12, four doses every three days. Cured in twelve days.

Child of six years, scrofulous; had for a long time been affected with dimness of the cornea, as if covered with smoke;

the iris was somewhat inflamed. Took Arsen. 6, one drop every two days. Improvement after a fortnight; but the margins of the lids became swollen, and the face became covered with stigmata. Took *Sulp.* 10, five pellets; improvement. The cure was effected by Arsenic; one dose every two days, eight doses in all.

Child of two years; photophobia, speck upon the cornea; lachrymation; the conjunctiva is punctured; red, swollen pustules around the eyes and ears; swelling of the nose, redness, soreness. Took Conium 4, five pellets, four doses, one every day; photophobia improved; *Sulp.* 5, again after three and six days. Cured in a few days.

Child of six years; redness of the lids, with swelling and pain; a number of small itching pustules; photophobia; *Sulphur* 5, every three days. Cured in five days. (The eruption became worse at first.)

Girl of twenty-four years had porrigo when a child; had suffered with ophthalmia for the last six months; the margins of the lids were sore and red; profuse secretion of mucus; menstruation very painful. (Psoricum.) Took, after this, one drop of Hepar *sulp.*, several times. Cured in five days.

Robust girl of nineteen years, ophthalmia since her infancy; violent photophobia and lachrymation; ulcers on the cornea; the margins of the lids were red and bloated; menses rare and scanty (every three months). Conium 30, four pellets; again in four days: rapid, but short improvement. Took Conium 18, then 8, one drop, one dose every three days, four doses of each; after this, only one ulcer remained on the cornea, which disappeared of itself after some months. (*Hygea* XVIII.)

Jaundiced child of six days; had violent blepharophthalmia after a cold. After the lapse of five days the cornea looked like raw flesh; a quantity of pus oozed from the lids, which looked distended like a bladder. (Sulphur.) Lycop. 30, internally, and 9 externally; effected a speedy improvement; the patient was cured in ten days. (*Archiv.*)

HORDEOLA.

An otherwise healthy farmer of forty-four years, had frequently been affected with inflammation of the eyelids. Both lids of the right eye were blue-red, somewhat swollen, lined with a number of incipient hordeola; agglutination of the eyelids at night; painful, sometimes burning pressure; pulse somewhat hard, frequent (had used ointments and washes). Staphisagria 15, one drop, two doses. Entirely cured after the lapse of a fortnight. (*Archiv.*)

